C.E.F. REGIMENTAL DOCUMENTS

NAME BISSONETTE DONALD FRANCIS REGT. No. CAPT C.A.R.C. H. Q. FILE No. 20993

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
TRAINING HISTORY SHEET (M.F.W. 113)				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				
DENTAL HISTORY SHEET (M.F.B. 465)				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
MEDICAL EXAMINATION (M.F.W. 129)				
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
LAST PAY CERTIFICATE (M.F.W. 44)				
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
PARTICULARS OF CHARACTER (A.F.W. 3226)				
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
CARDS				
PAY-SHEETS				

H

Deceased 18-4-51

NON-EFFECTIVE BY H

DEATH

CATEGORY

DISCHARGE

CATEGORY

MED UNFIT

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Forms.
I. 1237
12

Army Form I. 1237.

3rd London General Hospital, Wandsworth.

L 1612

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	BISSONNETTE	D J

Year	Unit.	Age.	Service.
1917	50th Canadians	30	2 7/12

Station and Date.

Disease Convalescent from Diphtheria.

Wounded

Reported sick

on

while on duty.

Sent Hosp. May 9th. K & B culture & anti-toxin given. Vide notes attached

Also G.S.W. left thigh not yet healed but doing well.

Temp. N.

July 9th Hosp. Chest Phot. Nil.

Sent to command Camp

for Medical Board

9/8/17

Phys

M. H. S.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E233)

P.T.O

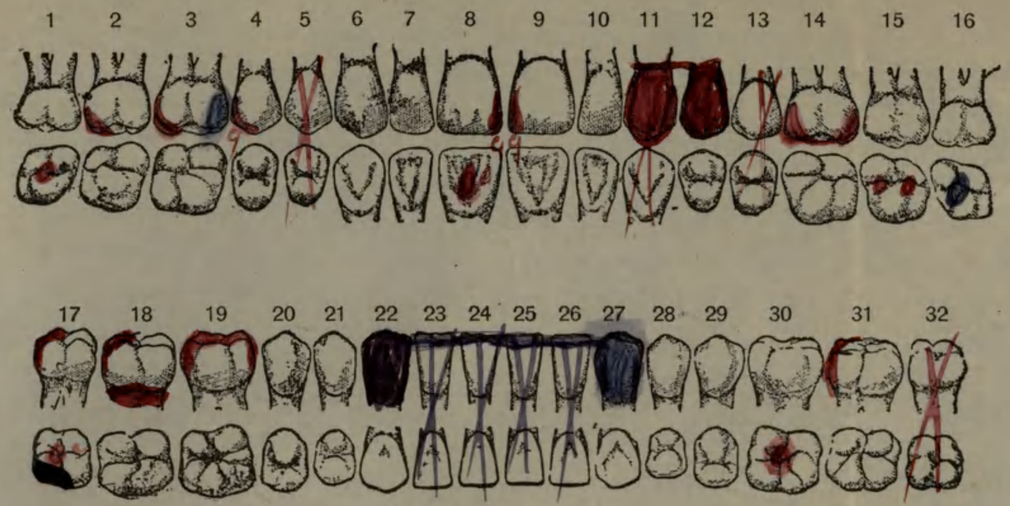
Station and Date.	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT No. 13

NAME OF SOLDIER Biasmette D. F. (Kingston) No.

REGIMENT 15th Bn. RANK Capt.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																					
1919																					Can 3.16
9/W/18	13/1.2.3.14/5.17		2/17.18.19.30							4/5.11.13.32					2/8.9	1/12		11-12	R.W. Lund Capt		Incomplete
" 18			1/3				1/3												"		"
" 19	1/16		1/16							4/23.24.25.26									"		"
" 21					1/3														"		"
" 24			2		Crown Preparations														"		"
" 25					Bridge Impression														"		"
" 27	1/M															2/2227		22/627	"		Complete
																			D. F. Biasmette		

M.F.B. 465.
150M—6-18.
1724-39-950.

CERTIFIED CORRECT
1st MAY 1917 Mc
CANADIAN RECORD OFFICE

332-49-31

Fill in Only.—Unit, Number, Rank and Name. 1612

M. F. W. 54.
160m. 4-15.
H.Q. 177-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #3 Special Service Company

Regimental No. ..... Rank Lieut Name Donald Francis Biscoe Minette

C. E. F.

Enlisted (a) April 9-1915 Terms of Service (a) Duration of war + 6 months Service reckons from (a) 26/9/16

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Halifax	2[illegible]-9-16	
		Disembarked	Liverpool	6-10-16	
9-10-16	O.O.C.	Posted to C.M.S.	Shorncliffe	6-10-16	D.O.C.T.D. No.5274
21-12-16	O/C C.M.S.	Attached to the 175th. Battalion	SEAFORD	23-12-16	CMS PT II ORDERS no. 125 (6) d/21-12-16.
23-12-16	O/C 175th Bn. Seaford	Attached to 175th Battn. pt 2 DO 290.		23/12/16.	Capt & Adjutant, Canadian Military School. W. H. Williams Capt. & Adjt. 175th. Bn.

P. 2.

(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

1612

St Denis

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
~~return~~ 9 10-1-17.	~~H.D. Coy. Seaford.~~ O/C. 175th Bn.	Transferred to 21st Reserves Battn (Alberta)	Seaford	10-1-17	Army Local Command (R.O. 136 Pt II D.O. 10. date 10/1/17. W. Geo Tallman Lieut. A/Adjt 175th Bn. C.I.
9-1-17 10-1-17.	O/C 21st Res Bn. ~~Seaford~~ ~~R.D. B6~~	Taken on Strength of 1st Res. Bn. Alberta from 175th Bn. C.I.	Seaford	10.1.17	Part 2 D.O.I. 9/10-1-17 W.S. Munroe Lieut. A/Adjt 21st Res. Bn. Alberta
25 APR 17	21st Res Bn	Proceeded Overseas for service with 50th Bn	Bramshott	25 APR 17	Pt II D.O. 106 d/26/4/17. Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
24-4-14	ob 6th D	Arrived 6th D	Havre	27-4-17	Pt II A.O. 83 d/12-5-17
5-5-14	O.C. 50th	Joined Unit	Field	30-4-17	B213 A68 17.
12-5-14	Sofbars.	Wounded	St	11-5-17	List 983 A68 178
13-5-17	No 14 Stat.	Diphtheria via S.W. Legs Serv. to England		13-5-14	W3030-1268.
12-6-14	Alta. Regt. 2nd Echn	Invalided (wounded & Sick) and detached to Alta. Regtl. Depot Bramshott.		7-6-17	List 492 Pt II D.O. 98 d/12-6-17. J.M. Anderson Lieut., for Lt.Col., A.A.G., Can. Section.
31-8-17	Alta Regtl Depot	S.O.S. on being returned to Canada for further Medical Treatment	Bramshott	13-8-17	D.O. 175/31-8-17. B. Lockett

1612

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				
16-12-19	MHQ	S.O.S. 6 E F as "Medically unfit"	Kinmel	14-12-19	Routine Order 2315. HQ. 332-49-31

MAJOR
District Record Officer, M.D. 3

DEC - 3 1919

Page 2

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

1612

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-92

Casualty Form—Active Service.

Unit, Regiment or Corps ..... C. E. F.

Regimental No..... Rank Capt Name D F Bissonnette

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

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*)..

