Forestry Draft C.E.F.
attached to 102 Regt R.M.R.

DUPLICATE

ATTESTATION - PAPER.

No. 2323446

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Have you ever been discharged from any branch of His Majesty's Service as Incorrigible or Worthless?

Have you ever been in any Lunatic Asylum or of the Inmate of any Charitable Institution?

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Fifer
1a. What are your Christian names? ..... Arthur, John
1b. What is your present address? ..... Armstrong, B.C.
2. In what Town, Township or Parish, and in what Country were you born? ..... Leipsic, Saxony
3. What is the name of your next-of kin? ..... Christine Mabel Fifer
4. What is the address of your next-of-kin? ..... Armstrong, B.C.
4a. What is the relationship of your next-of-kin? ..... wife
5. What is the date of your birth? ..... 24th. November 1872
6. What is your Trade or Calling? ..... accountant
7. Are you married? ..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... 102nd. Regt. R.M.R. Revelstoke, B.C.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur John Fifer, 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.

A. Fifer (Signature of Recruit)

Date 21st. April 1917 J. K. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur John Fifer, 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.

A. Fifer (Signature of Recruit)

Date 21st. April 1917. J. K. Smith (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 Armstrong this 21st day of April 1917.

J. K. Smith J.P. (Signature of Justice)

M. F W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

11

Description of Arthur John Fiske on Enlistment.

Apparent Age 24 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 3/4 ins.

Chest measurement.
- Girth when fully expanded 34 1/4 ins.
- Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Brown

Hair Brown turning gray

Religious denominations.
- Church of England C/E
- 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).

none

VISION: Right 20/20 Left 20/60

Henry R. Norman
L. Norman.

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 Apr 20 1917. P C Van Kleek

Place Armstrong B.C. Medical Officer.

*Insert here "fit" or "unfit."

MOBILIZATION BOARD
MILITARY DISTRICT No. 1 VANCOUVER CENTRE

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. Archibald PRESIDENT

J. S. Burris P. Lynch MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur John Fiske 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.

T. Worsfold (Signature of Officer)

Date 23 apl 1917.

FORESTRY DRAFT, C.E.F.
ATTACHED TO 102nd REGIMENT, R.M.R.

REGIMENTAL DOCUMENTS

NAME FIFER Arther John Pte. REGT. NO. 2323446 UNIT Forestry Draft H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				06032	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	D.M.L. 1394					
1	M.F.W. 192					
1	M.F.W. 2671					
1	Cure 50094					
	Rec					
1	Rec					

W. 2589
100M-11-18
1272 39-1377

SURNAME. Fifer

CHRISTIAN NAMES Arthur John

REGL. No. 232346. RANK Pte.

UNIT Forestry Coy. (M.D. 11 (1st L.D.))

FORMER CORPS 102nd Regt. C.M.R.

CARD No. 4

S.D.S. Demob. 25-2-19 Can. D.D.S. 7 of. FOLL. 26-2-19 11

NEXT OF KIN.

NAMES IN FULL Fifer, Mrs. Christine Mabel

RELATIONSHIP TO SOLDIER Wife

ADDRESS Armstrong, B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Saxony Leipsic DATE Nov. 24th 1872.

PLACE OF ATTESTATION Armstrong, B.C. DATE April 21st 1917.

O/S-2/6/17. 25/5-

R/C 25-1-19 258/143 d/s 9/1-

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

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Sailed from Halifax per S.S. Olympic 2/6/17

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Accountant RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 44. YEARS 5. MONTHS

HEIGHT 6'. FEET 6 3/4. INCHES

CHEST MEASUREMENT 34 1/4. INCHES EXPANSION 2 1/2. INCHES

COMPLEXION Dark EYES Brown. HAIR Brown turning Grey.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Armstrong B.C. DATE April 20th, 1917.

Present Address, Armstrong B.C.

A.D.

Number 2323446 Rank A/Sgt.

Surname FIFER

Christian Name Arthur John

Units C.F.C. Theatre of War England

Date of Service 9-6-17

Remarks

Latest Address Armstrong, B.C.

Roll No. A Page 4728

200m.-2-21.M.

