

Original

107565

ATTESTATION PAPER.

No. 107565

Folio. 107571

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

2652

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Joseph Shuis
  2. In what Town, Township or Parish, and in what Country were you born?..... Victoria B.C.
  3. What is the name of your next-of-kin?..... Mother Mrs A.E. Shuis. Tillicum P.O.
  4. What is the address of your next-of-kin?..... Father Tillicum P.O. the George. Victoria B.C.
  5. What is the date of your birth?..... January 8. 1894
  6. What is your Trade or Calling?..... Surveyor.
  7. Are you married?..... No
  8. Are you willing to be vaccinated or re-vaccinated?..... Yes
  9. Do you now belong to the Active Militia?..... No
  10. Have you ever served in any Military Force?..... Canal Corps 4 yrs 88th Regt.  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... Yes
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes
- ..... Joseph Shuis (Signature of Man).  
..... Walter Peter (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Shuis, 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 January 8th 1914..... Joseph Shuis (Signature of Recruit)  
..... Walter Peter (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Shuis, 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 Jan. 8th 1914..... Joseph Shuis (Signature of Recruit)  
..... Walter Peter (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 Victoria B.C. this 8th day of January 1914.

..... James [Signature] (Signature of Justice)

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

..... H. Johnston (Approving Officer)  
Capt [Signature]

435

Description of Joseph Shuis on Enlistment. Victoria B.C.

Apparent Age 21 years ..... 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.

1 Tac. Mark. Lft. Arm.

Chest measurement { Girth when fully expanded ..... 35 1/4 ins.  
 Range of expansion ..... 2 ins.

Complexion ..... Flesh.

Eyes ..... Brown

Hair ..... Black

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

(32 lbs)

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 Jan. 8<sup>th</sup> 1915

M. Raymond Dama  
Medical Officer.

Place Victoria 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.

Joseph Shuis ..... 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.

Cecil L. B. St. Hill ..... (Signature of Officer)

Date Jan 8<sup>th</sup> 1915

Lieut.-Col.  
D.C. M.C. N.R. [B. C. Horse]

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Name SHIRES JOSEPH

Regt. No. 107565 Rank Pte

Corps 2nd Am B

Died of Wounds  
1-10-16

Proceedings of Court of Inquiry of a man

Reported Missing on Active Service

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1.....

Compulsory Stoppages.....

Casualty Forms 1.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet 2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet 1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

ASB-122-1

A 71 1237-1

A 71 181-1

misc

Journal 2

R 122-1



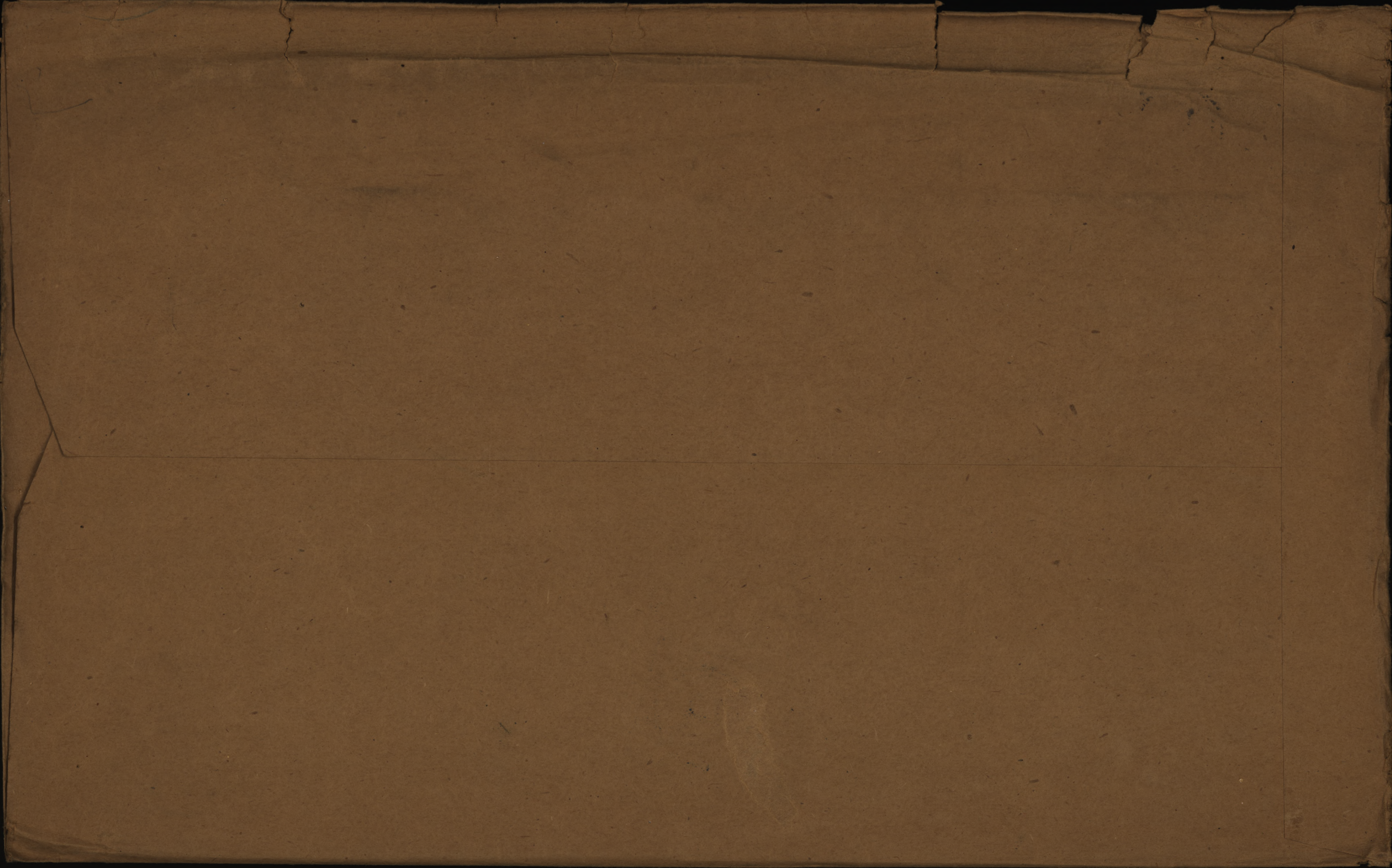
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ASB-122-1



