

ORIGINAL

Unit 82nd Bn. C. F. Rank Lieut Name J. W. Mitchell

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname? Mitchell
- (b) What are your Christian Names? John William
- 2. (a) Where were you born? (State place and country) Coly. Cambridge, England
- (b) What is your present address? 1319 2nd St. East Calgary
- 3. What is the date of your birth? April 19th 1893
- 4. What is (a) the name of your next-of-kin? Nathleen Alice Mitchell
- (b) the address of your next-of-kin? 1319 2nd St. East. Calgary
- (c) the relationship of your next-of-kin? Wife
- 5. What is your profession or occupation? Lumber Merchant.
- 6. What is your religion? Church of England.
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
- 8. To what Unit of the Active Militia do you belong? 82nd. O. Bn. C. F.
- 9. State particulars of any former Military Service. 15th L.H.
- 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

J. W. Mitchell (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date August 2 1915

Place Calgary

R. D. Macleod
Medical Officer.

* Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER

CANADIAN OVER SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

ANSWERS

1. Where was your birth? (State place and county)

2. Where was your birth? (State place and county)

3. What is the date of your birth?

4. What is the name of your next of kin?

5. What is the address of your next of kin?

6. What is the relationship of your next of kin?

7. What is your profession or occupation?

8. What is your religion?

9. Are you entitled to any medals or decorations?

10. To what unit of the Expeditionary Force are you assigned?

11. What is your rank?

12. Are you entitled to any medals or decorations?

CANADIAN OVER SEAS EXPEDITIONARY FORCE

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer and find him to be fit for service.

I am a member of the Canadian Overseas Expeditionary Force.

Signature

Date

Signature

Date

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the)
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

John William Mitchell
Cambridgeshire England
Kathleen Alice Mitchell
13/9 2nd St East Calgary
April 19th 1872
Lumber Merchant
Yes
Yes
Yes
No
Yes
Yes
John William Mitchell (Signature of Man).
A. Davis (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Aug 12th* 1915 *John William Mitchell* (Signature of Recruit)
A. Davis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Aug 12th* 1915 *John William Mitchell* (Signature of Recruit)
A. Davis (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 *Calgary* this *14th* day of *August* 1915.

Albert E. Fenwick (Signature of Justice)

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

17/8
17/15
 (Approving Officer)

Description of J.W. Mitchell on Enlistment.

Apparent Age 43 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 4 1/2 ins.
 Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 3 1/2 ins.
 Complexion medium
 Eyes blue
 Hair dark
 Religious denominations { Church of England Yes
 Presbyterian Yes
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Aug 12 1915 W. Mayhew
 Place Calgary Capt. C. C. C.
 Medical Officer.

*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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

J. W. Mitchell 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.

[Signature] (Signature of Officer)
 Date August 12th 1915
Le. Col.
Com'dg. Head. O. D. N.
H. E. F.

ATTESTATION PAPER.

No. *Lieut.*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Mitchell*
- 1a. What are your Christian names?..... *John, William.*
- 1b. What is your present address?.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Cambridgeshire England.*
- 3. What is the name of your next-of-kin?..... *Kathleen Alice Mitchell*
- 4. What is the address of your next-of-kin?..... *1319 2nd St. East.*
- 4a. What is the relationship of your next-of-kin?.....
- 5. What is the date of your birth?..... *April 19th 1872.*
- 6. What is your Trade or Calling?..... *Lumber Merchant*
- 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?..... *Yes*
- 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
- 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? ..
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John William Mitchell*, 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.

John William Mitchell (Signature of Recruit)

Date..... *Aug 12th* 191*0*..... *H. Harris* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John William Mitchell*, 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.

John William Mitchell (Signature of Recruit)

Date..... *Aug 12th* 191*0*..... *H. Harris* (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 *Calgary* this *14th* day of *August* 191*0*.

Albert B. Harrison (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.

Pres. Copy
26.9.17 m

1/c Recd
23-10-17
25

Description of J. W. Mitchell on Enlistment.