DATE | HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

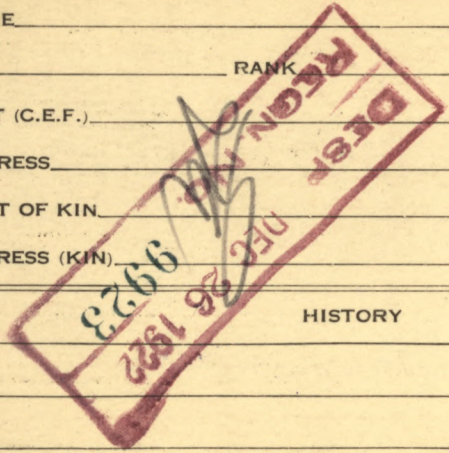
NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____



HISTORY	DATE

M. F. W. 253o
100m.-5-18. 1772-39-1311

L. L. Job 4503.—M. & D. 6832.

D/E 21-4-17

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Christine M. Fifer

Address Armstrong
B. C.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Fifer, Arthur J.

Regtl. No. 232344 6

Rank Pte

Corps Forestry Reinforce's

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 7 ACCOUNT

L. P. 23.7.17

ORIGINAL

MEDICAL HISTORY SHEET 2323446

A 2

Surname Glover Christian Name Arthur John

Examined on 20 day of April 1917
at Armstrong B.C

Approved by Lt Col Van Kleek M.O.

Rank M.O.

Birthplace City or Town Leksi
County Saxony

Apparent age 44

Trade or occupation Accountant

Height 5 feet 6 Inches

Weight 145 lbs.

Chest measurement Minimum 31 3/4 inches
Maximum expansion 34 1/4 inches

Physical development Fair

Small-pox Marks O

Vaccination Marks Arm Right Left
Number 0 1

When Vaccinated last 1899

(a) Marks indicating congential peculiarities or previous disease none except projecting ribs from rickets in childhood.

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

Date	Fit or Unfit	Examined for Re-Engagement
		MOBILIZATION BOARD KAMLOOPS CENTRE M.O.
		W G Archibald PRESIDENT Capt Can Army M.O.
		J S Burris Lieut MEMBER M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
5/5/17	Good	M.O.
9/5/17	Good	M.O.
		M.O.

Enlisted on 21st day of April 1917 at Kamloops BC

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Draft BEF	2323446		21/4/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kamloops BC	7/5/17	Scarlet Fever	Invalided to Hospital
Wool Boxes	3-8-18		

W G Archibald Capt Can Army
J S Burris Lieut
M O Wade

Sunnyside 9-12-W. Arterioscleros Bd Medical Bd Esquimalt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Fyfer Christian Name Arthur John

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				

D/E 21-4-17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Christine M. Fifer Wife

Name of Soldier Fifer, Arthur J. Pte

L. L. Job 4503.—Req. 6832.

2323446

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		D 87754	46	46 R
July		Q 112510	20	20
Aug.		V 136901	20	R
Sept		Z 168556	20	R
Oct.		B 21457	20	R
Nov.		V 22466	20	R
Dec.		Y 26808	20	R 166/L
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Forming reinforce

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Form D.M[illegible] 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Wool, Dorset 3-8-18 1918.

No. 232446 Rank a/Sgt. Name FIFER, A.J.

Local Unit 105 Coy Overseas Unit C.F.C. Age 45 1/2

Examination held at Wool.

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT). Senility & Debility.

PRESENT CONDITION.

Age 45 - Looks it
Mitral Systolic murmer - No Enlargement
Some varicose veins - Wound Not
Hand Training

BOARD RECOMMENDS:-

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

Signatures:-

(J.D. Adamson Capt & Adjt President.
(F. Wortley Capt RAMC
Members (
(
(

APPROVED

Dated 13 AUG 1918 1917. G. Dayton For A.D.M.S.
Major, O.A.M.C.
for A.D.M.S., Canadians, London Area.

Form D.M. 194
(B-1742) 17-4-17-

Bone
7-10-19
Marg

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19...

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas Local
(Operation one out).

