DISCHARGE DOCUMENTS

R. O. No. 20872

H. Q. No. 649-B-19380

Name Bisson Alphonse

Regt. No 684123 Rank Cpl

Corps 171st Bn

S. G. Deceased

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....X 2

Medical History Sheet.....X 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

Doc. S. F. 10-2

AE 91237-1

AE 5 1237-1

AE 10 131-1

1 org will

Int. 4 90 20.

R122

M.F.W. 6-7-1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

(2)

6-22

25 22

27-23

2.

Card R.O.C. 22-3-16

Colvs

ATTESTATION PAPER.

No. 684123

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Bisson
1a. What are your Christian names?	Alphonse
1b. What is your present address?	Sacre Coeur de Marie P.Q.
2. In what Town, Township or Parish, and in what Country were you born?	Sacre Coeur de Marie P.Q.
3. What is the name of your next-of kin?	Etienne Bisson
4. What is the address of your next-of-kin?	Sacre Coeur de Marie P.Q.
4a. What is the relationship of your next-of-kin?	Pere
5. What is the date of your birth?	31 Janvier
6. What is your Trade or Calling?	Cultivateur
7. Are you married?	non
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	oui
9. Do you now belong to the Active Militia?	non
10. Have you ever served in any Military Force? If so, state particulars of former Service.	non
11. Do you understand the nature and terms of your engagement?	oui
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	oui

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alphonse Bisson, 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.

sgd. Alphonse Bisson (Signature of Recruit)

Date March 1st 1916. sgd. D.O. Riverin Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alphonse Bisson, 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.

sgd. Alphonse Bisson (Signature of Recruit)

Date March 1st 1916. sgd. D.O. Riverin Capt (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 The Ford Mills this 1st day of March 1916.

sgd. E. Lorrain (Signature of Justice)

Mayor

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Alphonse Dicaire on Enlistment.

Apparent Age 21 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 1/2 ins.

Chest measurement. { Girth when fully expanded ..... 33 1/2 ins.
Range of expansion .... 2 1/2 ins.

Complexion ..... Brown

Eyes ..... Brown

Hair ..... Chestnut

Religious denominations { Church of England .....
Presbyterian .....
Methodist .....
Baptist or Congregationalist .....
Roman Catholic ..... R.C.
Jewish .....
Other denominations .....
(Denomination to be stated.)

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).

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date March 1st 1916.

Place Shefford Mines Sgd. Eugene Lacerte
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alphonse Dicaire 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.

Jas Ince (Signature of Officer)

Date March 1916.

Lt. Col.

171st. O/S BATTALION, C. E. F.

684,123

Besson. A.

O. K.
17-8-18

79757

L.P.C

Passed to Estates

16.12.18

To Officer in Charge
Military D

NAME .....
(Surname)

ADDRESS .....
(No. and Street)

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P1150 1M 5/18 G.W.P.Co(3490)

Temporary Orderly not Available

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I. Part I.

(1) *Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname — Bisson	171st Bn.	684123
(5) Christain Names — Alphonse.		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) 1st March 1916. (11) Engagement (*c*) Duration of War.

(12) Service reckons from (*date*) 1st March 1916 (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*). (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	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 named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
		Arrived	in England per S.S. Mauretania		"	30-11-16.
5-12-16	17th Bn	DO 230	Appointed L. Cpl.	Wilton	23-11-16.	
17-1-17	" do	DO 229.	Adm. to M.B. Hosp	" do.	1-1-17.	
15-2-17	CL 20. Res	CL 8.	Trans. to Can Red Cross Hosp at Burton	Derbyshire	6-2-17.	
28-6-17.	1st QRD	DO 97	Taken on Strength from 17th Bn. and on Command to Depot Burton for Discharge	Shoreham	21-6/17	
18-8-17.	" do.	DO 144	Cases to be on Command to Depot Burton and Struck off Strength to Canada for Discharge	Shoreham	10-8/17	

Disch Depot: To Cons. Home M.D. 4 Montreal 28-8-17.
N.R. 336.

R. Saunders Lieut.
for Colonel i/c Records, OMFC

Nothing to be written in this margin.

10

ORIGINAL

684/123

MEDICAL HISTORY SHEET

Surname Brown *Christian Name* Alfred

Examined { on 1st day of March 1916
at Shilford Mills

Approved by J. D. Saunders

Birthplace { City or Town Sacri Coeur de Marie
County P. Q.

