

180954 (3) Original

ATTESTATION PAPER

No. 180954

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

- | | |
|--|---|
| 1. What is your name?..... | Sherritt, Frank. |
| 2. In what Town, Township, or Parish, and in what Country were you born?..... | Liverpool Eng. |
| 3. What is the name of your next-of-kin?..... | Sarah Sherritt, (Mother) |
| 4. What is the address of your next-of-kin?..... | Gorge Rd, Saanich, Victoria, B.C. |
| 5. What is the date of your birth?..... | XXXXXXXX Nov. 2nd, 1894 |
| 6. What is your trade or calling?..... | X Bricklayer. |
| 7. Are you married?..... | No. |
| 8. Are you willing to be vaccinated or re-vaccinated? & inoculated?..... | Yes. |
| 9. Do you now belong to the Active Militia?..... | No. |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | No. |
| 11. Do you understand the nature and terms of your engagement?..... | Yes. |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... | Yes. |
| | <div style="text-align: right; margin-right: 50px;"> <i>F. Sherritt</i> (Signature of Man.) </div> <div style="text-align: right;"> <i>A. Wilson</i> (Signature of Witness.) </div> |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Sherritt, 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 Sept. 21st 1915

F. Sherritt (Signature of Recruit.)

A. Wilson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Sherritt, 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 Sept. 21st 1915

F. Sherritt (Signature of Recruit.)

A. Wilson (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 Vernon this 25 day of Sept 1915

[Signature] (Signature of Justice.)

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

H. R. Mustard (Approving Officer.)

DESCRIPTION OF Sherritt Frank ON ENLISTMENT.

Apparent Age 20 years 10 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. 7 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 ins.

G. V. Lamm

Complexion Fair

Eyes Brown

Hair Black

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist Yes
 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 22 Sept 1915

Place Vernon Camp

H. R. Mustard

Capt. Carr

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

F. Sherritt 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.

Date Sep 25 1915

H. R. Mustard (Signature of Officer.)

ATTESTATION PAPER.

No. ~~1498~~

~~1498~~
~~180954~~
180954

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Sherratt*
- 1a. What are your Christian names? *Frank*
- 1b. What is your present address? *Gorge Rd. Saanich, Victoria, B. C.*
2. In what Town, Township or Parish, and in what Country were you born? *Liverpool, Lancs, England.*
3. What is the name of your next-of-kin? *Mrs. S. Sherratt*
4. What is the address of your next-of-kin? *Gorge Rd. Saanich, Victoria, B. C.*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *Nov. 2nd, 1895*
6. What is your Trade or Calling? *Bricklayer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *B. Sec. No. 1 F. A. C. E. F.*
If so, state particulars of former Service. *88th Battn. C. E. F.*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frank Sherratt*, 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.

F. Sherratt (Signature of Recruit)

Date *1st March* 191 *6* *C. C. Cough* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank Sherratt*, 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.

F. Sherratt (Signature of Recruit)

Date *1st March* 191 *6* *C. C. Cough* (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 *Nth Vancouver, B. C.* this *31st* day of *March* 191 *6*.

C. C. Cough (Signature of Justice)

Description of Frank Sherratt on Enlistment.

Apparent Age.....19.....yearsmonths.
 (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 7 ins.

Chest measurement. { Girth when fully expanded.....36½ ins.
 Range of expansion.....3 ins.

6 Scar. Left arm

Complexion.....Fair

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....Yes
 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.....March 1st.....191 6

[Signature] Prov. Lieut. A.M.C.
 6th Field Company, C. E.
 Medical Officer.

Place.....North Vancouver, B. C.

*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.

Frank Sherratt

.....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] Capt. C. E. (Signature of Officer)
 Commanding C. E. Overseas Draft.
 (H. Q. 593-7-8)

Date.....March 20th.....191 6

REGIMENTAL DOCUMENTS

NAME **SHERRATT FRANK**

REGT. NO. **180954**

UNIT **C.C.S.C.**

H. Q. FILE NO.

S

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)
- / CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- / FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- / REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- / 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)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- / PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- / 200 M.
- / M.F.W. 67
- / Mis
- 1 5009
- 1 203
- 1 card

