CLASS A IV

Triplicate

ATTESTATION PAPER.

No. 2,115,799

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	FALLIS.
1a. What are your Christian names?	WILLIAM HENRY.
1b. What is your present address?	Box 201, Souris, Manitoba, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Souris, Manitoba, Canada.
3. What is the name of your next-of kin?	William Wesley Fallis.
4. What is the address of your next-of-kin?	Box 201, Souris, Manitoba, Canada.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	March 23rd., 1899.
6. What is your Trade or Calling?	Farmer.
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 NAVAL OR Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	-

W. H. F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, WILLIAM HENRY FALLIS, 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. H. Fallis (Signature of Recruit)

Date November 6th, 1917. V. Krasemann (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, WILLIAM HENRY FALLIS, 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. H. Fallis (Signature of Recruit)

Date November 6th, 1917. V. Krasemann (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 Winnipeg, Man. this 6th day of November 1917.

W. R. Morrison Capt. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of WILLIAM HENRY FALLIS, on Enlistment.

Apparent Age 18 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 2½ ins.

Complexion Fair.

Eyes Blue.

Hair Brown.

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

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

Nil

Vision R. Eye 20/20
" L. Eye 20/20
Hearing R. Ear Normal
" L. Ear Normal

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 Oct. 29th. 1917.

Place Winnipeg, Manitoba.

Medical Officer.

*Insert here "fit" or "unfit."

OCT 29 1917
MOBILIZATION MEDICAL BOARD APPROVED FIT

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

W. H. Murray Capt
J. J. Lengths
W. J. Smith

CERTIFICATE OF OFFICER COMMANDING UNIT.

WILLIAM HENRY FALLIS, 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.

W. H. Murray Lieut. Capt.
(Signature of Officer)

Date October 29th. 1917.

D. C. No. 1 OVERSEAS C. A. S. C. Training Depot

RH 21-1-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service..... 2 3

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

MFW 129 1
AFB 122 1
MFB 465 1
MFW 71 2
Pay card - 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name FALLIS WM HENRY

Regt. No. 2115799 Rank a/Cpl

Corps C.A.S.C.

Demobilization

00964

H

H C

2

4 4
4 4
12 4

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps. #1 O/S. C.A.S.C., T.D.

Regimental No. 211799 Rank Pte Name Fallis William Henry

Enlisted (a). 6-11-17. Terms of Service (a). C. E. F. 6-8-3 Service reckons from (a). 6-11-17.

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). Farmer - Pte.

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				
OTTAWA, ONT. DEC 2 1918		DISCHARGED UNDER R.O. 1328 OF 18-11-18.			D 0 35-8.

Lieut.
O.C., C.A.S.C. % DETACHMENT

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

[P.T.O.

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

Original

M. D. 3

No. 28

CANADIAN CONTINGENT EXPEDITIONARY FORCE

December 1918.
Book A. to H.
Fol. 7. A/c. 24.

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 2115799 Rank ~~Private~~ A/Cpl. Name FALLIS. W.H.

Corps C.A.S.C. OVERSEAS DETACHMENT who was* discharged

On 31st. December 1918. 191..., to R.O. 1328

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. December 1918., to 31st. Decr. 1918., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	7.	20
Advances by Cheques No. A.R. #24.	20.	00	Regt'l. Pay 31. days at $ 1. c. 00	31.	00
Advances by Cheques No. #3946	4.	00	Field Allow. 31. days at $ c. 10	3.	10
Assigned Pay and Sep'n Allce. No. Victory Loan	5.	00	Separation Allowances* (Monthly)		
Other charges Regimental.		75	Other Allowances* 6 days Subs.	4.	80
Payment on ~~xxxxxx~~ or discharge No. 3979	67.	85	Other Credits* Post Dis. Pay.	16.	50
Balance Cr. (to be paid by the new unit)			Civilian Outfit.	35.	00
			Bal. Dr. (to be deducted by new unit)		
Total	$97.	60	Total	$97.	60

*Give particulars.

A monthly stoppage of $ NIL (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... and Sep'n Allce. for month of ..... 191... (to) Assignee .....

(Address) Victory Loan. Paid $10.00 To be paid $40.58

(†) 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.

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

REMARKS:—

State (1) date of enlistment 6th. November 1917.

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

(3) cause of discharge ..... authority R.O. 1328

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date December 26th. 1918

Place Ottawa, Ont.

