

20-9-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

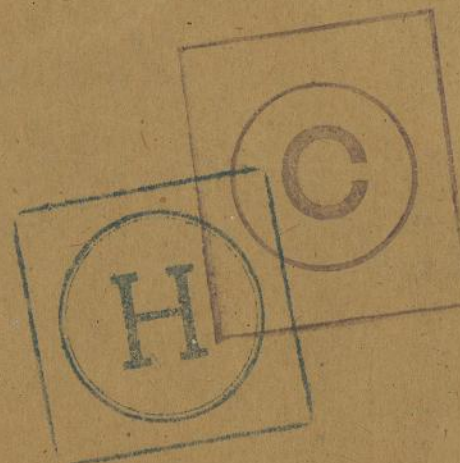
M. F. W. 39a-1
a. F. B. 122-1

Name **FISHER, PHILIP**

3353065
Regt. No. _____ Rank **Plt**

Corps **1st Depot Bn Sask Regt**
Med Unit -

08048



W
Surname *Fisher*
Christian names *Philip*
Regtl. No. *335 3065* Rank *Pte*
Unit *Sack Regt 1st Lpo Bn*
H. Q.
M. D. No. *12*
T. O. S. *June 22nd 1918*
D. O. Pt. II *192* of *21-6-18*
S. O. S. *Dis* *6-7* 19 *18 12*
Reason *Unfit for service*
Auth. *189-8-7-18* *1/S.R.*

Next of kin *Fisher, Mrs Elizabeth* Relationship *Mother*
Address *Muskegon, Sack*
Also notify:

BORN—Place *Russia* Address *Odessa* Date *Sept 22nd 1895*
ATTESTED—Place *Regina, Sack* Date *June 22nd 1918*
O/S
R/C

This space to be for numbers.



Proceedings on Discharge.

14-7-105

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

No.	3353065
Rank	Private
Name	Fisher Philip
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st Dept. Battn. Sask Regt.
Date of Discharge	July 6 th 1918
Place of Discharge	Regina Sask.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....22.....years.....9.....months.	Descriptive Marks <i>nil</i>
Height.....5.....feet.....5 $\frac{1}{2}$inches.	
Complexion <i>rudd</i>	
Eyes <i>Brown</i>	
Hair <i>Brown</i>	
Trade <i>Farmer</i>	
Intended place of residence } <i>Waskia P.O.</i>	
(To be given as fully as practicable.) } <i>Sask.</i>	
2. The above-named man is discharged in consequence of <i>Being categorized "E"</i> <i>Autho A.D.M.S. 12 R.D - 14-7-105</i> <i>B.O 189 - 1741</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>

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

nil.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

nil.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Regina Sask.*

Ben Williams Major for

(Date) *July 6th 1918*

Commanding *1st Depot Bn. Sask. Regt.*

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Regina Sask.* *William J. Fisher* (Signature of Soldier.)

(Date) *July 6th 1918* *Walter G. Hall* (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) *July 6th 1918* years *15* days.

Total..... years *15* days.

11. Confirmation of Discharge.

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

(Place) *Regina Sask.*

Ben Williams Major for
(Signature) *Ben Williams* Major for

(Date) *July 6th 1918*

Commanding *1st Depot Bn. Sask. Regt.*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

W. J. Smith
1st Lt.

nil.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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

nil.

12

M. D.

Depot Battalion

1st Depot Battn. Sask. Regt.

Regtl. No.

3353065

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

7 Coy

ORIGINAL

(Class one)

1. Surname Fisher
2. Christian name Philip
3. Present address Macklin P.O. Sask
4. Military Service Act letter and number 432614 L.C.
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth Sept 22 - 1895
6. Place of birth Odessa Russia
(town, township or county and country)
7. Married, widower or single single
8. Religion Catholic
9. Trade or calling farmer
10. Name of next-of-kin Mrs Elizabeth Fisher
11. Relationship of next-of-kin mother
12. Address of next-of-kin Macklin P.O. Sask
13. Whether at present a member of the Active Militia no
14. Particulars of previous military or naval service, if any none
15. Medical Examination under Military Service Act :—
(a) Place Regina (b) Date June 22/18 (c) Category E

DECLARATION OF RECRUIT

I, Philip Fisher, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 9 mths.

Height 5 ft 5 1/2 ins.

Chest measurement } fully expanded 37 ins.
range of expansion 2 ins.

Complexion med

Eyes Brown

Hair Brown

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

O. C.

Depot Btl.

Regt.

Place

Regina Sask

Date

June 22/1918

Discharged July 6 1918
Reason: Relegated
Amphib 12th Div
Ben Wagonis
Capt. Col
Sask. Regt.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3353065 (Rank) Private

Name (in full) Lisher Philip enlisted in
the 1st Dept Battr Sash Regt

CANADIAN EXPEDITIONARY FORCE at Regina Sask on the 27th
day of June 1918

HE served in Canada

and is now discharged from the service by reason of Being categorized "E"

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

Age 22 yrs 9 mos

Height 5 ft 5 1/2 ins.

Complexion rudd.

Eyes Brown

Hair Brown

Marks or Scars

nil

Philip Lisher
Signature of Soldier

Ben Williams
Issuing Officer

Date of Discharge July 6/18

Signed at Regina Sask this

in Military District No. _____

File Reference No. _____

Major for
Rank Lieut.-Col
Commndg. 1st Dept Battr Sash Regt
Appointment 6th day of July 1918

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3353065 (Rank) Private Name Fisher Philip

Unit 1st Depot Batta. Sask Regt.

Address on Discharge Regina Sask.

Character and Conduct

Former Occupation Farmer

Special Qualifications of Value in Civil Life Farmer

Medals and Decorations nil

Remarks

Signed at Regina Sask. this 6th day of July 19 18

Ben Williams

Name of Officer

Major for

Rank

Lieut.-Col.

