345885

I.D. number No. d'identification

Surname Nom de famille

BATTERSHILL WILLIAM MITCHELL

Given names **Prénoms**

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE ENVELOPPE DES DOSSIERS DU PERSONNEL

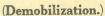
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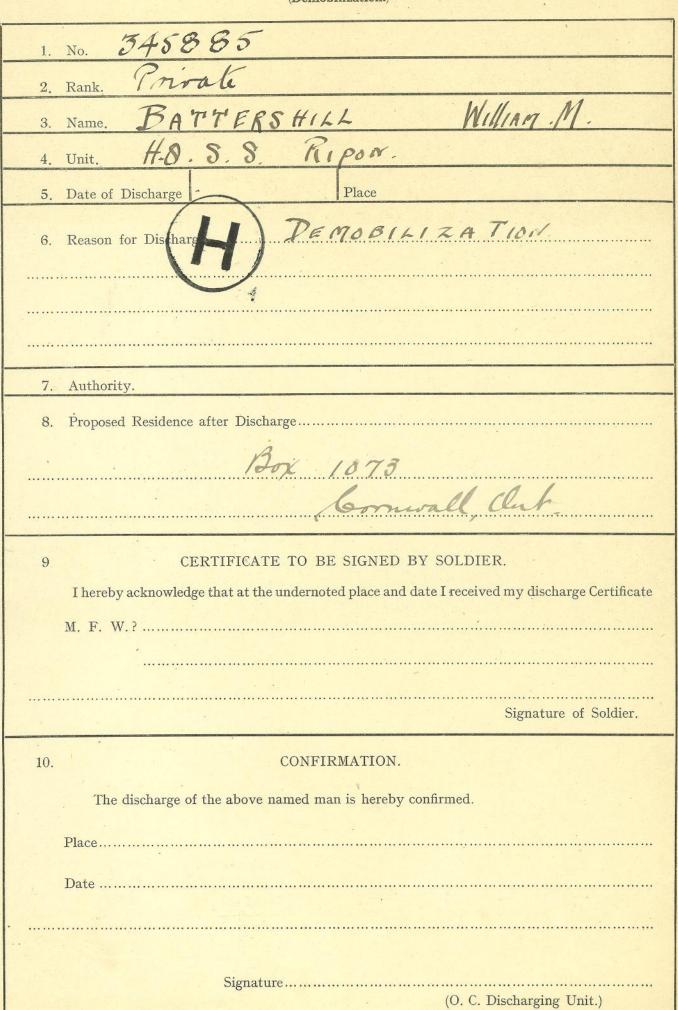
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"CONTENTS CONFIDENTIAL" "CONTENU CONFIDENTIEL"

SHORT FORM.

PROCEEDINGS ON DISCHARGE.





M.F.B. 218a

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	
Casualty Form	
Last Pay Certificate	
Certificate that missing documents are unobtainable	
Medical History Sheet	
Proceedings of Medical Board	
Dental History Sheet	
Medical Report	
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	

ORIGINAL

ATTESTATION PAPER.

No. 348885.

Folio. 3

(Signature of Justice)

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname? the Bar	tt. whill
1a. What are your Christian names?	ion mitchell
1b What is your present address ?	t East, Comwall, antare
2. In what Town, Township or Parish, and in what Country were you born?	U cornwall England
3. What is the name of your next-of kin?	
4. What is the address of your next-of-kin?	fourth st Cornwall Whyther
4a. What is the relationship of your next-of-kin?.	Harry Batterbill monther
5. What is the date of your birth?	rch 14th 1894
6. What is your Trade or Calling?	ill Cherolive
7. Are you married?	ho
8. Are you willing to be vaccinated or re-	The second secon
vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	0 ho
10. Have you ever served in any Military Force? If so, state particulars of former Service.	no
11. Do you understand the nature and terms of	1
your engagement?	yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE:	-
by me now made, and I hereby engage and agree to Force, and to be attached to any arm of the service to existing between Great Britain and Germany should	, do solemnly declare that the above are answers true, and that I am willing to fulfil the engagements serve in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now that war last longer than one year, and for six months sty should so long require my services, or until legally
W. Mo	Battershill (Signature of Recruit)
	UP OPPO.A
Date # 200 11 Cl 1916. Gr	(Signature of Witness)
I, bear true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma	MAN ON ATTESTATION. do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as ajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, help me God.
W.M	Battershell (Signature of Recruit)
Date 13 th Nov. 1916. Gr. 9	W Pollard (Signature of Witness)
CERTIFICATE O	OF MAGISTRATE.
	e that if he made any false answer to any of the above
questions he would be liable to be punished as provided as provided as provided as provided as the state of t	ded in the Army Act.
before me, at Lomwall this 1	13 day of 1916.