Number

1075-65-

Rank

Pte

Surname

SHIRES

Christian Name

Joseph

Units

2nd CMB

Theatre of War

France

Date of Service

22-9-15

Remarks

Latest Address

Brother  
Mrs. Alice L. Shires  
2983 - Fillicum Rd.  
Victoria, BC

Roll No

Page 12139.

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued Yes  
No Date \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

DESP. APR 15 1922  
 REGN. NO. 459726854

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

649-S-7754.

*Had*

✓ SHIRES, Joseph ✓ #107565 ✓ - Pte. ✓ 2nd CMR. ✓

*E lig for 4-15 Star. Pte and CMR.*

Medals & Decs. (Mother) Mrs. Alice L. Shires,  
2983 Tillicum Rd.,  
Victoria, BC.

Plaque & Scroll " do  
*Serial No 776749* Scroll Desp. 4.3.21 Reqn. No 2-16928

Memorial Cross " do  
Plaque Desp. OCT 6 - 1922 Reqn. No P47109

*18519*

*F.*

*Desp. AUG 26 1920 (m) C 19898 PWD*

262

MA



NAME *Shires, Joseph*

H. Q. FILE No. 649-

REG'TL. No. *107565*

RANK AND CORPS

*Pte. 2<sup>nd</sup> Battrn C.M.R.*

CABLE

NO.

DATE

*C*

NATURE OF CASUALTY

*02883*

*14-10-16*

*Died of wounds of Casualty Clearing Station Oct. 1<sup>st</sup> 1916 (G.S.W. legs, jaw, arm)*

*A.F.B. 20902*

*11-10-16*

*" " "*

*France 1-10-16*

*Rouen - France*

*Rec. 12-3-17*

| LIST No.      | HOSPITAL   | DATE OF ADMISSION | REMARKS   |
|---------------|--|-------------------|---|
| a. 178        | No. 3 Div. Post. Stat                                  | 19-5-16           | Myalgia & Tonsillitis                           |
| a 181         | 2 <sup>d</sup> Batt'n C.M.R. (3 <sup>d</sup> Cav. Div) | 24-6-16           |   |
| A 282         | No. 9 Cas. Cl. Stat                                    | 1-10-16           | G.S. Lt. legs, jaw & R. Arm<br>Healed of wounds |
| 7<br>15<br>17 |  |                   |   |

Name Shires, Joseph Rank Pte.

Reg. No. 107565

Unit 2nd. C.M.R.

25-S-1999.

Next of Kin Canada

| Date    | Movement                              | Place                   | Casualty                   | List No. | Notified N/K O. | W.O. List |
|---------|---------------------------------------|-------------------------|----------------------------|----------|-----------------|-----------|
| 19-5-16 | No. 3 Div. R.S.                       | Myalgia                 | Tonsillitis                | A178     |                 |           |
| 24-5    | Exchanged to unit                     | do                      | do                         | A181     |                 |           |
| 1-10    | Died of wounds.                       | no. 9. cas. el. station | G.S.W. legs, jaw & R. Arm. | A282.    | 2883            | 14-10     |
|         | <u>~~~~~</u><br>(Ded. 228. 11-10-16.) |                         |                            |          | 14-10           | 14-10     |



NAME

*Shires. Joseph*

*649-S-7754.*

RANK & No.

*Pte.*

*107565.*

**D**

CORPS

*Ind. C. M. R.*

ENLISTMENT, PLACE

*Not stated*

DATE

*S*

FORMER CORPS

*Nil*

COUNTRY OF BIRTH

*Canada,*

NEXT OF KIN

*Shires, Mrs S.*

ADDRESS OF NEXT OF KIN

*Gillicum P.O., B.C.*

DISCHARGE, PLACE

DATE

*10/5. 12. 6. 15 - 109 / 10.*

REMARKS :

Surname

Christian Name or Names

Reg. No.

Shires

J

107565

Rank

Unit

Co.

Troop

Batty.

pt  
Hospital

2-C.M.R.

Date of Admission

Transferred 3 Div Rest Station

Hosp. 19.5.16

Hosp.

Hosp.

Hosp.

Diagnosis

Myalgia + Tonsillitis

(1)  
Later Diagnosis (if changed)

(2) SW Legs, jaw & Rt Arm severe.  
(3)

Additional Diagnosis: if more than one state present

Died of Wounds 30.9.16.

DISPOSITION

Dis. to Unit. 24.5.16.