Rank Major M.O.

Apparent age 21

Trade or occupation Farmer

Height 5 feet 7½ Inches

Weight lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33½ inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

B

Date	Result	Vaccinations
25/30/16		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
2/5/16		M.O.
13/5/16		M.O.
15/7/16		M.O.

Enlisted on 1 *day of* March 1916 *at* Shilford Mills

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Batt	684123		1-3-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Can. B. C. H.	14. 6. 17	Myalgia	Discharge To Canada Reception Davis Hospt

15 JUN 1917

Approved

Lt Col CAPT.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Christian Name

Surname

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Bramshott		1	Jan	1917	7	Feb	1917	Arthritis	37	Admitted with painful joints especially knees and shoulder joints. Left knee showed some thickening about the joint. Appetite very poor. but is improving. Has pain on movement and cannot bear weight on left leg. History of rheumatic fever in Canada thirteen months ago, before enlistment. Patient improving and recommended for Buxton.	[illegible] Capt. Camp
Canadian Red Cross Special Hospital, BUXTON, DERBY.		7	2	17.	2	5	17.	Arthritis.	84.	Arthritis has improved. Still has pain in back, hips & knees. Left knee swollen. Is Anaemic & under weight. Suffers from General Asthenia. Transferred to Moore Bks Hospl Shorncliffe for further treatment	[illegible] Major C.A.M.C. B.
Moore Barracks Canadian Hospital Shorncliff		2	5	17				Myalgia		Considerably improved from above condition. But unfit for service. Boarded & recommended for invaliding to Canada.	J. Wickham Capt. C.A.M.C.

M.S.A. 15.

EXAMINING BOARD # 18.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

B270

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

1. Surname BISSON Christian name Alphonse

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 791010

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

4. Address (including street and number, if any) Iroquois Falls, Ont.

433/23

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd. day of November 1917, by the undersigned medical board sitting at Iroquois Falls, Ont.

5. Age as stated 18 24 Years Months. 6. Apparent age 1 Years Months

7. Height 5 Feet 1 Inches. 8. Weight 141 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 38 Ins. } 10. Complexion Fair { Eyes brown / Hair D.Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks no

13. Number of vaccination marks { Right arm 0 / Left arm 6 } 14. When vaccinated last never

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

16. Slight defects but not sufficient to cause rejection Arrythmia slight.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2.

R - D - 30
L - D - 30

Hearing good.

R. J. Gibson Capt. President.

W. H. Martyn Capt. Member. C. Thorsey M.D. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

DUPLICATE FROM MEDICAL BOARD

Joined day of 191 at

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Signature of Man

Surname .... Christian Name ....

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				

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 171st Bn. C.E.F.

(2) Regimental Number 684123

(3) Full Name of Soldier 1 Corp Alphonse Bisson

(4) Place of Birth Sacre Coeur de Marie Megantic

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife NOT APPLICABLE

(b) Present Postal Address NOT APPLICABLE

(7) Are you a widower ? No

(8) Have you any children ? No

If so, give number of boys and girls NOT APPLICABLE

Also their names and ages NOT APPLICABLE

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes .....

If so, state name and address ..... Etienne Brosseau Lac bœuf de Mari Megantic

(10) Is your Mother alive ?..... No .....

If so, state name and address..... NOT APPLICABLE .....

.....

(11) If your Mother is a widow..... NOT APPLICABLE .....

Are you her sole support, or not ?..... NOT APPLICABLE .....

(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.

..... NOT APPLICABLE .....

.....

(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.

..... NOT APPLICABLE .....

.....

.....

(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.

..... NOT APPLICABLE .....

15) Are you insured ?..... No .....

If so, in what Company ?..... NOT APPLICABLE .....

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.

HEADQUARTERS 171st B/S BATTALION, C. E. F. NOV 21 1916 ANS'D

Date.....

Wm Price Lt. Col.
O. C., 171st Overseas Batn, C. E. F.
Officer Commanding.

MILITARY HOSP
BRAMSHOTT, HANTS

Forms I. 1237/11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	68423	Lr. Cpl.	Bacon	A.

Year	Unit.	Age.	Service.
1917	17th Cands.	21	1/12

Station and Date.