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				
1-12-17		Taken on Strength No 3 Ld Co. from Overseas and to be Paymaster with Rank of Hon Capt.	Kingston		D.O. 310 dated 20 December 1917 S.M. Evans Lieut. A.P.M.
20-4-18		Transferred and TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.			No. 3 Special Service Co. D.O #1 25-4-18
26-4-18		Admitted to Hospital K. G. H.			D.O #8 21-4-18
9-5-18		Discharged from Hospital.			D.O #20 14-5-18
10.1.19.		Transferred to C.A.P.C. and struck off strength, Auth. H.Q. 332-49-31/3 MD. 7-B.-96. Dated 8/2/19. DO.#42. 11.2.19.			Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.

(*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.

B.20

1612

FORM B. 171.
6531—2 M.—22/1/17.

Unit 109th O/S Battalion Rank Lieut Name D. F. Bissonnette

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (*a*) What is your Surname? Bissonnette

(*b*) What are your Christian Names? Donald Francis

2. (*a*) Where were you born? (State place and country) Dundas, Ontario

(*b*) What is your present address? Lindsay, Ontario

3. What is the date of your birth? July 3rd 1886

4. What is (*a*) the name of your next-of-kin? J. D. Bissonnette

(*b*) the address of your next-of-kin? Stirling, Ontario

(*c*) the relationship of your next-of-kin? Father

5. What is your profession or occupation? Accountant

6. What is your religion? Presbyterian

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? 49th Regiment, Hastings Rifles

9. State particulars of any former Military Service? 3 months, 9th Mississauga Horse

10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

(Sgd) D. F. Bissonnette (*Signature of Officer*).

Medical Documents Forwarded to S.C.R. or B.P.C. on Date JAN 15 19

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date Apl. 9th 1916

Place Lindsay

*Insert here "fit" or "unfit."

(Sgd) J McCulloch Capt
Medical Officer.

CERTIFIED TRUE COPY.
Major
For Lt Col. i/c Records, C.E.F.

Dental Clearance 11-10-16

CERTIFICATE OF MEDICAL EXAMINATION.

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICERS.

OFFICERS' DECLARATION PAPER.

CANADIAN EXPEDITIONARY FORCE

W.W. 3-42.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Donald Francis MISSONNETTE.

Enlisted in Overseas Company, 45th Regiment as Private.

CANADIAN EXPEDITIONARY FORCE, on the Ninth

day of April 1915 AND WAS APPOINTED to COMMISSIONED RANK

in 109th Battalion.

CANADIAN EXPEDITIONARY FORCE on the Twenty Fifth day

of November 1915 .

HE SERVED in CANADA, England and France with the Overseas Coy. 45th Regiment., 109th Battalion., General List., 175th Battalion., 21st Reserve Battalion., 50th Battalion., Alberta Regimental Depot., 3rd Battalion., Canadian Garrison Regiment., and Canadian Army Pay Corps.,

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of December 1919 by reason of being Medically Unfit

Dated at Ottawa, this Twentieth day

of August 1920

Wounded, 11-5-17.

Capt.

for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

CASE HISTORY SHEET.

1612

K. G. H. Hospital. Kingston, Ontario Station.

No. ..... Rank Capt. Name W. H. Bissonnette Age 31.

Unit 3 Batt. C.G. Completed years of service (Where and how long) .....

Date of admission April 26 1918 Date of discharge May 8th 1918

Diagnosis N. Y. D. Discharging abscess Place of origin Sterling, Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Great pain in region of umbilicus, abscess formation. Localised area of redness, and tenderness. Previous to admittance there was some discharge, which eventually closed up. Three days after admission abscess broke, and there was a free discharge

Personal History —

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

No T. B.

TREATMENT

(Especially any specific or special form.)

Poultices to abscess U. H. External heat applied at night. Under this treatment abscess discharged

A C A C
~~40.000~~ 39910

CONDITION ON DISCHARGE,

(and disposal made of case.) Discharge from abscess stopped and it practically healed up.

General condition improved.

Date May 8th 1918.

G Stark
Medical Officer i/c case.
Capt RAMC

M. F. B. 313a.
50M.—3-18.
1772—39-439.

Confidential. FOR OFFICERS ONLY. 1612

PROCEEDINGS OF A MEDICAL BOARD assembled

at Discharge Depot, Quebec, P.Q. 332-49-31

on the 8th July 16 by order of

A.G.

for the purpose of examining and reporting upon the

present state of health of

Lt D.F. Brownell, 50th Bn.

RECEIVED
MILITIA & DEFENCE
JUL 19 1917

PRESIDENT W.M. Carruth major.

MEMBERS { W. Coglon Capt
De L. Roberton Capt.
Rainnie aosf Capt.

150 Sq. James St. Montreal
Toronto

THE BOARD having assembled pursuant to order, proceed to examine the above named officer and find that he suffered from a G.S.W. There is a scar on rt thigh about middle, healed & sound; another on outer side Lower third left thigh, healed and sound.
Heart and Lungs normal; there is still inflammation in throat; he had diphtheria in May.
General condition fair; faulty vocal movements.
There is a little stiffness in left knee in flexion. due to injury to flexor muscles. Patient debilitated & needs rest & General tonic Treatment

The opinion of the Board upon the questions herein is as follows:-

(1) Is the officer fit for service? no.

(2) If not fit, how long is the disability likely to continue? 3 months.

(3) To what extent does it prevent his earning a livelihood? Total for 3 months then reduce to nil.

Approved
W.M. Carruth
Major

SIGNATURES { W.M. Carruth Major
C.A. Roberton Capt.
W. Coglon Capt.
Rainnie aosf Capt.

FALSE DUCKET
Dis Sect
10-10-17

MEDICAL HISTORY SHEET.

No Card 40 2nd Sunday C.R. 466

Surname Bissonnette. *Christian Name* Donald Francis.

Examined { on 9th day of April 1915
at Kingston.

Birthplace { City or Town Dundas.
County Ont.

Apparent age 28 yrs. 9 mths.

Trade or occupation Clerk.

Height 5. Feet 2½. Inches.

Weight 111½ Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 33½ inches.

Physical development Fair.

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left.
Number 2 1 April 1915. ~~1907~~

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None.

Approved by R B Richardson

Rank Lieut. A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
21/4/15	Good	J McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12:6:16	Good	J McCulloch M.O.
18:6:16	"	J McCulloch M.O.
24:6:16	"	J McCulloch M.O.

Enlisted on 9th *day of* April 1915 *at* Kingston, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Kingston Ont			
Transferred to..	Overseas D.C.O. 45th Pict Regt.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-139.

Surname Brace Christian Name Frederick

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

CASE HISTORY SHEET.

Kingston General Hospital. Kingston, Ont. Station.

No. ..... Rank Capt. Name Bissonnette:Donald Age 34

Unit C.A.P.C. Completed years of service (Where and how long) 4¼ years. 10/12 Overseas.

Date of admission June 27/16. Date of discharge July 9, 1919.

Diagnosis Herpes Zoster Place of origin Canada -

CONDITION ON ADMISSION AND PROGRESS OF CASE. Badly inflamed area on lower surface Abdomen, showing tendency to spread from centre line towards left hip. Inflammation spots developing on back.

FAMILY HISTORY. Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Boracic ointment B.L.D. on affected area.

(Especially any specific or special form.) Pre. Dis.2 O.H.4.

Vitogen Powder T.I.D.

CONDITION ON DISCHARGE, Back entirely clear. Front affected area practically

(and disposal made of case.) clear.

Date July 9, 1919.

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

CASE HISTORY SHEET.