Apparent Age 43 years 9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5' 4 1/2 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Medium

Eyes Blue

Hair Dark

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

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 Aug 12 1915 (sgd) P.H. Mayhew

Place Calgary Capt J.C.M.C.
 Medical Officer.

*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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

J. W. Mitchell 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.

(sgd) W.A. Lowry (Signature of Officer)

Date August 12th 1915 At Col. Comd'g. 82nd O B'n
C.E.P.

MITCHELL

JOHN WM,

LIEUT.

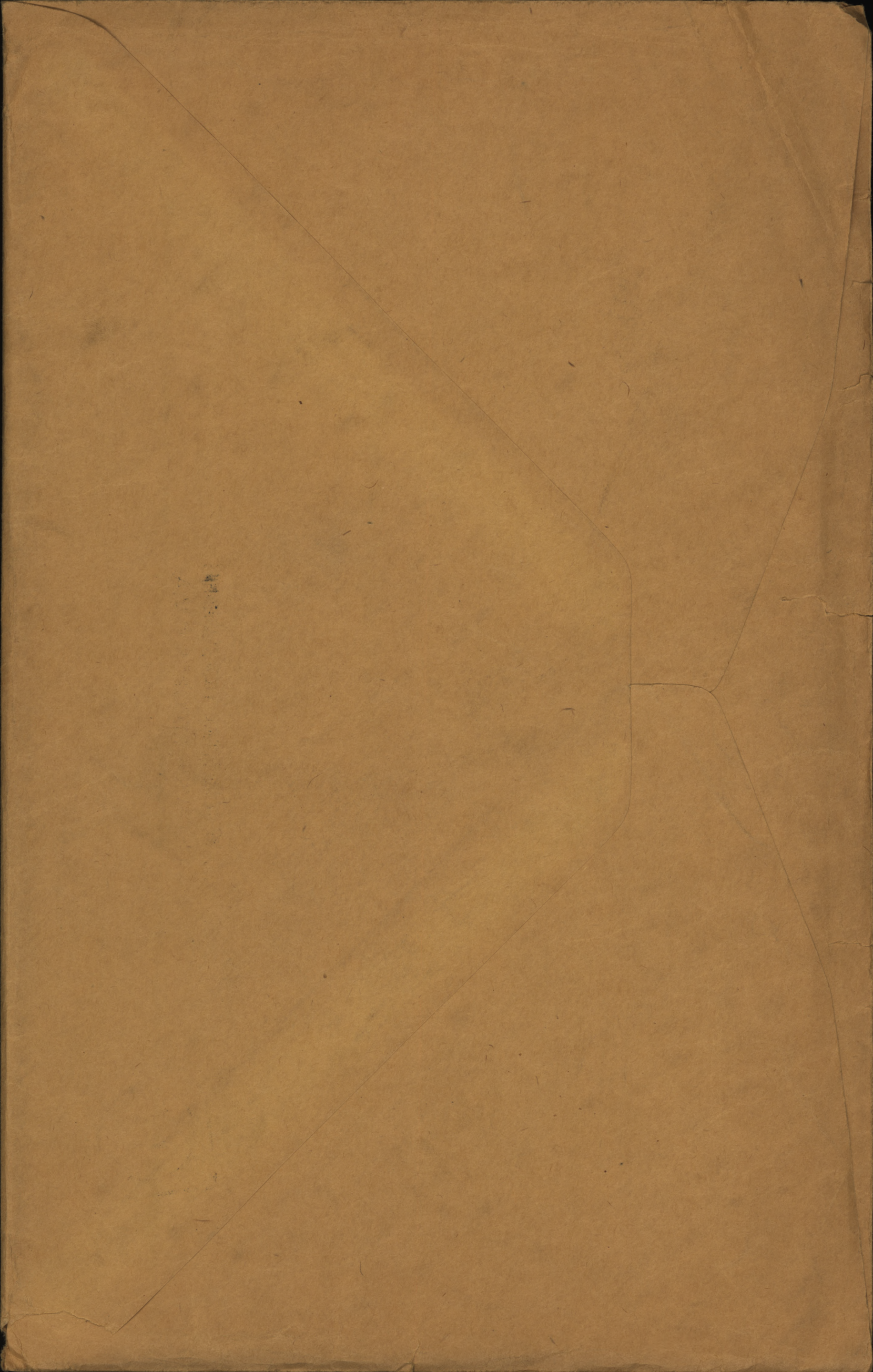
82ND OS. BN.