Lieut.
C.A.S.C. OVERSEAS DETACHMENT *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
25M-9-18. D.P. 874.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2115799 (Rank) A/Corporal

Name (in full) Fallis, William Henry enlisted in

the #1 O/S. C.A.S.C. Training Depot.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man. on the 6th

day of November 1917

HE served in Canada

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

Under P.O. 1328 of 18-11-18

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

Age 19 yrs 9 mos.

Height 5 feet 10 in.

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars One Vace mark left arm.

H. H. Fallis
Signature of Soldier

Issuing Officer

Lieut.
O.C., C.A.S.C. O/S DETACHMENT
Rank

Appointment

Date of Discharge December 31st 1918.

Signed at Ottawa Ont. this 31st day of December 1918.

in Military District No. 3.

File Reference No. C.A.S.C.

C.A.S.C. OVERSEAS DETACHMENT HEADQUARTERS DEC 31 1918 OTTAWA ORDERLY ROOM

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .....(Rank)..... Name.....

Unit.....

Address on Discharge.....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life.....

.....

Medals and Decorations.....

.....

Remarks .....

.....

Signed at.....this.....day of.....19

.....
Name of Officer

.....
Rank

.....
Appointment

No. 2115799 RANK Pte. NAME Fallis W. H.

T. O. S. b. 11. 17. (DO. 2640 of b. 11. 17.) UNIT Can. Army Service Corps. #1 Training Depot.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Nov. 6.	1917. Nov. 30.	"		
	Dec	"		
1918.	1918.	✓		
Jan.		✓		
Feb.		✓	Proceeding to Ipswich 16 Apl.	DO. 49860 of 28. 2. 18.

CARD NO. 4

SOS Dis. 31-12-18 3
DO 358 FOLL. 24-12-18
3 b.a.s & o/s 1ect
(Demob)

SURNAME. Fallis

CHRISTIAN NAMES William Henry

REGL. No. 2115799 RANK Pte.

UNIT 1st. C.A.S.C. (T.R.)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Fallis, William Wesley

RELATIONSHIP TO SOLDIER Father

ADDRESS Box 201, Souris, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Souris, Man. DATE Mar. 23rd 1899

PLACE OF ATTESTATION Winnipeg, Man. DATE Nov. 6th 1917

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 6 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Oct. 29th 1917

Present Address Box 201, Souris, Man.

M. F. W. 71.—300M.—5-16.
1772—39—961.

OTTAWA OVERSEAS DEPOT C.A.S.C.

No. 1 Overseas C.A.S.C. Training Depot.

NAME
Fallis, William Henry

REGIMENTAL NO.
2115799

RANK
~~Private.~~ a/cpl

ENLISTED AT
Winnipeg, Man.

PROMOTIONS, &c. AND DATE

DATE
November 6th. 1917.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

.....

MARRIED, WIDOWER, OR SINGLE
Single

NEXT OF KIN
William Westley Fallis

RELATIONSHIP
Father

ADDRESS OF
P.O.Box 201, Souris, Man.

ASSIGNMENT OF PAY $ 15 C. 00 TO Mrs. Emily Fallis.

ADDRESS
P.O.Box 201, Souris, Man.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	
Ext. f. 15-9-18 to 29-9-18	249	6-9-18	without Pay

CLASS A IV

MEDICAL HISTORY SHEET

Duplicate Original

Surname FALLIS, Christian Name WILLIAM HENRY.

Examined on 29th. day of October 1917 at Winnipeg, Manitoba.

Birthplace City or Town Souris, County Manitoba, Canada.

Apparent age 18 years - 6 months.

Trade or occupation Farmer.

Height 5 feet 10 Inches

Weight 157 lbs.

Chest measurement Minimum 34 inches, Maximum expansion 2½ inches

Physical development Good

Small-pox Marks None.

Vaccination Marks Arm Right Left, Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by A Bwalker

Rank Captain M.O.

MOBILIZATION MEDICAL BOARD APPROVED FIT OCT 29 1917

Date	Fit or Unfit	Examined for Re-Engagement	
		W. Murray Capt.	M.O.
		J. M. Bonny Capt. MEMBER	M.O.
		J. W. Stewart Capt. MEMBER	M.O.
Vision	R. Eye	20/20	M.O.
"	L. Eye	20/20	M.O.
Hearing	R. Ear	Normal	M.O.
"	L. Ear	Normal	M.O.

