

1090415
253rd (O.P.H.) BATTALION, C.E.F.
ATTESTATION PAPER.

ORIGINAL

No. 1090415

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Faichney.
- 1a. What are your Christian names? William Stirling
- 1b. What is your present address? c/o The Canadian Bank of Commerce, Main Office, Ottawa, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Killlearn Parish, Stirlingshire, Scotland.....
3. What is the name of your next-of-kin? B. Faichney
4. What is the address of your next-of-kin? Auchineden, Blanefield, Near Glasgow, Scotland.
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? 11th. April 1893
6. What is your Trade or Calling? Banker
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. Faichney (Signature of Recruit)
Date 15th. March..... 191 7. W. Grant Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Stirling Faichney....., 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.

W. Faichney (Signature of Recruit)
Date 15th. March..... 191 7. W. Grant Capt (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 Ottawa this 19th day of March 191 7
W. Grant (Signature of Justice)

Description of Wm Faichney on Enlistment

Apparent Age.....24.....years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....8.....ins.

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

Complexion.....Dark

Eyes.....Grey

Hair.....Dark

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

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

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

Scars.

1 small scar left jaw.

1 exc. mark right arm.

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.....Mar. 19th......1917.

Place.....Ottawa.

*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:—

J. H. MacLeod Capt
Chadlaw Capt

A. P. Davis Capt Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....William Faichney......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.

P. G. Campbell Capt (Signature of Officer)

Date.....Mar. 19th......1917.

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name

Fraichney, William, Stirling

Regt. No. *1090415* Rank *Gunner*

Corps *253rd Q. M. R. Battalion C. E. F.*

Medically Unfit

00283

R. O. No.

H. Q. No.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 1090415 Rank Gunner Name W. S. Faichney
Coros 73rd Battery, C.F.A. who was* DISCHARGED
On May 22nd, 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1917,
to May 22nd, 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	49	00
Advances by Cheques } No.			Reg'tl Pay <u>22</u> days at \$ <u>1</u> c <u>00</u>	22	00
			Field Allow. <u>22</u> days at \$ <u>c 10</u>	2	20
Assigned Pay No.			Other Allowances*		
Other Charges*	73	20	Other Credits*		
Payment on transfer or discharge No. <u>526</u>	~~73~~		Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	\$	73 20	Total	\$	73 20

*Give Particulars.

A monthly stoppage of \$ Nil. (†) has (‡) been paid on account of Assigned
Pay for the month of 191 to (Assignee)
(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment March 15th, 1917.

(2) if married and if a Separation Allowance Card has been submitted No. No.

(3) cause of discharge and authority Medically Unfit. Auth. D.A.A. & Q.M.G., M.D. 3rd.
Ref No. 44-F-122

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date May 22nd, 1917

Place Kingston, Ont.

J. M. Hamilton
Paymaster, Depot Batteries, M.D. 3rd,
C.F.A., C.E.F.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record. C.F.A., C.E.F.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form is to be used for all ranks. It is to be filled in by the commanding officer of the unit to which the soldier belongs.

Rank: _____ Name: _____

Company: _____

Date: _____

1. Name of the soldier: _____

2. Rank: _____

3. Company: _____

4. Date of last pay: _____

5. Amount of last pay: _____

6. Name of the commanding officer: _____

7. Signature of the commanding officer: _____

8. Name of the soldier: _____

9. Rank: _____

10. Company: _____

11. Name of the commanding officer: _____

12. Signature of the commanding officer: _____

13. Name of the soldier: _____

14. Rank: _____

15. Company: _____

16. Name of the commanding officer: _____

17. Signature of the commanding officer: _____

18. Name of the soldier: _____

19. Rank: _____

20. Company: _____

21. Name of the commanding officer: _____

22. Signature of the commanding officer: _____

23. Name of the soldier: _____

24. Rank: _____

25. Company: _____

26. Name of the commanding officer: _____

27. Signature of the commanding officer: _____

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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.....

253rd (Q.U.I.) BATTALION, C.E.F.

(2) Regimental Number.....

1090415

(3) Full Name of Soldier.....

Faichney
Hilliard Stirling

(4) Place of Birth.....

(5) Are you married, or not?.....

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

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

Also their names and ages.....

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

If so, state name and address

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

If so, state name and address.....

(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?.....

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.

.....
Officer Commanding.

Date.....