Queen's Univ., Mil., Hospital. Kingston, Ont. Station.

No. - Rank Capt. Name Bissonnette, Donald. Age 34

Unit C.A.P.C. Completed years of service (Where and how long) 4¼ yrs. - 10/12 Overseas.

Date of admission June 27th/16. Date of discharge July 9th/19.

Diagnosis Herpes Zoster Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Badly inflammed area on lower surface abdomen showing tendency to spread from centre line toward left hip.

Inflammation spots developing on back.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Boracic Ointment B.L.D. on affected area.

(Especially any specific or special form.) Pre. Dis. 2 O.H.4.

Vitogen Powder, ℞ T.I.D.

CONDITION ON DISCHARGE, Back entirely clear. Front affected area practically clear.

(and disposal made of case.)

Date July 9th/19.

Capt. A.M.C.
Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

27705

332-49-31

To be made out in duplicate.

I.Q. 51-21-20-53

DEPT MILITIA & DEFENCE
OCT -3 1917
CANADA

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number .....

(3) Full Name of Soldier.....Donald Francis Bissonnette

(4) Place of Birth.....Dundas, Ontario.

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

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

(8) Have you any children ?.....No.

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

R. C. OCT 4 1917

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

If so, state name and address ....Julien Donald Bissonnette, Stirling, Ont.

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

If so, state name and address.....Annie I Bissonnette, Stirling, Ont.....

.....

(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.

.....

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

If so, in what Company ?.....Sun Life Insurance Co.....

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

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

Date.....July 13th, 1916.....

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

b.a.c.

CASE HISTORY SHEET.

1612

Kingston General Hospital. Kingston, Ont. Station.

No..... Rank Capt. Name Bissonnette:Donald Age 34

Unit C.A.P.C. Completed years of service (Where and how long) 4½ years. 10/12 Overseas.

Date of admission June 27/16. Date of discharge July 9, 1919.

Diagnosis Herpes Zoster Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE. Badly inflamed area on lower surface Abdomen, showing tendency to spread from centre line towards left hip. Inflammation spots developing on back.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Boracic ointment B.L.D. on affected area.

(Especially any specific or special form.) Pre. Dis.2 O.H.4.

Vitogen Powder T.I.D.

CONDITION ON DISCHARGE, Back entirely clear. Front affected area practically clear.

(and disposal made of case.)

Date July 9, 1919.

[signature] Capt. A.M.C.
Medical Officer i/c case.

M. F. B. 313a. 1mm-
200M. 5-18.
1772-39-439.

R. 150 J.M.

Surname BISSONNETTE.

Christian Names Donald Francis.

Rank Lieut.

Name and Address of Next-of-Kin Father.
J. D. Bissonnette.
Stirling, Ontario.

Promotion

Unit Officers Draft to Canadian Military School.

Place of birth Dundas, Ontario.

Married (Yes or No)

Appointments

Date of leaving Canada 26.9.16 Ag/17.10.16 Date and Cause of Resignation

Report

Date	From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		TAKEN ON STRENGTH & POSTED TO GEN. LIST			
20-10-16	G.O.C. C.D.	detailed to C.M.S.		6-10-16	appen. to D.O. 5463
		ceases to be Att Cmds			
19.12.16	Br'n	Att 175th Bn		23.12.16	R.O. 618 Pt II and 290 (175th Bn)
	O/C	Qualified & granted Certificates at the			
18.1.17.	Crowborough	19th Regular Course at the C.M.S.		23.12.16.	R.O. 231, R.O. 247. to G.
		Successfully Period. regular formations		23.12.16	R.O. 247. (to G)
23.1.17	21st Res Bn	T.O.S. 21st Res Bn. from C.M.S.		23.12.16	(Pte ad. 14.)
8.2.17	A.G.	Transfrd to 21st Res Bn		31-1-17	Appointed Rd d/8.2.17
7.2.17.	21st Res Bn	T.O.S. 21st Res Bn from 175th Bn.		10.1.17.	Pt II and 29.
		Canadian School of Musketry			
15-2-17	Hqrs C.E.F.	Qualified 2nd Class in the 52 class	Morncliffe from 19/2 to 9/3/17		R.O. 816
25-4-17	Bram.	Proceed O/Regs to 50th Bn SOS 21 Res Bn		25-4-17	R.O. 1063
12-5-17	50 Bn.	SOS on arrival from Eng. attn Engineers		27-4-17	Pt II O. 83
		Qualified on Course of Instruction in Lewis Gun			
4-5-17	H.Q. 60th	ar Grantham ending		7-4-17	R.O. 1343
15-5-17	O.R.O.	Reported from G.H.O. Wounded		11-5-17	O.L. 674
18.5.17.	do.	admd. No 14 Staly Dep. Boulogne		14.5.17.	C.L. 677. Sup Dysteria & Sc Lez.
16-6-17	50 Bn	Invalided (Wounded) & dis. to Alberta Reg Depot		7-6-17	Pt II O. 98

A.F.B. 104 (C) (1-40000) (D17)

A.F.B. 104 (C) 22 JUN 17

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				
			Discharged	11-6-17	Cl. 408 do
12-6-17	ORO.	adm 3rd Lon Gen Hosp. Wandsworth Common London S.W.		4-6-17	Cl. 698 Conv. Diphtheria
					Sd. Scarlet
13-6-17	Hq Com. T.	Granted leave with permission to proceed to Canada from 11-6-17 to		13-8-17	R.O. 1744 - Brams.
					ag. D.O.3. 2-1-63 add. Stirling Ont
31-8-17	A.R. Dep	Ceases to be shown on leave to Canada & to SOS also Regt on transfer to Exp Force in Can for further Medical treatment		13-8-17	Pte II O. 175
8-9-17	Hq Com T.	SOS returned in Canada for further Medical treatment		13-8-17	R.O. 2416

A.F.B. 102. 18 SEP. 1917

4499

Rank Name Reg'l No.

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

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

	Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
	From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

N. B. 17-10-16.

Sept 1/16
SRb no change Sept 15/16
WR Cert off Sept-1/16 3-11-16

September + October chgd Oct

Assignment as at
September 1/16

Bissonnette, Lieut. D. F.

155 Pl

$30

Dr. J. D. Bissonnette,
Sterling, Ont.

$ 30

Pymts
A. 3 M Form

Tfd to Can: 1 July 1917

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Bissonnette D. F. Lieut.

Regimental No. 332-49-31

Unit 50 Bty

Name and address of next-of-kin Sterling, Ont.

Date of enlistment

Place of "

For Further Medical Treatment 14 8/17 #241

C.O.M.F. to C.E.F 13 8/17 20 Oct. 13 4/17

Married (yes or no) Nil

Date and place discharged Leave to Aug. 13 4/17

Amount of pay assigned monthly $ 30 open stopped 31 8/17

Reason for discharge

To whom payable Wetagama 22 6/17 -

Character on discharge Own Exp. 2 L.P.C. clear 30-6-17 C.Paid officer

b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																L.P.C. No. 712
1 7/17	31 8/17	62	2.00	124.00	62	60	37.20	93.00								+ Diff. between Sat & Monday
22 6/17	30 6/17	(9)						4.80	258.70	2152 16 8/17		198.70	60.00		258.70	

L.P.C. to Paymaster M.D #3 - (10 8/17)

Paid 10/9

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Dr. J. D. Bissonnette

Address Sterling Ont

By Whom Assigned Bissonnette D. H

Regtl. No.