Date	Result	Vaccinations	
NOV 17 1917		A Bwalker	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
NOV 10 1917		A Bwalker	M.O.
NOV 17 1917		A Bwalker	M.O.
NOV 24 1917		A Bwalker	M.O.

Enlisted on 6th day of November 1917 at Winnipeg, Manitoba.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No. 1 Overseas C.A.S.C. Training Depot	2.115.799		NOV 6 1917
Transferred to	OTTAWA o/s DEPOT C.A.S.C.			FEB 18 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
OTTAWA, ONT.	DEC 3 1 1918	DISCHARGED UNDER R.O. 1328 OF 18-11-18.	

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.

300M.—1-17.
H. Q. 1772-39-439.

Surname Fallon Christian Name Otto Henry

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Wpg. Gen. Hosp.		11	1	18	15	1	18	Influenza			Capt. G. Lash.
W/pg Gen. Hosp		23	1	18	4	2	18	Tonsilitis			G. Lash

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2115799 Rank a/Corporal ~~Private~~ Surname Gallus
(Given name in full) William Henry

Unit or Corps C.A.S.C. % DETACHMENT Birthplace Souris Man.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 157 lbs. Height 5 ft. 10 in. Colour of Eyes Grey

Nutrition good

Pulse 72 normal

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
one vacc scar left arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition Influenza & tonsilitis

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Category A II
Had influenza a Jan. 1918 in Winnipeg Gen. Hospital. Recovery perfect.
Had tonsilitis a complication at same time. Recovery perfect.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa (Canada)

Date Dec. 21/18 Signed D. W. Shillington Lt. Col. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Pte. W. H. Dalles

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CASE HISTORY SHEET.

No. 2115499 Rank Pte Name Fallis. W. Age 18

Unit C.A.S.C. Completed years of service (Where and how long) Canada 2/12

Date of admission 11th Jan 1918 Date of discharge 18th Jan 1918

Diagnosis Tonsillitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

(1) Sore Throat
(2) Pain in Head

Exam
Showed greatly enlarged right tonsil c̄ moderate enlargement of left.
no discharge
Throat inflammed

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)

Neg

TREATMENT
(Especially any specific or special form.)

Tonsillectomy

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

Throat clear

Date Jan 18 1918

R. Fowler Capt.
Medical Officer i/c case.

c

M. F. B. 313a.
50M.-11-17.
1772—39-439.

2815-9

MEDICAL CASE-HISTORY SHEET.

Hospital: W/p & Gen. Hosp Station:

No. 2115799 Rank: Pte Name: Fallis Age: 18

Unit: C. A. S. C. Service: 2 1/12 Can

Date of Admission: 23 Jan 1918 Date of Discharge: 2nd Feb

Diagnosis: Tonsillitis

Date of Origin: Place of Origin:

Cause of Illness or Injury:

NEGATIVE

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

Pat. does complain of any inconvenience only slight nasal obstruction & advised to have tonsils & adenoids removed

Condition on Admission.

Adenoids enlarged.
Tonsils slightly

Treatment.

For Ads & Ts Ex by
Tonsils & Adenoids removed under general anasthetics

Condition on Discharge from Hospital.

Good recovery

Date: 2nd Feb '18

Geo Fuller
Medical Officer i/c Case.

M. F. B. 313a.
30M—9-16.
39-439.

C
28511

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

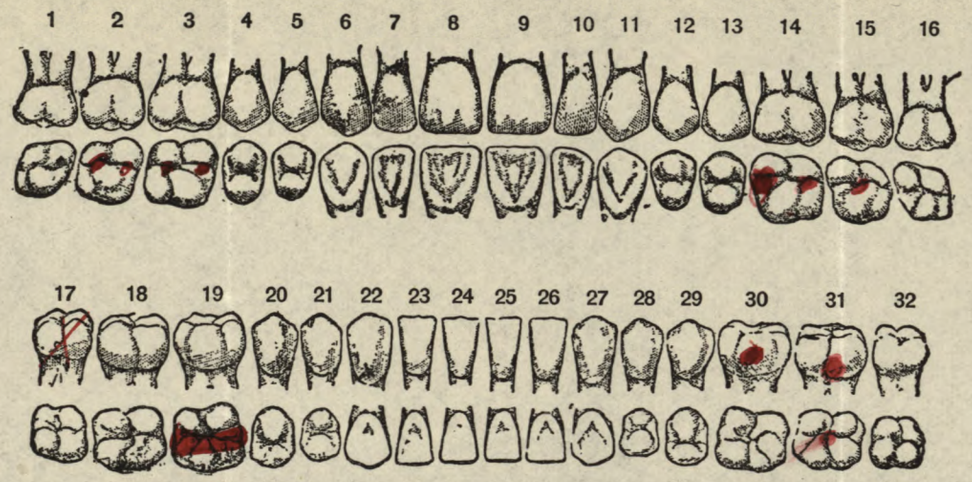
DISTRICT 3

NAME OF SOLDIER Fallis A.

