

REGIMENTAL DOCUMENTS

4651

NAME

BATTERSBY

JOSEPH ROBERT

REGT. NO.

322864

UNIT

6TH BLY

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DEMOB N

DESERTION

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)

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)

PROCEEDINGS, 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)

1 AFN3997

3 misc

1 CADCS009a

1 ZCD 3

1 MW67

1 case card

1 R149

Occupational Group No. 23
Dispersal Area B6.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

War Service Badge
Class "A" No. 147362
PS.

1. No.	322864		
2. Rank.	Bdr.		
3. Name.	BATTERSBY - Joseph ROBERT.		
4. Unit.	6th BATTERY.		
5. Date of Discharge	29-4-19	Place	HALIFAX.
6. Reason for Discharge	DEMOBILIZATION		
7. Authority.	R.O. 1420		
8. Proposed Residence after Discharge	TORONTO - Ont. 1446 Queen St West.		
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.? J.R. Battersby Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date HALIFAX, N.S. APR 21 1919 Signature Major O. C. Dispersal Station (O. C. Discharging Unit.)		

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
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. 179).
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. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 18
8/16/19
 Date

Number

322864

Rank

Bdr.

Surname

BATTERSBY

Christian Name

Joseph Robert

Units

C.F.A.

Theatre of War

France

Date of Service

20-3-17.

Remarks

12 Wyndham St.
Toronto Ont.

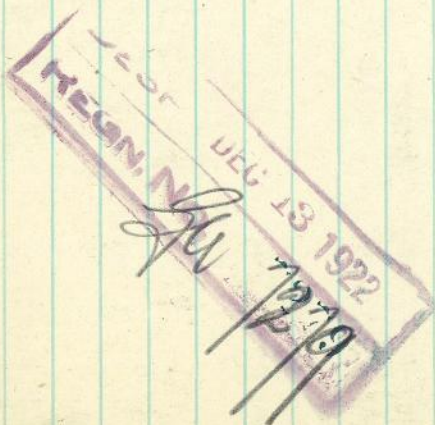
Latest Address

~~1446 Green St. St.~~

Roll No.

B. Page 21607

200m.-6-21.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names JOSEPH ROBERT 2. Surname BATTERSBY
3. Rank Boys 4. Original Unit 54th Bty C.F.A. 5. Reg. No. 322864
6. Address, in full, to which future payments of gratuity are to be forwarded.....
1446 QUEEN ST. WEST
TORONTO ONT
7. Date of enlistment in the C.E.F. Jan 28, 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge FRANCIS LOUISA BATTERSBY
9. Relationship of such dependent WIFE
10. Address, in full, of such dependent 1446 QUEEN ST WEST
TORONTO ONT
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of such unit and dates of service overseas with such unit: None
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? None
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service: None
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served: None
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *Not Applicable*
24. Are you now serving in the C.E.F.? If not, give: (a) Date of discharge *No*
(b) Reason for discharge *No*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of unit in which you served at the front, and dates of such service with that unit. *No*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
(b) If so, are you in receipt of full pay and allowances from that Department? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Joseph Robert Battersby*
Place of Residence: *1446 Queen Street West Toronto Ont*
Declared before me at: *BRAMSHOTT*
This *Twentieth* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

W. Macaulay
Magistrate

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>420.00</i>
			<i>6 months</i>	<i>180.00</i>
			<i>Less W.P. 4</i>	<i>600.00</i>
				<i>70.00</i>
				<i>\$530.00</i>

Certified Correct.

District Paymaster.

L.P. 2N

Casualty Form—Active Service.

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

Unit, Regiment or Corps 54th Battery, C.E.F.

Regimental No. 322864. Rank Driver Name Battersby. Joseph Robert.
C. E. F.

Enlisted (a) 28-1-16 Terms of Service (a) war and six months Service reckons from (a) January 28th, 1916

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

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

Report		Place	Date	Remarks
Date	From whom received			
	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			
	Embarkation. Canada. Disembark. England.	Halifax.N.S. Liverpool.	11-9-16. 22-9-16.	
1.17	C. O. 16th Struck off strength of Brigade 16th Bde. on transfer C. F. A. to 15th Bde. C.F.A.	Milford Camp.	22.1.17	D. O. Pt. 11 #22 A. Lieut. & Adjt. 16th Bde. C. F. A.
17	O.C. 15th. Taken on strength of the Brigade, 15th Brigade, C.F.A., and C.F.A. posted to 54th Battery.	Witley	22.1.17	Part II D.O. No. 1 (a)
3.17	O.C. 15th. Struck off strength of Brigade, 15th Bde. C.F.A. on pro- ceeding Overseas.	Witley	20.3.17	Part II D.O. No. 58. Captain Adjutant, 15th Bde. C.F.A.
5.17	1 Com. Dep. adm. - deafness from	Army Gen.	19.5.17	W3034(237) Dbs 458 d 2-6-16
5.17	236 GS. Deafness (276) adm. trans.	236 GS 2 Train	18.5.17 19.5.17	436 (E4148) Dbs 458 d 2-6-16