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

.....) President.
.....)
.....)
Members .....)
.....)
.....)
.....)

APPROVED

Dated ..... 19... ..... For A.D.M.S.

L.L. 19226—M. & D. 781

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs Christ. M. Fifer.

Address Armstrong B.C.

Rate $20-

By Whom Assigned Fifer, Arthur John

Regtl. No. 2323446

Rank Pte

Corps Forestry Btn.

JUN 1 1917

PAYMENTS

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

CONSOLIDATED ACCOUNT 5

m N/K (Wife) Mrs C. Mabel Fifer, Armstrong, B.C.

to P+a Leave

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

6985

Xl C. C.

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. [illegible]2323446 Rank A/Sgt. Surname Fifer (Germany)
(Give name in full)
Arthur

Unit or Corps Can. For. Corps. Birthplace Saxony.

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

1. **GENERAL DESCRIPTION:**

Physique Poor Weight 140 lbs. Height 5 ft. 4½ in. Colour of Eyes Brown.

Nutrition Fair

Pulse 72

Condition of arteries Normal for age

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.)
None

Opinion as to general health and physical condition Fair

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 Nea.

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 No.

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.**

Overage - Age 46. O.S.Board reports D.A.H. No evidence at present. No complaints. No reports on M.H.S. Man was never ill in army. Was not in France. No disability.

(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 New Westminster (Canada)

Date Feb. 21, 1919 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 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.

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

Mrs Christ M. Fiser

PAYMENTS.

Name of Soldier Fiser, Arthur John

2323446 — Pte — Forestry Bn

$20—

L. L. Job 4503. - Req. 6832.

JUN 1 1917.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		V 19559	20	
July		8 26856	20	c
Aug.		B 33539	20	c
Sept.		X 38748	20	c
Oct.		Q40632	20	
Nov.		G.42294	20	
Dec.		M 57962	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

B&W

1440/W

CANADIAN
ASSIGNED PAY ACCEPTED
to 31-1-19
W. A. Moreland
AUDIT CLERK
DATE 17/6/19

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.				

Demobilization Pay M.D. No. 11

M. D. 11
No. 52

CANADIAN EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks.

Regtl. No. 2323446 Rank ...Pte.... Name ...Fifer, A.J.

Corps ...11 Dist. Depot... who was ...Discharged...

on ...25-2-19... to

The following is a statement of the account of the above named from ...1/2/19... to ...25/2/19... the inclusive date of Transfer or Discharge

Dr.		Cr.	
Bal. Dr. from prev month.....		Balce. Cr. from prev. month.....	51.35
Advances.....	50.00	Regtl. Pay ...25... da. @ ...1/-...	25.00
by Cheques	5.00	Fld. Allce. ...25... " " ...10... ¢	2.50
Assgd Pay & Depn. Allce #25616	15.00	Depn. Allce. (Monthly) 1/25-2-19.	25.00
	30.00	Other Allowances. Clothing.	35.00
Other Charges.....		Other Credits. Subsistence	11.20
Payt. on ~~transfer~~ Discharge cr. 25615	50.05		
	20.00		
Balce. Cr. (to be pd by New Unit).....	250.05	Balce. Dr. (to be deducted by new Unit.....	100.00
			250.05

A monthly stoppage of ...20¢... has ...... been pd on account of Assigned Pay for the month of Feb. 1919 & Depn. Allce. for the month of 1/25-2-19 to Assignee Mrs. E.M. Fifer, Armstrong, B.C.

.....

On transfer of an officer
Outfit Allce. of ¢..... has been pd by Paymaster, M.D. No. ...1...

Remarks:-
State (1) date of enlistment.....
(2) if married and if a Depn. Allce. Card has been submitted...Yes.....
(3) Authority for ~~transfer~~ Disch. ...DO#...

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

Date ...24-2-19.....

Place ...Vancouver, B.C.

...Paymaster

Demobilization Pay M. D. No. 11

Discharged D.D.11 25/2/19

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

NAME OF SOLDIER Fifer Arthur

REGIMENT 6 Y.S.B. RANK Gnr. No. 233444

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 from the Service.