1-1-17

Disease Arthritis

Family Hist – Mother dead. Ten brothers and sisters dead – do not know cause of death

Past Hist – Had typhoid when a boy – Had Rheumatic fever in Canada – two months confined to bed. Present Illness – One month ago Knees and Shoulders became swollen some tenderness on motion

18-1-17 Patient improving able to walk

18.1.17 Pain in each joint: left knee is the worst. Can't bear anyone touch about the joint

28.1.17 Temperature.

2.2.17 Wt. 114 lbs.

6.2.17 Patient improving slowly. Cannot bear his weight on his left leg. Has slight Effusion & tenderness. Salicylates stopped as apparently improved. Recommended for Board

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

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 171st Military Hospital MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE

No. 684123 Rank and Name Cpl Bisson, acpkowse Age 22. Service 1st/12

Disease Myalgia Date of admission 2.5.17. Date of discharge 21-6-17 Result To improved

Dates of Observation	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Days of Disease																				
Temperature Fahrenheit — Time A.M. P.M.																				
107°																				
106°																				
105°																				
104°																				
103°																				
102°																				
101°																				
100°																				
99°																				
98°																				
97°																				
Pulse per minute			18 64	18 80						40										
Respirations per Minute																				
Motions per 24 Hours																				

Coldmixture

Bed

2700

(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature Huckhan Cpl In charge of ward

DUPLICATE

684/123

MEDICAL HISTORY SHEET

Surname Bisson *Christian Name* Alphonse

Examined { on 1st day of Mar. 191 6
at Thetford Mines

Birthplace { City or Town Saere Coeur de
County Marie

Apparent age 21

Trade or occupation Farmer

Height 5 feet 7 1/2 Inches

Weight lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33 1/2 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last 25/9/16

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by F. Pantaleon

Rank Major 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
25/9/16		F.P. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
2/5/16		M.O.
13/5/16		F.P. M.O.
16/7/16		M.O.

Enlisted on 1st *day of* March 1916 *at* Thetford Mines

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	171st Batt.	684/123		1-3-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Form R & O 6964.
6937—8 Books.

REFER TO FILE.

In reply please quote No. **8776**
and date of letter

A. D. NO.

THE CANADIAN DISCHARGE DEPOT,

BUXTON.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY DEC 7 1918

STATEMENT ON DISCHARGE.

STATEMENT OF...Name Bisson. A

Reg. No. 684123 Rank Cpl.

Unit 17th Batt

Place BUXTON Date 7/8/17.

To OFFICER i/c, EMBARKATION, at BUXTON

I hereby request my Discharge in Canada.

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon opposite the corresponding headings.

CLOTHING— ———

FOOD, AND TREATMENT AT DISCHARGE DEPOT— ———

PAY— ———

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature A. Bisson.

Rank Cpl.

Witnesses Jas. S. G. Hall Capt. (*Adjutant, C.D.D., Buxton*).

J. Kirkpatrick (*O.C., C.D.D. Buxton*).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—
ORIGINAL—To be forwarded with Discharge Documents.
DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.

STATEMENT ON DISCHARGE

FORM OF WILL.

FORM OF WILL.

79757

I, Alphonse Bisson Lcpl (Name in full)

Regimental Number 674123 serving in 42nd Batt

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Etienne Bisson
Sacré Coeur de Marie
Sainte Megantic

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Etienne Bisson
Sacré Coeur Marie
Sainte Megantic

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 21st day of November A. D. 1916

A Bisson Lcpl
Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Sgt L Gendreau
Address of Witness St Laurent Ile Orleans
Occupation of Witness Boulanger.
Signature of Second Witness Rene Gravel.
Address of Witness 8e Longueuil St Longueuil
Occupation of Witness Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

R—122
8,401—50,000—21-10-16.

J.P

Rank L'Cpl. Name BISSON, Alphonse Reg'l No. 684123.

Unit 171st Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Thetford Mines. 1st.March.1916. Place of Birth Sacri Coeur de Marie P.Q.

Name and Address, Next-of-Kin Etienne Bisson.