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

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or, other official documents.
Date	From whom received				
1-4-17.	A.H.Q.	Arrived as reinforcement with the 54th. Battery. is attached to 1st. C.D.A.C. & posted to 2nd. Bge. C.F.A. Field.		21-3-17.9-52 P 11 O. 97 d/2-5-17.	
1-4-17.	A.H.Q.	XXXX Taken on 2nd. Bge. C.F.A. "		21-3-17.9-52 P 11 O. 66 d/2-5-17.	
19.5.17	Unit	to hospital Sick		18.5.17 B213 Dbs 455 d 28.5.17	
26.5.17	CBD	Adm A. from Con Depot	CBD	26.5.17	Non Roll
17.5.17	H&G Amb	Despresso 18 ⁵ / ₁₇ to 13 B&G Amb		18.5.17	A36 E4080 Dbs 458 d 2.6.17
26.5.17	Unit	to hospital sick		18.5.17	B213 Dbs 458 d 4.6.17
24.5.17	1 Con Dep.	Sit to No 3 Rest Camp		24.5.17	W3034 Dbs 459 d 4.6.17
5.6.17	CBD	Left for Unit	Field	6-6-17	Non Roll.
2-6-17	"	Out of bounds contrary to G.O.D.S.D. para 3. 30-5-17 Admonished. 31.5.17.			B2069
9.6.17	Unit	Joined Unit	Field	6-6-17	B213 Dbs 456
19	13 CFAg.	Ortho. Media 19/7/17 to 23 CCS		18.5.17	A36 E4196 8CS468
19.1.18	Unit	Granted 14 days leave		18.1.18	B213 P.H. Ord 9
9-2-18	do	Signified from leave	Field	3-2-18	B213 P.H. O. 16
16-2-18.	do	awarded one Good Conduct Badge		28-1-18	B213 P.H. O. 20
4.4.18	do.	Appntd. Dist. / Bdr. in. A.P. (from)		4.3.18	K.T. 17-421-1. P. 20/34.
19-10-18	2nd Bde CFA.	Promoted <u>BOMBARDIER</u> to comp post		8-10-18	with K.T. 17-421-1. P.H. 112.

Sheet 2
Casualty Form - Active Service.

Regimental Number *322864*

Regiment, or Corps *2nd Can. Field Art. Brigade*

Rank *Bar* Surname *BATTERSBY* Christian Name *Joseph Robert*

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<i>18-10-18.</i>	<i>1. 2nd Bn. C.F.A.</i>	<i>To Veterinary Course -</i>	<i>FIELD.</i>	<i>14-10-18.</i>	<i>B213</i>
<i>1-11-18</i>	<i>— do —</i>	<i>Rejoined Unit</i>	<i>"</i>	<i>28-10-18</i>	<i>"</i>
	<i>C.S.C.</i>	<i>PROCEEDED TO</i>	<i>18 MAR. 1919</i>		<i>N.R.</i>
	<i>Le Havre.</i>	<i>ENGLAND</i>			
<i>PROCEEDED TO CANADA</i>		<i>14/4/19 Pt II orders #18 A.D. 1919</i>	<i>C.C.C.</i>	<i>Skeltoro</i>	<i>Lieutenant</i>
<i>guthrie Capt V.E.</i>		<i>OLYMPIC</i>	<i>W.P. Sully</i>		<i>for Lieut. Col. A.A. 9.</i>
<i>SOUTHAMPTON</i>		<i>ADJUTANT H.M.T.</i>	<i>CAPT.</i>		<i>Canadian Section</i>
					<i>3rd Bn. 3rd Regt.</i>

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

(b) Signaller, Shipping-Smith, &c.

[illegible]

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.

50m.—6-16.

H. Q. 1772-39-819.

To Whom Mrs Frances L. Battersby ^{wife} By Whom Assigned Battersby J R
 Address 277 Lansdowne Ave. Toronto Regtl. No. 322864
118 Westlodge Ave. Toronto Rank Cor
 Rate \$20.00 ^{17/10/16 with Ont} Corps 54 Bty
 SEP 1 1916

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				



MILITIA AND DEFENCE

M. F. W. 12a.

50m.-6-16.

1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs
Sheet No. 2.

L. L. Job 4503. -Req. 6332

PAYMENTS.

Name of Soldier.

322864

54 Bty

Battersby J R

Francis L. Battersby

Wife

Month.