	Date	Amalgam	Temporary Filling (a) C. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	1919. Feb. 20	5 2.4.15 17.18.									8 1.3.5.12 14.19.30 31.32										Lieut McAlister	XI	Cavities Extractions Work Required

M.F.B. 4
150M—10-18
1772-39-950

Form R 122.
2353—100M—9-12-16.

E.T.

Rank Dft to Base Depot. Name FIFER, Arthur John Reg'l No. 2323446

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

Place and Date of Enlistment Armstrong. April 21st. 1917. Place of Birth Leipsic. Saxony

Name and Address, Next-of-Kin Christina Mabel Fifer.

Armstrong. British Columbia. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.D. No. 5,429
File R.L.
Category CAN.OR

a/sgt

H. W. V., Ld.—9546-16.

Report. Date.	Report. 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.
		ARRIVED IN ENGLAND 9-6-17 S/S OLYMPIC			
22.6.17.		C.F.C'ED T O S SUN'DALE 10 6, 17 P.11o 48			
25.7.17	C.F.C.B.D.	S.O.S. to Dist 3.	~~depns~~ Pte	24.7.17	P.W.D. 076. (Dist 3. Pte. D.075. 24/7/17
17.8.17	" "	T.O.S from 3rd District	" S'Dale	13.8.17	" 964 Pte 89 13.8.17 3rd Dio S.O.S.
6.9.17	" "	S.O.S. to H.Q.S.S.	Pte Do	6.9.17	" 1134 Pte 1050 12.9.17 T.O.S. of 16. H.Q.
15.9.17	" 4 Dist.	T.O.S. from H.Q.	" S'ampton	12.9.17	—16. " " " S.O.S.
22 3.18 ~~12.9.17~~	" 57 Dist	Appld A/sgt with pay	" "	3.12.17	—12
~~5.4.18~~	" " "	~~D.O.17. 4/22/3/18 Amended~~ ~~Extra Appt A/O.R. Smith~~ ~~payable.~~	"	~~—14~~	(Entry Deleted by D.O.14. 5.4.18)

2323446

FIFER - ARTHUR - JOHN

Report. Date.	Report. 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.
3.5.18	CFC. Dist. 54.	Appt'd a Sgt. with pay. (D.O. 12. d/22/3/18 is cancelled by this Order.)	Southampton.	3.12.17	Pte. D.O. 19.
6.12.18	BDCFC	TOS from 54 Dist	H/S	S/Date 5.12.18	~291 / Pte 54 Dist-C.F.C.S.O.S 12-12-18
8-1-19	"	On Com to C.C.C. Rhyl. Dist "	"	" 8-1-19	— 8
		SOS to CEF CAN. M 1 || 18.1.19 on Ceasing on Com RHYL BDCFC.DO 31, d 31.1.19			

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 Forestry Draft. C.E.F. Attached to 102nd Regt. Recd.

(2) Regimental Number 2323446

(3) Full Name of Soldier Arthur John Tefer

(4) Place of Birth Leipsig Saxony

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

(6) If married, state,
(a) Full name of your wife Christine Mabel Tefer

(b) Present Postal Address Armstrong British Columbia

(7) Are you a widower? no

(8) Have you any children? ye (1).

If so, give number of boys and girls 1 Boy

Also their names and ages Ronald Arthur Berin Tefer 2 years.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? No

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 ? Yes

If so, in what Company ? Manufacturers Life
I.O. Foresters

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.

Witness

A. Macdonald

.....
Officer Commanding.

Date May 2. 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
FEB 25 1919
Discharge Section

This is to Certify that No. 2323446 (Rank) Pte

Name (in full) Arthur John Tiffen. enlisted in

the Forestry Draft

CANADIAN EXPEDITIONARY FORCE at Armstrong on the 21st

day of April 1917.

HE served in England

and is now discharged from the service by reason of DEMOBILIZATION

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

Age	45 yrs.
Height	5' 4 3/4"
Complexion	Dark
Eyes	Brown
Hair	Grey

Marks or Scars None:-

A. Tiffen
Signature of Soldier

H. B. Andrews
Issuing Officer

Captain
Rank

for O.C. Dist Depot No XI
Appointment

Date of Discharge Feb. 25 1919

Signed at Vancouver this 25th day of February 1919

in Military District No. Eleven.