Commndg. 1st Depot Batt. Sask Regt.

Appointment

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

M. F. W. 54. (A. F. B. 105.)

500M.—9-16

H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battrn. Sask. Regt.

Regimental No. 3353065 Rank Pte Name Fisher Philip

Enlisted (a) June 22/18 Terms of Service (a) 6 E F Service reckons from (a) June 22/1918

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) incl incl civilian farmer

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				
		<p><u>Discharged "E"</u></p> <p><u>Discharged July 6/1918.</u></p> <p><u>Reason categorized "E"</u></p> <p><u>autho ADUS. 12M.D. 14-F-105.</u></p> <p><u>Regina Sask B.O. 189 Par. 1741</u></p>			<p><u>E. V. Barclay</u></p>

Ben Williams Major for
1st Lt. Col.
Comm'dg. 1st Depot Battrn. Sask. Regt.

(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.

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				

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Fisher Christian name Philip2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule L.C. 433614

3. Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) Machlin, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of June, 1918, by the undersigned medical board sitting at Regina.

5. Age as stated 22 Years 9 Months. 6. Apparent age 23 Years _____ Months7. Height 5 Feet 5½ Inches. 8. Weight 135 Pounds.9. Chest measurement { Minimum 35 Ins. 10. Complexion Med. { Eyes Brown
Maximum 37 Ins. { Hair Brown11. Physical development. { Good
Fair
Poor 12. Smallpox marks None13. Number of vaccination marks { Right arm _____
Left arm _____ 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism
Tuberculosis
Syphilis We find no evidence of past { Rheumatism
Tuberculosis
Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

"E"

C.S.O.M. V.R.20-20 L.20-20
H. Normal

A. G. Armstrong, Capt. President.No. 7. Coy,A. Mathieu, Capt.Member.Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 22 day of June, 1918 at Regina.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>F.D.B.S.R.</u>	<u>3353065</u>		<u>22-6-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Regina</u>	<u>25/6/18</u>	<u>Cholera</u>	<u>E. Jenner Duvet</u>

N.B.—This sheet is 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.

Signature of Man

Fishes

Christian Name.

Philip

[illegible]

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled 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 8, 9 and 10 be communicated to the soldier, 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 Regina, Sask. DATE June 24/18

1. 1 (a) Unit 1st D.B.S.R. (b) Regimental No. 3353065 (c) Rank Pte.

(d) Surname Fischer. (e) Christian name Philip

2. Age last birthday 22 Years 9 Months Date of birth Sept. 1896

3. Enlisted at Regina, on 22-6-18

4. Personal description:—

(a) Height 5' 6½" (b) Weight 135 (c) Complexion Med.

(stripped)

(d) Colour of hair Brown (e) Colour of eyes Brown. (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

Macklin, Sask.,

6. Former trade or occupation Farmer.

7. (a) Service

Years

Days

PERIODS

From

To

22nd, June, 1918. 24th June, 1918.

(b) Has he been overseas? No 8. Original disease or disability Scarlet Fever.

(a) Date of origin 1908 (b) Place of origin Macklin, Sask.,

(c) Cause* Infection

(d) Present disease or disability Chronic Suppurative Otitis Media.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

On examination there is a free discharge of pus from the left ear.

Hearing is about 2 feet in Right ear.

9. Present condition.—(Continued.)

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous.....**Yes**..... Digestive.....**Yes**..... Respiratory.....**Yes**..... Cardiac.....**Yes**
 Genito-Urinary.....**Yes**..... Skin, Middle Ear, Eye or any other part.....**No**

Chronic Suppurative Otitis Media.

10. History: (a) of Condition referred to in "a" section 9.

Of deafness since 10 Years and condition existing since attack of Scarlet Fever.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

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).

Usual.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

No

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

17. Recommendations Category "E"

R. T. Gried Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, 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.

Philip Gifford
Signature of soldier examinee.

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 criticized.

Yes

19. Is the soldier 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).

20. It is certified that the soldier
~~(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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Yes

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

Josephine G. P.
W. H. M. G. P.

President.

PLACE... Regina, Sask.,

DATE... 25-6-18

Members.

APPROVED BY

APPROVED BY

W. C. Macdonald C. P.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE... 26.6.18

DATE...

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE.....

Members.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 12
NO. 11

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3353065 Rank Private. Name Fischer, P.Corps 1st. Depot Btn. Sask. Reg't. who was* Discharged.On 6.7.18. 191... to...
*Insert "discharged" or "transferred."The following is a statement of the account of the above named from 2.7.18. 191...
to 6.7.18. 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	9.90	
Advances } No.....			Reg'tl Pay <u>6</u> days at \$ <u>1.</u> c.....	6.00	
by } No.....			Field Allow. <u>62</u> days at \$..... c. <u>10</u>	.60	
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.....			Other Allowances*		
Other charges			Other Credits*		
Payment on transfer or discharge No. <u>210</u>	16.50		Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	16.50		Total.....	16.50	

* Give particulars.

A monthly stoppage of \$ Nil. (†) has..... (‡) been paid on account of Assigned
{ Pay for the month of..... 191... }
{ and Sep'n Allee. for month of..... 191... } (to) Assignee.....
(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 22.6.18.
(2) if married and if a Separation Allowance Card has been submitted No.
(3) cause of discharge Unfit for Service. authority D.O. 180.
(4) authority for transfer

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

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

Date 31.7.18.Place Regina, Sask. James Mitchell Capt.
1st. Depot Btn. Sask. Reg't. Paymaster.

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

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

M. F. W. 44.

300M—2-18.
H. Q. 1772-39 903.