25569

Deceased 15-12-52

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.





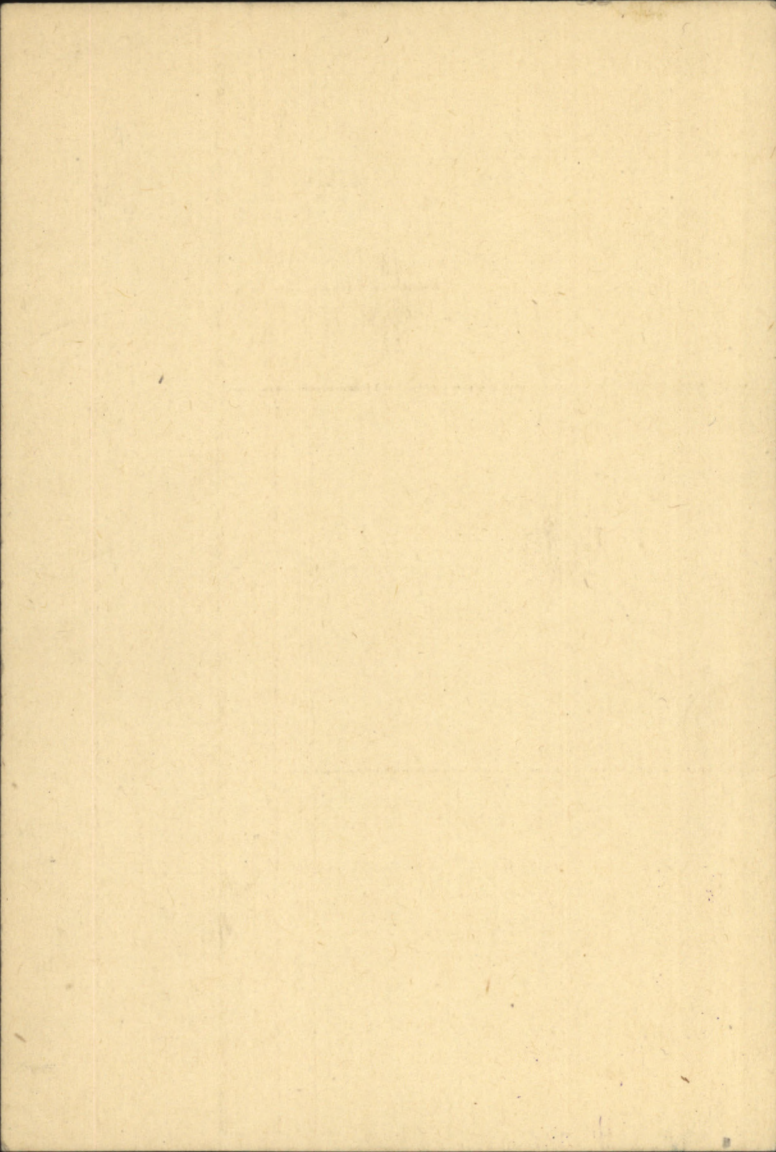
No.

RANK *(Prov) Lieut.*NAME *Mitchell J. W.*T. O. S. *16-8-15*
*(20.5 of 16-8-15)*UNIT *82nd Battalion*M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Aug. 16</i>	<i>1915</i> <i>Aug. 31</i>	<i>✓</i>	<i>Transferred to Chief P.-M. London</i>	<i>May paylist</i>
<i>1916</i>	<i>1916</i>	<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		

UNIT SAILED

MAY 20 1916



CARD NO.

SURNAME.

Mitchell

CHRISTIAN NAMES

John William

REGL. No.