Rank Lieut

Corps Special Service Company #3

Rate 30^vo

SEP 1 -1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments 1st July 1917
Sept.				3rd 18/10/17 — 5th 18/10/17
Oct.				5th 18/10/17 Canada for H.M.S.
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

C.O. F. 3 CASUALTIES.

CONSOLIDATED ACCOUNT 5

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Dr J. D. Bissonnette
(Assignee)

I. L. Job 5470—Req. 6888.

Name of Soldier Bissonnette J. H.

Lieut - Special Service Coy #3

30 cts

SEP 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		M 21318	60.	$60 to adj ⇒ Spec Reg 17-10-16. $30 future.
Nov.		H24910	30	
Dec.		F 30130	30	
Jan.	1917	036538	30	
Feb.		S 43209 ~~042067~~	~~30~~ 30	30 #2667 Cancelled J.J.S.
March		P 49048	30	30.
April		N. Lvt.	30.	30 B.
May		063755	30	
June		S 13553	30	30 to F.X 12/7/17 S.A.
July		Q 20029	30	B.
Aug.		S 27574	30	~~$30~~ Acct. closed 31-8-17.
Sept.		~~Cancelled R 34019~~	~~30~~	~~to~~ Auth. H.Q. 332-4931. Letter on file 1543-D-2 from C.P. $360 F.L. W/H. 41917.
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Sept 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

30			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Lieut. Promoted Reverted Discharge

Soldier's Name D.T. Bissonnette

Battalion Special Service Company #3

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Dr. J.D. Bissonnette

Address Stirling, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug 31-17			360	360	a/c closed 31st/17 Auth H.Q 332-4931 File 1543.D.2.
〃			〃	〃	

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7988.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-38-1141
L. L. 22320—M. & D. 7693.

1612

D. M. S. 1347.

Surname	Christian Name	Reg. No.
BISSONETTE	D. F.	

Rank	Unit
Lieut.	50th.Batt.

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	11-6-17	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

1.GSW Thighs.2.Diphtheria.

Disposition Recommended

(1) Unfit any service 9 weeks.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Sick leave to Canada 11-6-17 to 13-8-17.

Indicate by a P.T.O. if continued on other side.

BISSONETTE D. F. 1612

Lieut. 50th.Batt

No 14 Sta.Hosp.Boulogne 14-5-17
H.S.to 3rd.London General Hospital 7-6-17.

Reported Wounded:-11-5-17
Sus.Diphtheria & S.W.Leg.
Conv.Diphtheria & S.W.Leg

not ent.

Discharged;-11-6-17.

C.L.15-5-17 674
18-5-17 677
12-6-17 698-4.
23-6-17 708-3.

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London.

*Name BISSONNETTE D.F. Rank LIEUT. Regtl. No. "C"

Fyle Depot

Original unit 50th Present unit M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
1-9-17	Attached for P&A & Treatment	#284
1-12-17	STRUCK OFF STRENGTH	2.

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

[OVER]

Date	Remarks	Pt. 2 Order No.

M.F.W. 192
100M.—8-19
1772-39-1243

Number ..... Rank Lieut
discharged with rank of capt.

Surname BISSONNETTE

Christian Name Donald Francis

Units ..... Theatre of War France

Date of Service 26-9-16 25-4-17 13-8-17.

Remarks .....

A.R.

Latest Address 53 Arundel Ave
Toronto, Ont.

Roll No. B. Page 13966

200m.-2-21.M.

DESP. JUN 27 1922
REGN. N 41462

332-49-31

SURNAME. Bissonnette

CHRISTIAN NAMES Donald Francis

REGL. NO. RANK Lieut

UNIT ~~109th 50th~~ #3. Del: C.A.P.C.

FORMER CORPS 49th. Regt. 9th. Mississauga Horse (3 mos.)

3. CARD NO.

S.O.Do. 14-12-19.
R.O. 23259 ROLL 16-12-19.

Do 279+290. 14-15-12-19 Ca/st
mD3 Bn.
To S. 1-1-19. DO # 121-3-19

NEXT OF KIN.

NAMES IN FULL Bissonnette J. D.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Stirling Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Hamdas. Ont. DATE July 3rd. 1886

PLACE OF ATTESTATION

DATE

O/S 25-9-16 565/1

R/E 22-6-17 - Metagama

L. L. 6915. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

Auth for Trans M 4484 - 15-5-17

MARRIED SINGLE WIDOWER

TRADE OR CALLING Accountant RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 28 YEARS 9 MONTHS

HEIGHT 5 FEET 2½ INCHES

CHEST MEASUREMENT 31½ INCHES EXPANSION 2½ INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

Returned to Canada per S.S. Metagama 22-6-17.
Auth T339.

MEDICAL EXAMINATION. PLACE Lindsay Ont. DATE Apr. 9th. 1915

Present Address: Lindsay Ont.
Struck off Strength D.M.T. 13-8-17 auth Turners RO
8-9-17

No. RANK Lieut (S.B.) M.C. NAME Dissmnette, D. J.

T. C. UNIT Special Service Battalion #3886 y

Trans from 109th Br
21-7-16 Dol of 21-7-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 21	1916 July 31	✓		
Aug		✓		
Sept 1	Sept 10-	✓	Trans to s/s Dpt 10-9-16	Do 53 of 2-9-16
1917	1917			
Dec. 1	Dec 31	✓	to be P. M. Capt. 1-12-17	a/c 340.
1917	1917.			
	Jan.	✓	to be Paymaster 1-2-17	a/c 310 of 20-12-17.
	Feb.	✓.		
	Mar.	✓.		
	Apr no dates	✓.		
	May.	✓.		
	June	✓	now called 3rd C & K.	Same payment.

No. RANK Lieut. NAME Bissonnette. D. D.

T[redacted]S. UNIT 109th. Battalion.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov. 30	✓	Add. for. duty inst. 25-11-15	D.O.C. 25-11-15.
	Dec.	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
July. 1.	July 20	✓	Discharged.	D.O. 141 4-6-16.
			a/c closed by payment. ✓	

UNIT SAILED
JUL 23 1916

FORM R. 149.
7106—250m—7/2/17.

Name BISSONNETTE Rank Lieut. Reg. No.
Donald Francis
Unit 50th.Bn.
Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11.5.17.	Rep. from GHQ		WOUNDED	674	M4454	15-5
14-5-17	14 Stat Hos Boulogne		Slight Diphtheria			
7-6-17	3rd Con Gen Hos	SW Army	SW Diphtheria	698		
11-6-17	Discharged			78		

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

2/Lt Res Forces

Bonnette. D.F. Lieut. 50th ~~100th~~ 2nd Bn

6.10.16. Arrived from Canada. T.O.S. D.O. 5274.

TO GENERAL LIST D.O. 5463

D.O. 5274. Cancelled. D.O. 5463

23.12.16 Leave to Can (7) C.M.S. on completion of course.

23.2.17 (A) 75th Batty. Sqn R.F.A. Ayles H Can.O. 249

31.1.17. Tfd to 2/Lt Res Battn A.S.C.

25.4.17 S.O.S. O'seas to 50th Bn - B.D.O. 1063.

D.O. 97/14-6-17 Reposted to A.R.D. & shewn as Patient in Hospital.

Sick Leave 11-6-17 to 15-7-17 ~~B.R.O.~~ B.R.O. 1525

Sailed 2-6-17 / Sick Leave to Canada 11-6-17 to 13-8-17 D.O. 124

13-8-17 S.O.S. on Trans to Exped Force in Canada for further Med. Treat 11-7-17

D.O 175/31-8-17

A.R.O. 2416.