MEDICAL HISTORY SHEET ORIGINAL

Surname Haichney Christian Name WilliamExamined { on 19th day of March 1917
at Ottawa

Approved by

W. H. test Capt
Chadwick CaptBirthplace { City or Town Hearn British
County ScotlandRank A. P. Davis Capt M.O.Apparent age 24Trade or occupation BankerHeight 5 feet 8 InchesWeight 145 lbs.Chest measurement { Minimum 33 inches
Maximum expansion 36 inchesPhysical development GoodSmall-pox Marks —Vaccination Marks { Arm Right Left
Number 1When Vaccinated last —(a) Marks indicating congenital peculiarities or
previous disease —(b) Slight defects but not sufficient to cause rejection
—

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT

Date Result VACCINATIONS

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 19th day of March 1917 at Ottawa.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>253rd Bde</u> <u>(C. & F.)</u>	<u>1090415.</u>		
Transferred to				

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.

Surname *Faichney* Christian Name *William Sterling*

[illegible]

To be made out in duplicate.

H.Q. 54-21-23-53

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.....

253rd (Q.U.H.) BATTALION, C.E.F.

(2) Regimental Number.....

1090415.

(3) Full Name of Soldier.....

Faichney
William Stirling

(4) Place of Birth.....

(5) Are you married, or not?.....

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

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

Also their names and ages.....

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

If so, state name and address

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

If so, state name and address.....

(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?.....

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.

.....
Officer Commanding.

Date.....

SURNAME.

Faichney

649-7-475-2.

CARD NO.

CHRISTIAN NAMES

William Stirling

REGL. NO.

1090415-

RANK

~~Pte.~~ Ser.

UNIT

~~25-3rd~~ 43rd Bty.

Bn.

FORMER CORPS

nil.

S.O.S. Dis 22-5-17

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Faichney, B.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Auchinader, Blane field m. Glasgow,
Scot.

COUNTRY OF BIRTH

Scotland Killbarn, Stirling.

DATE

Apr. 11th 1893

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Mar. 19th 1917Trans. from 25-3rd to 43rd Bty. Auth. 73rd Bty. 9-4-17.

JL

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Banker

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24

YEARS

MONTHS

HEIGHT

5-

FEET

8

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Blank

EYES

Grey

HAIR

Blank

DISTINGUISHING MARKS

1 Small scar L. jaw. 1 Vacc. R. arm.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Mar. 19th 1919

Present address

% Canadian Bank of Commerce, Main Office
Ottawa, Ont.

No. 1090415 RANK *Gnr.*

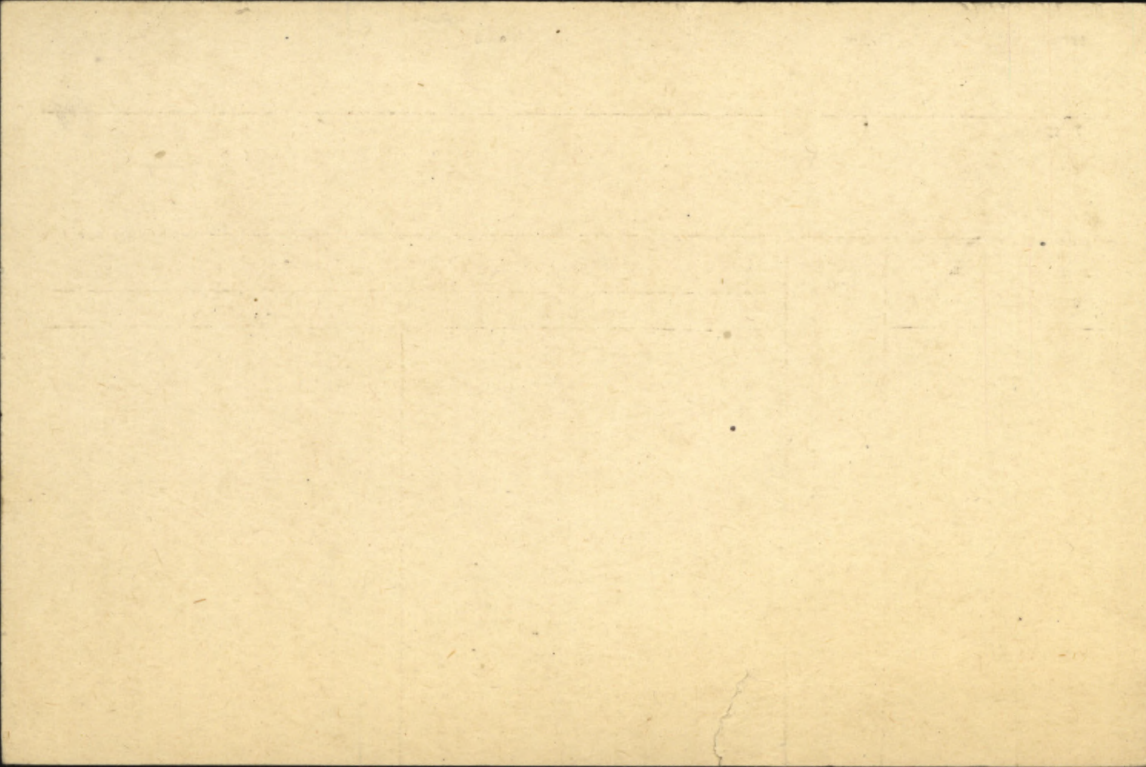
NAME *Faichney, W. S.*

T O S *Id from 250th Bn.*
(3042, 26-252, 4-17)