RANK

Lieut.

UNIT

*82nd**Batt.*

FORMER CORPS

FOLL
SOS Dis 16-6-1913

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mitchell, Kathleen Alice.

RELATIONSHIP TO SOLDIER

ADDRESS

*1319 2nd St East.
Calgary Alta
Can.*

COUNTRY OF BIRTH

England Cambridgeshire

DATE

Apr. 19/1872.

PLACE OF ATTESTATION

Calgary

DATE

*Aug. 14/15.**R/C 9-1-17**20*

MARRIED

Ys

SINGLE

WIDOWER

TRADE OR CALLING

Winter merchant

RELIGION

CofE

DESCRIPTION.

APPARENT AGE

43

YEARS

3

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

medium

EYES

blue

HAIR

dark

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Calgary

DATE

Aug 12/15

Number.....

Rank

LIEUT

Surname.....

MITCHELL

Christian Name.....

JOHN WILLIAM

Units.....

Theatre of War.....

FRANCE

Date of Service.....

2. 8. 16

Remarks.....

144, 7th Ave. Co.

Latest Address.....

~~1319 - 2nd St. East~~

Calgary Alta

Roll No.

Page 18159

200m.-2-21.M.

man reg

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



Name **MITCHELL** Rank **Lieut.**
John William
 Unit **2nd Entrenching Bn.**

Reg. No.

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-9-16	No. 5 B.R.C. Hos.	Boulogne.	Myalgia.	486		
2.10.16	D of E. Hos. W.		-	487		
9.10.16	do	<u>Deschd</u>	-	494		
10.10.16	Grand C.S. Hos.	Ramsgate	-	495		
3.1.17.	✓ discharged		-	565		4/12/16

Mitchell. J. W.

Lieut. 2nd. Can. Entre. Bn.

No. 5. Brit. Red Cross. Boulogne. 29-9-16.

I.O.D.E. Hospital. 2-10-16.

Granville Special. Hosp. Ramsgate. 10-10-16.

Myalgia.

Discharged:-. 9-10-16.

do. 3-1-17.

C.L. 4-10-16. 486-4.

5-10-16. 487.

D.D.M.S. report. 2-10-16.

13-10-16. 494-3.

14-10-16. 495-3.

5-1-17 565-2

A.M.D. 2 DEPT.

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

R

Surname

Christian Name

Reg. No.

MITCHELL

J.W.

Rank

Unit

Lieut.

2nd Entr. Bn.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area.

2-1-17.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1) Permanently Unfit.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

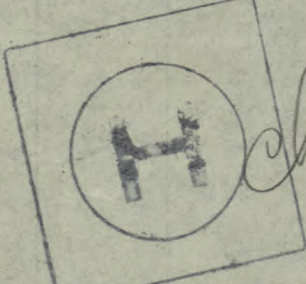
CERTIFIED CORRECT
 30 OCT. 1916
 CANADIAN RECORD OFFICE

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

M. F. W. 54.
 150M. 10-15.
 H.Q. 1772-39,920.

Casualty Form—Active Service.

Unit, Regiment or Corps 82nd O. Bn. C.E.F.
 Regimental No. _____ Rank Lieut. Name Mitchell, John William
 Enlisted (a) 14/8/16 Terms of Service (a) Duration of war Service reckons from (a) 14/8/15 90-5-16
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged J. B. Bunker Qualification (b) Lumber Merchant

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked. Arrived Transferred to 16th Bn. C.E.F.	Hull Liverpool Overseas.	20/5/16 30/5/16 28/16	Q.O. 4139. Auth H.Q. letter 4/7/16
			Checked 23-2-22		<u>H. Barnes</u> } Captain & Adjutant 82nd O. Battalion, C. E. F.
	H. Barnes	Arrived in France on strength 16th Bn as superintendent to camp.	Files	3-8-16	No. 32. date 14.8.16 34 31.8.16
4.8.16	C.P.D.	To 2nd Cav. Extending Co	..	4.8.16	A.R. 348 date 10.8.16
18.8.16	C.P.D.	From Eaglead	..	3-8-16	B 75 259 date 8-8-16
27.9.16	M.C. B. B.	Admitted to Field Ambulance suffering from rheumatism	..	25.9.16	Letter 27.9.16 Ref. File K. J. 116-980