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M

113

DEATH
Category **H**

DISCHARGE

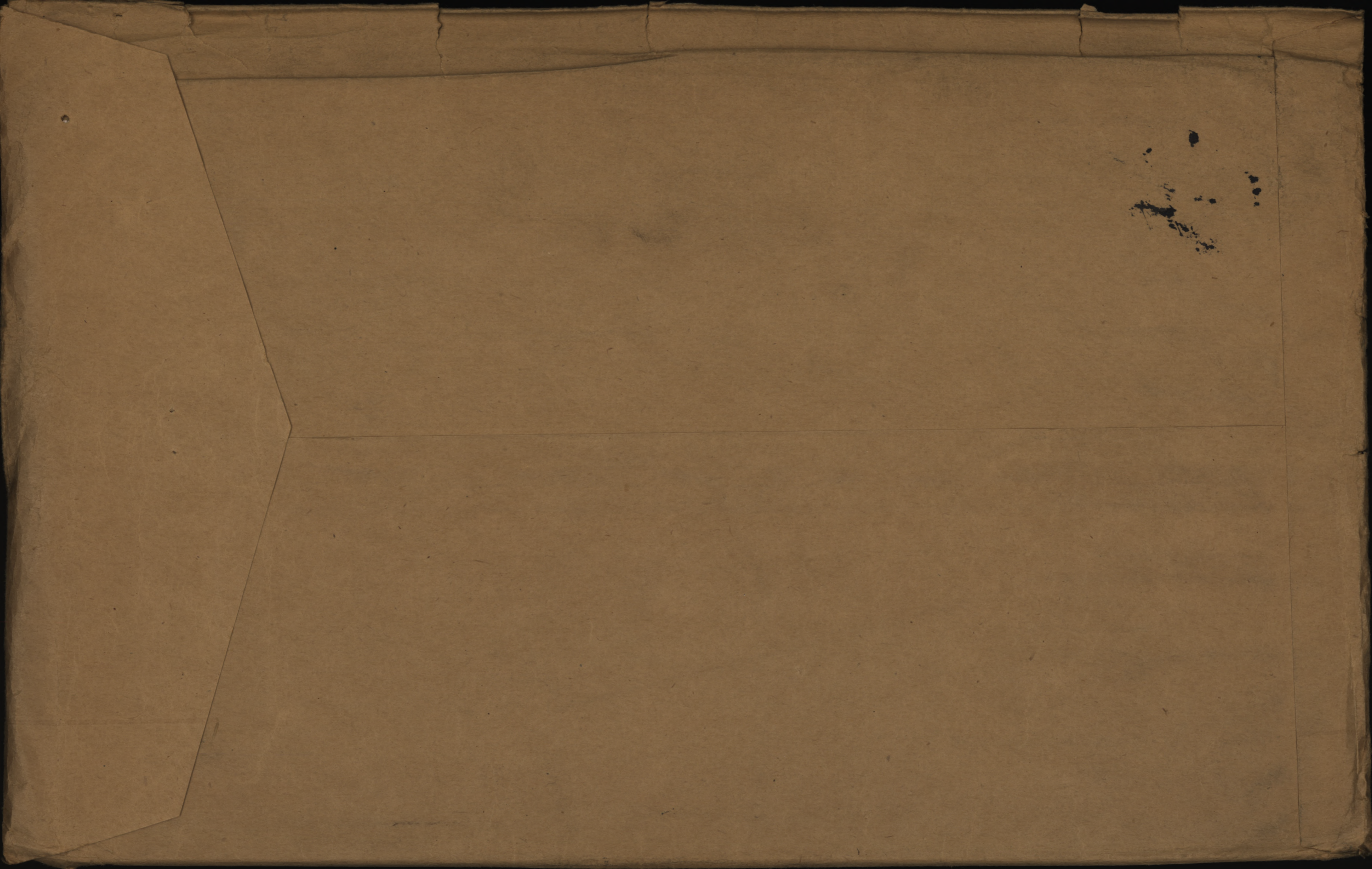
Category

DEMOB

DESERTION

16722

H



~~Allen~~
~~W~~

B

Number 180954 Rank Spr.

Surname SHERRATT

✓

Christian Name Frank

Units C.E Theatre of War France

Date of Service 17-6-17

Remarks

Latest Address 280 Gorge Road
Victoria B.C.

Roll No

"B" Page 11197

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

DESP. JUL 30 1929
REGN. No. 44036

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

No 180954 RANK *Pte.*NAME *Sherratt F*

T.O.S.

UNIT *88th Battalion**shown as transf'd from
88th Regt. 1.0-1-16
(D.O. 8 of 11-1-16)*M. D. *11*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Jan 10</i>	<i>1916 Jan 31</i>	<i>e -</i>	<i>transfd to 6th Field Co. Edm. Eng. 29-2-16</i>	<i>D.O. 49 of 28-2-16.</i>



CERTIFICATE OF SERVICE

AJS

(Issued following loss of permanent Discharge Certificate M.F.W.3

THIS IS TO CERTIFY THAT No. 180954 Rank Sapper

(Name in full) SHERRATT, Frank.

Enlisted in 88th Infantry Battalion

Canadian Expeditionary Force, on the Twenty-fifth day

of September 1915

He served in CANADA ENGLAND FRANCE & BELGIUM

with the Canadian Corps Signal Company

and was discharged at Winnipeg, Manitoba.

on the Twenty-fourth day of April 1919

by reason of Demobilization

His conduct and character while in the Service were "VERY GOOD"

Medals and Decorations, etc. British War Victory Medals

War Service Badge; Class "A" #167330

DESCRIPTION ON DISCHARGE

Age 24 Years

Height 5' 7 1/2"

Complexion Fair

Eyes Brown

Hair Black

H.Q. 649-S-41851

Asst. Major,

Director of Records.