Date

REMARKS

b.L 2.6.16 # 2178

7.6.16 A181.

Ch. 16.10.16 # 282

A.M.D. 2 Dept.  
Boh. of D.G.M.S.O.M.F.C. London

10 for  
✓ R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

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6.

7.



## Casualty Form—Active Service.

*W. Home Roll*  
*AB 101/600/9/16*

Regiment or Corps 2<sup>nd</sup> O.M.R.Regimental No. 107565 Rank Trooper. Name Shires J.Enlisted (a) 5/1/15 Terms of Service (a) duration of war Service reckons from (a) date of enlistmentDate of promotion } Date of appointment } Numerical position on }  
to 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>Landed in</i>   | <i>France</i> | <i>22/9/15</i> |  |
| <i>8/4/16</i>  | <i>O.C. Unit.</i>              | <i>Granted leave of absence.</i>   | <i>Field</i>  | <i>5/4/16.</i> | <i>B213.- Pt 2 order 17- 21/4/16</i>   |
| <i>22/4/16</i> | -                              | <i>Ret'd from leave.</i>   | -             | <i>14/4/16</i> | <i>B213.</i>   |
| <i>20/5/16</i> | <i>#3 DRB</i>                  | <i>Acute Myalgia Toxicities</i>  | <i>#3 DRB</i> | <i>19/5/16</i> | <i>A 36 - D65 168</i>  |
| <i>21/5/16</i> | <i>#10 8<sup>th</sup> Unit</i> | <i>Acute 4th - Myalgia Back</i>  | <i>3 DRB</i>  | <i>19/5/16</i> | <i>A 36 - D65 170</i>  |
| <i>27/5/16</i> | <i>O.C. Unit</i>               | <i>Rejoined Unit</i>   | <i>Field</i>  | <i>24/5/16</i> | <i>B 213 - D65 171</i>   |
| <i>15/7/16</i> | "                              | <i>On Com 2<sup>nd</sup> Army Sig School</i>   |               | <i>9/7/16</i>  | <i>B 213 - D65 174,</i>  |
| <i>12/8/16</i> | "                              | <i>Ret'd from Com Unit</i>   | <i>Unit</i>   | <i>6/8/16</i>  | <i>B 213.</i>  |
| <i>2/10/16</i> | <i>9865</i>                    | <i> Died A/S L. R. Leg jaw &amp; R arm</i>   |               | <i>1/10/16</i> | <i>AD. 137/1618 - D65 228 &amp; PT 202A 58 - 1/10/16.</i>                          |

*J. Robinson*

Lieutenant

(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.

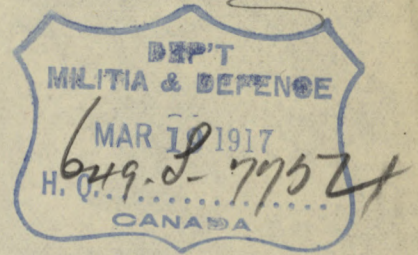
A. A. G.  
[P.T.O.]

| 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<br>taken from Army Form B. 213,<br>Army Form A. 36, or other<br>official documents. |
|--------|-----------------------|--|-------|------|---|
| Date   | From whom<br>received |  |       |      |   |
|        |                       |  |       |      |   |

Joseph Shires

Rn. 107565

2<sup>nd</sup> Regt C.M.R.



14

WILL

No. 107565

In the event of my death I give the whole of my property and effects

To Mrs A. S. Shires (mother)  
Illicum, P.O. The Forge,  
Victoria, B.C. Canada.

Joseph Shires (Trooper)

Reg. No. 107565

September 21<sup>st</sup> 1915

2<sup>nd</sup> Canadian Mounted Rifles

794

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RATES OF REGIMENTAL PAY

OFFICERS—per diem Per diem

| Rank                                | Per diem | Field Allowance |
|-------------------------------------|----------|-----------------|
| Colonel                             | 5.00     | 1.50            |
| Lieut. Colonel                      | 4.00     | 1.25            |
| Major                               | 3.00     | 1.00            |
| Captain                             | 2.00     | .75             |
| 1st Lieutenant                      | 2.00     | .60             |
| 2nd Lieutenant                      | 2.00     | .75             |
| Quartermaster                       | 2.00     | .75             |
| Adjutant                            | 2.00     | .60             |
| Commanding Sergeant-Major           | 1.00     |                 |
| Adjutant in addition to pay of rank | .50      |                 |

WARRANT OFFICERS, SERGEANTS, ETC.

|  |      |     |
|--|------|-----|
| Warrant Officer                          | 2.00 | .30 |
| Quartermaster Sergeant                   | 1.50 | .30 |
| Colour Sergeant                          | 1.50 | .30 |
| Pay Sergeant                             | 1.50 | .30 |
| Squad, Battery or Company Sergeant-Major | 1.50 | .30 |
| Colour Sergeant or Band Sergeant         | 1.50 | .30 |
| Squad, Battery or Company Sergeant-Major | 1.50 | .30 |
| Sergeant                                 | 1.50 | .30 |
| Corporal                                 | 1.50 | .30 |
| Bombardier or Section Sergeant           | 1.50 | .30 |
| Private, Gunner, Saddler, etc.           | 1.50 | .30 |
| Trumpeter, Bugler and Drummer            | 1.50 | .30 |

Working pay in addition to pay of rank varying from \$1.00 to \$5.00 each per diem according to qualifications is granted to Artificers, Motor Car Drivers, Cooks, etc.