(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				
1-10-16	C.E.S. St. David	duplication to H.Q. 6 T.D.	Shorncliffe	1-10-16	W 3083 (4612) Part II Order 56 of 11-10-16
			W. Hogan Forfeit of Col. rank, can. sec. 249. via Ebbw		
12-1-17	A.G. Can. B.I.	struck off strength General List on proceeding to Canada unfit for further service	Canada	9-1-17	A.G.O. 127. John W. Candler For Director of Personal Services C.E.F. No. 15 H 25 9.20

*gh
nk
22294*
C.T.

Rank and Name MITCHELL John William Lieutenant

Regimental No.

Name and Address of Next-of-Kin

*16 B^u 1-9-16
2nd Lt. 1-9-16*

Unit 82nd Battalion

Kathleen Alice Mitchell, (Wife)

Date of enlistment

1319, 2nd St, East, Calgary,

Place of birth Ply Cambridgeshire, Eng.

Alberta, Canada.

Married (Yes or No) Yes

Date and place of discharge

In Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments **LEFT CANADA 20 5 16**

A.F.B. 103
of 5 11/8/16



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
<i>7-8-16</i>	<i>g.o.c.c.T.D.</i>	<i>Taken on strength as supernumary proceeded o/s to 16 Bn</i>		<i>3-8-16 2-8-16</i>	<i>Pl I ord 34 (16 B^u) Pl II ord 32 (16 B^u) DO 4139. Pl II ord 218 (82nd B^u)</i>
		<i>On strength 2nd Lt. B^u</i>			<i>Q.F.B. 158. 31-8-16</i>
<i>4/10/16</i>	<i>W.D.</i>	<i># 5. Brit Red Cross Hosp Boulogne</i>		<i>29-9-16</i>	<i>CL 486. myalgia</i>
<i>5/10/16</i>	<i>a.m.c.</i>	<i>Adm. Slaughter of Emp. 1 Hydes Rd Place</i>		<i>2-10-16</i>	<i>CL 487</i>
<i>11-10-16</i>	<i>16 Bn</i>	<i>Sick. Hd Hq 67 D. S'cliffe</i>		<i>9-10-16 1-10-16</i>	<i>CL 494 Pl II Ord. 56. A.F.B. 103</i>
<i>14-10-16</i>	<i>A.M.S.</i>	<i>Adm Grawville Hosp Ramsgate</i>		<i>10-10-16</i>	<i>CL 495 myalgia</i>
<i>9-10-16</i>	<i>g.o.c.C.T.D.</i>	<i>TAKEN ON STRENGTH & POSTED TO GEN. LIST</i>		<i>3-1-17 2-10-16</i>	<i>CL 565 appen to D.O.5274 A.F.B. 103</i>
<i>12-1-17</i>	<i>als.</i>	<i>S.O.S. to Can. unfit for further service</i>		<i>9-1-17</i>	<i>RO 127. 1-NOV-1918</i>