NAME.	RANK.	PROMOTED TO	UNIT.
Nicholson. W.B	Lieut		159th Bn

6.10.16. Arrived from Canada. T.O.S. D.O. 52/4

H.C.T. 8019.

1612

LEDGER NO. 66-32. SERIAL NO. A39910 27205

30

REG. NO. NAME Bissicnette Donald

RANK Capt CORPS C A P C AGE 34 SERVICE 4 4 years

HOSPITALS DATE OF ADMISSION

1 Glen Kingston 26.4.18

2

3

DIAGNOSIS W/ Abscess in Abdomen

TRANSFERRED TO

DISPOSITION Duty 8-6-18 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

over

P.T.O.

HOSPITALS.	DATE.	DIAGNOSIS.
REMARKS:		
Ad Mil Kingston	27.6.19	C/ Herpes Zoster
Dosch Unit	9.7.19	
		1612

REGT'L. NO. 1612

NAME Bissonnette Donald Francis

RANK AND CORPS Lieut 50th Bn Form 209th Bn

DESERTED FROM NO. 649

FOLLOWS NO.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
M4454	15-5-17	Left wounded May 11th 1917

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

1612

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
674	Rept from Gen HQ.	11-5-17	wounded
#677	+ Hosp, Boulogne	14-5-17	Susp. Diphtheria + Sw Leg
698 - 14	3 Lon Gen, Wandsworth London	7-6-17	Sw. Diphtheria + Sw L. Thigh
	Ex H.S, St. Patrick		
708 (31)	Dis[illegible].	11-6-17	Con Diphtheria + Sw L Thig
288	MASCC Kingston	1-9-17	C Unit for Bed + Treatment

CEF

CAPT. BISSONNETTE. Donald. Francis

Deceased 18-4-51

RETURN THESE DOCUMENTS
TO WAR SERVICE RECORDS
DEPT. OF VETERANS AFFAIRS

20-10-50

25-5-50

Captain Bissonnette Donald Francis

DATE	P.A. OR B.F.	INITIALS	REFERRED TO	FOR REMARKS (If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")	INITIALS	DATE

1612

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculatio[illegible], Examinations for Field or Foreign Service, Extension, Re-enga[illegible]ment, or Prolongation of Service; Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details, and signature
July 10/16.	T/A 1/2 TAB 2/2 A.C.S. H. Murnaghan.
Oct. 1915	Vacc. H. Murnaghan.
April 1916	Vacc. H. Murnaghan.
11-6-17.	13 Burnes St. ① G.S.W. thigh ② Shell Wound; Must avoid duty 9 weeks. H.B. Wright Capt. C.A.M.C.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

B. 20

Army Form B. 178.

[illegible] original copy ORIGINAL.

[illegible] used for recruits enlisting direct into the R[illegible]ular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

8-B-472

MEDICAL HISTORY of

Surname Bissonnette *Christian Name* Donald Francis

OCT 5 1917

13 JUN 1917

1612

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Dundas County Ontario

Examined .. .. .. on 9th day of April 191 5.
at Kingston. Ont

Declared Age .. .. 28 3/4 years days.

Trade or Occupation .. Clerk

Height .. .. .. 5 feet 2½ inches.

Weight .. .. .. 110 lbs.

Chest Measurement — Girth when fully Expanded 37 inches.
Range of Expansion 3 inches.

Physical Development ..

Vaccination Marks — Arm .. Right Left 4/v
Number Four

When Vaccinated .. .. October 1915

Vision .. .. .. R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease .. .. (a) Nil.

(b) Slight defects but not sufficient to cause rejection .. .. .. (b) None.

Approved by .. (*Signature*) A. Murnaghan Donald (not original examiner)
(*Rank*) Capt. C.A.M.C.
Medical Officer.

Enlisted .. .. .. at Kingston
on 9th day of April 191 5.

Joined on Enlistment .. | Corps. | Regtl. No.

Transferred to .. .. | 21st Reserve Battn (Alberta) 50th Battalion | Lieut 10/4/17 25 APR 17

Became non-effective by ..

on day of 191 .

(*Signature*)

(*Rank*)

ORDERLY ROOM No. 3 Bn., Canadian Garrison Regt. MAY 28 1918 C.E.F.

CANADIAN

P.T.O.

W. P. Griffith & Sons Ltd., Printers, Old Bailey,
[634] 200m 5/15ss 45 59

Forms B. 178.

1612

Table II.—Only for Admissions to Hospital of t[illegible]t in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3RD LONDON GENERAL HOSPITAL WANDSWORTH.	8.	6.	17.	11.	6.	17.	Diphtheria (Past)	3	Reported sick in France 9.5.17 K L Bacillus present. Also G.S.W. L thigh not yet healed. Throat swabs now negative.	G. C. Hall Capt RAMC
Kingston General Hospital	26	4	18	8	5	18	Discharging abscess in umbilicus region of lower abd"	12	admitted to Kingston General Hospital 26/4/18 with localized area of pain in region of umbilicus (inflamed). under treatment; abscess formed which discharged three days after admittance; On date of discharge abscess practically healed & general condition of patient O K 1'	J. H. Sparks Capt RAMC

SEC 'C' DEC 2 1919

1612

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.)

(*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.)

as medically unfit with pensionable disability

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.

W. Gibson-Thomas Lt.-Col. *President.*

W. C. Pagelegal Capt. } Members

PLACE Kingston

DATE Nov. 27th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

President.

PLACE.....

DATE..... } Members

APPROVED BY

Captain A. M. C.
Assistant Director of Medical Services.
District No. 3.
DATE NOV 28 1919
KINGSTON

APPROVED BY

Jos. W. Mackenzie Lt.-Col.
Director-General of Medical Services.
DATE 4/12/19

1612

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

DEPT. OF MILITIA AND DEFENCE
DEC -2 1919
CANADA

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Kingston Ont. DATE Nov. 27th 1919

1. 1 (*a*) Unit C.A.P.C. (*b*) Regimental No. (*c*) Rank Capt.

(*d*) Surname BISSONETTE (*e*) Christian name Donald Francis

(*f*) Home address Stirling Ont.

(*g*) Next of Kin Mrs. Matilda J. Bissonette (*h*) Relationship Wife

(*i*) Address of Next of Kin Stirling Ont.

2. Age last birthday 33 years Date of birth Jly. 3rd 1886

3. Enlistment, or Appointment (if an Officer) (*a*) Place Kingston Ont. (*b*) Date Apr. 9/15

4. Personal description:

(*a*) Height 5'2½" (*b*) Weight 110 lbs. (stripped) (*c*) Complexion Medium

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue-Brown (*f*) Identification marks, Scars, etc. Scar under chin. Scar side of left thigh. Scar front rt. thigh

5. Former trade or occupation Accountant

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	231

	Periods	
	From	To
Canada	Apr. 9/15 June 25/17	Sep. 26/16 to date
England	Sep. 26/16 June 7/17	Apr. 25/17 June 25/17
France or other theatres of War	Apr. 25/17	June 7/17

7. Original disease, or injury 1. GSW left thigh
2. Myocarditis

(*a*) Date of origin 1. May 11th 1917
2. May 1917 (*b*) Place of origin 1.2. France

(*c*) Cause 1. Enemy action 2. Diphtheria - originating May 2/17

M. F. B. 227.
300m.—8-18.
1772-39-117.

OFFICERS RECORD
NOTE
12/13

B.C.C. POLLO
FALSE POCKET
12

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. Slight loss of function left leg - no necessity for rest.
2. Slight loss of function of heart - not necessitating rest but restricting occupation to a grade where heavy work is not required.