Year.

Cheque No.

Amt.

Remarks.

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

R17363 20

R22082 20

A24828 20

A35774 20

B37005 20

B42674 20

B49612 20

B605 20

B6320 20

E13272 20

E19682 20

E27192 20

E33981 20

M47615 20

\$20⁰⁰

SEP 1 1916

20 R

20 L

20. Ch

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

20 Lu

\$260.⁰⁰ H.W.

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.				

SEPARATION ALLOWANCE

Name *Frances L. Battersly*Name of Soldier *Battersly Jos. R.*Address *7 Wright Ave.*Regtl. No. *322 864.*Rank *Gr.*Corps *5-4. Depot Battery*

Relation to Soldier

118 West Lodge Ave.

wife, child or mother

To what Corps belonging

when called out

PAYMENTS

7/16

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



SEPARATION ALLOWANCE

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

322864

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	T 1885	40	40
May		R 6340	20	20
June		K 7771	20	20
July		W 8140	20	20
Aug.		29 C 12036	20	20
Sept.		O 15730	20	20
Oct.	14	O 18530	20	20
Nov.		P 21445	20	20
Dec.		P 24897	20	20
Jan.	1917	N 27813	20	20
Feb.		N 27813	20	20
March		N O. 32273	20	20
April		O 34533	20	20
May		O 211	20	20
June	29	N 3523	20	20
July		P 7080	20	20
Aug.		O 9735	20	20
Sept.		Q 13873	20	20
Oct.		P 16619	20	20
Nov.		K 23004	20	20
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

3121 Sept. 1, 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

2/0	1/2/17	30=19/8	
-----	--------	---------	--

PC 3257 PB. 2753
m. o. 48414

RATE OF ASSIGNMENT

20.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 322864

Rank Dr. Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

J. R. Battersby

54 Batty

Mrs. Frances L. Battersby

Wife

118 Nest Lodge Ave Toronto Ont

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Wife
Mrs. Frances L. Battersby
118 West Lodge Ave. Toronto.

1446 Queen St West
Toronto.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept. 30/1917	K 23005	380	260	640	2554 16 1/8 OK 7-12-17.
Oct	M 47615	20	20	40	S/a states soldier's name
Nov.	B 54531	20	20	40	J. R. Battersby
Dec.	F 56851	20	20	40	m
Jan.	M 65483	30	20	50	c
Feb.	B 97983	25	20	45	
Mar	A 94315	25	20	45	✓
Apr	K 7091	25	20	45	8
May	C 12472	25	20	45	K
June	D 12984	25	20	45	K
JUL	Y 33809	25	20	45	
Aug	B 32123	25	20	45	8
Sept	B 36951	25	20	45	c
Oct.	B 41928	25	20	45	
Nov.	A 58158	25	20	45	
Dec	A 65626	45	20	65	
Jan	D 69598	30	20	50	
FEB	D 77755	30	20	50	
MAR	D 88783	30	20	50	
APR	E 516	30	20	50	
		885	640	1525	

AUDITED.

A/c Closed 30/4/19

Ret'd per. Olympic

Date 2/1/19 M.F.W. 187 29/4/19

MRO. History 95064 Jany

M. F. W. 128
400M-6-17-1772-38-141
L. L. 2320-ML & D. 133.



2600
350

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

Stri

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INK

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			2 Bde C & A

AUTHORITY		PAY		F.A.	P.F.A.	SUBS-CR ALL-CE	
	<i>Quar</i>	1	-	-	10		
<i>DO 34</i>	<i>4/18 2nd Bde 7th Div.</i>	1	-	-	10		
		1	05		10		

266 am 3/3/19 am NIS 232 Bshoff 20/3/19 Bshoff MD 20/3/19 42

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Mch	Bace fwa								22 49		
Apr.	G. P.	33 -		a.p.				20 -			
				Ar 10. 11/4/18 2 Bde.	4 46						
				✓ 60 2/4/18	3 57				27 46		
		33			8 03			20			
May	G. P.	34 10		a.p.				20 -			
				✓ 114 7/5/18 2 Bde	4 46						
				✓ 171 16/5/18	3 57				33 53		
		34 10			8 03			20 -			
June		33 -		a.p.				20 -			
				Ar 227 1/6/18 2 Bde	4 46						
				✓ 293 20/6/18	3 57				38 50		
		33			8 03			20			
July	G. P.	34 10		a.p.				20			
				- 324 2/7/18 1 Bde	4 46						
				- 348 13/7/18 2 Bde	3 57				44 57		
		34 10			8 03			20			
Aug	G. P.	34 10		a.p.				20	58 67		
				Ar 6 26/8 7/8/18	3 57						