M. V. W. 23. 800M.—8-16. H. Q. 1772-89-841.

Description of William In Battershill on Enlistment.

A CONTRACTOR OF		
	arent Age	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).
Heig	tht	
Chest measure- ment.	Girth when fully expanded. Range of expansion. 3 6 //ins. 3 3 //ins.	
Com	plexion Fair	STATE OF THE PARTY
Eyes	Brown	
Hair	Brown	Brown In ole on Back of night is 311 above anble
	Church of England	Back of night is
	Presbyterian	PORCE O
asions	Methodist	3 11 above conste
Religious denominations	Baptist or Congregationalist	
Reenon	Roman Catholic.	
p	Jewish	
	Other denominations (Denomination to be stated.)	
Date	I consider him* I for the Call to the Call	anadian Over-Seas Expeditionary Force. A Constant of the Medical Officer. The will fill in the foregoing Certificate only in the case of those who have
	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	William Initchell 13	Ballinshill having been finally approved and of Attestation, and every prescribed particular baying
	recorded, I certify that I am satisfied with the	
	recorded, I certify that I am satisfied with the	correctness of this Attestation.
Date	recorded, I certify that I am satisfied with the	[1] [1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4

75th Depot Battery, C.F.A., C.E.F. 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 number 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
2) Regimental Number
(3) Full Name of Soldier
4) Place of Birth
5) Are you married, or not?Single.
6) If married, state, (a) Full name of your wife
(b) Present Postal Address
7) Are you a widower?
8) Have you any children?
If so, give number of boys and girls.
Also their names and ages

(9) 1	s your Father alive? Yes.
	If so, state name and address Hensy Battershill, Fourth St.E., Cornwall, Ont.
(10)	Is your Mother alive?Yes.
	If so, state name and address4th.Street East. Cornwall. Ontarib.
(11)	If your Mother is a widow
	Are you her sole support, or not?
(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.
(15)	Are you insured?
	If so, in what Company?
	Have you made arrangements for payment of your Insurance premium
	If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
	O. C. Toth Depot Batter Office F. Con 100 Peters.
Date.	February 1917

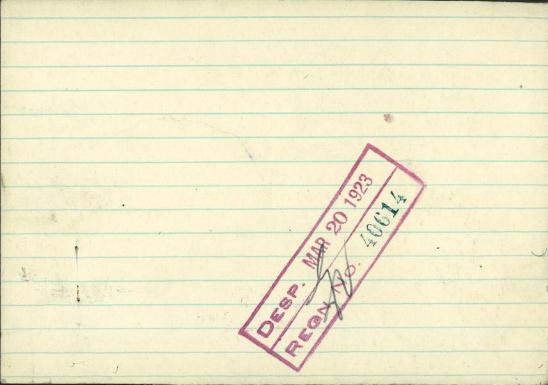
CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 345885 (Rank) PRIVATE
Name (in full) BATTERSHILL., WI//AM MITCHELL enlisted in
the 75 2. Deport Battery
CANADIAN EXPEDITIONARY FORCE at Cornwall Outon the 11th.
day of Morember 1916
115 501704 111
Demobilization. and is now discharged from the service by reason of
Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:
Age 21 Years Marks or Scars
Height 5 ft 3/2' Brown mole on back of
Complexion Fair nght leg 3 word auchle.
Eyes / ATTWN
Hair /270WW.
Signature of Soldier.
Issuing Officer.
Date of Discharge
Rank
Date

NB.- 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.

M.F.B. 39A.