Sacre Coeur de Marie. P.Q. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6852
File R.L.
Category MOC

Report. Date.	Report. From whom received.	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.
		Arrived in England S.S. Mauretania 30 11 16.			
5.12.16	171st Bn.	Appointed L'Corporal	Witley	23.11.16	Pt II. D.O. 230
17.1.17	171st C.L.	Admitted to B.M. Hosp.	Witley	1.1.17	C.L. 10 Pt II D.O. 239
15.2.17	C.L. 20th R.Bn.	Transfs to Can Res + Hos Buxton	Derbyshire	6.2.17	C.L. 8
10.4.17	20th Res. Bn.	T.O.S. from 171st Bn.	Shoreham	10.4.17	Pt II O 93.
10.4.17	"	S.O.S. to 1st Q R.D.	"	10.4.17	— 93 Cancelled see Pt II 99.
25.6.17	1st Que. R.D.	T.O.S. from 171 Bn. + on Com at C.D.D. Buxton for Discharge	—.—	21.6.17	Pt II DO 97. + 20 Res Pt II O 170 d 26.6.17
18.8.17	—.—	Ceases to be on Com to C.D.D. + S.O.S. to Canada for Disch	—.—	10.8.17	Pt II DO 144.

Report. Date.	Report. From whom received.	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.
	Dis Dep	To Conv Home	MD 4 Montreal	28.8.17	Nh 336.

M. F. W. 41
100M-1-18.
1772-39-889.

Name L/Cpl. Bisson. A.

B457

Regimental No. 684123

Unit 17th Bn.

Date of enlistment Nil.

Place of " Nil.

Married (yes or no) Nil.

Amount of pay assigned monthly $ 20.00

To whom payable Mr. Etienne Bisson.

Name and address of next-of-kin
Mr. Etienne Bisson.
Sacre Coeur de Marie
Co Megantic.

Date and place discharged ✓ Quebec.

Reason for discharge "Deceased"

Character on discharge ✓

1917	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
									22.80					2.04			
Oct.	1	31	31	1.05	32.55	31	10	3.10	29.98	88.43	2440		30.80	40.00		70.80	C.F. 17.63
									24.00	94.00	2880		8.00	2643			
Nov.	1	30	30	1.05	31.50	30	10	3.00	17.63	82.13	3546		18.00	20.00		46.00	C.F. 30.13
									24.80					3298			
Dec	1	31	31	1.05	32.55	31	10	3.10	30.13	90.83	3630		70.83	20.00		90.83	
									0.25								
1918																	
Jan.	1	31	31	1.05	32.55	31	10	3.10	24.80	60.45	4236		32.80	4063 20.00		52.80	C.F. 7.65
									22.40					4680			
Feb.	1	28	28	1.05	29.40	28	10	2.80	7.65	62.25	4930		30.60	20.00		50.60	C.F. 11.65
									24.80					5266			
Mar.	1	31	31	1.05	32.55	31	10	3.10	11.65	72.10	5508		30.00	20.00		50.00	C.F. 22.10
									13.60								
April.	1	17	17	1.05	17.85	17	10	1.70	22.10	55.25							C.F. 55.25
"	18	30	13	1.05	13.65	13	10	1.30	10.40	80.60	499		30.00	236 20.00		50.00	C.F. 30.60
									24.80					6035			
May.	1	31	31	1.05	32.55	31	10	3.10	30.60	91.05	791		30.00	20.00		50.00	C.F. 41.05
									24.00					1003			
June.	1	30	30	1.05	31.50	30	10	3.00	41.05	99.55	1174		30.00	20.00		50.00	C.F. 49.55
									24.80					1377			
July.	1	31	31	1.05	32.55	31	10	3.10	49.55	110.00	1463		30.00	20.00		50.00	C.F. 60.00
									24.80					1690			
Aug.	1	31	31	1.05	32.55	31	10	3.10	60.00	120.45	1640		30.00	20.00		50.00	C.F. 70.45
									24.00					1756			
Sept.	1	30	30	1.00	31.50	30	10	3.00	70.45	128.95	1819		8.00	20.00		28.00	C.F. 100.95
									9.60					1878			
Oct.	1	31	31	1.00	32.55	31	10	3.10	100.75	146.20				20.00		20.00	C.F. 126.20
					415.80			39.60	826.64	1282.24 →			379.03	280.00		659.03	
															C.F.	623.21	
																1282.24 →	Deceased 13-10-18

Died of Influenza Oct. 1918

659.03

M. F. W. 41
100m-1-18.
1772-39-330.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Etienne Bisson

PAYMENTS.

Name of Soldier Bisson J Alphonse J.

684123 L/Cpl. 171st Bn.

L. L. Job 4503. - Req. 6832.

$20.00

DEC 19

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	O 37093	40	
Feb.		042661	20	20 JW
March		P 49041	20	20.B
April		N. 617	20.	20 B.
May		06367	20	
June		S 13545	20	20. W
July		Q 20019	20	B.
Aug.		S 27564	20	D 180.00
Sept.		R. ~~34010~~	~~20~~	Cancelled R 3 4010 R. F.
Oct.				
Nov.				A/c Closed 31-8-17
Dec.				Ret'd per Megantic
Jan.	1918			Date 14/8/17 F. X. 7/9/17
Feb.				Clerk R. Forty
March				
April				
May				
June				
July				

D 180

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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.				