6th December 1919
Ottawa day of

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *#13 Sld. Coy. C. E.*Regimental No. *180954* Rank *Spr.* Name *Sherratt Frank*
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>24.7.19.</i>	<i>AC HQ S.C.</i>	<i>S.O.S. to Canada.</i>		<i>12.4.19.</i>	<i>O.D. 2.</i> <i>J. C. Langman</i> <i>Top Lt. of R.</i>

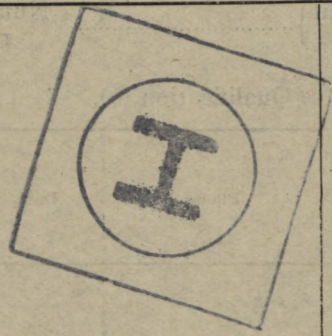
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

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				



CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 167334

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 180954 (Rank) Sapper

Name (in full) SHERPATT FRANK enlisted in

the C.A.M.C. Depot

CANADIAN EXPEDITIONARY FORCE at Vernon B.C. on the 25th

day of September 1915

HE served in Can. Corps Signal Co, France

Demobilization.

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

Medical Unfitness.

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

Age 24-4/12

Height 5'-7 1/2"

Complexion fair

Eyes brown

Hair black

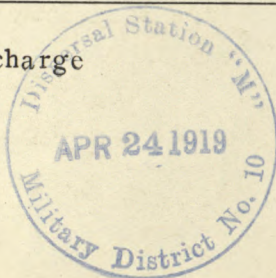
J. Thurnall

Signature of Soldier.

Marks or Scars

6 scars left arm

Date of Discharge



Issuing Officer.

[Signature]

Rank

[Signature]

Date 24/4/19 19

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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 180954 Rank Driver Name Sherratt, Frank

C. E. F.

Enlisted (a) 21-9-15 Terms of Service (a) War Service reckons from (a) 21-9-15

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) Plumber & Driver

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

Canada 15-5-16
England 29-5-16

S. S. "Baltic"

7-6-16 4th Div.
Engrs.

Taken on strength
4th Div Engrs

Bramshott 1-6-16

R.O. Pt II. 3027
d/10-6-16

16-12-16 C.E.T.D.

Transferred to C.E.T.D.
Crowborough.

Bramshott. 16-12-16 PT. II. D. O. #115 dated 16-12-16

21/12/16 C.E.T.D.

T.O.S of C.E.T.D. Crowton

7/12/16 PT II 301 CANADIAN ENGINEERS
BRAMSHOTT. LIEUT. C. E.

21/12/16 C.E.T.D.

As Comd B'shott Crowton

7/12/16 PT II 301

21/12/17 C.E.T.D.

Off Command Bramshott Crowton

1/2/17 PT II 295

16 JUN. 1917 C.E.T.D.

Struck off Strength of C.E.T.D. having
Proceeded to Signal Pool France

BROWBOROUGH 16.6.17 Part II Order No. 1113

Charles M. Gubb Lieut. C. E.
for Adjutant, C. E. T. D.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
28 ⁶ / ₁₇	Post	Ass & taken in	Post.	17 ⁶ / ₁₇	R. R 36 P 4-58
12 ¹ / ₁₇	do	2nd Can Bobs	Seq C	27 ⁶ / ₁₇	" 43 P. 56
-	AAS	taken in " "	" "	28 ⁶ / ₁₇	" 43 P. 100
26 ¹ / ₁₈	OC	On 14 day Leave	Ha	20 ¹ / ₁₈	B 213 P. 6
9 ¹ / ₁₈	OC	Dynamic leave	Lea	5 ¹ / ₁₈	B 213
3-19	occc	Proceeded To England		1-3-19	Ph O 8/19
					C. A. Hewell Lieut. for Lt. Col., AAG., Canadian Section
4-3-19	C.S.M.E	attached on arrival from Canada	Seaford	3-3-19	CETC 481
12-4-19	C.S.M.E	to be att. on prod to leave			Part II 86
					J. C. Franklin Lieut. C.E.
					APR 12 1919 EMBARKED FOR CANADA
					12-4-19 T.O.S. Dispersal Station DO 115 Par 2
					and Dispersed 24-4-19 do Par 3
					A. H. Jones Lieut. for O. C. 10 District Depot.

Rank *Dvr* Name **SHERRATT. Frank**

Reg'l No. **180954**

Unit **No. 13 Fld. Coy. C.E.** If in perm. Corps, }
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Vernon, Sept. 21st, 1915.**

Place of Birth **Liverpool, Eng.**

Name and Address, Next-of-Kin **Sarah Sherratt,**

Gorge Road, Vaanich, Victoria, B.C.

Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.G. No. **22504**
File No. **CAN. OR**
Date



Discharge, Date and Place

Reason

Character

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>Arrived in England</i>	29 MAY 1916		<i>S.S. Baltic</i>
<i>7.6.16</i>	<i>4th Div Engrs.</i>	<i>T.O.S. 4th Div Engrs & posted to 12th Coy</i>	<i>Bramshott</i>	<i>16.16</i>	<i>PT DO. 27</i>
<i>4.7.16</i>	<i>do</i>	<i>Trans to Res. Coy</i>	<i>do</i>	<i>1.7.16</i>	<i>PT DO. 54</i>
<i>16.12.16</i>	<i>Can Engr</i>	<i>S.O.S. on transfer to } C&J.D & re-attached }</i>	<i>do</i>	<i>7.12.16</i>	<i>PT II 115</i>
<i>21.12.16</i>	<i>C&J.D.</i>	<i>T.O.S & attached</i>	<i>Exonboro'</i>	<i>7.12.16</i>	<i>PT II - 301.</i>
<i>2.2.17</i>	<i>do</i>	<i>ceased to be attached</i>	<i>do</i>	<i>1.2.17</i>	<i>PT 29</i>
<i>16.6.17.</i>	<i>do.</i>	<i>proceeded of Seas to Sig Pool</i>	<i>do.</i>	<i>16.6.17.</i>	<i>— — 143.</i>
<i>20.6.17.</i>	<i>Sig Pool.</i>	<i>T.O.S. as Reinf from Engr.</i>	<i>Field.</i>	<i>21.6.17.</i>	<i>— — 54.</i>
<i>2.7.16.</i>	<i>—</i>	<i>Trans. to Can Corps HQ Sig Co.</i>	<i>—</i>	<i>27.6.17.</i>	<i>— — 56.</i>

A.F.B. 103 CHECKED
27 JUL 1917

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.				
2-7-17.	CCHQSC.	T.O.S. from Sig Pool.	Field.	28-6-17.	PTD 1.100.
			46M	12-4-19	
3-3-19	do	Proceeded to England	"	Apr 1-3-19	Do 8.
24-7-19	"	SOS to Canada	London	12-4-19	After Do. 2.

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

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

No. 180954 Rank Spr. Surname Shermat
(Given name in full)
Frank
 Unit or Corps C.C.D.C.E. Birthplace Winnipeg, Manitoba

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

I. GENERAL DESCRIPTION:

Physique Good Weight 162 est. lbs. Height 5-9 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 80
 Condition of arteries Good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt.ft.
 Left.....ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).

Opinion as to general health and physical condition

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 Genito Urinary System Cardio-Vascular System
 Special Senses Integumentary System Respiratory System
 Disturbance of Mentality Muscular System Digestive System
 Osseous and Joint System Any other general condition

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.

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(Canada)

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 a Medical Board.)

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

F. 559. MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Liverpool Eng
Mrs Sarah Sherratt
Gorge Rd, Vaanich, Victoria B.C.
Mother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
App't. to 1st Lt. 16/11/14	16/11/14	11, 3.
Transferred to 4th Div Engrs	19/9/16	Pt. II, 26
App't. to 2nd Lt. 18/10/16	18/10/16	11, 39.
App't. to 1st Lt. 18/10/16	18/10/16	11, 39.

ADMISSIONS TO HOSPITAL &c.

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

REG'L. No 180954

RANK

1st Lt

NAME

Sherratt, Frank

IF IN PERM. CORPS WHAT UNIT

UNIT 4th Div Engrs

TRANSFERRED TO

C.C.S.D. DATE 16-1-17

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

C. Corp Regt Date 1 Nov 17

AUTHORITY

PLACE OF ATTESTATION

Vernon B.C.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

21st September 1915

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20.00

DATE EFFECTIVE 1.6.16

PAYABLE TO

Mrs. S. Sherratt, Gorge Rd., Saanich, Victoria, B.C.

RELATIONSHIP

Mother

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				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																	
1916 May															19 10																					Canadian L.P.L.				
June 30	100	30	00		30	10	300								33 00	8	16/16		102	30	6/16	9	73		7	20	1	20 00		37 03	15	04								
July 31	31	31	00		31	310								34 10		124	18/16										20 00		22 44	26	73									
Aug 31	"	31	00		31	310								34 10	183	31/16										20 00		24 87	35	96										
Sept 30	18	18	-		30	3	-							33 60			260	11/16	377	24/16			12 17		4 87		20 -		37 04	32	52									
Oct 31	"	31	55		31	310								35 65			524	30/16					4 87		67		20 -		25 54	42	63									
Nov 30	30	30	-		30	3	-							33 -			634	15/16	698	31/16			7 30		3 30		20 -		43 35	32	28									
Dec 31	"	31	-		31	310								34 10			755	15/16	844	30/16			4 87		2 43		20 -		27 30	39	08									
Checked 1917	Jan 15	15	10	16 50										16 50											20 -		20 -	35	58											
16	16	17	60											17 60			934	15/16	1060	31/16			12 17						23 57											
Feb 28		30	80											30 80			999	15/16					7 30		1 10		20	110	35 70	36	11									
Mar 31		34	60											34 60									7 30				20		44 81	25	40									
Apr 30		33	00											33 00													20		20 00	38	40									
May 31		34	10											34 10									4 87				20		29 74	42	76									

Checked W.P. Hill

h. c. l. REMARKS

Canadian L.P.L.