File Reference No. D.D.F. 6985

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

On demobilization the particulars called for on the back of this certificate will not be completed.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Forestry Draft. C.E.F. attchd to 102nd Regt. R.M.R.

Regimental No 2373446 Rank P/C Name Fefer Arthur John
C. E. F.

Enlisted (a) 21. April 1917 Terms of Service (a) Duration of war Service reckons from (a) 21. april 1917.

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) Civil, Accountant - French + German Linguist Military Fair Drill

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.
		Embarked H.M.T. 2810	Halifax	7/5/17	
		Disembarked	Liverpool	10/6/17	
22-6-17	CFC.B.D. on draft	T.O.S. Base Depot, CFC. from Canada.	Sunningdale.	10-6-17.	Part 11 Orders No 48.
				Lieut.	A/ADJT. CFC.
~~2~~15/9/17	O.C. Dist 54	T.O.S. 54 Dist from ~~Dist 3~~ HQ London	Southampton	12/9/17	pt II D 016 Dist 54
2-11-17	O/C Dist 54	Posted To 105 coy from coy 114	Southampton	22-10-17	pt II D 034 Dist 54
22-3-18	do.	Appointed A/Sgt with pay ~~O.R.S (are not entitled).~~	do.	~~3-12-17~~	~~DD.12.Dist.54.CFC.~~
5-4-18	Do	~~Above entry is amended to read app. a/O.R.S with pay by correction~~	Do	3-12-17	~~pt II Dono14 Dist 54~~
3-5-18	O.C. Dist 54	app. a/sgt with Pay	Southampton	3-12-17	pt II D.O. no 192 Dist 54
12-12-18	do	S.O.S. Dist. 54 at coy 105	do	5-12-18	" " D.O # 55

(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., and special qualifications in technical Corps duties.

Lieut, & Adjt. [P.T.O.
For O.C, No 54 District,
CANADIAN FORESTRY CORPS.

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				
6.12.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. from 224 Batt 105 Co	Sunningdale	5/12/18	Pt. 11 D.O. 291 G.B. Gow LIEUT. & ADJT. FOR O.C. BASE DEPOT, CANADIAN FORESTRY CORPS.
		Attached C.C.C. Kinmel Park for return to Canada. Part 1 Orders No. ____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. 32 18/1/19 Commanding ____ Wing, Kinmel Park Camp.			H.M.T. 'AQUITANIA' EMBKD. LIV'L. JAN. 18. 1919 DEBKD. HALIFAX. N.S. JAN. 24. 1919
5-2-19	Overseas	T. O. S. District Depot XI.	Vancouver B.C.	18-1-19	D.O. O.C. 11 36/182 1919
DISCHARGED		DEMOBILIZATION	VANCOUVER, B.C.	25/2/19	D.O. 5-7/4d Capt. O.C. District Depot., XI

P. 559.

MARRIED OR SINGLE M.

PLACE OF BIRTH Leipsic, Saxony.

NAME AND ADDRESS OF NEXT OF KIN Zifer, Mrs. C. M. Armstrong. B.C.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Appointed 4/Dpt with pay	3-12-17	20/12 Dist Sk 23/1/18

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 2323446 RANK Rte 9/Dpt NAME Zifer Arthur John.

IF IN PERMT. CORPS WHAT UNIT C.E.C. UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Armstrong, B.C.

DATE OF ATTESTATION 21/4/17.