J. L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Etienne Bisson

Address Sacre Coeur de Marie
Megantic Co.
P. Q.

Rate $20.00

By Whom Assigned Bisson J Alphonse

Regtl. No. # 68123

Rank L/Cpl.

Corps 17th Lt. Bn.

DEC 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				

COPIED FOR 3 CASUALTIES.

CONSOLIDATED ACCOUNT

L/Cpl Name Bisson Alphonse J

M. F. W. 41
1 OM—7-16
1772-39 889.

L. P. C. No. 2331

Regimental No. 684123

Unit 171 Bn.

Date of enlistment 1. 3. 16

Place of Thetford Mines

Married (yes or no) No.

Amount of pay assigned monthly $20. 1 12/16 - 31 8/17 = 180

To whom payable Etienne Bisson

Megantic 28 8/17 Sacre Coeur Marie Megantic Co.

MILITIA & DEFENCE OTTAWA
CASUALTIES C.E.F.
SEP 24 1917
Pay & Accounts Branch, Militia Dept.

~~Name and~~ Home address ~~of next-of-kin~~ Sacre Coeur de Marie Megantic Co. Que

M. B. 3.9.17 Conv Home

Date and place discharged

Reason for discharge

Character on discharge

Class-Duty H. O.

ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	23 6/17							25 32								E. L. O. C.
26 6/17	30.9.17	99	1.05	103 95	99	10	9 90		139 17					9 73		aR. 3905
														9 73		5902
														9 73		boat
														40 =		D.D. Que.
													40 =		109 19	July & Aug
												Cr Bal			29 98	
									139 17						139 17	Tfd to E. unit from 1.10.17 with Cr Bal.

G. R.

Eng A.P. C hgd from 1 12/16 to 30 6/17 = $140

M. F. W 41
1 0M—7.16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Bisson	A.	684123

Rank	Unit	Co.	Troop	Batty
L/Cpl	171st Bn 20th Res Bn			

Hospital — Date of Admission

Bramshott Mil 1-1-17

Transferred — Hosp.

Can. R. C. Buxton Derbyshire — Hosp. 6.2.17

Moore Barracks Shorncliffe — Hosp. 3-5-17

Hosp.

Diagnosis Arthritis

(1)

Later Diagnosis (if changed) Myalgia.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 17-1-17 #10

15-2-17 #8

Cl. 17-5-17 #36

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

RW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Name Bisson Alfonce File No. U.S. Reg. No. 684123

Rank Corpl. Batt. 171st Age Church ~~M. or~~ S Trade or Occupation

Date of Admission 9-9-17 Home Address St. Coeur. Marie. Co. Megantic. P.Q.

Next of Kin Father Etienne

Port of entry and date of arrival

First Leave to Extended to

Convalescent period recommended by Dis. Depot to

Date of Unit Board Recommended { Further Treatment / Discharge

Discharged to Class Date Conduct on Discharge

Diagnosis D. of D.

Date	Remarks	Part II. Order
	T.O.S	70.163.
	Outpatient	190.

M. H. C. F. 29B. 7-17.—10M. L. L. 24570.

[OVER]

DATE	REMARKS	Part II. Order

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7193.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Dec 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 684123

Rank L/Cpl Promoted Reverted Discharge

Soldier's Name Alphonse J Bisson

Battalion 171st Batt.n

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Etienne Bisson

Address Sacre Coeur de Marie

Change of Address Megantic Co., P.Q.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Aug 31-17			180	180	a/c closed 31/8/17 retd Megantic 14/8/17

M. F. W. 128
400M.—6-17—1772-93-141
L. L. 22320—M. & D. 1693.

No. 684123 RANK Pte. NAME Bisson, Alphonse.

T. O. S. 1-3-16 (D.O.S. 11.3.16) UNIT Recruiting Staff (Thetford Mines)

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 1.	1916 Mar. 31.	W		

No. 684/123 RANK Pte NAME Bisson alphonse

T. O. S. UNIT 171st Battalion

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916 -			
apr 1	apr 30	L		
	May	L		
	June	"		
	July	"	app L/Cpl.	DO 105 of 6-7-16.
	Aug	"		
	Sept	"		
	Oct	L		
	Nov	"		

UNIT SAILED
NOV 23 1916

Reg. No. 684443. Name Bisson. A.

