10 M. D. Depot ~~Battalion~~ Sqdn 34th Fort Garry Horse Regiment

Regtl. No. 2147648

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname Wishart
2. Christian name Herbert Brachrook
3. Present address Russell Manitoba Canada
4. Military Service Act letter and number 302697 SR
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth November 27th 1896
6. Place of birth Russell Manitoba Canada
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Farmer
10. Name of next-of-kin Joseph James Wishart
11. Relationship of next-of-kin Father
12. Address of next-of-kin Russell Manitoba Canada
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act :—
    (a) Place Neepawa Man (b) Date Nov 7th 1917 (c) Category A II

Mobilization Medical Board Approved Lit Dec 21/1917
(sd) W A Murray Capt President
(sd) J M Long Lt Members
(sd) W J Grant Lt

DECLARATION OF RECRUIT

I, Herbert Brachrook Wishart, do solemnly declare that the above particulars refer to me, and are true.

(sd). H.B. Wishart (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs.	1 mths.
Height	6 ft.	2 ins.
Chest measurement	fully expanded	40½ ins.
	range of expansion	4 ins.
Complexion	Dark	
Eyes	Green	
Hair	Brown	

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

Vision R Eye 20/20
" L " 20/20
Hearing R Ear N
" L " N

(sd) J W Stoneham Major
O. C. Depot ~~Btln.~~ Sqdn
34th Fort Garry Horse Regt.

Place Winnipeg Man Canada Date Dec 21st. 1917

M. F. W. 133.
500M.—7-18.
1772—39—1158.

CERTIFIED TRUE COPY,
W. E. Furnstone Capt.
District Record Officer M. D. 10

10 M. D. Depot Squadron ~~DEPOT BATTALION~~ 34th Fort Garry Horse REGIMENT

CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K.R. & O. PARA. 1904.

REGIMENTAL No.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917.

N

CLASS One

1. Surname Wishart
2. Christian Name Herbert Braebrook
3. Present Address Russell Manitoba Canada
4. Military Service Act letter and number 302697 J R
5. Date of birth Nov 27th 1896
6. Place of birth Russell Manitoba Can
   (town, township or county and country)
7. Married, widower or single Single — mobilization Dec 21 1917
8. Religion Methodist — Medical Board approved Fit
9. Trade or calling Farmer — W E Murray Capt Prest; J M Murray Capt Mem; W J Enguth Mem
10. Name of next-of-kin Joseph James Wishart
11. Relationship of next-of-kin Father
12. Address of next-of-kin Russel Manitoba Can.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:-
    (a) Place Neepawa Man (b) Date Nov 7th 1917 (c) Category A

DECLARATION OF RECRUIT

I, Herbert Braebrook Wishart, do solemnly declare that the above particulars refer to me, and are true.

(Sgd) H B Wishart (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 1 mths.

Height 6 ft. 2 ins.

Chest measurement) fully expanded 40½ ins.
) range of expansion 4 ins.

Complexion Dark

Eyes Green Hair Brown

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

Certified true copy.
A Brandet Lieut
for Lt Col. i/c Records, om&c

(Sgd) F W Stoniham Major
O.C. Depot Squadron ~~Depot Btln.~~
34th Fort Garry Horse Regt.

Place Winnipeg Man. Date Dec 21st 1917

M.F.W.133. 1M-19-5-19.

REGIMENTAL DOCUMENTS

NAME WISHART Herbert B. REGT. NO. 2147648 UNIT H. G. H. H. Q. FILE NO.

S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
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)					Demol.
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)					3
CD-3					
Misc					
Can. Card					41 13
					10 13
					5 13
					3

Deceased 10-5-53

H

30210

W. 2589
10-1-11-18
1772-39-1577

Emk
RS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

B
A

Number.....2147648..... Rank.....Pte.....

Surname.....WISHART.....

Christian Name.....Herbert Braebrook.....

Unit.....F.G.H..... Theatre of War.....France.....

Date of Service.....16-8-18.....

Remarks.....

Latest Address.....Russell.....

.....Man.....

Roll No. B. Page 3425.

MAY 3 - [illegible]

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

17090 [illegible]

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

SURNAME. Wishart

CHRISTIAN NAMES Herbert Braebrook

REGL. No. 2147648 RANK Tpr.

UNIT 34th Ft. Garry Horse.

FORMER CORPS Nil.

M" 10 CARD No. 4

S.O.S. Dis. 5-7-19 10 Demob

FOLL. D.O. 190 of 9-7-19 10 DD

NEXT OF KIN.

NAMES IN FULL Wishart, Joseph James

RELATIONSHIP TO SOLDIER Father

ADDRESS Russell, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Russell, Man. DATE Nov. 27th 1896

PLACE OF ATTESTATION Winnipeg. Man. DATE Dec. 21st 1917

O/S. 17-4-18. 1178/2

R/C. 2-7-19 360/94 Tpr.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 21 YEARS 1 MONTHS

HEIGHT 6 FEET 2 INCHES

CHEST MEASUREMENT 40½ INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Green HAIR Brown

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Kelpawa, Man. DATE Nov. 7th, 1917

Present Address Russell. Man.