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.)

Subj. 1. Complains of slight numbness in left knee after joint has been held in flexed position for some time. Numbness disappears after leg is straightened. Does not bother while walking.

2. Complains of shooting pains near apex of heart following fatigue. Slight shortness of breath on going upstairs.

Obj. 1. Well healed scar 2½" long by 3/4" wide on outer side of left thigh about 3" above knee. Scar slightly adherent to subcutaneous tissue. No loss of muscle. No limitation of movement of joint. No enlargement of joint. Slight creaking on movement.

2. Heart sounds apparently normal. No adventitious sounds. Apex of heart 5th interspace 1/2" int. to mid-clavicular line. Pulse rate 83 at rest. 116 after marking double time 1/2 minute. Returns to 83 after 1½ minutes Arrythemia of sinus type present. Blood pressure diast. 80 - Sys. 115 mm. of Hg. Slightly noticeable dyspnoea during the exercise of marking time.

Slight astigmatism for which he wears glasses. G.S.W. right thigh - small superficial scar middle front of thigh.

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

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses Yes — Respiratory System No — Integumentary System Yes

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems Normal — Any other general condition No

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

Wounded at Lens May 11/17. Had sore throat for day or two previously. Admitted casualty Clearing Station with GSW thighs and Diphtheria. M.H.S. shows record of admission 3rd London Gen'l. with both these conditions. Was boarded and returned to Canada on Sick Leave. Was afterwards marked C3 for duty in Canada only. Has been carrying on at sedentary duty since Dec. 1917.

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

Scarlet fever, measles, mumps, Chicken-pox, as a child
Says a rib was broken on rt. side in France about a week before being wounded.

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

Scar under chin (broken jaw in civil life) Small scar front right thigh. Scar side left thigh.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1.2. No

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

1.2. 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. 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? 1.2. 12 mos.

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

General surgical & medical treatment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations. That he be discharged as medically unfit with disability due to service.

W. A. Lemon Capt.
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

B. C. FIELD FORCE DEPOT

Rank.
Signature of invalid examined. Capt

1612

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

1612

DEPT. OF MILITIA & DEFENCE
DEC 26 1917

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Kingston, Ontario.

Date December 7/17.

1. (*a*) Unit 50th Battalion, C.E.F.
   (*b*) Rank Lieutenant.
   (*c*) Surname Bissonnette. (*d*) Christian name Donald Francis.
2. Age last birthday 31. Date of birth July 3rd,/86.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) April 9th/15.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 5' 2½"., (*b*) Weight 120.
   (*c*) Complexion Medium. (*d*) Colour of hair Brown.
   (*e*) Colour of eyes Dark Blue. (*f*) Scars or tattoo marks
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 399 Brock St., Kingston, Ontario.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation

7. Service

	Periods From	Periods To	Years	Days
109th Batt'n.	25th Nov. /15.	21July, 1916.		
No 3 S.S.CO.	21st, July 1916.	22nd, Sept/16.		
109th Battalion	22nd, Sept./16.	22nd Dec. /16.		
175 Battalion.	22nd Dec./16.	10th Jan. 1917.		
21st Reserve Battalion	10 Jan. 1917.	25th April, 1917.		
50th Battalion.	25 April 1917.	Present.		

8. Disease or disability (use authorized nomenclature) 1. Gunshot Wound Both legs.
   11. Cardiac Hypertrophy.
   (*a*) Date of origin 1. May 11th/17. (*b*) Place of origin 1 & 2. France.
   2. May 1917.
   (*c*) Cause 1. Enemy shrapnel 2. Infection.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

1. Healed scar left thigh 2½" long on anterior surface. Superficial scar 1" long anterior surface of right thigh. Healed and superficial.

2. Has had cardiac symptoms, dyspnoea arrythymia. At time of examination, pulse regular 72 beats to minute. Heart inside nipple line. Sounds somewhat weak but normal. No dyspnoea on

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

double mark time and very little acceleration of pulse. There is practically only a slight degree of asthenia in this case and some weakness of heart muscle a condition remaining from his illness and which will shortly disappear.

R.P.C. FALSE DIAGNOSIS

M. F. B.380.
50M.—6 17.
1772—30—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1. Nil
2. 20%. for 6 months.

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

13. Was a Court of Inquiry held? No.

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

Yes Not applicable. No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? Not applicable.

17. Treatment (Case reports, general or special, should be secured and attached where possible).
English and French Hospitals.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations.
That he be placed in Category "C3".

J.F. Green Capt. A.M.C.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of .

D.F. Lieconnette
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

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

23. It is certified that the Officer
(*a*) Does require treatment.
(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.)
That he is fit for home service Category C3. for 6 months when he may be eligible for a higher Category.

J.F. Woodman Capt. AMC. *President.*
J.H. Mo[illegible] Capt. AMC. } *Members.*

Station Kingston, Ontario.
Date December 7th/17.

APPROVED BY

Date Dec 12 17

G.L. Weatherhead Capt. AMC
Assistant Director of Medical Services.

APPROVED BY

Date 3/1/18

Jas Mackie Capt
Director General of Medical Services.

FALSE

R. G. JUL 26 1917

1612

JUL 26 1917

4

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

LN/ 7-B-76 Address:- Stirling, Ont. 1612

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Barriefield Camp

Date 19th July 1917

1. (*a*) Unit 50th Batt'n C.E.F.
   (*b*) Rank Lieutenant
   (*c*) Surname Bissonette (*d*) Christian name Donald Francis
2. Age last birthday 31 Date of birth 3 July 1886
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 25th Nov. 1915
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Not Applicable.
4. Personal description:
   (*a*) Height 5' 2½" (*b*) Weight 116½
   (*c*) Complexion Fair (*d*) Colour of hair Brown
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks Shrapnel wounds each thigh.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners)
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent Not Applicable.
6. Former trade or occupation Book-keeper.
7. Service

	Periods		Years	Days
	From	To		
109th B'n C.E.F.	25 Nov. 1915	21 July 1916		
No. 3 S.S. Co,	21 July 1916	22 Sept.1916		
109th B'n C.E.F.	22 Sept.1916	22 Dec. 1916		
175th B'n C.E.F.	22 Dec. 1916	10 Jan. 1917		
21 Reserve Batt'n	10 Jan. 1917	25 Apr. 1917		
50th B'n C.E.F.	25 Apr. 1917	Date.		

8. Disease or disability (use authorized nomenclature) 1.G.S.W. thighs 2.Myocarditis.
   (*a*) Date of origin (1) 11 May '17 (2) 9 May '17 (*b*) Place of origin 1.Lens 2.Lens
   (*c*) Cause (1) Shrapnel (2) Diptheria.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

1.Scar 2½" long on anterior surface left thigh-purplish in color-healed 3 July 1917-Scar 1" long on anterior surface rt. thigh-well healed.

2. Heart enlarged to nipple line-all sounds weak and indistinct. Complains of weakness and lassitude-B.P.M.sitting 84,standing 96

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Incapacity due to weakness.

M. F. B.380.

50M.—6 17.
1772—30—274.

R. P. C. FOLIO FALSE DOCKET

5

Dis Sect 11-1077

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Shrapnel scars both thighs.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

4/4 at present.