Tobee Corp. 19.2.16 Pt. II 26

Issue on Repair. A. 37. 3-5-16
13 days F.P. #1, 22.11.16 P.F. # 91
A. 11.5-4.11.16 2 days F.P. Forfeit 4 days p.r. 2
11.5-4.11.16 2 days F.P. Forfeit 4 days p.r. 2

Trfd to C.C.T.D. Office 16.1.17
Pt. II, 301

A.H.L. 1 day, N.D. 19, 22-1-17

? 5th entry to wrong man
? if entire removed

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME:- **SHERATT Frank**

EFFECTIVE DATE:- **1.6.16.**

EFFECTIVE DATE:-

NUMBER:- **180954.**

AMOUNT:- **2000**

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mrs S. Sherratt
George St., Saanich
Victoria B.C. (Mother)*

Wives

UNIT AND TRANSFERS

ORIGINAL UNIT:- *4th Av. Engineer*

DATE ACCOUNT FIRST OPENED:- *1.6.1916.*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

N.A. Apr 1918 C. Corp. Hqs. Sq.

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
19/3	294	<i>b. unit</i>	1460			<i>Debit</i>	274
							1460
						<i>Debit Bal</i>	1734

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

1 00 - 10

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Can. 4/19 Ref. N.R. 4854 19/3/19. b. unit to Seaford N.D. 10. L.P. Debit Bal

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31st	<i>Balance fob.</i>								<i>24 09</i>		
Apr.	<i>Dr's Pay.</i>	33		<i>b.a.p.</i>				20			
				<i>AR 555. Cdn Corp Hqs Co 8/5/18</i>	446						
				<i>AR 299 " 18-4-18</i>	2 68				<i>21 23(N)</i>		
		33			<i>7 14</i>			20			
May	<i>Spis Pay</i>	34 10		<i>b.a.p.</i>				20			
				<i>AR 555. Cdn Corp Hqs Co 8/5/18</i>	1 48						
				<i>AR 861 " 15-5-18</i>	3 54				<i>12 48</i>		
		34 10			<i>5 38</i>			20			
June	<i>Spis Pay</i>	33		<i>b.a.p.</i>				20			
				<i>AR 1306. CC Sig Co 1.6.18</i>	3 54						
				<i>AR 1586 " 15.6.18</i>	1 48				<i>4 83</i>		
		33			<i>5 38</i>			20			
July	<i>Spis Pay</i>	34 10		<i>b.a.p.</i>				20			
				<i>AR 1753 CC Sig Co 11-7-18</i>	4 46						
				<i>AR 1959 " 15-4-18</i>	3 54				<i>1 24</i>		
		34 10			<i>8 03</i>			20			
Aug	<i>Dr Pay</i>	34 10		<i>bal</i>				20			
				<i>AR 2244 66 Sig Co 15/8</i>	3 57						
				<i>AR 2362 " 1/8</i>	3 57				<i>8 20</i>		
		34 10			<i>7 14</i>			20			
Sept.	<i>Dr Pay</i>	33		<i>bal</i>				20			
				<i>AR 2623 66 Sig Co 1/9</i>	3 57				<i>17 63</i>		
		33			<i>3 57</i>			20			
Oct.	<i>Spis</i>	34 10		<i>bal</i>				20	<i>31 73</i>		
				<i>2085 48 Sig Co 8/10</i>	3 73				<i>2 800</i>		
		34 10			<i>3 73</i>			20			
Nov	<i>Nov Dec Jan</i>	10 120		<i>bal</i>				60	<i>69 20</i>		
		10 120						60	<i>over</i>		

NUMBER 180954

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								6920		
				4278 66.00 1/1	503						
				634845 " 15/9	503						
				" 5089 " 1 2/9	373						
				5196 " 15/2	746						
				3168 Le Havre 24/2	746						
				19. 6. Smith 7/3	6813						
	Stay Feb-Mar.	6490		cont.				40-	274		
		6490			9684			40-			
				294 " 22/3	1460						
				76 " cont 5/4	487				2221		
					1947						

St. Canada 12/4/19 Sailing List 46.6.6.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) S H E R R A T H. F
 REGIMENT CCS CE RANK SPR No. 180954

Date of Examination in England 21-3-19 Date of Examination in France _____



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS no
2. EXTRACTIONS 2
3. CROWNS no
4. DENTURES no.
 - (a) Full Upper no
 - (b) Part Upper no
 - (c) Full Lower no
 - (d) Part Lower NO/ES.

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada no
- (b) In England no
- (c) In France YES.

Signature of Dental Officer [Signature] Capt.
 C. A. D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

UNIT *C.E.S.B. C.S.M.E.*
26th March 1919

To:-
Officer i/e Clinic,
Ravenscroft, Searford.

180954

Sgt Sherratt Jr.

The marginally named, accompanied by his
Medical Documents, is reporting to you for special report on:

..... *defective hearing*

Please return this ^{report} ~~copy~~ to the above
Unit on completion.

Captain, C.A.M.C.
M.O. *A. L. B. & Co. Ltd.*

SPECIALISTS REPORT ON ABOVE:

Searford,
Date

Captain, C.A.M.C.
Officer i/e Clinic, Ravenscroft.