UNIT *73rd Battery.*

M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>Apr 11</i> <i>May 1</i>	<i>1917</i> <i>Apr 30</i> <i>May 22</i>	<i>n</i> <i>n</i>	<i>Disch'd Med Unfit 22⁵7</i>	<i>RP. 136. 28-5-17.</i>
			<i>a/c closed by payment. S.</i>	



No 1090415 RANK

Pte

NAME

Faichney, W. S.

T. O. S. 19-3-17

UNIT

25-3rd. Battalion, C. E. F.

(W.O.# 80 of 21-3-17)

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar 19	1917. Mar 31	✓		



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.	1090415
Rank	Gunner
Name	Faichney, William Stirling
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	73rd. Battery C, F. A., C. E. F.
Date of Discharge	22nd. May, 1917
Place of Discharge	Kingston, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>24</u> years <u>5</u> months <u>8</u> days	Descriptive Marks  1 small scar left jaw 1 Vac. right arm
Height..... feet..... inches.	
Complexion <u>Dark</u>	
Eyes <u>Grey</u>	
Hair <u>Dark</u>	
Trade <u>Banker</u>	
Intended place of residence } <u>Ottawa, Ont.</u>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<u>Medically unfit, auth. 44-F-122</u>	
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.
	<u>Good</u> <u>ECB</u>
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

Handwritten:
Coded
25-6-17
m.m.

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

.....

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

6. Medals and Decorations.....

.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....Kingston, Ont......

Ed Barrett Majeur

(Date).....May 22nd., 1917.....

73rd. Battery C. E. F.
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).....Kingston, Ont......W. J. Leachman..... (Signature of Soldier.)

(Date).....22nd. May, 1917.....Ray Peaker..... (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

.....

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years6days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....Kingston, Ont......

(Date).....22nd. May, 1917.....

(Signature).....Ed Barrett Majeur

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.)

.....NIL.....

W. J. Dickney
.....Gr.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	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.

Main Office, Canadian Bank Commerce
Ottawa Ontario
MEDICAL HISTORY OF AN INVALID.

1. Station. Kingston, Ontario.

8. General remarks on his:—

2. Regiment or Corps. 73rd. Battery, C.F.A.,

(a) Conduct.

3. Regimental No. and Rank. Gunner

(b) Habits.

1090416

4. Name. W.S. Faichney

(c) Temperance.

5. Age last Birthday. 24

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on March 19th. 1917.

at Ottawa, Ontario.

7. Former trade or occupation. Bank Clerk.

Date. April 12th. 1917.

9. Service.

Years.

Days.

PERIODS

FROM

TO

253rd. Battalion

March 19-17

April 11-17

73rd. Battery,

April 11-17

to date.

10. (a) Disease or disability. (1). Flat feet. (2). Moderate left varicocoele.

(b) Date of origin. (1). ~~Life~~ (2). ~~Life~~ *Life*

(c) Place of origin. (1). Not applicable. (2). Not applicable.

(d) Cause. (1). Unknown. (2). Unknown.

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General physical condition good. Man

had left medium sized left varicocoele and two flat feet.

Feet painful on walking etc.

12. (a) Is the disability the result of service or climate?

No.

(b) Has it been aggravated by intemperance, vice or misconduct?

No.

*Noted!
25-6-17.
m.m.*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar left chin.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable.

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1&2. Previous to enlistment.

1&2. Not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

(1). Permanent.

(2). Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

(1). 1/20

(2). Nil.

18. State if for discharge on account of unfitness for Service.

For discharge.

W. A. Jones
Capt. Amc

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service.

Yes.

Recommendations :

On account of this man having flat feet and medium size^d varicocoele of left side, the Board recommends that he be discharged from the service as Medically Unfit.

Signatures :—

Edw. Kidd

Dt-Col.AMC

President.

A. Rossaquin

Major AMC.

Members.

Station. Kingston, Ont.

Date. April 14th. 1917.

W. J. Jones

Capt. AMC

E. J. Jones

Captain. A.M.C.

Date. April 14th. 1917.

Approved.

Dy A.D. Asst. Director of Medical Services.
For A.D.M.S. Mil. District No. 3

Date.

Director-General of Medical Services.