2652.

# MEDICAL HISTORY SHEET.

Surname Shires. Christian Name Joseph

Examined { on 8 day of Jan. 1915  
 at Victoria B.C.  
 Birthplace { City or Town Victoria  
 County B.C.

Approved by W. Kennedy  
 Rank 1st Lt. C.M.C. M.O.

Apparent age 21  
 Trade or occupation Surveyor  
 Height 5 Feet 7 1/2 Inches. M.O.  
 Weight 162 Lbs. M.O.  
 Chest measurement { Minimum 33 1/4 inches. M.O.  
 Maximum expansion 35 1/4 inches. M.O.  
 Physical development M.O.  
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left  
 Number 1  
 When Vaccinated last 28/4/15 Lt. Kennedy M.O.  
 (a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection 20/1/15 Lt. Kennedy M.O.  
 M.O.  
 M.O.

Enlisted on 8<sup>th</sup> day of January 1915 at Victoria

|                      | CORPS.                       | REGTL NUMBER. | HABITS. | DATE. |
|----------------------|------------------------------|---------------|---------|-------|
| Joined on enlistment | <u>2<sup>nd</sup> C.M.C.</u> | <u>107565</u> |         |       |
| Transferred to.. ..  |                              |               |         |       |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
|          |       |          |         |

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

Surname *Shire* Christian Name *Joseph*

| STATION.  | Date of Arrival<br>at the<br>Station. | DATES OF                    |          |           |                             |          |           | DISEASE.  | Number<br>of days<br>in<br>Hospital. | Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature<br>of Medical Officer.      |
|---|---------------------------------------|-----------------------------|----------|-----------|-----------------------------|----------|-----------|---|--------------------------------------|--|---------------------------------------|
|   |                                       | Admission<br>into Hospital. |          |           | Discharge<br>from Hospital. |          |           |   |                                      |  |                                       |
|   |                                       | Day                         | Month    | Year      | Day                         | Month    | Year      |   |                                      |  |                                       |
| <i>Shorncliffe</i><br><i>No 3 Div. Rest Station</i> |                                       | <i>9</i>                    | <i>8</i> | <i>15</i> | <i>14</i>                   | <i>8</i> | <i>15</i> | <i>Tonsillitis</i><br><i>Myalgia</i><br><i>&amp; Bronchitis</i> | <i>5</i><br><i>5</i>                 | <i>Cured</i><br><i>Dis: to unit</i>  | <i>A. R. Burch</i><br><i>A178-181</i> |

### MEDICAL CASE SHEET.\*

|  |                               |                |              |                 |
|--|-------------------------------|----------------|--------------|-----------------|
| <p>No. in Admission and Discharge Book.<br/><u>3287</u><br/>Year<br/><u>1915</u></p> | Regimental No.                | Rank.          | Surname.     | Christian Name. |
|  | <u>107565</u>                 | <u>L. Cpl.</u> | <u>Shinn</u> | <u>Gas</u>      |
|  | Unit.                         | Age.           | Service.     |                 |
|  | <u>2nd C. M. R. C. Squad.</u> | <u>21</u>      | <u>5/12</u>  |                 |

|  |                    |
|--|--------------------|
| Station and Date.                          | Disease            |
| <u>Moore Banabas</u><br><u>Shorncliffe</u> | <u>Gonorrhoea</u>  |
|  | <u>S. G. Birch</u> |

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

MEDICAL CASE SHEET

Station  
and Date.

A series of horizontal lines for writing, spanning the width of the page below the header.



# CLINICAL CHART.

Army Form B. 181.

Corps 2nd C. M. R. C. Squad

(To be attached to Case Sheet.)

Military Hospital C. M. Shorncliffe

No. 107565

Rank and Name L. Cpl. Shives

Age 21

Service 8

Result 17

Disease \_\_\_\_\_

Date of admission Aug. 9.

Date of discharge Aug 14

Result Cures

|                         |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|-------------------------|----------|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Dates of Observation    | 10       | 11                 | 12       | 13       | 14       | 15       | 16       |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Days of Disease         |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Temperature Fahrenheit  | Time     | Time               | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     | Time     |
|                         | A.M.P.M. | A.M.P.M.           | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. |
| 107°                    |          | 9.40 am<br>9.40 am |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 106°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 105°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 104°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 103°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 102°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 101°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 100°                    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 99°                     |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 98°                     |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| 97°                     |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Pulse per Minute        | 70       | 70                 | 74       | 76       |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Respirations per Minute | 20       | 20                 | 24       | 20       |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| Motions per 24 hours    |          |                    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

Signature J. S. Burch. In charge of case.



Moore Barracks Canadian Hospital

Bacteriological Form

Unit..... 2nd C. M. G. ..... Date..... 10-7-15 .....  
 Number..... 107565 ..... Ward..... 23 Rm 6 .....  
 Rank..... Spr. Jas. Shires ..... M.O..... Capt Beech .....

Clinical History.....  
 Clinical Diagnoses..... Tonsillitis .....  
 Specimen..... Swab .....  
 Particulars Required.....

Direct Smear..... Uniform Bac. Short thick bacilli, spirilla .....  
 Culture..... no. H. L. .....

Remarks.....  
 .....  
 .....  
 .....

Examined By..... A. Jackson .....

This sheet must accompany all specimens sent to Laboratory.