12. Did the disability arise on or off duty? 1. On duty in action 2. On duty.

13. Was a Court of Inquiry held? No.

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

Yes Not Applicable. No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 1. No disability 2. 3 months.

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

1 & 2 French & English Hospitals.

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

No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations.

That officer be allowed to convalesce at home for at least three months.

A. Rosenquist
Major A.M.C.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned..... Lt. D.F.Bissonette .....have heard the description of my disability read, and am satisfied (~~am not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

D.F.Bissonette
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

YES.

22. Is the Officer fit for

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

23. It is certified that the Officer

(a) ~~Does require treatment~~.
(b) Does not require treatment.
(c) ~~Should pass under his own control~~. Should not pass under his own control.
(d) ~~Should not pass under his own control~~.

(Strike out condition not applicable.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) Board recommends three months leave for Convalescence at his home.

E. Kidd — *President.* Lt-Col A.M.C.
W. McEachren — Capt. A.M.C. *Members.*

Station Barriefield Camp
Date 19th July 1917.

APPROVED BY

Date .....

J. W. Bell
Assistant Director of Medical Services.

APPROVED BY

Date JUL 21 1917

for D.A.D.M.S. Mil. District No. 3
Or A.D.M.S. Mil. District No. 3

R. L. Borden
Director General of Medical Services.

FOR CASE DOCS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

GW

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Kingston.

Date October 26th.1917.

1. (*a*) Unit 50th.Battn.C.E.F.
   (*b*) Rank Lieutenant.
   (*c*) Surname Bissonnette. (*d*) Christian name Donald Francis.
2. Age last birthday 31 Date of birth July 3rd.1886
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) April 9th.1915.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 5' 2½ins. (*b*) Weight 119
   (*c*) Complexion Medium (*d*) Colour of hair Brown.
   (*e*) Colour of eyes Dark Blue. (*f*) Scars or tattoo marks
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners)
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation Accountant.
7. Service

	Years	Days
	PERIODS	
	From	To
109th. Bn. C.E.F.	25th.Nov.1915.	21st.July 1916.
No.3 S.S.Co.	21st.July 1916.	22nd.Sept.1916.
109th. Bn. C.E.F.	22nd.Sept. 1916.	22nd.Dec. 1916.
175th. Bn. C.E.F.	22nd.Dec. 1916.	10th.Jan.1917.
21st.Reserve Battn.	10th.Jan. 1917.	25th.Apr.1917.
50th.Battn. CEF.	25th.Apr. 1917.	Date.

8. Disease or disability (use authorized nomenclature) 1.GSW.both legs. 2.Cardiac Hypertrophy.
   (*a*) Date of origin 1.May 11-1917. 2.Dyphtheria. (*b*) Place of origin 1.2. France.
   (*c*) Cause 1. Enemy Shrapnel. 2. Infection.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Scar of G.S.W. 2½ins. long left thigh above knee-healed. Scar 1" long right thigh 5" above knee-healed. No subjective symptoms. 2. Left border of heart just outside nipple line. Right border 2 A.M. to right of parasternal line at level of 4th.rib. Soft systolic blow at apex not transmitted-probably functional. Pulse irregular-irregularity of sinus arrythymia type. Officer complains of slight shortness of breath on ascending a flight of stairs. He tires easily-feels somewhat below par.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B.380.
50M.—6 17.
1772—33—274.

B. P. C. FOLIO
FALSE DOCKET
7

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

None.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1. Nil. 2. 100% for six weeks.

12. Did the disability arise on or off duty? 1&2. Yes.

13. Was a Court of Inquiry held? 1&2. No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?
Yes 1.&2. Not applicable. No
(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1&2. No.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 1.Nil. 2. Six weeks at least.

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

French and English Hospitals.

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

1.No. 2. Rest in a convalescent home or his own home.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations.

That this officer be given six weeks further convalescence.

H.Kyan Captain R.C.

Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

D.T.Bissonnette.

Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the Officer fit for

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

23. It is certified that the Officer

(*a*) Does require treatment.

(*b*) ~~Does not require treatment~~.

(*c*) ~~Should pass under his own control~~.

(*d*) Should not pass under his own control.

(Strike out condition not applicable.)

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

Recommends that this officer be given six weeks further convalescence Category "D".

69

R.B.Shannon Capt.A.M.C. *President.*

D.T.Broom Capt.A.M.C. *Members.*

Station Kingston.

Date October 26th.1917.

APPROVED BY

Date NOV 2 - 1917

for D.G.Watt Capt. A.M.C.
Assistant Director of Medical Services.
D/ A.D.M.S. Mil.District No.3
For A.D.M.S. Mil.District No.3

APPROVED BY

Date.....

Director General of Medical Services.

B.C. FILES DOCKET FALSE 6

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

C.F.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Kingston, Ont.,

Date March 16, 1918.

MILITIA & DEFENCE MAR 21 1918 H.Q. OTTAWA

1. (*a*) Unit 50th Batt'n.C.E.F.
   (*b*) Rank CAPTAIN.
   (*c*) Surname Bissonnette (*d*) Christian name Donald Francis.
2. Age last birthday 31 Date of birth July 3rd, 1886
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) April 9,1915
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 5' 2½" (*b*) Weight 112
   (*c*) Complexion Medium (*d*) Colour of hair Brown
   (*e*) Colour of eyes Blue (*f*) Scars or tattoo marks
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 399 Brock St.,Kingston,Ont.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation Accountant.
7. Service

	Years	Days

	Periods	
	From	To
109th Batt'n.	Nov. 1915	July 1916
No.5 S.S.Co.	July 1916	Sept. 1916
109th Batt'n	Sept.1916	Dec. 1916
175th Batt'n	Dec. 1916	Jan. 1917
21 Reserve Batt'n	Jan.1917	April 1917
50th Batt'n.	April 1917	PRESENT.

8. Disease or disability (use authorized nomenclature) CARDIAC HYPERTROPHY.
   (*a*) Date of origin May 1917 (*b*) Place of origin France.
   (*c*) Cause Probably following Diphtheria which he had in May 1917.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

SUBJECTIVE. Officer complains of weakness on exertion. On running upstairs,he would be completely out of breath.At intervals of two or three days,he experiences a dull aching pain over cardiac region.

OBJECTIVE. Pulse rate sitting 80, standing 90, double marking time for 10 sec. 120 per min. Border just inside nipple line. Heart sounds somewhat weak but no signs of valvular lesions.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B.380.
50M.—6 17.
1772—33—274.

93
B. P. C. FOLIO
FALSE DOCKET
11

1612

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

20%

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

13. Was a Court of Inquiry held? no

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

Yes Not applicable

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 3 months.

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

English & French Hospitals.

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

no

19. Can the former trade or occupation be resumed? YES

20. Recommendations.

That he be placed in CATEGORY CIII. for three mos. and to appear before Medical Board at end of that time.

CAPT AMC.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned D.F.Bissonnette. have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of

D F Bissonnette
Signature of Officer examined.

1612

OPINION OF THE MEDICAL BOARD

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

YES

22. Is the Officer 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.)

23. It is certified that the Officer
(*a*) ~~Does require treatment.~~
(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

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

Placed in CATEGORY CIII. for three mos.

W A Jarvis CAPT AMC *President.*
A. Macdonell CAPT AMC.
CAPT AMC. *Members.*

Station Kingston, Ont.,
Date March 16, 1918

APPROVED BY

Date MAR 18 1918

W H Cruess Captain A. M. C.
Assistant Director of Medical Services.
For A. D. M. S. M. District No. 3.