NAME Wishart H B. REGT. No. 2147648.

RANK AND UNIT Pte 7 G H.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

8518

LIST NO.	HOSPITAL	DATE OF ADMISSION	Can Cav REMARKS
A 413	7 Can Cav Fd Amb	22.12.18	Influenza
A 413	Discharged	24-12-18	"
C 424	Can. Spec. Hitley	4-5-19	20
C 448	Discharged	4-6-19	20

Form R. 149.

HERBERT BRAEBROOK.

8518

Name WISHART Rank Pte Reg. No 2147648

Unit F.G.H (L)

Next of Kin Canada.

Date 19.18	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22 12	7 Can Cav Fld Amb.	Influenza		A		41131
24 12	Disch: to Duty.	"	do	413		41131
4.5.19	Can Spec Witley		do	C424		10403
4 6	Discharged.		do	C448		4253

2

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

8518

Surname	Christian Name or Names	Reg. No.
WISHART.	H.B.	2147648.
Rank Pte.	Unit Cav. FGH.	

Cas. List.	
	7. Can. Cav. F. Amb. 22-12-18.
7-1-19. A413.	Influ'za.
	Dis. 24-12-18.
7.5.19 C424.	C. S. Witley 11.5.19.
	V.D. G.C.
11.6.19 C446.	Discharged. 4-6-19.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

D.M.S.1300. 50M-30-8-18.

Cas. List.

CANADIAN SPECIAL HOSPITAL,
WITLEY, SURREY.

To Registrar
C S W Witley

30/5/1919

2147648
Hishart A. P.
T. E. Horse

This is to certify that I have this day examined the marginally named and find him free from infective Venereal Disease, skin, vermin, and other infectious diseases.

J. Macphee Capt C.A.M.C.,
Medical Officer,
Canadian Special Hospital.

Gale & Polden, Ltd., Aldershot. 8668-y.

"C" Wing Records Office.
May2nd 1919

2147648 Pte Wishart H. O.M.H.S. of marginally noted O.R. Received from Above Office, upon being evacuated to Hospital.

H Wishart.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2147646 (Rank) Pte

Name (in full) WISHART Herbert Braebrook enlisted in

the Fort Garry Horse

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 21st

day of December 1917

HE served in F. G. H. England & France.

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

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

Age 22 yrs.

Height 6 ft. 2 in

Complexion dark

Eyes green

Hair brown

Marks or Scars

Signature of Soldier

Issuing Officer

Date of Discharge

Rank

Date 19

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

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

8518

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 320124

THIS IS TO CERTIFY that No. 2147 648 (Rank) Trooper.

Name (in full) Herbert Braebrook Wishart. enlisted in

the Depot Squadron 34th Fort Garry Horse.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 21st

day of December 1917

HE served in France with. Fort Garry Horse.

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

Demobilization R.O. 1420 (c)

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

Age	22. years.	Marks or Scars	One vaccination left arm.
Height	6' 2"		
Complexion	Dark		
Eyes	Green		
Hair	Brown.		

H B Wishart
Signature of Soldier

Date of Discharge

Dispersal Station "M"
JUL 5 1919
Military District No. 10

S Hobday
Issuing Officer

Lieut
Rank

Date 5-7-19 19

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

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

1.—That discharge certificate must be carried when wearing uniform.
2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19 .....

HE served in .....

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

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

Age	Marks or Scars .....
Height	.....
Complexion	.....
Eyes	.....
Hair	.....

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date ..... 19 .....

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

M.S.E. 39A.
1049-D.P.-300M-11-18.
E.Q. 1772-39-222

C.A.D.C. 5009A

P Wney

8518

M. Area.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

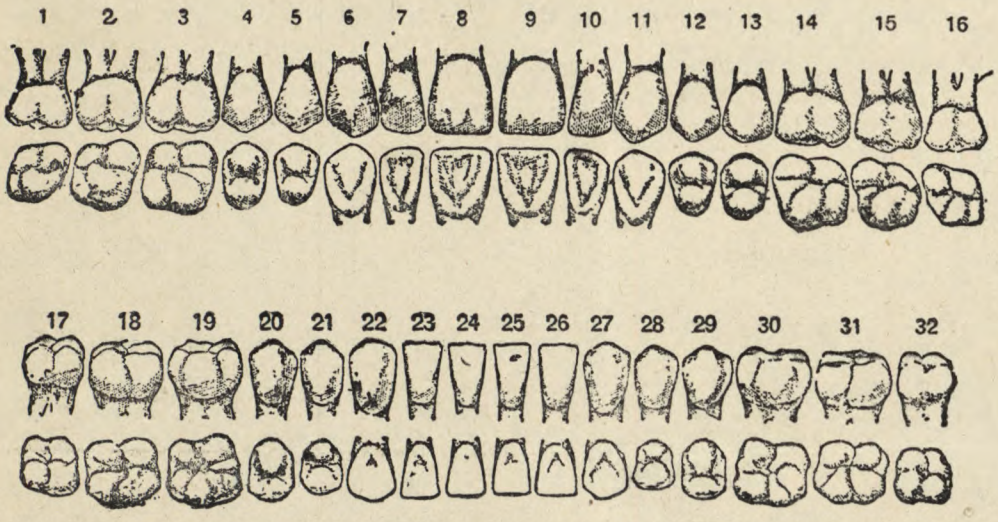
NAME OF SOLDIER (Block Letters) WISHART Herbert Breytook

REGIMENT Fort Gary Horse RANK ~~Pte.~~ Tpr. No. 2147648

Date of Examination in England 16.6.19. Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 R C Crosby Capt

E. H.

Temp. orig not available

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I. Part I.