REGIMENT C.A.S.C.

RANK Pte

No. 211579



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	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918										1/17.									Examined by Capt Purdy		Pay # 18.31.19.
	Nov 22	9a 10/14.15. 2.3.30.31. 19.																				
	"	3/18.31.19.																		" "		(Complete)

M.F.B. 465
2 4TM 1-17
1772-39 950

INSTRUCTIONS

1. On examination the condition of patients mouth to be marked on diagram in red ink.

2. On first line of report record of teeth 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.

18-1-19. [illegible]

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. 2115799

Rank A/Corporal.

Surname FALLIS,

Christian name William Henry.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) C.A.S.C.O/S DETACHMENT.

Date of discharge December 31st..1918.

Place of discharge Ottawa, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 9 months.

Height 5 feet 10 inches.

Complexion Fair.

Eyes Blue.

Hair Brown.

Trade Farmer.

Intended place of residence (To be given as fully as practicable.) Box 201, Souris, Manitoba, Can.

Descriptive marks

One vaccination scar left arm.

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

Authority for discharge ROUTINE ORDER 1328 of 18-11-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers 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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

No reference to G. C. Badges is to be made on 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).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)...Ottawa, Ont. H. H. Fallis *(Signature of Soldier.)*

(Date)...December 31st. 1918. [illegible] *(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).....years.....days.

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

11. Confirmation of Discharge.

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

(Place)....Ottawa, Ont.

(Signature)..... Lieut.

(Date)....December 31st. 1918.

O.C. C.A.S.C. O/S Detachment.

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.

H. H. Fallis

Signature of Soldier.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 2115799

Rank A/Corporal.

Surname FALLIS,

Christian name William Henry.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) C.A.S.C. O/S DETACHMENT.

Date of discharge December 31st..1918.

Place of discharge Ottawa, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 9 months.

Height 5 feet 10 inches.

Complexion Fair.

Eyes Blue.

Hair Brown.

Trade Farmer.

Intended place of residence (To be given as fully as practicable.) Box 201, Sourts, Manitoba, Can.

Descriptive marks

One vaccination scar left arm.

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

"DEMOBILIZATION"

Authority for discharge ROUTINE ORDER 1328 of 18-11-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers 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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

No reference to G. C. Badges is to be made on 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).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....Ottawa, Ont. H. H. Fallis *(Signature of Soldier.)*

(Date).....December 31st. 1918. A Gourlay *(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).....years.....days.

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

11. **Confirmation of Discharge.**

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

(Place).....Ottawa, Ont.

(Signature).....Lieut.

(Date).....December 31st. 1918. O.C. C.A.S.C. O/S Detachment.

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.

H. N. Fallis

.....

Signature of Soldier.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Date of Enlistment

6-11-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

March 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2115799

Rank Pte Promoted Reverted Discharge

Soldier's Name William Henry Fallis

Battalion No 1 A.S. C.A.S.C. T.D. 16 Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Emily Fallis

Address P.O. Box 201 Souris Man.

Change of Address

1 MRS.EMILY FALLIS,

2 BOX 201.,
SOURIS,MAN 15 15.00
% 2115799 PTE WILLIAM HENRY FALLIS

3 FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Apr	U 86600		15	15	PLM	Order 546 issued to adj. March ch U86600
~~Apr~~	~~G. 9394~~		~~15~~	~~15~~	PLM	G.9394 Cancelled
						INRO 2 B issued 10-4-18
						A refund has been requested for $15 - 17-4-18 PLM
						Soldier didn't proceed overseas.
						$15 recovered by cost Slip 3804 PLM 22 5/18

AUTHORITY FOR NEW ACC'T. N.B. N.D.B.-3 27-3-18 A Stevens

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7993.

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.—'17—1772 39-1141
L. L. 22320—M. & D. 7993.