NUMBER		RANK		NAME									
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION		
									64 30				
Nov	Bar Pay	3450		leat				20					
				AR 909 2 CTA 2 1/2	373								
				AR 987 " 1 1/2	373								
				AR 3216 10 Ver Hatt 1 1/2	373								
Dec	"	3565		leat				20					
				AR 1085 4 1/2	1679								
Jan	"	3565		leat				20	82 12				
		10580			2798			60					
				AR 1244 4 1/2	377								
				AR 1330 2 1/2 de 2 1/2	373								
				AR 1456 " 8 1/2	373								
Feb	"	3220		AR 1551 " 1 1/2	280								
Mar	"	3565		leat 20 mch				40					
		6713		AR 1633 " 3 1/2	373								
				AR 5846 Hatt 10 1/2	466				87 55				
				AR 7371 23 1/2	6813				1942				
		6785			9055			40					
				AR 275 7 1/2 10 1/2 10 1/2	973				09 69				
					973								
Lab. to Canada 14-4-19.													
S.L. 49. 6-7-20. mch 6.													

Jan	"	3565 10580	at 1085 leaf	4/11	1679	20 60	8212
			at 1244	4/1/19.	377		
			at 1330	213de 24/1	373		
			at 1456	" 8/2	373		
Jr	"	3220	at 1551	" 14/1	580		
Mc	"	3565 6785	leaf Jr Mc			40	
			at 1633	" 3/3	373		
			at 1846	Harre. 10/3	466		8755
			at 7371	23/3	6813		1942
		6785			9055	40	
			at 275	7.4. B. S. H. L. H.	973		0969
					973		

*Los. to Canada 14-4-19.
 S.L. 49. C.F.A. m. 6.*

P. 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

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE RECORD					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1			2		3
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	
1916																					
Sept.	30	1 ⁰⁰	30	00	30	10	3	00							33 00	27	29/9/16				
Oct.	31	1 ⁰⁰	31		31	10	3	10							34 10	27	17/10/16	107	31/10/16		
Nov.	30	1 ⁰⁰	30		30	10	3								33	141	16/11/16	201	30/11/16		
Dec.	31	1 ⁰⁰	31		31	10	3	10							34 10			201	27/12/16		
Jan	21	1 ⁰⁰	21		21	10	2	10							93 10	295	14/1/17				
	31	10 1 ⁰⁰	10		10	10	1								157 30 11			22	31/1/17		
Feb.	28	1 ⁰⁰	30	80											30 80						
Mar.	31	1 ⁰⁰	34	10											34 10			144	14/3/17	47	11/11
Apr.	20		22												22						
	2/30		11												255 20 11						
May.	31		34	10											34 10			98	24/4		
June.	30		33												33			156	10/6		
			333	30											333. 30						

322864. Gur. Battersby. J. R.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS						
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1		2		3		4		
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE	No.	DATE	1
Lora			333	30						333 30								32 06	24 34	14 65
July 31	100		34	10						34 10										
Aug 31			34	10						34 10	355 4/6	437 6/4						268	268	
Sept 30			33							33	637 15/4	553 3/4	172 15/4					268	535	447
			434	50						434.50								37.42	32.37	22.12
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEB. SER. RED. ALLCE. PAY ENG.	1918		PARTICULARS		CR.					
Oct 1st	Bal. Ford	8259							8259											
	Gnr. Pta	34 10		A.P.			20							Mch. Ch. P.	34 10					
				AR 413 8/9-14 2 nd Bde	2 64															
				AR 443 22-9-14	2 64				91 35											
		34 10			5 34		20													
Nov	Gnr. Pta	33.00		AR 834 5-10-14	3.54										34 10					
				909 20-10-14	4 46															
				A.P.			20													
Dec	Gnr. Pta	34.10		A.P.			20													
				AR 1008 4-11-14	4 46				105 96											
		64 10			12 49		40		34 10											
		34 10		A.P.			20		140 06											
Jan	G.P.						20		32 49											
				AR 1080 8/12/17 2 nd Bde	8 92				107 57											
		34 10		AR 1023 11/19/17	3 54															
					12 49		20													
Feb	G.P.	30 80		A.P.			20													
				AR 1909 7/1/18	68 13															
				"	9 73															
				AR 1235 18/1/18	3 54															
				AR 1236 18/1/18	3 54															
				" 1130 23/12/17	8 92															
				" 1186 5/1/18	3 54				20 88											
		30 80			94 49		20													

TS	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
				CREDIT	DEBIT			

65	200		244.05	59.25				
	20		20	43.35				
	20		25.36	82.09				
47	20		32.50	82.59				
12	260		351.91					

PARTICULARS DR. CR. BALANCE

10	A.P.					20.88		
	19/18 2 Ban	4.46				34.10		
	1472 5/2/18 ✓	4.46				54.98		
	1528 20/3/18 ✓	3.57				32.49		
		12.49				22.49		
		12.49						

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

Olympic 21-4-19

REGT. NO. *3228*

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

ASSIGNED PAY \$

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

English
L.P. 6
adj to

BALANCE
FROM
PREVIOUS
ACCOUNT

PAY AND F.A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

MONTH

NO.
OF
DAYS

RATE

AMOUNT

\$ C.