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE

PAYABLE TO Mrs. C. M. Zifer, Armstrong, B.C. RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917.														19 40	19 40															19 40				Bal from Canada
June	30	1.00/10	33	.											33												20		20	32 40				
July	31		34	10											34 10												20		20	46 50				
Aug	31		34	10											34 10	2667	26/6							H 87			20		24 87	55 73				
Sept.	30		33	--											33 --												20		20 --	68 73				
			134	20										19 40	153 60									H 87			80		84 87	68 73				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept 31	Balance	~~68 73~~							68 73		
Oct 31	Days & Pay 1.00	34 10		A.P. Can				20			
				119460 3965 18/8/17	31 07						
				H131 11-9-17 C.R.C. London	H 87				43 89		
		34 10			38 94			20			
Nov.	Pay	33 00		Can P				20			
Dec.	Pay	34 10		ARD 22 18/10/17 11th Bty	12 17						
				AR H259 15/9/17 C.R.C. Eng.	9 73				49 09		
		67 10		December - Days & Pay	21 90			20	68		

CANADIAN
ASSIGNED PAY AUDITED
To 31/12/19
AUDIT CLERK
DATE 1.2.20

4 Sqt 86

2323446 ~~Pte~~ Fifer. Arthur John.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS											DR. 1	DR. 2
Dec. Balance →															
1918 January	P Pay		34	10											
														12	17
														14	60
			34	10										26	77
Feb.	P. Pay		30	80											
														19	47
			30	80										19	47
Mar.	Pay		46	50											
Under credit from 3-12-17 (28-2-18) 88 days @ 4/6 diff in Pay Pte → Sgt			35	20										19	47
														19	47
			81	70										38	94

DATE	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.															
Dec. Balance →			49 09																	
1918 January		20																		
			36 42																	
		20																		
Feb.		20																		
		20	27 75																	
Mar.		20																		
		20	50 51																	

P 820
12474—375M—13-2-18.

* Strike out whichever is not applicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-6-17		EFFECTIVE DATE:-	
AMOUNT:- 20		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs 6.M Fifer (Wife)
Armstrong B.C

Stopped Eff 1/1/19

P850 Balance as @ 30-9-18

NAME:- FIFER Arthur John

NUMBER:- 2323446

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O 12 Dist 54 22/3/18	3-12-17	~~Pte~~ a/Sgt.
D.O 14 Dist 54 5/4/18 amending D.O 12 22/3/18 to read		A/O.R.SGT.
D.O. 37 " 29/8/18. deletes D.O. 14. 5/4/18.		a/Sergt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 676.

DATE ACCOUNT FIRST OPENED:- 1-6-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			676 Eng

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
3.1.19	Q4005 — #25		~~24~~				
7.1.19	5881	CTC BD.	~~172~~ 99				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	~~1.50~~ 1.35	~~.20~~ .15		

Reg. CTC HR 599-7-1-19-Mtl 11 Ledger A Balce 6132

Transferred to Canada 31.1.19 I.P.C. A Balce 5135

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal fwd								50 51	Nil	
April	OC. O.R.S.	51 -		C.A.P.				20			
	Undercredit from 3/12/17 to 31/3/18 = 119 days @ .20 daily rate of pay between Sgt. O.R.S. on pro amendment D.O 14 Dist 54 5/4/18	23 80		A.R. Sgt 17/4/18 - 105-60	48 67				56 64		
		74 80			48 67			20			
				C.A.P.				20 -			
May	a/O.R. Sgt. Pay.	52 70		A.R. S.236. 24/5/18. 105.60.	24 33						
		52 70			24 33			20	65 01		
June	O/R Sgt Pay.	51 -		C.A.P.				20 -			
				A.R. S 382. 15/6/18. 105 Boy.	24 33						
		51			24 33			20 -	71 68		
July	O/R. Sgts Pay.	52 70		C.A.P.				20			
				A.R. S 537. 11-7-18. 105 60.	24 33				80 05		
		52 70			24 33			20			
Aug	O.R.S Pay	52 70		C.A.P.				20			
				A.R. S 854 20/8/18 105-60 Overcredited O.R Sgts Pay 3-12-17 to 31-8-18 272 days @ 20¢	24 33			~~40~~ 54 40			
		52 70			24 33	54 40		20	34 02		
Sep	" "	45		C.A.P.				20			
				A.R 1314. 16.9.18 60 105	43 80				15 22		
		45			43 80			20			
Oct		46 50		C.A.P. A Pay				20			
				A.R 1838 15-10-18 60 105	19 47				22 25		
		46 50			19 47			20			
Nov		45		A.R 2141 15.11.18 ✓	24 33						
Dec		46 50		C.A.P.				20			
				C.A.P.				20			
				" S 107 17.12.18 BD	14 60				34 82		
		91 50		C.O. 4.00.	38 93			40			