1892
P. O. Box 1111
St. Louis, Mo.

1892
P. O. Box 1111
St. Louis, Mo.

St. Louis, Mo.

St. Louis, Mo.

St. Louis, Mo.

SPECIAL EAR NOSE AND THROAT REPORT.

Seaford.....29/3/1919

Number. 108957
Rank. spr.
Name. Sherrett, F. 2048
Unit. C.S.M.C.
Hearing. L.
Voice. _____
Upper Limit. _____
Lower Limit. _____

As far as Ears, Nose & Throat are concerned fit for Category:- B7

Membrane Tympani Lt Ear defective - Since Childhood
Hose. Deafness total in left ear.
Pharynx

Remarks.

R. Hughes Capt. C.S.M.C.



OTTAWA

July 1920.

From:-

The Adjutant General
Canadian Militia.

To:-

180954

*F. Sherratt
280 Gorge Rd,
Victoria BC*

Sir:-

Enclosed herewith please find
Military Will executed by you ~~with~~ in the
C. E. F., and returned, the same being your
own property.

O. C. Pangman

Lieut.
for Lieut. Col.
Director of Records.
for Adjutant General.

1000
7-7-20
MCS

16

THE ...

...

...

...

...

...

...

...

...

...

...

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.....
ENGINEER TRAINING DEPOT

(2) Regimental Number..... 180957

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

(4) Place of Birth..... Liverpool England

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

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

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

(8) Have you any children?..... No
 If so, give number of boys and girls.....
 Also their names and ages.....

MEDICAL HISTORY SHEET. 180954

Surname *Sherratt* Christian Name *Frank*

Examined { on *3rd* day of *September* 191*5*
at *Work Point Esquimaux*
Birthplace { City or Town *Liverpool*
County *Manchester Eng.*

Approved by *[Signature]*
Rank *1st Lieut. M.O.*

Apparent age *19*
Trade or occupation *Bricklayer*
Height *5* Feet *9 1/2* Inches.
Weight *150* Lbs.
Chest measurement { Minimum *36* inches.
Maximum expansion *38* inches.
Physical development *good*
Small-Pox Marks *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right *—* Left *yes*
Number *—* *six*
When Vaccinated last *Eight years ago*

Date	Result	VACCINATIONS.
<i>Oct 2/15</i>		M.O.
<i>Oct 20/15 OK</i>		<i>AW Bagnall</i> M.O.
<i>Oct 22/15 OK</i>		<i>AW Bagnall</i> M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>22/9/15</i>	<i>OK</i>	<i>W Nagle</i> M.O.
<i>23/10/15</i>		<i>AW Bagnall</i> M.O.
<i>Oct 20 1915</i>	<i>OK</i>	<i>AW Bagnall</i> M.O.

(b) Slight defects but not sufficient to cause rejection
TAB 3/5/1917 WY
none

Enlisted on *21st* day of *September* 191*5* at *Victoria B.C.*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>AW Bagnall</i>			
Transferred to.....	<i>88th BATT C.E.F.</i>	<i>180954</i>		<i>15-1-16</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Singapore</i>	<i>31-3-15</i>	<i>Dyspepsia</i>	<i>Y. B. - 1/2 maculae Pap.</i>

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.

JMG

*Fillicum P. O.,
Saanich, B.C.*

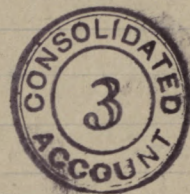
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *W. Sarah Sheratt*
Address ~~*George R. Manich*~~
Victoria B.C.
Rate *\$ 2500* ~~*xx*~~ **MAY 1 1916**

By Whom Assigned *F. Sheratt*
Regtl. No. *180954*
Rank *Spr*
Corps *Can Engrs 13th Field Coy*

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				



04

05

178000

1

06

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.—Reg. 6374.

Wm Sarah Sherratt

PAYMENTS.

Name of Soldier

F Sherratt
180954, 8th Can Engrs Bn Coy

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$ 20⁸⁰</i>	<i>MAY 1 1916</i>
April	1916			
May				
June		<i>K 7858</i>	<i>20</i>	
July		<i>R 11095</i>	<i>20</i>	
Aug.		<i>G 14167</i>	<i>20</i>	
Sept.		<i>C 18532</i>	<i>20</i>	
Oct.		<i>E 23258</i>	<i>20</i>	
Nov.		<i>F 28904</i>	<i>20</i>	
Dec.		<i>R 22469</i>	<i>20</i>	
Jan.	1917	<i>J 41162</i>	<i>20</i>	
Feb.		<i>R 44820</i>	<i>20</i>	
March		<i>E 52718</i>	<i>20</i>	
April		<i>W 4499</i>	<i>20</i>	<i>20-E</i>
May		<i>V 11196</i>	<i>20</i>	
June		<i>C 18201</i>	<i>20</i>	<i>20 M'</i>
July		<i>D 25210</i>	<i>20</i>	<i>in</i>
Aug.		<i>T 32597</i>	<i>20</i>	
Sept.		<i>C 39095</i>	<i>20</i>	
Oct.		<i>K 45253</i>	<i>20</i>	
Nov.		<i>L 52940</i>	<i>20</i>	
Dec.		<i>L 62692</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

4.00

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

SURNAME.