\$ C.

\$ C.

\$ C.

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

\$ C.

\$ C.

\$ C.

31-3-19

29-4-19

29

110

33

35

85 00

70 00

1942

15777

487

5 00

118

17

20 00

7000

70

60

70

30

70

30

70

30

70

30

183

420 00

180 00

600 00

420

180

600

420

180

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420

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600

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180

600

420

180

600

420

180

600

420

180

600

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 54th Battery, C.E.F.

(2) Regimental Number 322864

(3) Full Name of Soldier Joseph Robert Battersby.

(4) Place of Birth Lancashire, England

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Frances Louisa Battersby.

(b) Present Postal Address 277 Lansdowne Ave., Toronto, Ont.

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls. One boy

Also their names and ages. Joseph Robert 8 years old

2

(9) Is your Father alive? Yes

If so, state name and address George Battersby, 49 Back Derby St.
Bolton, Lancashire, England

(10) Is your Mother alive? Yes

If so, state name and address Sarah Elizabeth Battersby, 69 King
St., Farnworth, Lancashire, England

(11) If your Mother is a widow? No

Are you her sole support, or not? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured? Yes

If so, in what Company? Prudential Life Insurance Co.,

Have you made arrangements for payment of your Insurance premium? No

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

N. J. Henderson Captain
O.C. 54th Battery, C.T.A., C.E.F.

Date August 12th, 1916.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

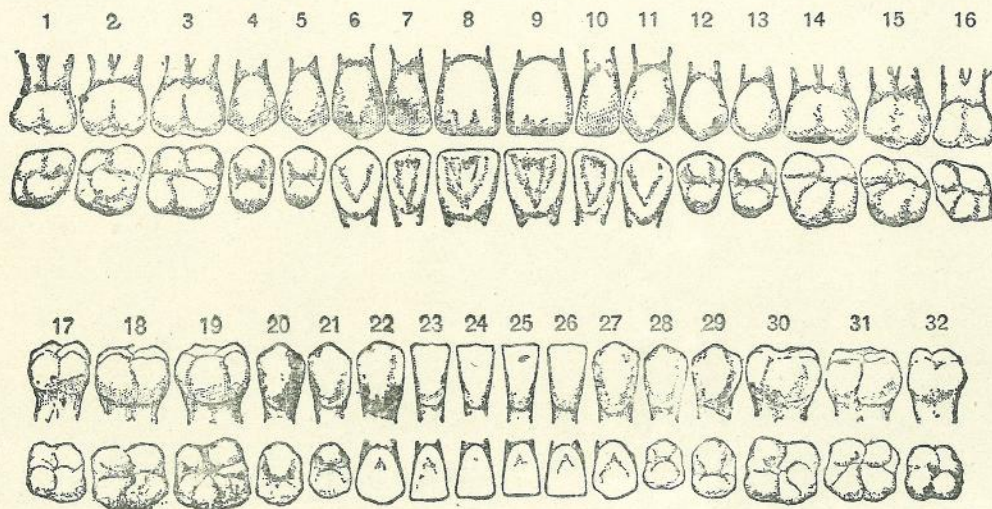
REGIMENT

RANK

No.

Date of Examination in England

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

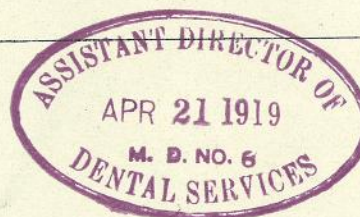
4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

DIRECTIONS TO
DENTAL OFFICERS

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.

J.B.

BRAMSHOTT CAMP
HANTS.