Number 345885 Rank L Spanname BATTER SHILL William Witch Ohristian Name Units C. To a. Theatre of War 17 pau Date of Service 23-9-17 BOX-1106 Remarks P.O. Latest Address age 21607 25/10/89



1907 G P. 880.

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. 3165), 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.

disel	narged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.
1.	Christian profeselean Milekell 2. Surname Batters Rell Rank 1. 4. Original Unit 15 Battery 5. Reg. No. 345885
3.	Rank 1. 4. Original Unit / Jakory 5. Reg. No. 145885
	Address, in full, to which juture payments of gratuity are to be forwarded
	The wife mil
7.	Date of enlistment in the C.E.F. // // // // // // // // // // // // //
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge
9.	Relationship of such dependent
10.	Address, in full, of such dependent Trace
10.	
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier?
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 one such unit and dates of service overseas with such unit:—
	the state of the s
19	Were you on the strength for pay and allowances of the Clearing Services Command, having been at any
10.	time on duty outside of Canada or the United States?
	time on they offiside of Canada of the Chief States.
14.	Were you on active service only in Canada or the United States? If so, give particulars of unit and
299	dates of such service
15.	Give total length of time which you served on active service, whether in Canada or Overseas, setting out
1	particulars of units on whose streagth you served of months. The Balley 6 mos - CRA 6 ms - 2 Th Bhy France 19 ms - Heps Report 6 ms.
1	24 /sky France 14 nos - Agra Repor 6 mos.
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department
17.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
549	44 Wt. /30P. 250.000(8). 2/19. S.O.,F.Rd.

Have you, during the present war, served in the Imperial Forces? 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 3. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? (b) If so, was such reversion in consequence of misconduct or inefficiency? Are you now serving in the C.E.F.? (b) Reason for discharge (c) Date of discharge (b) Reason for discharge (c) 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		If so, give particulars of discharges and re-enlistments,
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. Have you been issued with a War Service Badge? If so what class? Have you during the present war, served in the Imperial Forces? 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. (a) Did you revert Overseas to a mark lower than the substantive rank held by you on your arrival in England? (b) If so, was anch reversion in consequence of misconduct or inefficiency? (c) Reason for discharge. (d) Did you at any time serve at the front in an actual headre of war? If so, give particulars of one unit in which you served at the front, and adates of such service with that unit. (e) Are you now receiving treatment from the Department of Soldiers' Civil Destablishment? (b) If so, are you in receipt of full pay and allowances from that Department? (c) Are you receiving treatment from the Department of Soldiers' Civil Destablishment? (d) Are you receiving treatment from the Department of Soldiers' Civil Destablishment? (e) Are you receiving treatment from the Department of Soldiers' Civil Destablishment? (b) If so, are you in receipt of full pay and allowances from that Department? And I make this solemn declaration conscientionaly believing it to be true, and knowing that it is of the mer force and effect as if made undee on conscientionaly believing it to be true, and knowing that it is of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magisters, Kotary Pollo, Joulance of the Supreme Court Stipendary Magi	and under what regimental numbers and units.	no.
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MEDICAL HISTORY SHEET.

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.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.

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CANADIAN EXPEDITIONARY FORGES 14 191924

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 32	45885 (Rank) Inc
Name (in full) Battershill	William Mitchell enlisted in
the 6. 2. a	
CANADIAN EXPEDITIONARY FORCE at COT	rwall out the Moneult
day of hovember 1916	2
HE served in 6.3.	a in France
Demobilization R 0 1420 (1c) of and is now discharged from the service h	by reason of
	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on t	he Date below is as follows.
Age 224/12 Vps	Marks or Scars
Height 5 3/2	Acue Scars over
Complexion Law	Chesh & hask
Eyes Drown	.,
Hair Brown.	
In Battershill	
Signature of Soldier.	All Auris
indexistry of the	Issuing Officer
Date of Discharge	Commending Dispersal Station E
	D
AUG 27 1910	Kank
Marie Dienie de	Date august 27 pm 19.19
NR- AS NO BURNOTE OF	

NB.- 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.
M.F.B. 894.