Sherratt

CARD NO. 4
M 11/10
Ed. FOLL.

CHRISTIAN NAMES

Frank

REGL. No.

180954

RANK

Spr. Dr.

UNIT

Sanitary

(13th Fld. Co)

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sherratt Mrs Sarah

RELATIONSHIP TO SOLDIER

Mother

ADD

Tillicum P.O. Victoria BC

S.A.A.P. 5-12-16

COUNTRY OF BIRTH

England, Liverpool

DATE

Nov 2nd 1895

PLACE OF ATTESTATION

Vernon BC

DATE

Sept 25th 1915

RIC 20-4-19 307/20 Apr.

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING *Brick layer*

RELIGION *Baptist*

DESCRIPTION.

APPARENT AGE

19

YEARS

10

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

fair

EYES

brown

HAIR

black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Vernon Camp B.C.

DATE

Sept 22nd, 1915

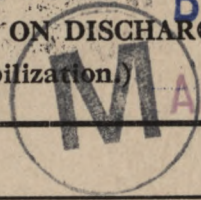
Present Address not stated

23-12

War Service Badge
"A" No. 1647336

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization)

DISEMBARKED, HALIFAX, 20-4-19



APR 12 1919 EMBARKED FOR CANADA

MEDICAL DOCUMENTS
FORWARDED TO
S. C. H. or P. B. C.
on
12/5/19

1. No. 180954

2. Rank SAPPER

3. Name SHERRATT, FRANK

4. Unit Can Corps Signalers, Can Engineers

5. Date of Discharge 24/4/19 Place

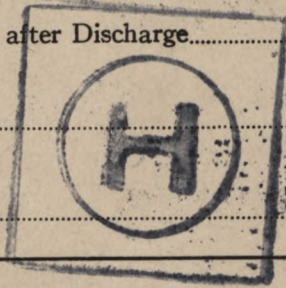
6. Reason for Discharge Demob.

WAR SERVICE BADGE

CLASS "A" NO OG. S.G. D.A.
3 24 M

7. Authority A.G. 3-8817 DO 115

8. Proposed Residence after Discharge 280 Gorge Road
Victoria B.C.



9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. ?

F. Sherratt

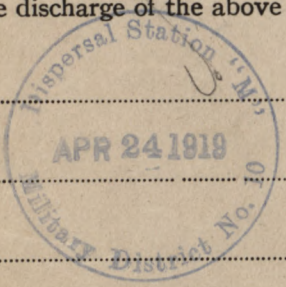
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature [Signature] for (O. C. Discharging Unit.)

WAR DEPARTMENT
OFFICE OF THE ADJUTANT GENERAL
PROCEEDINGS ON DISCHARGE
SHORT FORM
DISCHARGE MARKED HALF PAY TO 410

1. Name of Soldier	
2. Grade	
3. Regiment	
4. Company	
5. Branch	
6. Date of Discharge	
7. Place of Discharge	
8. Reason for Discharge	
9. Name of Discharging Officer	
10. Rank of Discharging Officer	
11. Signature of Discharging Officer	
12. Date of Discharge	



CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undersigned place and date I received my discharge Certificate

M. F. W. S.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

Place

Date

Signature

(U. S. Discharging Officer)

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate
 2. Discharge Summary
 3. Medical History
 4. Physical Examination
 5. Laboratory Tests
 6. Radiology Reports
 7. Medication List
 8. Referral Letters
 9. Patient Education Materials
 10. Social History
 11. Family History
 12. Review of Systems
 13. Progress Notes
 14. Consultation Reports
 15. Discharge Instructions

16. Discharge Planning
 17. Care Coordination
 18. Patient Assessment
 19. Caregiver Assessment
 20. Home Assessment
 21. Community Resources
 22. Patient Goals
 23. Caregiver Goals
 24. Discharge Date
 25. Discharge Location
 26. Discharge Status
 27. Discharge Reason
 28. Discharge Date of Birth
 29. Discharge Date of Admission
 30. Discharge Date of Discharge

31. Discharge Date of Discharge
 32. Discharge Date of Discharge
 33. Discharge Date of Discharge
 34. Discharge Date of Discharge
 35. Discharge Date of Discharge
 36. Discharge Date of Discharge
 37. Discharge Date of Discharge
 38. Discharge Date of Discharge
 39. Discharge Date of Discharge
 40. Discharge Date of Discharge

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.C.).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *1st*

Checked by No. *30*

Date *9-7-19*

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Seaford DATE 3/3/19

1. 1 (a) Unit C. C. S. B. C. (b) Regimental No. 180954 (c) Rank Spr.
 (d) Surname SHERRETT (e) Christian name FRANK
 (f) Home address 280 York Road Victoria B. C.
 (g) Next of Kin Mrs. Sarah Sherrett (h) Relationship Mother
 (i) Address of Next of Kin Same as above.