R.H. Aulsebrook

2

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 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 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 Bramshatt DATE 23-3-19

1. 1 (a) Unit 6th Bty C.F.A. (b) Regimental No. 322864 (c) Rank Bdr
 (d) Surname Battersby (e) Christian name Joseph R.
 (f) Home address 1446 Queen St W. Toronto
 (g) Next of Kin Mrs J.R. Battersby (h) Relationship wife
 (i) Address of Next of Kin 1446 Queen W. Toronto

2. Age last birthday 28 Date of birth 12 July 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 28.1.16

4. Personal description:

(a) Height 5'5" (b) Weight 136 (c) Complexion Dark
 (stripped)

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar neck - under L. angle of jaw when put

5. Former trade or occupation Stableman

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
	<u>3</u>	<u>49</u>

	PERIODS	
	From	To
Canada	<u>28.1.16</u>	<u>11.9.16</u>
England	<u>11.9.16</u>	<u>21.3.17</u>
France or other theatres of War	<u>21.3.17</u>	<u>18.3.19</u>

7. Original disease, or injury Chronic supp. otitis media. both ears

(a) Date of origin Childhood (b) Place of origin England

(c) Cause No infectious disease - Constitutional

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.)

Defective Hearing

Deafness and discharge both ears.

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.)

Specialist report - Bramshatt. 23. 3. 19.

Ears:
 Right - 10 ft. 9" = - $\frac{40}{20}$ " pus
 Voice - 6 ft watch water Rinne Schwabach - Meatus.
 Left - 15 ft. 9" = - $\frac{52}{20}$ " Slight sero-mucous disch

Right - perforated, sclerosed retracted.

Drumhead.

Left - sclerosed, perforated, retracted.

Nose: Septal deflection to right - Chron. hypertrophic rhinitis.

Throat: Hypertrophy of Lymphoid tissue. Sqd Walter Graham Capt.

(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 *no* Cardio-Vascular System *no* Genito-Urinary System *no*
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses *no* Respiratory System *no* Integumentary System *no*

Disturbances of Mentality *no* Digestive System *no* Muscular System *no*

Osseous and Joint Systems *no* Any other general condition *no*

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

Dates from childhood - intermittent discharges from both ears since.

In hospital in France May 1917 - in account of it. Discharged to unit.

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).)

nil

(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? a o h - 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 progressive six months

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

Spec. report of Capt W Graham attached

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

n.a.

Hammill Capt

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, J.R. Battersby, 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

J.R. Battersby Bdr 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,
 (b) Service abroad, not general service,
 (c) Home service (Canada only),
 (d) Temporarily unfit.
 (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 (" B) (Yes or No.)
 (" C) (Yes or No.)
 (" D) (Yes or No.)
 (" E) (Yes or No.)

Yes B, C, D, E

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.)

Disch 99 at 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

Bramshott

DATE

23-3-19

Chas. P. Gumbrecht
 President.

John Home
 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.

Chas. P. Gumbrecht
 President.

PLACE

DATE

John Home
 Members

APPROVED BY

APPROVED BY

Jamane. F. S. H. M.
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

23.3.19

DATE

To:- Officer Commanding.....

The following is a special EAR report on the undermentioned.
Your H.O.'s attention should be called to it, and the case should
now be paraded with this report in triplicate, the Medical History
Sheet and the Casualty Form

to the ~~LONG~~ board as there ~~IS~~ a disability of the EAR.

Name... Battersby J. R.... Number. 322864 Rank. BdrUnit... 6th Batt. C.F.A.... Former Occupation. stable manOriginal Disease or Injury... Chronic Supp. Otitis MediaDate or Origin... Childhood... Place of Origin... EnglandCause... No infectious disease: ConstitutionalPrevent disability... Deafness + discharge both ears

History of present condition

Dates from childhood - intermittent discharge from both
ears since

Did the disabling condition have origin before enlistment? YesIf so, has it been aggravated by service? YesHas the disability been caused or aggravated by Intemperance or
Improper Conduct or by unreasonable refusal to accept treatment? NoWhat is the probable duration (in months) of the disability? ProgressiveCan the former trade or occupation be resumed? YesNOSE

Septal deflection to right
Chronic hypertrophic Rhinitis

Throat... Hypertrophy of Lymphoid tissue

EARRt. 10 feet 9" = 40" pus. RespiratedVOICEN: GETTACH: TUBER: RIME: SCHWABACH: MEATUS: DRUMHEAD.Lt. 15 feet 9" = 52" slight Sclerosed20-20 muscular perforateddisch. retractedChronic Suppurative Otitis MediaCategory recommended... B¹¹Date... 23/3/19

Walter Graham Capt... Major C.A.M.O.
Officer i/c Eye & Ear Dept.,
Medical Boards, C.C.C., BRAMBOROT.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET. 322864

Surname Bathesby Christian Name Joseph RobertExamined { on 28th day of January 1916
at Toronto, Ont.Birthplace { City or Town Lancashire,
County England.Apparent age 26 Yrs. 6 Mos.Trade or occupation StablemanHeight 5 Feet 4 $\frac{3}{4}$ Inches.Weight 128 Lbs.Chest measurement { Minimum 38 $\frac{1}{2}$ inches.
Maximum expansion 36 inches.Physical development GoodSmall-Pox Marks NILVaccination Marks { Arm Right Left 4
Number 4When Vaccinated last 1890(a) Marks indicating congenital peculiarities or
previous disease NIL(b) Slight defects but not sufficient to cause rejection
NIL

Approved by

W. C. A. R.
CaptainRank TORONTO RECRUITING DET. M.O.

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

Date.	Result.	VACCINATIONS.
1916.		
Feb 21		<u>W. C. A. R.</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
1916.		
Feb 14		
Feb 18		<u>W. C. A. R.</u> M.O.
Feb 22		M.O.
27/10/16		<u>W. C. A. R.</u> M.O.