HO 25

Report

Date

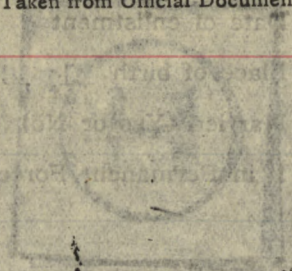
From whom received

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

REMARKS
Taken from Official Documents



REPT. CARROLL

~~ORIGINAL~~ *Duplicate*
MEDICAL HISTORY SHEET.
DUPLICATE

Surname Mitchell Lewis Christian Name John William

Examined { on <u>14th</u> day of <u>August</u> 191 <u>5</u> at <u>Calgary</u>	Approved by <u>Chas. Davies</u> Rank <u>Capt.</u> M.O.																														
Birthplace { City or Town _____ County <u>Bombay</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Fit or Unfit</th> <th style="width: 70%;">EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																											
Date		Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																												
Apparent age <u>43</u>																															
Trade or occupation <u>Lumber Merchant</u>																															
Height <u>5</u> Feet <u>4 1/4</u> Inches.																															
Weight <u>141</u> Lbs.																															
Chest measurement { Minimum <u>32 1/2</u> inches. Maximum expansion <u>35 1/2</u> inches																															
Physical development <u>Good</u>																															
Small-Pox Marks <u>None</u>																															
Vaccination Marks { Arm Right Left. Number <u>2</u>																															
When Vaccinated last <u>12 yrs ago.</u>																															
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>																															
(b) Slight defects but not sufficient to cause rejection <u>None</u>																															
Date _____ Result _____ ANTI-TYPHOID INOCULATIONS, ETC.																															
Date <u>8/5/16</u> Result <u>R. D. Mace</u>																															

Enlisted on 17 day of August 1915 at Calgary

CORPS.	REG'T NUMBER.	RANKS.	DATE.
Joined on enlistment	<u>82nd</u>		
Transferred to...	<u>16th</u>	<u>IV.</u>	

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.

CONFIDENTIAL

FOR OFFICERS ONLY.

The signature of each Officer composing the Board, &c. should be attached at the end of the Proceedings.

PROCEEDINGS OF A MEDICAL BOARD assembled

at Calgary Alta

on the 1st Feb 1917 by order of

A. D. M. S. No 13

for the purpose of examining and reporting upon the present state of health of

Lieut. J. W. Mitchell
C. E. F.

1319-2nd Ave
Calgary

PRESIDENT

G. M. Austin Capt

MEMBERS

R. M. Cook Capt

DEPT
MILITIA & DEFENCE
MAR -1 1917
H.Q. CANADA

The Board having assembled pursuant to order, proceed to examine the

above-named officer and find that he is suffering

from Rheumatism in Knees &

ankles. Complete movement in Ri-

ght Knee. Lt-Knee diminished 50%.

Both ankles swell below external

condyle, some stiffness & pain on

movement

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

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

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

Condition improving believe he will

be well in 3 months

(3) To what extent does it prevent his earning a livelihood? 100% at present

Command
in
J. A. Johnson

Major C. A. M. C.
A. D. M. S.

SIGNATURES

G. M. Austin Capt

R. M. Cook Capt

*If an officer of the Active Militia sick or injured at Annual Training, etc., state if he is able to return to his civil duties.

16
Dis Sect
23-10-17
25

2281-5-3-17

5-3-77
1-134

Q(189) 573/17

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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..... *82nd O.B. C.E.F.*

(2) Regimental Number.....

(3) Full Name of Soldier..... *John William Mitchell Lieut*

(4) Place of Birth..... *Ely, Cambridgeshire England*

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

(6) If married, state,
 (a) Full name of your wife..... *Kathleen Alice Mitchell*

(b) Present Postal Address..... *1319 2nd St East
 Calgary Alta*

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

(8) Have you any children?..... *Yes*
 If so, give number of boys and girls..... *one girl*
 Also their names and ages..... *Dorothy Patricia Mitchell
 Age one year*

(9) Is your Father alive? *No*
If so, state name and address

(10) Is your Mother alive? *Yes*
If so, state name and address..... *Patty Mitchell*

..... *1319 2nd St East Calgary Alta*

(11) If your Mother is a widow.....
Are you her sole support, or not? *Yes*

(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.
No stated amount. approximately 20⁰⁰ per month. she inherits no property

(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.
Wife receives separation allowance

(15) Are you insured? *Yes*
If so, in what Company? *Mutual of New York*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *May 7th 1916*

W. French
Lt Colonel
Commanding the 82nd Company, B.C. Coy. 8th Bn.
for Officer Commanding.

16/8/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

399

Name *Kathleen Alice Mitchell* Name of Soldier *Mitchell J. W.*

Address *1319 = 2nd Street E
Calgary
Alberta*

Regtl. No.