1871

1871



1871

1871

1871



Moore Barracks Canadian Hospital,  
Shorncliffe. *Aug. 14,*....1915.

From:

The Officer in Charge,  
Moore Barracks Canadian Hospital.

To:

The Officer Commanding,  
*2nd... C. M. R. ....*

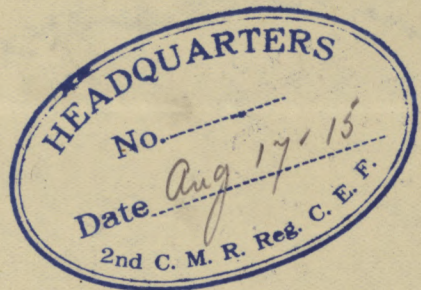
TRANSFER OF  
PATIENTS.

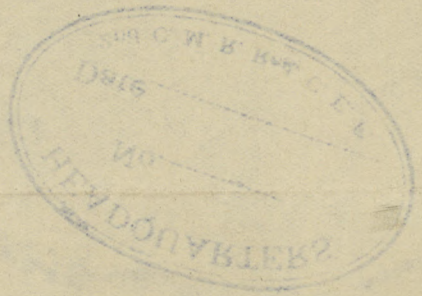
No. *#3287* *W. Hines* *J. L. Cpl.* of your  
unit, who was a patient in this Hospital, has been  
~~removed to~~ *discharged*.....  
His Medical History Sheet ~~accompanied~~ *enclosed*  
*herewith, kindly acknowledge*  
*receipt hereon*

*Wallace A. Scott*

Lieut.-Colonel, C.A.M.C.,  
Officer i/c Hospital.

*Received  
with  
RATS  
ops*





*[Faint, mirrored handwriting, likely bleed-through from the reverse side of the page]*

*[Handwritten text, possibly a name and address]*  
M. S. ...  
No. 1323

*[Handwritten text, possibly initials or a name]*  
M. S.

Rank \_\_\_\_\_ Name **SHIRES, Joseph,** Reg'l No. **107543** <sup>65.</sup>  
 Unit **2nd C.M.R.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**

Place and Date of Enlistment **Victoria B.C. 8th Jan. 1915** Place of Birth **Victoria B.C.**

Name and Address, Next-of-Kin **Mrs A.C. Shires,**  
**Tillicum P.O., The George, Victoria B.C.** Relationship **Mother**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship **N/E R.B.I**

Discharge, Date and Place \_\_\_\_\_ Reason **FL. 25-S-1997** Character \_\_\_\_\_



| Report   |                    | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place       | Date     | REMARKS<br>Taken from Official Documents  |
|----------|--------------------|--|-------------|----------|---|
| Date     | From whom received |  |             |          |   |
| 10-8-15. | O.C. 2 C.M.R.      | Admitted to Hospital   | Moore Bldg. | 9-8-15   | P/2.0. # 167.                             |
| 16-8-15  | " "                | Discharged from<br>Embarked for France.  | " "         | 16-8-15. | " " # 171.                                |
| 21.4.16. | " "                | Leave 5.4 to 13.4.16.  | Field       |          | P/II # 17.                                |
| 21.4.16. | " "                | Ext'd to 14.4.16.  | "           |          | P/II # 17.                                |
| 2.6.16.  | " "                | etd 3 div. Rest Str  | "           | 19.5.16. | CH # A176 Inyal: Detail. 26               |
| 7.6.16   | " "                | Dis. to limit  | "           | 24.5.16. | " 181. "                                  |
| 16.10.16 | do                 | No 9 less. clearing<br>Station Quad of Wounds.   | Field       | 1.10.16. | 30746 ch A 282 Gushup jaw A<br>Ratsh res. |
| 11.10.16 | "                  | "  | "           | 1.10.16  | Part II 058 H-10 H                        |





MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—6-16.  
 H. Q. 1772-39-819.

*Shires*

To Whom *Mrs. A. L. Shires*  
 Address *Tillium P.O.*  
*The Gorge*  
*Victoria, B.C.*  
 Rate *\$ 10 00*

By Whom Assigned *Shires, J*  
 Regtl. No. *107565*  
 Rank *Plt*  
 Corps *2nd C.M.R*

SPECIAL REIMBURSEMENT

*Schedule # 174. 24. 8. 16* PAYMENTS

| Month | Year          | Cheque No.      | Amt. | REMARKS   |
|-------|---------------|-----------------|------|---|
| Aug.  | 1914          |                 |      |   |
| Sept. |               |                 |      |   |
| Oct.  |               |                 |      |   |
| Nov.  |               |                 |      |   |
| Dec.  |               |                 |      |   |
| Jan.  | 1916          |                 |      |   |
| Feb.  |               |                 |      |   |
| March |               |                 |      |   |
| April |               |                 |      |   |
| May   |               |                 |      |   |
| June  |               |                 |      |   |
| July  |               |                 |      |   |
| Aug.  | Sept. → 1916. | N. 16641        | 10   | } <i>Sched. # 174 24 8 16.</i><br><i>Mrs L. M. Shires</i><br><i>Orthopedic Hospital Warren ave</i><br><i>Seattle wash. U.S.A.</i> |
| Sept. |               | 1916 - N. 16642 | 10.  |   |
| Oct.  |               |                 |      |   |
| Nov.  |               |                 |      |   |
| Dec.  |               |                 |      |   |
| Jan.  | 1916          |                 |      |   |
| Feb.  |               |                 |      |   |
| March |               |                 |      |   |





MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

302

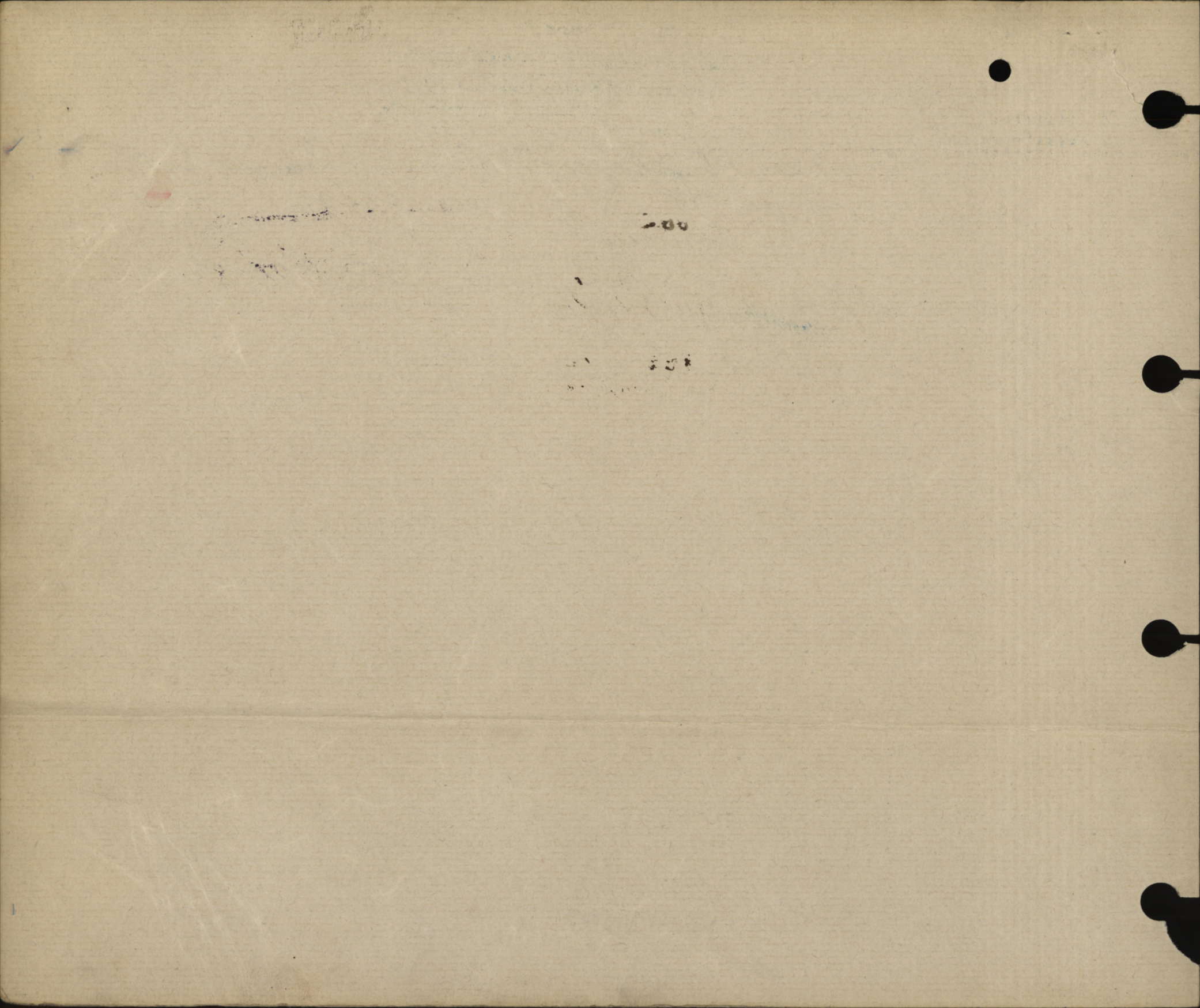
To Whom *Mrs A. L. Shires*  
 Address *Gorge P. O.*  
*Victoria*  
*B. C.*

By Whom Assigned *Shires J.*  
 Regtl. No. *2652* *107565 cas.*  
 Rank *Pte.*  
 Corps *2nd C.M.R. C. Sgd*

Rate *\$15.00* *July 1 1915*

*Per. P.L. 3-3-0X 14268 10<sup>11</sup>/<sub>15</sub> DM* PAYMENTS

| Month | Year | Cheque No.     | Amt.      | REMARKS  |
|-------|------|----------------|-----------|--|
| Aug.  | 1914 |                |           | <div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div><br><br><i>Died of wounds Oct 1/16 A. 161</i><br><i>act 15/16 hpa.</i><br><br><i>3 M. 25<sup>10</sup>/<sub>16</sub> confirming C. L.</i><br><i>Stop Nov. 1/16</i><br><i>J.H. 5/17</i> |
| Sept. |      |                |           |  |
| Oct.  |      |                |           |  |
| Nov.  |      |                |           |  |
| Dec.  |      |                |           |  |
| Jan.  | 1915 |                |           |  |
| Feb.  |      |                |           |  |
| March |      |                |           |  |
| April |      |                |           |  |
| May   |      |                |           |  |
| June  |      |                |           |  |
| July  |      |                |           |  |
| Aug.  |      |                |           |  |
| Sept. |      |                |           |  |
| Oct.  |      |                |           |  |
| Nov.  |      |                |           |  |
| Dec.  |      |                |           |  |
| Jan.  | 1916 | <i>Z 2349</i>  | <i>90</i> | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>total 240.</i><br/> <i>X. Rend. Date 31/8/17</i><br/> <i>E.F.X. " Date 31/8/17</i> </div>   |
| Feb.  |      | <i>Q 12497</i> | <i>15</i> |  |
| March |      | <i>N 13305</i> | <i>15</i> |  |
|       |      | <i>N 13870</i> | <i>15</i> |  |



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

303

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2.