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

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

	it or Corps & C. S. Surname BATTERSHILL (Given name in full) WILLIAM MITCHELL Branchell Branchell
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
I.	GENERAL DESCRIPTION:
	Physique . 9 to th. Weight 126
	Nutrition Pulse Condition of arteries Identification marks, scars, or deformities. (Give cause and date of origin).
	Vision Rt. Left / Left
	Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?
2.	(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.) Nervous System
	Osseous and Joint System / Any other general condition *
3.	If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS

Ex	xamined at 1 1 1 (Overseas) ate Signed Manual M	.O.
cor ing	I hereby certify that I have read, or have heard read, the above description of my present indition; that I find it correctly stated; and that I have not withheld any information concerng any other affections from which I suffered, either prior to or during service. Signature H. Battershell (If not satisfied, M.F.B. 227 will be completed by Medical Board.)	
HIS	S SECTION FOR USE IN CANADA—	T.
	tamined at(Canada)	
Dat	ite Signed M.	0.
con	I hereby certify that I have read, or have heard read, the above description of my present adition; that I find it correctly stated; and that I have not withheld any information concerns any other affections from which I suffered, either prior to or during service.	
	Signature(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)	••
	(This space to be used, if necessary, in connection with Section 3, overleaf, only.)	-

Osining a company to the first training of a committee of

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

DIRECTIONS TO

DENTAL CERTIFICATE FOR DEMOBILIZATION

DENTAL OFFICERS Canadian Printing and Stationery Services, London I. This form will be BATTERSHILL made out for each NAME OF SOLDIER (Block Letters) individual at the blime of Demobili zation in England or France. 2. Figures as per chart will be used Date of Examination in Emland Date of Examination in France. to designate teeth concerned. 10 11 12 13 3. In reference to Partial Dentures the numbers of teeth thereon wil be stated TI IN 1919 PRESENT DENTAL REQUIREMENTS 2.7.10.14.16.17.31.32. 1. FILLINGS 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 yes (b) In England (c) In France Signature of Dental Officer.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), 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
	MASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier
discl	parged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.
1.	Christian names Millam Mitchell 2. Surname Battershill
в.	Rank / L. 4. Original Unit 75 Buttery. Reg. No. 345885
6.	Address, in full, to which future payments of gratuity are to be forwarded.
	120x 1075 Cornwall, Cut
	H y
7.	Date of enlistment in the C.E.F. // foreuber 1916
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge.
9.	Relationship of such dependent
10.	Address, in full, of such dependent
	1/0
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier?
	The state of the control of the cont
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 one such unit and dates of service overseas with such unit:—
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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?
	The state of the s
14.	Were you on active service only in Canada or the United States? If so, give particulars of unit and
	dates of such service
15	Give total length of time which you served on active service, whether in Canada or Overseas letting out
10.	11-11 or 1016 to 8- 1 poil 1010
	particulars of units on whose strength you served
	16 - Pallen 7 - Upnt 199 60 21 - Acti 6. 1. a
	22 - tept to 17 - March 1919 12 Buttery
16.	Were you at the the of enlistment a civil employee of the Dominion Government? If so, state
1700	Department 160
1-	
17.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

18.	Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments.	
	and under what regimental numbers and units.	S
	110	
	6	
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	
	$\mathcal{N}_{\mathcal{O}}$	
	0 /	
20.	Have you been issued with a War Service Badge? If so what class?	
	Have you, during the present war, served in the Imperial Forces?	
21.	개인하는 경험 전에 가는 사람이 있는데 불통 시간 등이 모르겠다는데 보고 있는데 가장 하고 있다면 하는데 함께 있는데 없는데 없다면 하는데 하는데 하는데 없다면 하는데 없다면 하는데 없다면 하는데 다른데 하는데 없다면 하는데	
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	
	1/0	
23.	(a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival	
	in England?	
	(b) If so, was such reversion in consequence of misconduct or inefficiency?	
24.	Are you now serving in the C.E.F.?	
	(b) Reason for discharge	
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	
26.	Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one	
20.	unit in which you served at the front, and dates of such service with that unit	
27.	(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?	
	(b) If so, are you in receipt of full pay and allowances from that Department?	
	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the	
	e force and effect as if made under oath and in virtue of the Canadian Evidence Act.	
Sign	nature of Applicant: W M Balleshill QUESTIONS 12, 13, 14, 20, 24, 25,	01
Plac	lared before megat: Ripon. Common ARE LEFT UNANSWERED.	2
Dec	lared before megat: Mpon. Commall	
This		
	Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the	
	trate, Notary Public, Justice of the Peace, or Commissioner for the	
	Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.	
	POST DISCHARGE PAY.	
Date	e paid. Paid Paid War Service Net amount Soldier Dependent Gratuity due	
	Soldier Dependent Gratuity due	