2. Age last birthday 23 Date of birth 2/11/1895

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 21/9/15

4. Personal description:
 (a) Height 5' 9" (b) Weight 160 (c) Complexion Med. Dark
(stripped)
 (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. 6 moles on rt. cheek

5. Former trade or occupation Clerk

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	283

	PERIODS	
	From	To
Canada	21. 9. 15	15. 5. 16
England	15. 5. 16	15. 6. 17
France or other theatres of War	2. 3. 19	31. 3. 19
	15. 6. 17	2. 3. 19

7. Original disease, or injury Left Ear defective

(a) Date of origin Childhood (b) Place of origin Canada, Man.
 (c) Cause Unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Total deafness L. ear

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. Ear Rept. 29/3/19
 R Hearing L
 21 Voice — } Cat B7
 2048 u. L — } Deafness total
 64 L. L. — } in left ear.
 L. ear defective since childhood.
 Sgt. Redhughes
 Corp. Evans

Subj. Deaf in L. ear

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

Nervous System *W* Cardio-Vascular System *W* Genito-Urinary System *W*
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
 Special Senses *W* Respiratory System *W* Integumentary System *W*
 Disturbances of Mentality *W* Digestive System *W* Muscular System *W*
 Osseous and Joint Systems *W* Any other general condition *W*

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

Deaf in L. ear since a baby

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

as in 471

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

nil

11.—(a) Did the disabling condition have its origin before enlistment?

yes

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

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

@ m @ no

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

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

permanent

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

nil

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

n. a

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

yes

17. Recommendations:

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *Frank Shumatt*, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Sapper F Shumatt Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

yes B

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

*Boarded for return to Canada
Auth G & Oct 9083 11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Seaford* *W. P. Byers Capt* President.
DATE *31-3-18* *W. P. Byers Capt* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....
DATE.....
President.
Members

APPROVED BY *W. P. Byers Capt* Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.
DATE..... DATE.....



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Handwritten text in the upper middle section.

Small handwritten mark or characters in the top left corner.

Small handwritten text or numbers on the left side.

Small handwritten text or numbers in the upper middle-left area.

Small handwritten text or numbers on the left side.

Small handwritten text or numbers in the middle section.

Small handwritten text or numbers in the bottom left corner.

Small handwritten mark or characters at the bottom left corner.

Date of Enlistment

MILITIA AND DEFENCE

04424

Date of Assignment

Separation and Assigned Pay Branch

May 1-16

OVERSEAS CONTINGENTS

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RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *180954*

Rank *Spr* Promoted Reverted Discharge

Soldier's Name *F. Sherratt*

Battalion *Can Engr 13th Field Coy*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Sarah Sherratt*

Address *Fillecum P.O.*

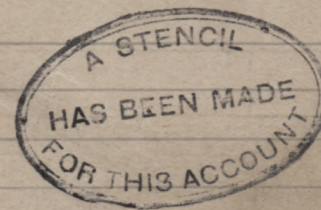
Change of Address *Saanick B.C.*

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>31-12-17</i>	—		<i>400</i>	<i>400</i>	<i>16654-F-4</i>
<i>Jan 1918</i>	<i>R 69959</i>		<i>20</i>	<i>20</i>	<i>258448-26-4-19 Tab</i>
<i>Feb "</i>	<i>V 72278</i>		<i>20</i>	<i>20</i>	<i>OK RW</i>
<i>Mar "</i>	<i>S 94866</i>		<i>20</i>	<i>20</i>	
<i>April "</i>	<i>T 8477</i>		<i>20</i>	<i>20</i>	
<i>May "</i>	<i>V 21726</i>		<i>20</i>	<i>20</i>	
<i>June "</i>	<i>W 27545</i>		<i>20</i>	<i>20</i>	
<i>July "</i>	<i>E 26996</i>		<i>20</i>	<i>20</i>	
<i>Aug "</i>	<i>W 39647</i>		<i>20</i>	<i>20</i>	
<i>Sept "</i>	<i>X 49634</i>		<i>20</i>	<i>20</i>	
<i>Oct "</i>	<i>L 54129</i>		<i>20</i>	<i>20</i>	
<i>Nov "</i>	<i>Y 53142</i>		<i>20</i>	<i>20</i>	
<i>Dec "</i>	<i>8 63253</i>		<i>20</i>	<i>20</i>	
<i>Jan "</i>	<i>9 44780</i>		<i>20</i>	<i>20</i>	
<i>Feb "</i>	<i>L 77568</i>		<i>20</i>	<i>20</i>	
<i>Mar "</i>	<i>6 90214</i>		<i>20</i>	<i>20</i>	
<i>APR "</i>	<i>U 1357</i>		<i>20</i>	<i>20</i>	
			<i>720</i>	<i>720</i>	

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7483.

.....A/c Closed *30-4-19*
 Ret'd per... *Adriatic*.....
 Date *24-4-19* M.F.W. 187-26-4-19
 Clerk *F. Aburdwell*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 4004 6-17-1772-39-141
 L. L. 22320-M. & D. 1883.