Mrs A. L. Shires

Name of Soldier

Shires  
 # 2652 And to MR "L" Sgdn

L. L. Job 89002.-Req. 6213.

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks.  |
|--------|-------|------------|------|---|
| April  | 1916  | P 1663     | 15   | <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>Casualties</p> </div> <p>15<sup>00</sup></p> <p>Account closed cas.</p> |
| May    |       | P 4765     | 15   |   |
| June   |       | P 6494     | 15   |   |
| July   |       | P 11062    | 15   |   |
| Aug.   |       | P 4283     | 15   |   |
| Sept.  |       | C 18661    | 15   |   |
| Oct.   |       | C 23399    | 15   |   |
| Nov.   |       |            |      |   |
| Dec.   |       |            |      |   |
| Jan.   | 1917  |            |      |   |
| Feb.   |       |            |      |   |
| March  |       |            |      |   |
| April  |       |            |      |   |
| May    |       |            |      |   |
| June   |       |            |      |   |
| July   |       |            |      |   |
| Aug.   |       |            |      |   |
| Sept.  |       |            |      |   |
| Oct.   |       |            |      |   |
| Nov.   |       |            |      |   |
| Dec.   |       |            |      |   |
| Jan.   | 1918  |            |      |   |
| Feb.   |       |            |      |   |
| March  |       |            |      |   |
| April  |       |            |      |   |
| May    |       |            |      |   |
| June   |       |            |      |   |
| July   |       |            |      |   |

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.   |       |            |      |          |

Rank

Name

SHIRES, Joseph,

Reg'l No.

107543

P-56

Unit

2nd C.M.R.

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment Victoria B.C. 8th Jan. 1915

Place of Birth Victoria B.C.

Name and Address, Next-of-Kin

Mrs A.C. Shires,

Tillicum P.O., The George, Victoria B.C. Relationship

Mother

Assigned Pay Monthly \$ 15

Payable to mother

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Died of wound. 1.10.16

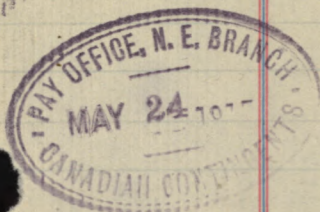
Reason

Ch. 187. 16.10.16

Character

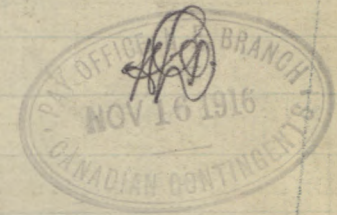
| Date    |          | PAY         |                 |        | Field Allowance |      |        | Other Credits | Total Credits | Voucher |      | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---------|----------|-------------|-----------------|--------|-----------------|------|--------|---------------|---------------|---------|------|---------------|--------------|---------------|--------------|---------|---------------------------|
| From    | To       | No. of Days | Rate            | Amount | No. of Days     | Rate | Amount |               |               | No.     | Date |               |              |               |              |         |                           |
| 1915    | 31       | 31          | 1               | 31     | 31              | 10   | 3 10   |               | 34 10         |         |      | 7 50 15       |              |               | 21 50        | 11 60   |                           |
|         |          |             |                 |        |                 |      |        | 19            | 19            |         |      |               |              |               |              | 11 79   | advt. of etc.             |
| 1/9/15  | 31/8/15  | 31          | 1 <sup>00</sup> | 31     | 31              | 10   | 3 10   |               | 34 10         |         |      | 14 03 15      |              |               | 32 03        | 13 86   |                           |
| 1/9/15  | 30/9/15  | 30          | 1               | 30     | 30              | 10   | 3      |               | 33            |         |      | 14 03 15      |              |               | 32 03        | 14 83   |                           |
| 1/10/15 | 31/10/15 | 31          | 1               | 31     | 31              | 10   | 3 10   |               | 34 10         |         |      | 5 29 15       |              |               | 20 29        | 28 64   |                           |
| 1/11/15 | 30/11/15 | 30          | 1               | 30     | 30              | 10   | 3      |               | 33            |         |      | 5 29 15       |              |               | 20 29        | 41 35   |                           |
| Dec 1   | 31       | 31          |                 | 31     | 31              |      | 3 10   |               | 34 10         |         |      | 15 90 15      |              |               | 30 90        | 44 53   |                           |
| Jan     |          | 31          |                 | 31     | 31              |      | 3 10   |               | 34 10         |         |      | 5 24 15       |              |               | 20 24        | 58 41   |                           |
| Feb. 1  | 29       | 29          |                 | 29     | 29              |      | 2 90   |               | 31 90         |         |      | 5 23 15       |              |               | 20 23        | 70 08   |                           |
| Mar     |          | 31          |                 | 31     | 31              |      | 3 10   |               | 34 10         |         |      | 4 36 15       |              |               | 19 36        | 84 82   |                           |
|         |          |             |                 | 245    |                 |      | 2450   |               | 19 302 69     |         |      | 82 87 135     |              |               | 217 87       |         |                           |

BALANCE TRANSFERRED TO NEW LEDGER.