Rank

Corps

*Lieutenant
82nd Batt*

Relation to Soldier

wife, child or mother

} *Wife*

To what Corps belonging

when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>518744</i>	<i>45</i>	<i>45</i>
Oct.		<i>M9016</i>	<i>30</i>	<i>30</i>
Nov.		<i>15679</i>	<i>30</i>	<i>30</i>
Dec.		<i>16173</i>	<i>30</i>	<i>30</i>
Jan.	1916	<i>16172</i>	<i>30</i>	<i>30 16172 cancelled</i>
Feb.		<i>F26069</i>	<i>30</i>	<i>30</i>
March		<i>24781</i>	<i>30</i>	<i>30</i>
		<i>3321</i>	<i>30</i>	<i>30</i>

ACCOUNT CLOSED
DATE..... PER.....

*WMA
gp*

Handwritten text, possibly a signature or date, located in the center-right area of the page.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Kathleen A. Mitchell *Wife*

Name of Soldier

Mitchell J. W.

PAYMENTS.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>2214</i>	<i>30</i>	<i>30</i>
May		<i>54068</i>	<i>30</i>	<i>30</i>
June		<i>5 9160</i>	<i>30</i>	<i>- 30</i>
July		<i>0.6534</i>	<i>30</i>	<i>30</i>
Aug.		<i>H13184</i>	<i>30</i>	<i>30</i>
Sept.		<i>9.16437</i>	<i>30</i>	<i>30</i>
Oct.		<i>E 19886</i>	<i>30</i>	<i>30</i>
Nov.		<i>M 23767</i>	<i>30</i>	<i>30</i>
Dec.		<i>K 22794</i>	<i>30</i>	<i>30</i>
Jan.	1917	<i>V 29338</i>	<i>30</i>	<i>30</i>
Feb.		<i>V 32508</i>	<i>30</i>	<i>30</i>
March		<i>V 35403</i>	<i>30</i>	<i>30</i>
April			<i>#585</i>	<i>20</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Acct. Closed by Capt. Armond Authority
Dec 20/17*

ACCOUNT CLOSED
DATE.....PER.....*W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

Name Mitchell W. J. Lewis

M. F. W. 41.
10m.-4-16.
1772-30-889.

Regimental No.

Name and address of next-of-kin

Unit

2nd Centrench Btn

~~6945-1~~
~~6945-1~~
1319 2nd St. East 6945-1

Date of enlistment

Calgary

Place of

Canada {ab. mil
SA. 30 closed 31/3/17

Married (yes or no)

Date and place discharged

Unfib

Amount of pay assigned monthly \$

mil } Eng.

Reason for discharge

Receiving Medical Treatment

To whom payable

Character on discharge

Crampian 9,1,17 - 21-1-17 Pub Exp: - 1 Copy L.P.C. 31. Dec. Clear
1 copy from officer

L. L. Job 502 M. & D. 6578.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date
1.1.17	31.3.17	90	2 ⁰⁰	180 00	90	.60	54 00	8 00 ^x	102 50	34 50	50 19 9	20 7	14 50	✓	✓ 100 00 -	CK 22 - 2 7/7 Pm. 13
1.4.17	30.4.17	30	2 ⁰⁰	60 00	30	.60	18 00	45 00	123 00	513	8 5/7	123 00	✓	✓ 100 00 - 34 50	CK 52 - 3 3/7 Pm 13	
															123 00	X 1 7/7 - 8 7/7 mess @ 1 ⁰⁰
																* 22 7/7 - 31 3/7 Subs @ 1 ⁵⁰
<u>Transferred mD 13 L.P.C sent 2 5/7</u>																

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

7003/141

012926-J-14

Name Mitchell, John William
Surname Christian Name

Regimental Number

Rank Lieut.

Address (in full) 7 G. W. V. A.

Unit 82nd Bn.

Calgary, Alta.

Original Unit

District where paid M.D.13.

Date of Discharge 16-6-17.