CANADIAN ASSIGNED PAY AUDITED To 31/1/19
L. Morin AUDIT CLERK
DATE 17/6/19

H.L. Smith
A/Adjt.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									~~31 8 1~~ 22 25		
	Y/wd	91 50			38 93			40			
1919											
Jany	Sgt. P.	46 50		Cash				20 -	61 32		
		138			38 93			60			
				A/c 5931 6-1-19 BA	9 73				51 59		
					9 73						
Mch/19				2.4006/25 3.1.19		24			51 35		
						24					

A.3 M. FORM REN'B EFFEC.
DISCHARG. D TO DATE
PAY BOOK VERIFIED
SAL. L.P.C. REN'B
AUTHY.

COMPILED BY.....
CHECKED BY.....

S.O.S. to Canada ms 11/8/19 S Lacy

This space to be for numbers.

M

Proceedings on Discharge.

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

No. 2323446

Rank Pte

Surname Fisher

Christian name Arthur John

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

Corps (Squadron, Battery or Company) Forestry Draft

Date of discharge Feb. 25. 1919

Place of discharge Vancouver

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 41 years ... months.	Descriptive marks
Height 5 feet 4 3/4 inches.	None
Complexion Dark	
Eyes Brown	
Hair Grey	
Trade Accountant	
Intended place of residence (To be given as fully as practicable.)	Armstrong B.C.

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

DEMOBILIZATION

Authority for discharge.....

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)

G.H.
Faiadens

20-3-19

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) FEB 24 1919 ..... *(Signature of Soldier.)*

(Date) ..... *(Signature of Witness.)*

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

9. Additional Certificate in the case of a Soldier who takes his discharge 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).....

(Signature)..... Capt.

(Date).....

For O.C. District Depot, XI

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.)

None

C. H. Fisher

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 or Particulars of Recruit	Militia Form	W. 23 / 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.

Aquitania 25.1.19

4602

AUDITOR ® | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 2323446 RANK Pte NAME (IN FULL) FIFER. A.J.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? YES — DATE EFFECTIVE 1.2.19

TO WHOM PAID — RELATIONSHIP

ADDRESS same as assignee

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reg 526		
a/o/c T.O.E.F.P.O.	31.1.19	
Wdys Sch.	1-2-19	D.O. #50
Discharged	25-2-19	D.O. #57

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 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20 — DATE EFFECTIVE 1.2.19 Canadian Wy Vasc Unit.

PAYABLE TO Mrs Christie M Fifer — RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Armstrong B.C. — Same as wife.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Vancouver B.C. — DATE 25-2-19 — REASON Demobilization — AUTHORITY D.O. #57 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	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 $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
31.1.19	1.10							51	35	51	35																									51	35	
Baby	25		27	50	35	00						25/1/19																										
					11	20				150	05	Boat				25615		50	00	5	00	50	00	150	05													
					25	00																																
Service 1 year.												WAR SERVICE GRATUITY																										

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F

Date of Enlistment: 21/4/17

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30	
1-12-17 PC-3257		5-9-18 PC 2753 an 042483.	

1794 ~~1898~~ Date of Assignment: Jun 1/17

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2323446

Rank Pte Promoted Reverted Discharge

Soldier's Name Arthur John Fifer

Battalion 104th Bn

Beneficiary Mrs C. M. Fifer

Relationship wife

Address

M. H. H 2554 13/8/18 ✓

PARTICULARS OF ASSIGNMENT

Name Mrs Christ M. Fifer

Address Armstrong B C

Change of Address

1

2

3

4

5921-Q-20

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31/17		166	140	306	
Jan M 67945	Can Allts	~~30~~ 25	20	~~50~~ 45	mc
Jan M 67946		25	20	45	B1
Feb 18 F 93514					
March 9 133394		25	20	45	B1
Apr G 10737		25	20	45	B1
May Q 17285		25	20	45	B1
Jun M 20086		25	20	45	B1
Jul O 33988		25	20	45	B1
Aug M 35356		25	20	45	B1
Sep R 46896		25	20	45	B1
Oct R 51428		25	20	45	L
Nov L 59764		25	20	45	L
Dec N 64693		45	20	65	L ✓
Jan Q 73002		30	20	50	L
FEB		521	400		

Ret

A/c Closed

Ret'd per Aquitania

Date 25-1-19 M.F.W.187 Rend.