	Certified Correct.	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CEPTIEV that No. 54	5885 (Rank) PRIVATE							
Name (in full) BATTERSHILL.	WIIIIAM MITCHELL enlisted in							
the 75 2 Depot Battery CANADIAN EXPEDITIONARY FORCE at	Cornwall, Out on the 11th.							
day of Movember 19/6								
HE served in 3th Bde 6.7.A								
and is now discharged from the service by reason	and is now discharged from the service by reason of Medical Unfitness.							
THE DESCRIPTION OF THIS SOLDIER on the Age 2/ years	ne DATE below is as follows:— Marks or Scars							
Height 5-14 3/2"	Brown mole on back of							
Eyes Brown	Tright seg 5 avove auste.							
Hair Brown,								
Signature of Soldier								
Date of Discharge	Issuing Officer							
	Rank							
	Date19							

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.

M.F.B. 39. 1049-D.P.-300M-11-18. H.Q. 1772-39-882.

WAR SERVICE BADGE CLASS "A" 191924

SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)

D. a - E 0. 4-13

Control of the last of the las	
1.	No. 345885
2.	Rank Pur
3.	Name Battershill Williams Thetchell
4.	Unit 6 2 a
5.	Date of Discharge AIIG 27 1919 Place QUEBEC, P. QUE.
6.	Reason for Discharge Deughlingation
	Demobilization R 0 1420 (1c) of 12-12-18
	Authority Pair 11 ades 238 of 26 x 8, 19 Proposed Residence after Discharge Bose 1043 9.0
	Cornwall Ouh
9. ti	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Cerificate M. F. W.?
	Ir In Botterel ill
	Signature of Soldier.
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. QUEBEC, P. QUE.
	ate AUG 27 1919
486	Signature (O.C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	
Field Conduct Sheet	
	- TT TA A TITE 100
Last Pay Certificate	
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	
Dental History Sheet	
Medical Report	
Regimental Conduct Sheet	
Company Conduct Sheet	

1. Trunheato Attestation Paper ('IFW. 23). or Paraconars of Recruit (M.F.w. 105).

- 2. Casualty Form (A.F.B. 102).

 8 Medical History Sheet (M.F.B. 313 or A.F.B. 178).

 4. Proceedings of Med.Beard (M.F.B.227 or M.F.W.129)
- 5. Dental Certificate (C.A.D.O. 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. Dispensal Certificate (C.D.3).
- 11. Equipment | Statement Q.M.G. Form (D.O.S. 2).
- 12. Last Pay Certificate (P. 851). and Jup
- 18. Pay Book (A.B.64).
- 14. War Service Gratuity (Form M.F.W. 2595),

Checked by No.

Fill in only.—Unit, Number, Rank and Name. Casualty Form—Active Service.

			Fill in only	.—Unit. Nun	nber, Rank and	l Name.	14/4/8 2	W 54 /4 P P 400	10)
	Q	CLASS	Casualty		· W	Myse	81,770-	W. 54. (A. F. B. 103 350M.—5-16 H. Q. 1772-39-920.	<u>'</u>
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Date	Report 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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
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					Canadian Troops, Ripon.

Canadian Printing and Stationery Services, London

E- Mb. Wing.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BATTERS	H/LL. W. M. This form will be made out for each
REGIMENT 12/3 athy RANK	No. 34588 individual at the time of Demobilization in England or France.
Date of Examination in England 7-719 Date	of Examination in France 2. Figures as per ohart will be used to designate teeth
1 2 3 4 5 6 7 8 9 HOUSE BOOK TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	10 11 12 13 14 15 16 3. In reference to Partial Dentures the numbers of teeth thereon will be stated.
	TAL REQUIREMENTS
1. FILLINGS XP 30	
2. Extractions 19.	This is to certify that the Dental This is to certify that the Dental
3. Crowns	This is to certify that the Bentleman Treatment to be completed as shown Treatment to be completed to M. F. B.
4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower	This is to be completed as stored. Treatment to be completed as stored. B. B. here has been transferred to M. F. B. here has been transferred to M. F. B. Capt.