P. D. P. Filing Number 20-109-13.

Rates:—Regimental pay \$ 2.00 per diem: Field Allowance \$.60 per diem. Separation Allowance \$ 30.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
326 60	1796	14-3-18	255 20							71 40	255 20
	1 St 96072	20-2-19	30 00								

M. F. W. 127.
60M-617.
1772 89-1140.

Remarks:

1319- 2nd St. E.

Calgary Alta

Mrs K.A.

Wife

same address.

Dec'n No 4603/141 W.S.G. File No 012926-774

Award days at \$ 266 per day \$ 43720

S. A. months at \$ per mo. \$ \$ 326.60

Less P. D. P. Credited \$ 326.60

Less further debit balance \$ 100.60

Net due paid as below \$ 100.60

TO SOLDIER		TO DEPENDENT	
Q	Ag. No	Ch No	Amount
		543	6072 30 00
		2463A	453799 30 00
		463B	415682 30 00
		398C	449790 20 60
Total			

✓ 20-2-19
 ✓ 20-5-19
 16/4/19
 5-5-19.

78

GEN'L AUDITOR
 Posting checked by Webster
 Date 9.10.19

Lt. Mitchell, John William
82nd Battalion

23-8-33.

g.01

Decared 15-12-52.

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

24-2-53
AS

EMBARKED S.S REGINA
LIVERPOOL JULY 15th 1919
DISEMBARKED ... JULY ...
... HALIFAX JULY 23 ...
D.A. S

WAR SERVICE BADGE CLASS "A" NO.

M.D.

D.A.

REGTL. NO. 100 845- RANK Pte

NAME MITCHELSON Henry Francis
(Surname in Block Letters) (Christian Names in Full)

REGT. OR CORPS. Alta.

UNIT M.D. 4. 9th Res.

ORIGINAL UNIT (Left from Canada) 66th Bn

CATEGORY B.III PLACE OF BIRTH (Town in) South Witham, Eng

OCCUPATIONAL GROUP 12 SERVICE GROUP 24

RELATIONSHIP OF NEXT-OF-KIN Brother

FULL ADDRESS OF SOLDIER General Delivery
Edmonton, Alta

RELIGION P.C.

P.O. OR BANK THROUGH WHICH WAR SERVICE GRATUITY IS TO BE PAID Imperial Bank
Edmonton, Alta

T. O. S. OF "R" WING

8 M 255

PROCEEDINGS OF A MEDICAL BOARD

assembled at 86 Strand on 2-1-17

by order of ADMS London Area

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) St. J. W. Mitchell (Corps) 2nd Entrenching Bn

Age 45 Service 14 mos Disability Arthritis both ankles & knees

Date of commencement of leave granted for present disability 2-1-17

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he was sick with this same complaint but did not report sick before going to France. Went sick 24-9-16 at Albert. Sent to No 14 General & admitted 2 O D & Hosp 2-10-16. 9-10-16 admitted Crauwille S. H. and treated there to date without improvement. It is considered by the board that in view of the lack of improvement under treatment, that this officer will not be fit for service in this climate, although he might be advantageously employed in Canada.

Bank of Montreal & Waterloo Pl.

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

- (1.) a. Is the officer fit for "General Service"? No
- b. If not so fit, how long is he likely to be unfit? permanently
- (2.) a. If unfit for General Service, is he fit for service at home? No
- b. If not so fit, how long is he likely to be unfit for service at home? permanently
- c. If unfit for General Service at home, is he fit for light duty at home? No
- d. If not so fit, how long is he likely to be unfit for light duty at home? permanently
- (3.) Was the disability contracted in the service? No
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? No
- (6.) If caused by military service, to what specific conditions is it attributed? Not applicable
- (7.) If the disability was not caused by military service, was it aggravated by it? yes

I concur in the findings of the Board of Medical Officers here recorded.
S. S. Stevens
Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

Signatures { David Donald Major President.
W. Rowley Major Member.
Amidan Capt Leame Member.

1319 Second St. E. Calgary, Alta.

Dis Secty
25-1-17

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.