Enlisted on 28th day of January 1916 at Toronto, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th Batty.</u>	<u>322864</u>		<u>322864</u>
Transferred to	<u>C.E.F.</u>			<u>Jan 18 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Brampton</u>	<u>23-3-19</u>	<u>Defective hearing</u>	<u>2</u>

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 Battersby, Christian Name Joseph Robert

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Toronto</i>	<i>5/2/16</i>										
<i>Petawawa</i>	<i>29/5/16</i>										
<i>Melford camp</i>	<i>23/9/16</i>										
<i>Duney</i>											
No.1 C.D.Boulogne.		19	5	17	6	6	17	Deafness		Rej.Unit.	A559-A57

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No

147362

THIS IS TO CERTIFY that No. 322864 (Rank) Bdr.

Name (in full) BATTERSBY - JOSEPH ROBERT enlisted in
the 54th BATTERY

CANADIAN EXPEDITIONARY FORCE at TORONTO - on the 28th
day of JANUARY 1916

HE served in 6th BATTERY FRANCE

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 29

Height 5' - 4 3/4"

Complexion FRESH

Eyes BLUE

Hair BLACK

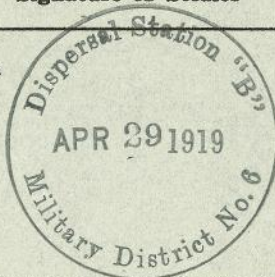
Marks or Scars

SCAR ON THROAT.

JR Battersby
Signature of Soldier

Major
O. C. Dispersal Station
Issuing Officer

Date of Discharge



Rank

APR 21 1919

Date 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried uniform 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.

THIS IS TO CERTIFY that No. *1000*
 Name (in full) *Robert J. Bellamy*
 the *1000*
 CANADIAN EXPEDITIONARY FORCE at *1000*
 day of *1000*
 HE served in *1000*
 and is now discharged from the service by reason of *1000*
 Medical Certificate *1000*
 Demobilization *1000*

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

Age <i>29</i>	Height <i>5' 10"</i>	Complexion <i>Fair</i>	Eyes <i>Blue</i>	Hair <i>Black</i>
Build <i>Medium</i>	Weight <i>150</i>	Scars <i>None</i>	Other <i>None</i>	Other <i>None</i>

Signature of Soldier *Robert J. Bellamy*
 Date of Discharge *1000*
 Issuing Officer *1000*
 Rank *1000*
 Date *1000*

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

ORIGINAL

47th Batty.
C.F.A.

ATTESTATION PAPER.

No. 322864

54th DEPOT BATTERY

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

6

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... BATTERSBY
- 1a. What are your Christian names?..... JOSEPH ROBERT
- 1b. What is your present address?..... 383 Sorauren Ave., Toronto, Ont., Can.
2. In what Town, Township or Parish, and in what Country were you born?..... Lancashire, England.
3. What is the name of your next-of-kin?..... Frances Louise Battersby,
4. What is the address of your next-of-kin?..... 383 Sorauren Ave., Toronto, Ont., Can.
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... July 12th 1889 H.C.H.
6. What is your Trade or Calling?..... Stableman
7. Are you married?..... Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Robert Battersby, 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.

Date 28th January 1916 . Joseph R Battersby (Signature of Recruit)
W. Maline (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Robert Battersby, 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 28th January 1916 . Joseph R Battersby (Signature of Recruit)
W. Maline (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 Toronto this 28th day of January 1916.

W. Maline (Signature of Justice)

Description of Joseph Robert Battersby on Enlistment.

Apparent Age.....26.....years 6.....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. 4³/₄.....ins.

Chest measurement { Girth when fully expanded.....36.....ins.
Range of expansion.....21.....ins.

Complexion.....Fresh

Eyes.....Blue

Hair.....Black

Religious denominations { Church of England.....C. of E.

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
(Denomination to be stated.)

Scar on throat.

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.....28th January.....1916

Place.....Toronto, Ont., Canada.