Rank Pte Corps 171. Bn. Age 21. Service C 0/12.

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Camp Valcartier Quebec	11. 7. 16	Lumbago.
Dis. to. Unit.	14. 7. 16	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

649-B-19380

Number 684123 Rank R/Cpl.

Surname BISSON

Christian Name Alphonse

Units 171st Bn C Inf Theatre of War England

Date of Service 30-11-16

Remarks Father - Mr Etienne Bisson

Latest Address ~~R.R. 2~~ Robertsonville P.Q.

Roll No. A Page 4009

200m.-6-21.

DESP. JAN 18 1927
REGN. NO. 2F627

not eligible for 14/15 Star.

BISSON, A. J. CPL. NO. 684123 649-B-19380 1-12-19.

MEDALS.

The father, Etienne Bisson, Esq., Sr.
Robertsonville, P.Q.

PLAQUES. (Ser. # 806509.)

The father, as above.

C OF S.

NIL.

AD 5
6083

Scroll D. MAY 4 - 1921 Regn. No Z 41187

NOV 30 1921

Plaque Desp ..... Desp No P18682. OK

NAME REG. NO FILE NO.

DATE IN	DATE OUT	P.A. OR B.F.	DATE REQUIRED	REMARKS

D

S.O.S. Dis. 18-10-1918
D.O. 163 of 17-10-18
x 3: D.D.

NAME Bisson Alphonse Deceased

RANK & No. ~~Pte.~~ L/Cpl. 684123.

CORPS 171st Batt.

ENLISTMENT, PLACE Shefford Mnies DATE March. 1st 1916.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada Sacre Coeur de Marie P.Q.

NEXT OF KIN Bisson Etienne (father)

ADDRESS OF NEXT OF KIN Sacre Coeur de Marie P.Q.

DISCHARGE, PLACE DATE

Returned to Canada per S.S Megantic 14-8-17 Auth 7346.

O/S 23/11/16

R/C 28/8/

M. F. W. 22. 100 m.—0-15.

H. Q. 1772-39-839.

L. L. 85779—M. & D.—6011.

From Halifax per S.S. "Mauretania" 23/11/16

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Cultivator. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 21 YEARS 1 MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 33½ INCHES EXPANSION 2½ INCHES

COMPLEXION Brown EYES Brown. HAIR Chestnut

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Shetford Mines DATE Mar 1st 1916

REMARKS:

24

Forms
I. 1237
11

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHERNCLIFFE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
~~2709~~ 2709	684128	Cpl	Bisson	Alphonse
Year	Unit.		Age.	Service.
1917	171st	A.	22.	11/12.

Station and Date.

2.6.17
Moore Barracks.

Disease Myalgia

Sore back & legs. Weakness.
Duration: Since Dec 10th.
P. H. Never very strong. Measles.
N.O V.D.

H.P.I. "Rheumatic Fever" 7 years ago at which time knee was swollen & sore, & back was sore. Was in hospital at Whitley 8 days, at Bramshott 6 wks. & Aston 2 months.
At present time has pains all over & bad worst in Knee & back; feels weak. No appetite. Bowels reg. No urinary symptoms.
Exam: Teeth very bad. Very thin. Heart & lungs n.e. Tenderness of lumbar muscles marked. Some spasm also present Rt. knee slightly tender.
Reflexes normal.

Mist. Rhenn 3ii t.i.d.

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11. F.T.O.

Station and Date.	
10-6-17	X Ray no. 5189: of vertebrae reports negative findings.
	Boarded & Recommended "Invalided to Canada.
	Fenwick Capt. C.A.M.C.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document, The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

11-16

11-B-350

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 684123 Army Rank A/ Corporal

Name Bisson, Alphonse
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1. Quebec F. D.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 13-10-18 30/183 17-IV-18

Place of discharge S.O.P. Deceased.

1. *Description at the time of discharge.*

Age 22 years — months
Height 5 feet 7 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Farmer
Intended place of residence (To be given as fully as practicable) { 5 / Quebec

Descriptive marks.