APPROVED BY

Date

Director General of Medical Services.

B. P. C. V. FALSE DOCKET 10

3. C.A.P.C. | AUDITOR | PAYMASTER

M. OR S. Married

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. | RANK Capt. | NAME (IN FULL) Bissonette. D. J.

NEXT OF KIN Matilda Jane Bissonette | RELATIONSHIP Wife

ADDRESS 430 Brock St. Kingston, Ont.

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Mrs. M. J. Bissonette | RELATIONSHIP Wife

ADDRESS 430 Brock St. Kingston, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sub 1st		S.D. & M.
W.S.S. payments to 53 Arundel Avenue. Toronto, Ont.		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 9-4-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $60.00 | DATE EFFECTIVE

PAYABLE TO Mrs. M. J. Bissonette | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 430 Brock St. Kingston, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED | PLACE Kingston | DATE 14/12/19 | REASON On demob. | AUTHORITY 3 MM 4-8-46 | IF ENTITLED TO POST DISCHARGE PAY Yes

S.A.A.P. SUBS. V.L. 18

M.F.W. 2595 Recd.

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY & S.A. $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	S.A. $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																				2386
March	31	4.00	124	00	52	70	40	00	216	70	13	17/3/19	2374				20	00	96	70			60	00					40	00	216	70					$200.00 Victory Bond. Subs. Instalment 10.25 Cl. 6
Apl. 1-30	30	4.00	120	00	18	25	40	00	239	25	88	15/4/19	2817				20	00	109	25			100								239	25					2778
May 1-31	31	4.00	124	00	52	70	40	00	216	70	244	9/5/19	3268077				20	00	96	70			100	00							216	70					3268036
June 1-30	30	4.00	120	00	51	00	40	00	211	00	AR 458		587				20	00	91	00			100	00							211	00					268050 268180
July 1-31	31	4.00	124	00	52	70	40	00	216	70	688	8/8/19	840				20	00	96	70			100	00							216	70					Do. 145. Sick leave from Rev. 12-7-19 to M.N. 25-7-19
Aug 1-31	31	4.00	124	00	52	70	40	00	216	70	1 2182	78	3				4 434031	20	00	22	32	94	38	100	00						216	70					434002
SEP 1-30	30	4	120	00	51	00	40		211	00	434091		237067				20	00	91	00			100	00							211	00					431127 ck 438075 Redeposited
Oct.	31		124	00	20000 52	70	40	00	236	70	438075						434284	20	00			116	70	100	00						236	70					5438428
Nov.	30		140	00	51	00	40	00	211	00	441964						443	111	00					100	00						211	00					5441824
Dec	14		56	00	23	80	19	00	98	80							443064			79	80			19	00						98	80					444065
			1156	00	529	55	379	00	2064	55								251	00	683	47	211	08	879	00				40	00	2064	55					
183 days			240	00	732	00	97	00															40	00	120	00	160	00	700	00	612	00					434159 434160
																								40	00	124	00	324	00	160	00	488	00			5438428 5438284
																								40	00	124	00	488	00	140	00	364	00			5441824 5441964
																								40	00	124	00	652	00	80	00	240	00			444065 444064
																								40		120		812		40	00	120	00			1339679 19-12-19
																								40		120		972								185977 8 JAN 0 1920

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | **UNIT.** NAME OF | RATE OF P. AND A. | **RANK.** DATE AUTHORITY | **NAME.**

Beneficiary — 50 Bn. — Pay — Lieut — Name Bissonette

Address — F.A. — Initials D. J.

Messing — Bank of Montreal

Amount. $ 30 Canada

Separation Allowance issued. Yes or No.....

1913-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Nov 26	Indem. Lost Kit 11 5/14 (£3.15.0) PMC L.129 Gl Ge. Do 404		1825			Cr 1825	Ltd. to Can. L.P.C to 30.6/14	
1919								
Mch 31	Tfd to Can.	No. 1883		1825		—0—	10 3/19 a/c L.P.C to Can 31 MAR 1919 Br bal 1825	

FORM P. 15. H.W.V.Ld.—3717-18.
3519—16M—1-3-18

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK. DATE	AUTHORITY	NAME.
Beneficiary		Pay			Name
Address		F.A.			Initials
		Messing			Bank
Amount. $					
Separation Allowance issued. Yes or No.....					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY. | UNIT. NAME OF | DATE | AUTHORITY | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address
Canada
Amount. $ 30.00 1/9/16

UNIT. 21 ~~Boston~~ 50 Bn.

RANK. ~~Pte~~ Lieut 6/10/16 In Can. D.O. ~~5214 C.T.D~~ 5214 C.T.D 1/9/16

NAME. Name Bissonette Initials D. F. Bank of Montreal

Separation Allowance issued. Yes or No..... S.O.S. 13/7 Transfd to Canada. Bshtt R.O. No 2170-30/7 A.P. R.O. 2416-8/9/17

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apr 20	A.P. Can.				30			
21	Apr Pay R.		108					
	Bank	307		78				
May 15	A.P. Can.				30			
22	May Pay R		111 60					
26	Bank	6039		81 60			11 6/17 - 13 8/17 B'Shott R.O. # 1734. 15-7-17.	
June 9	Pay R.		109				Leave to Can	
14	A.P. Can.				30		L.P. & to 30 6/17	
19	Can Imperial Bank	7815		78			C to 5 to be carried forwd until return	
July 10	Pay R		111 60					
17	A.P. Can				30	81 60	B.R.O. # 1575. 18 6/17 herein Amended to Read "Sick Leave from 11 6/17 - 13 8/17 & not as therein stated B.R.O. # 1744 15-7-17.	
Aug 13	A.P. Can.				30			
15	Pay R		111 60			163 20		
Sept 10	A.P. Can				30		T fr to W.C. Ledger Vo. 1-2764	
15	~~Pay R~~ A.P. Charged not pd. 1/7 - 30/9/17	V. 232	90			223 20	Transferred to L 12 F	
17	O/Cred. Pd. 1/7 - 31/8/17	do	1038	223 20			L 14 Oct 1917	
1918								
Mar 13	Interim Loss of Kit 11 5/17	L 129					£3-15-0	£ 75 Pd as 18 23-15-0

See L.P.S. in W.C. Ledger 1918-19

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF | DATE | AUTHORITY

RANK.

DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK. — Mess — DATE — AUTHORITY

NAME. 9-B-839

$210.00

Beneficiary

Address Canada

Effective Sept. 1st 1916

Amount. $30.00

Separation Allowance issued. Yes or No.....

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
General List 21 Res.			Lieut	6-10-16	From Canada D.O. No 5244 6 IX D d/9-10-16	Name Bissonnette. Initials D.J. Bank of Montreal

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Oct 16	P.A. Bank			9				
21	Pay Oct Nov 9/16		106 60					
	P.A. 16-30 9/16		39					
23	A.P. Can. Dept of Cav				60			
21	Bank			76 60		—		
Nov 23	a. P. Can				30			
24	Pay Nov. 1.		108					
27	Bank.			78		— 11 —		
Dec 14	Pay Dec		111 60					
15	AP Can.				30			
18	Bank			81 60		—		
1917 Jan 7	AP Can				30			
22	P.A. Jan.		111 60					
23	Bank	19288		81 60		—		
Feb 15	Feb P.A.		100 80					
17	A P Can.				30			
21	Bank	21931		70 80		—		
Mar 12	P.A. Mar		111 60					
13	A P Can				30			
23	Bank	24836		81 60		—		