*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:—

TORONTO RECRUITING DEPOT. Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Robert Battersby,

.....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.....January.....1916

N. J. Henderson (Signature of Officer)

Captain

O. C. 54th Depot Battery

J.P. Rank *Inv.* Name **BATTERSBY, Joseph Robert** ✓ Reg'l No. **322864** ✓
 Unit **54th Bty. 16th Bde.** If in perm. Corps, }
 What Unit? }
 Married or Single **Married.**
 Place and Date of Enlistment **Toronto. 28th Jan. 1916.** ✓ Place of Birth **Lancashire. England.**
 Name and Address, Next-of-Kin **Frances Louisa Battersby.** ✓
277 Lansdown Ave. Toronto. Ont. Canada. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

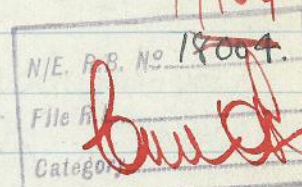
Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND S. S. CAMERONIA 22.9.16					
22. 1. 17.	I6Bde:	SOS.to 15thBde	Witley	22. 1-17	Pt.IIDO, 22 a
✓ 1. 17.	I5 Bde:	T.O.S:	Witley	✓ 1. 17	Pt, 11 O 12
20. 3. 17	"	S.O.S. proceeding Seas with 524 th Batty	"	20.3.17	" 58
2. 5. 17	2. a Bde	Posted from 1. Bde	Field	21.3.17	" 66, 4. 588, 97 d 2.5.17
26.5.17	"	To 1 Com ^{1st} Depot	Boulogne	19.5.17	CL.A. 539 deafness
27.6.17	"	Rejoined Unit Rep'd from	Bare	6.6.17	" 578 "
25.2.18	"	Awarded one good Com Badge	Dvr Field	28.1.18	Pt 20
9-4-18	"	Appointed Act Bombardier	"	4-3-18	PT 34
27-10-18	do	Promoted Bombardier	9/88 "	8-10-18	- 112
		3/6 Canada		14.4.19	49-B-36

A.F.B. 103 OFFERED
16 APR 1917



A.F.B. 103 CHECKED
16 APR 1917

322864

Battersby J.B.

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.				
31-3-19	2nd Bde CHA	Proceeded to England	Bar.	Gield 18-3-19	Pr II 0 31
28-3-19	Q. Wing b.b.	L.S. pending R.Y.C.	"	Pishott 19-3-19	— . 12.
15-4-19	" " " "	SOS on Proc. to Can.	" "	14-4-19	— 18

SURNAME.

Battersby.

CHRISTIAN NAMES

Joseph. Robert

REGL. NO.

3 22 864

RANK

Ent Lt.

UNIT

*54^d Bty.**(12th Bde)*

FORMER CORPS

nil

CARD NO.

B6 17
Ltd Dig 24-4-19
Went 801. R.M.
20 114 of 24-4-19
600

NEXT OF KIN.

NAMES IN FULL

Battersby, Mrs. Frances Louisa

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*1446 Queen St. West,
Toronto, Ont.**auth Jan 7-8-18.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Lancashire

PLACE OF ATTESTATION

Toronto, Ont.

DATE

not stated

DATE

*Jan. 28th 1916**n/b 21-4-19 309 Adr*
36

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Stableman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26

YEARS

6

MONTHS

HEIGHT

5-

FEET

4 $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2 $\frac{1}{2}$

INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Scar on throat

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Jan 28th. 1916

Present Address

383, Sorauren ave; Toronto, Ont. Can.

BATTERSBY

Name **Joseph Robert** Rank

Dvr.

Reg. No. 322864

Unit 2nd. Brigade. C.F.A.

Next of Kin **Canada.**

[illegible]

[illegible]

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T'L. No.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 559 # 1 Conch Depot Boulogne 17-5-17
A. 578. Rep. from Base: Ry: 11/17 6-6-17

Deafness
"

Surname	Christian Name or Names	Reg. No.
Battersby.	J. R.	322864.
Rank	Unit	Co.
Dvr.	n2nd. CFA.	Troop
Hospital		Batty.
1. Conv. Boulogne.		
Transferred		Hosp.

Diagnosis

Deafness. *g¹*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

C.I. 26-5-17. A. 559.

27. 6. 17 4578 R. F. B. Ref. int 6. 6. 17.

A.M.D. 2 DEPT.

Dep. of D.G.M.S. G.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 322864 RANK *Plt.*NAME *Battersby Joseph Rott.*

T. O. S. 28-1-16.

UNIT

54th Battery, (12th Brigade, C. F. A.)
*(S. O. 3 of 28-1-16)*M. D. *2*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916 1916**Jan. 28 Feb. 29**Mar.**Apr.**May.**June.**July**Aug.**✓**✓**✓**✓**✓**✓**✓**✓*