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.)

20-

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer Clashy Capt.

Regional No..... MEDICAL HISTORY OF-A.F. B.178. Regimental No. 345 885 Region Surname Battershe Christian Names William. TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc. TABLE I.-General Table. Parish Birthplace Date. Brief details and Signature. Trade or Occupation..... Colour of Hair... Complexion. The Eyes . Beaun. Chest Measurement Physical development Vaccination Marks When Vaccinated .. With Vision Glasses Identification Marks, such as Tattoo, Moles, Scars, Defects or Ailments: Examined and found-J. Special Remarks: state if a discharged Soldier Fit for Grade IV. (Strike out those which do not apply.) Signature TABLE IV .- Service Table. Chairman of Medical Board. Date of arrival or embarkation. Date of Departure or disembarkation Station or Troopship. Re-examined for posting at .. On.....day of Enlisted ..day of. Corps. Regtl. No. Joined on enlistment Became non-effective by Transferred on.....day of...

(Signature).....

(Rank).....

to

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital.					Number Of days in	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including	Signature of		
Hospital.	Day	Month	Year	Day	Month	Year	Disease.	of days in Hospital.	particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer.
			VI. 200.000		100000					
*										
							24			
Control of the Contro	1								The second secon	

(SERVICE AND CASUALTY FORM Part II),

Regiment or Corps. C.a. R. D. Regimental Number 343883 Surname Battershill Christian Names brilliam Mitchell *Substantative Rank June

To be folded on this line.

*Acting Rank.
(*To be entered in pencil to facilitate alteration.)

	-	(A)		(C)	(D)	(E)	(F)
		From whom received.	(B) Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably name d.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.
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						nding	\$ 18 Day	
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1

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

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

be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.								
No	o3et 5885Rank Surname Danskill. (Given name in full)							
Un	nit or Corps & 9 P. W. Birthplace Bay							
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)							
I.	GENERAL DESCRIPTION:							
	Physique Berg. Weight Height . S. ft. Lin. Colour of Eyes Brown							
	* Nutrition							
	Condition of arteries 10ft numerous acru							
	Vision Rt. 12. Left							
	Hearing (conversational voice) Rt. 2. It.							
	Left							
Opi	inion as to general health and physical condition							
2.	Has Officer or Other Rank ever suffered from, or has be now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)							
	Nervous System							
	Special Senses							
	Disturbance of Mentality Muscular System							
	Osseous and Joint System Any other general condition							
3.	If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.							
/	1911 Pnemonia geodrecovery							
	chris ame fusents charles back							

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—
Examined at // Cley (Overseas)
Date 3 8119 Signed & House M.O.
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service. Signature Him Batterial (If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA— Examined at
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
Signature
(This space to be used, if necessary, in connection with Section 3, overleaf, only.) 9 44 45 10 19

[OVER]

LTR

Rank

Name

BATTERSHILL, William Mitchell

Reg'l No.

345,885

Unit

Det 75th Batty.

If in perm. Corps What Unit?

Married or Single

Single. /

Place and Date of Enlistment

Cornwall, 11th Nov, 1916.

Place of Birth St Austell, Cornwall. England.