3. Vacc. Mks. L. Arm

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Para. 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Lieut.-Col.
Commanding Canadian Discharge Depot

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. A4300 Wt. W17176/M291 500,000 4/16 Sch. 33 Form B. 268 60

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations — Local

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____ CANADIAN DISCHARGE DEPOT 25 JUN. 1917 BUXTON

(Date) _____

Gustave Mafo for Lieut.-Col. Commanding Canadian Discharge Depot

Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

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

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

_____

S. S. No. _____

MILITARY DISTRICT No. 3 CENTRAL REGISTRY DEC 7 1918

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Quebec DATE March 1-1918

1. (a) Unit 171st Bn. (b) Regimental No. 684123 (c) Rank Corporal
   (d) Surname Bisson (e) Christian name Alphonse
2. Age last birthday 23 Date of birth Jan.31-1895
3. Enlisted at Thetford Mines on March 1-1916

DEC 7 1918

4. Personal description :—
   (a) Height 5' 7" (b) Weight about 80 lbs. (stripped) (c) Complexion Clear
   (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks
   1 Vacc.mark left arm.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   Sacré-Coeur
6. Former trade or occupation Farmer.
7. (a) Service

	Years	Days	Periods From	Periods To
171st Os.Bn.			Mar 1-1916	

   (b) Has he been Overseas? Yes
8. Present disease or disability (use authorized nomenclature if possible). Arthritis
   (a) Date of origin Dec 20-1916 (b) Place of origin Whitley-England
   (c) Cause* Infection Acute Rheumatism-exposure to dampness
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Arthritis marked both shoulder joints partially ankylosed.
" " " hip " completely ankylosed
" " " knee " " "

Complains of pains and soreness in all joints body. Shoulders, hips, knees and ankles are tender to the touch. Is unable to sit up in bed, cannot turn on either side, if bed is touched or slightly jarred he complains of severe pains in knee and hip joints.

Heart is regular but lacks muscular tone and pulse is feeble.

Lungs-normal. He is very emaciated. Does not sleep well, and does not eat well. Is liable to a development of bed sores.

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

M. F. B. 227.
15/M.-6-17.
1772-39-117.

10. History ;

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

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100%

12. Did the disability arise on or off duty ? On duty.

13. Was a Court of Inquiry held ? No.

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

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

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

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

Hospital Bramshott, Buxton, & Shormecliffe.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

Yes but it is impossible to move this soldier.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations

J. B. Todd Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment.
(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).

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

President.

Members.

STATION.....

DATE.....

APPROVED BY

DATE..... *Assistant Director of Medical Services.*

APPROVED BY

DATE..... *Director-General of Medical Services.*

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at England, on the day of 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT.-COL. W. GRANT MORDEN.
LIEUT.-COL. D. MCLEAN
MAJOR R. RAIKES, C.A.M.C.
MAJOR HUME BLAKE.
MAJOR T. H. MACDONALD, C.A.M.C.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

President.
Lt.-Col.

Lt.-Col.

Major, C.A.M.C.

Major.

Major, C.A.M.C.

167966

LOCAL.

N.E.

D.M.S. 1312.
Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Moore Barracks Canadian Hospital

Date June 8th, 1917.

1. Unit 171st, Battalion.
2. Regimental No. 684123
3. Rank Corporal
4. Name Bission Alphonse
5. Age last birthday 22 Years.
6. Enlisted on March 1st, 1916. at Thetford Mines Que.
7. Former Trade or Occupation Farmer.

8. **Disability.**

MYALGIA.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. About December 20th, 1916.

10. Place of origin of disability. Whitley, England.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

At about ~~about~~ date was admitted to hospitalwith Swollen and tender Left Knee and painful back, at witley hospital 8 days Bramshott Hospital 6 weeks and Buxton 3 months. Then to Moore Barracks On admission had pains all over Body, Worst in Lt Knee & Back, felt weak, Was thin and pale. Almost bedridden. In his past history he has had ~~short~~ slight attack of "Rheumatism" Pains in Left Knee, Measles as a child No V.D.

12. (*a*) Give your opinion as to the causation of the disability. (a) Infection, probably Rheumatic Fever.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*). (b) (1) No (2) Yes, Due to hurried Climate and exposure of winter though there was apparently a predisposition to the infection.

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Still very crippled with rheumatoid pains, walks with stiff back. Nutrition and strength have improved . Back still causes him pain, is tender on palpation in lumbar region, and there is some spasm of lumbar muscles. Heart and lungsNeg. Urine normal. Nervous and digestive systems normal. X-Ray exam of vertebrae is negative, report attached.