Checked. [Signature]

[Signature]



COMPLETED  
 CHECKED BY





MARRIED OR SINGLE Single  
PLACE OF BIRTH Victoria B.C.  
NAME AND ADDRESS OF NEXT OF KIN Mrs A. b. Shires  
Tillicum P.O. The George Victoria B.C.  
RELATIONSHIP OF NEXT OF KIN Mother  
NAME AND ADDRESS OF NEXT OF KIN  
RELATIONSHIP OF NEXT OF KIN  
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
PAYABLE TO  
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

| PARTICULARS    | EFFECTIVE DATE | AUTHORITY              |
|----------------|----------------|------------------------|
| Died of wounds | 1/10/16        | Cl. 282<br>d. 16/10/16 |
|                |                |                        |
|                |                |                        |
|                |                |                        |
|                |                |                        |
|                |                |                        |
|                |                |                        |

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 107565 RANK Pte NAME Shires, Joseph  
IF IN PERM. CORPS UNIT 2<sup>nd</sup> Com. R. TRANSFERRED TO DATE 2/10/16 AUTHORITY Cl. 282  
WHAT UNIT  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
PLACE OF ATTESTATION Victoria TRANSFERRED TO DATE AUTHORITY  
DATE OF ATTESTATION 8. 1. 15 TRANSFERRED TO DATE AUTHORITY  
ASSIGNED PAY MONTHLY \$ 15 DATE EFFECTIVE  
PAYABLE TO Mrs A. b. Shires Tillicum P.O. The George Victoria RELATIONSHIP Mother  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO  
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 23/10/16 EFFECTIVE Nov 1<sup>st</sup> REASON died of wounds 1/10/16 Cl. 282  
DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 2/10/16  
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PB 5754  
NOV 16 1916  
OFFICE N.E. BRANCH  
CANADIAN CONTINENTS

| 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 \$       | C. | NO. OF DAYS            | RATE |                      |               |               | AMOUNT \$         | C.   | NO. OF DAYS | RATE          | AMOUNT \$     | C. | 1 | 2    |              |               |              | 3       | 4     |                          |                         |         | 1             | 2     | 3   | 4 |
|         |             |      |                 |    |                        |      |                      |               | 302 69        |                   |      |             |               |               |    |   |      |              |               |              | 217 87  | 84 82 |                          |                         |         |               |       |   |   |
| Apr 30  | 1           | 30   | 30              | 10 | 3                      |      |                      | 33            | 363           | 11/4              | 595  | 30/4        |               |               |    |   | 3 49 | 2 62         |               |              | 15      |       |                          |                         |         | 21 11 96 41   |       |   |   |
| May 31  |             | 31   | 31              |    | 3 10                   |      |                      | 34            | 10 639        | 14/5              | 688  | 31/5 10/16  | 8/4           |               |    |   | 2 55 | 5 11         | 68 13         |              | 15      |       |                          |                         |         | 90 79 40 02   |       |   |   |
| June 30 |             | 30   | 30              |    | 3                      |      |                      | 33            |               | 7/2               | 15/6 |             |               |               |    |   |      |              | 2 56          |              | 15      |       |                          |                         |         | 17 56 55 46   |       |   |   |
| July 31 |             | 31   | 31              |    | 3 10                   |      |                      | 34            | 10 799        | 30/6              | 877  | 14/7        |               |               |    |   | 2 56 | 4 36         |               |              | 15      |       |                          |                         |         | 21 92 67 64   |       |   |   |
| Aug 31  |             | 31   | 31              |    | 3 10                   |      |                      | 34            | 10 c          |                   |      |             | FR 62         |               |    |   |      |              |               | 20           | 15      |       |                          |                         |         | 35 66 74      |       |   |   |
| Sept 30 |             | 30   | 30              |    | 3                      |      |                      | 33            | 111           | 30/8              |      |             | 058 9/28 21/4 |               |    |   | 2 62 | 3 49         |               |              | 15      |       |                          |                         |         | 21 11 78 63   |       |   |   |
| Oct 1   |             | 1 00 | 1               |    | 10                     |      |                      | 1             | 10            | 177 27/9          |      |             |               |               |    |   | 2 62 |              |               |              | 15      |       |                          |                         |         | 21 11 58 62 x |       |   |   |
|         |             |      |                 |    |                        |      |                      |               |               | 122 17/9          |      |             |               |               |    |   | 3 49 |              |               |              |         |       |                          |                         |         |               | 58 62 | Died of Wounds 1/10/16<br>Cl. 282 16/10/16<br>S.P. rendered Effective 1/11/16<br>Transf. N.E. Branch<br>977 4 55. 10/11/16<br>194 559<br>D:60-26 Cl. for 21/7/17 V.13 |   |
| Nov 1   |             |      |                 |    |                        |      |                      |               |               |                   |      |             |               |               |    |   |      |              |               |              |         |       |                          |                         |         |               | 59 59 |   |   |
| Dec 31  |             |      |                 |    |                        |      |                      |               |               |                   |      |             |               |               |    |   |      |              |               |              |         |       |                          |                         |         |               | 60 08 | 60 08   |   |

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