Name and Address, Next-of-Kin

Eliza Battershill

Fourth St. Cornwall. Ontario.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge Date and Place

Reason

Character

Disch	narge, Date a	nd Place	Reason				
H. W. V., Ld.—9546-							
Report. Date. From whom		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.	
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49.	SURNAME. Battershill	ES CARD NO.
	CHRISTIAN NAMES William Mitchell	10 1 N 13 27 8/19
	REGL. NO. 345885 RANK LA	202387248/
	UNIT 750 4 Bly	5.00
	FORMER CORPS Nil	•
	MEXT OF KIN.	CHANGE OF ADDRESS
	RELATIONSHIP TO SOLDIER Mother	
	RELATIONSHIP TO SOLDIER Mother	
	ADDRESS 44 St. Carneeall, Ont.	
_		
	PLACE OF ATTESTATION Cornecall Ont- DATE	Mas 17 : 1897.
	PLACE OF ATTESTATION Cornecall Ont- DATE	nov.13. 1916.
	a/6 23-8	7-19 398 Gar
	L. L. 6945. M. & D. 6994. M. F. W. 22. 100M	r.—8-16, H. Q. 1772-39-339.

MARRIED SINGLE GO WIDOWER
TRADE OR CALLING MILL Operation Rethodist AGE 19 YEARS 7 MONTH.
3 FEET 3 1 INCHES APPARENT AGE HEIGHT CHEST MEASUREMENT 33 4 INCHES EXPANSION 3 4 INCH COMPLEXION FAIR Braces HAIR Braces DISTINGUISHING MARKS Braces mole on back of R. Leg 3 in Above ankle. MEDICAL EXAMINATION. PLACE Carnevall, Onl., Date Nov. 11, 4 1916. Tresent address 4 5t. E. Esrnevall. Ont.

NAME Ballershillwom Mitchell NO. 345885 RANK AND 70.0. 13-11-16 70.0. 1590f21-11-16 UNIT 25th Depot Ballery E. E. J. M. D. 3 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID SIG. PAID OR FROM TO REC'T PARTICULARS AUTHORITY 26 no Fro. overslas 22-3-17 D. Q. 80 of 23-3-17. S. O. S. 31-3-17 Proceeded overseas 22-3-47 apr payled mar april no af a

ASSIGNED PAY

Sheet No. 2. Eliza Battershill OVERSEAS CONTINGENTS

PAYMENTS.

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Year.

1918

1919

1920

Cheque No.

Amt.

Month.

Aug.

Sept.
Oct.
Nov.
Dec.
Jan.

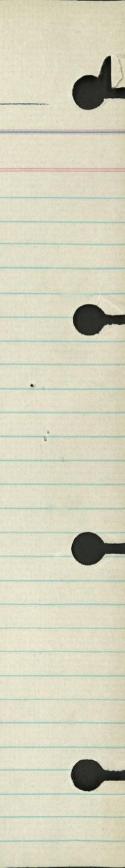
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PAYMENTS.

Remarka

Name of Soldier_



M. F. W. 12 50m.—7-16 H. Q. 1772-39-316

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Eliza Battershill
Address 4" St- Cornwall. Ont-

By Whom Assigned Battershill Wan In

Regtl. No. 345-8-5-

Rank En

Corps 75" Batt

Rate 20,

APR 1917

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
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	Oct.				
	Nov.				
	Dec.				GOLIDA
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	March				

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT PARTICULARS OF SEPARATION ALLOWANCE Rank Ifur Promoted Reverted

Soldier's Name Um. M. Battershill Discharge Address 1 Beneficiary Relationship Address

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13576 1 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. 34 M. OR S. DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT NEXT OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS DATE OF ATTESTATION IS SEPARATION ALLOWANCE PAID? ASSIGNED PAY \$ DATE EFFECTIVE TO WHOM PAID RELATIONSHIP PAYABLE TO ADDRESS ADDRESS , the STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-OTHER TOTAL ASSIGNED MENTAL CREDITS CREDITS PAY MONTH CHARGES NO. OF DAYS AMOUNT COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 RATE NO. 500 - 3500 / 05 bo 105 00 WAR SERVICE GRATUITY wsg s 4 TOTAL WSG 350 65 60 70 350

100M-1-19.—L. L. 53962-M. & D. 9723. M. F. W. 2596. 1772-39-1890. Add:
#1073 P.O. Bas
Gonwall Ont

4665 BATTERShill WM. MitchELL. REGT. NO. 345885, UNIT C. 79. H. Q. FILE NO. M. F. W. 2505 CONTENTS TO WHOM FORWARDED DATE RECEIVED DATE FORWARDED NON-EFFECTIVE BY REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category 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) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category 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) DESERTION 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)