14. If the disability is an injury, was it caused — Not applicable

(*a*) In action ?

(*b*) On field service ?

(*c*) On duty ?

(*d*) Off duty ?

15. Was a Court of Inquiry held on the injury ? — Not applicable.

If so—(*a*) When ?

(*b*) Where ?

(*c*) Opinion ?

16. Was an operation performed ? If so, what ? — Not applicable

17. If not, was an operation advised and declined ? — Not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ? — Not applicable

19. Do you recommend

(*a*) Fit for duty ? — No

(*b*) Fit for light duty ? — No

(*c*) Invalided to Canada ? — Yes

(*d*) Discharge as permanently unfit ? — No

Signed J.C. Wickham , Capt. C.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Shorncliffe.

Date 12/6/17.

Signed Wallace A. Scott. Colonel C.A.M.C. Officer i/c Hospital.

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other causes.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as " may," " might," " probably." &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, Mav 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. — (1) No (2) Yes

(*b*) If due to one of these causes, to what specific condition do the Board attribute it ? — G.S.Conditions and exposure.

21. Has the disability been aggravated by

(*a*) Intemperance ? — No.

(*b*) Misconduct ? — No.

22. Is the disability permanent ? — Impossible to state.

23. If not permanent, what is its probable minimum duration ? — Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? — ¾ - reducing, ½ of which is due to aggravation.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable ? — Not applicable.

26. Do the Board recommend

(*a*) Fit for duty ? — No.

(*b*) Fit for light duty ? — No.

(*c*) Invalided to Canada ? — No.

(*d*) Discharge as permanently unfit ? — Yes.

Signatures :— (Sgd) S.Nixon Davis Major C.A.M.C. President.

(Sgd) H.Coppinger Capt.

Members.

Station M.B.C.Hospital, Shorncliffe

Date June 14th 1917

M.G. Approved.

Station SHORNCLIFFE— (18, Westbourne Gardens, Folkestone.)

Date

Administrative Medical Officer.

15 JUN 1917

CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

MARRIED OR SINGLE S

PLACE OF BIRTH Sacre Coeur de Marie Meg. Co. P.Q.

NAME AND ADDRESS OF NEXT OF KIN Etienne Bisson
Sacre Coeur de Marie Megantic Co. P.Q.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 684123 RANK L/Corpl NAME Bisson Alphonse

IF IN PERMT. CORPS WHAT UNIT 171st C/S BATTALION C. E. F. UNIT

TRANSFERRED TO 20th Reserve Bn DATE 1-2-17 AUTHORITY Routine Order 2-1-17 ✓

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO C.C.A.C. DATE 29.4.17 AUTHORITY D.O. 831 4/17

PLACE OF ATTESTATION Thetford

TRANSFERRED TO Ruxton Reserves DATE 31/5/17 AUTHORITY AK 102/538

DATE OF ATTESTATION 1-3-16

TRANSFERRED TO Pay 2 K DATE 23.6.17 AUTHORITY 20.6.
24.6.17 discharge to Canada

ASSIGNED PAY MONTHLY $ 20 00 DATE EFFECTIVE DEC - 1 1916

PAYABLE TO Etienne Bisson. Sacre Coeur de Marie Meg Co P.Q. RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE D.S. 1/7/17 REASON Discharge to Canada

DISCHARGE DATE AND PLACE 23/6/17 Canada REASON AND AUTHORITY Moore Blks. 2B 28 - 20/6/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index. V.D. "Invalided" ✓

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by C.S.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	✓	REMARKS
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16-31	16	1.05	18	40											18 7 6 40 30														57 03		1927				
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Mar 1/31	31	1.05	35	65											35 65													20	20 00	47 12					
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D. Pay

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SL. No. 43 d. 14/3/17. Bal. Cr $5.86

Trans to 2 Pay 2 Leff 23/6/17 MB2 B28. 20.6. discharge to Canada

A3M. FORM REN'D STOPPED EFFECT 1/7/17
DISCHARGED TO Canada DATE 23/6/17
PAYBOOK VERIFIED 23/6/17
C/C. BAL 25.32 P.C. REN'D 23/6/17
AUTH'Y. Moore Blks. 2 B 28

Invalided 20/6/17

Sept. A.C.

684123 – L/Cpl. Brisson, Alphonse.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
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															49			5 86																
	Transf. to Canadian Liability a/c																																	
	Balance transferred to M. E. Branch. Nil																																	