Closed 31-1-19

m.R.O. 68411

m.D. 11- a.j.B. 31-1-19

CANADIAN
ASSIGNED PAY AUDITED
To 31-1-19
W. A. Broadland
AUDIT CLERK
DATE 17/6/19

CONSOLIDATED ACCOUNT

M. F. W. 128.
4'OM. 6-7—1-'72-39-1141
L. L. 22330—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—1772-39-1141
L. L. 22330—M. & D. 7993.

PART I. B4 A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No 2323446 Rank SGT. Surname FIFER. Christian Name ARTHUR J.

Unit or Corps—(a) Overseas from United Kingdom ~~None~~ (b) in United Kingdom C.F.C.

Born at—Town LEIPSIC County or Province SAXONY Country GERMANY

Date of Birth—Day 24 Month NOV Year 1872 Age 44 yrs. months.

Joined at KAMLOOPS B.C. Date APRIL 21 1917

Former trade or occupation ACCOUNTANT

Permanent Marks or any peculiarity that will serve for future identification :—

NIL

Height—feet 5 inches 6 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) A. Fifer

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Arterio-Sclerosis

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Age.	Canada	before enlistment
(*ii.*) As to Group (*b*) above.	—	—	—
(*iii.*) As to Group (*c*) above.	—	—	—

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? yes If yes, has Active Service aggravated it ? no

(*ii.*) As to Group (*b*) above ? na If yes, has Active Service aggravated it ? na

(*iii.*) As to Group (*c*) above ? na If yes, has Active Service aggravated it ? na

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? no

(*ii.*) As to Group (*b*) above ? na

(*iii.*) As to Group (*c*) above ? na

PART I. (continued).

5. MEDICAL HISTORY. Documentary No entries on M.H.S.
Medical Boards: 3-9-18 Wool. Dorset. Bi Senility & D. Adl.
Man's Statement: Prior to enlistment worked as accountant. Fairly healthy.
Enlisted Apr 1917 with Mercy Corps. To England. June 1917. Has been
mess clerk & orderly room clerk ever since.

6. PRESENT CONDITION.
Subjective. Complains only of slight frequency of micturition. Says
he is 46 yrs old. Looks about stated age. Fairly well nourished. Development fair.
Objective. Pulse 72. regular. slight arterial thickening
Heart not enlarged. first sound at mitral area roughened.
Lungs normal
other systems normal.
Urinalysis. 7/1 to 18. negative.
This man is evidently quite as physically fit as on enlistment

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. na
(iii.) Was one advised and declined? no.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no
(ii.) If so, describe. na

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B (one)
(b) Invalid to Canada?
(c) Discharge from the Service as permanently unfit?

Date of Report Dec 9 1918
Station Summerstown Berks
Signed D. G. Munro
Officer in medical charge of case.
Capt RAMC.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except Not in hospital
{Officer i/c Hospital / S.M.O. / Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier — Caused? No — Aggravated? No

(b) Misconduct of the Soldier — Caused? No — Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

five per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

none

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

n-a

(ii.) If not permanent, what is its probable minimum duration *(in months)*?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

n-a

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS :—

This man disability is due to his age. He is suffering from senile debility

Admitted 9.12.18 — 11.12.18

19. RECOMMENDATION :—

(a) Fit for duty? *(state category)* Base

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? No

Date of Board 9-12-18

Station Summerdale

Signatures of the Board — President.

Approved Mrs. Home Dept

Dated at 9/12/18

for A.D.M.S., Canadians, London Area. Captain, C.A.M.C.

A.D.M.S.

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 10 1918 13, BERNERS ST. LONDON, W.1

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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England.~~)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..... A. J. Fisher 2323446 .....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 :—

Arthur John Fisher

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.