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

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/8

(1)*Substantive rank Pte *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname Wishart (5) Christian Names HB (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*)	(2) Regiment or Corps [illegible]	(3) Regtl. No. 2147648

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (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)

(19) Pivotal-man (*f*) (Date) Signature of Posting Officer

(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.

8518 Wishart H.B. 2147648

(A) Report Date	(A) Report From whom received	(B) Authority of Part II. of Orders	(C) 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	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Arr. in England SS Melita		28.4.18	
29.4.18	CRCK	DO 119	TOS from Canada	Sciff	28.4.18	
16.8.18	FSH	68	TOS from CRCK	Fld	15.8.18	
30.4.19	C Wing Cee	15	TOS from France	B'shott	18.4.19	

A. S. Brandes
FOR LT: COL: I/C RECORDS, C.O.M.F.

S.O.S. O.M.F.O. TO C.R.F.
PT. II ORDER No. 57 DATED 23/6/19

J. M. Richardson Lieut.
OFFICER I/c RECORDS,
I/Pn WING C.C.C. WITLEY.

23/6/19 DO 190 Pa 2
T.O.S. Dispersal Station

M
and Dispersed 5/7/19 " " " 3

J. A. Kirkcaldy Capt.
for O. C. 10 District Depot.

Nothing to be written in this margin.

8518

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 9th Dft. 34th Fort Garry Horse

Regimental No. 2147648 Rank Trooper Name Herbert Braebrook Wishart

Enlisted (a) Dec 21 '17 Terms of Service (a) ~~C.E.F.~~ C.E.F. DofW Service reckons from (a) Dec 21 1917

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

Extended ..... Re-engaged W. S. B. CLASS. A Qualification (b) Farmer

Report 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. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked.	Halifax	15-4-18.	
		Disembarked.	Liverpool	28-4-18.	S.S. "Melita".
29-4-18	O.C. CRCR.	T.O.S. on reporting from Canada.	S. Cliffe	28-4-18.	Part II order no. 119.
16. 8. 18	CRCR.	Proceeded O/S. to F.G.H.	S. Cliffe	15-8-18.	Part II Order No. 228.
					E.G. Morrison Capt. ASST ADJUTANT. FOR OFFICER COMMANDING. CANADIAN RESERVE CAVALRY REGIMENT.
16.8.18	CGBO	Landed in France & TOS F.G.H.		16.8.18	Bo 68 of 20.8.18
23.8.18	do	Left for unit	Field	23.8.18	URD/1355
24.8.18	F.G.H.	Joined unit	Field	24.8.18	B213
14.12.18	~~CCB~~ F.G.H.	Attached MVS	Field	14.12.18	B213 CCB a 970 of 15/12/18
28.12.18	YCCFA	Influenza adm to Duty	YCCFA	22.12.18 24.12.18	A 4776
16.1.19	F.G.H.	Rejoined MVS	Field	24.12.18	KT 17-23
25.1.19	do	Rejoined unit	Field	21.1.19	B213
15.2.19	do	Att Cav Corps Annual	Coll Camp	12.2.19	B213

Stale 1/1

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

CERTIFIED CORRECT. 22 AUG. 1918 CAN. RECORDS, LONDON.

8518

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1.3.19	J.G.H	Rejoined unit Vierset Barse		23.2.19	B213
		Proceeded to Englan		17 AVR 1919	

G.J. Skelton
Lieut.
for Lt. Col. A.A.G.
Canadian Section

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 2147648 (Rank) Pte

Name (in full) WISHART Herbert Braehawk enlisted in

the Fort Garry Horse

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 21st

day of December 19 17

HE served in F. G. H. England & France

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

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

Age 22 yrs.

Height 6 ft. 2 in.

Complexion dark

Eyes green

Hair brown

Marks or Scars .....

.....

.....

.....

.....

.....

Signature of Soldier.

Date of Discharge

.....

Issuing Officer.

.....

Rank

Date ..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

Form R 122.
2353—100M—9-1-16

8518

CR. Rank Name WISHART, Herbert Braebrook. Reg'l No. 2147648.

Unit 9th Dft. 34th F, G. H, If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg, Dec.21st. 1917. Place of Birth Russell, Man.

Name and Address, Next-of-Kin Joseph James Wishart,

Russell, Manitoba, Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

R.B No 5831
File R.L.
Category CAN. OR

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.
C		Arrived in England		28-4-18	S/S MELITA
29.4.18	CRCR	SOS from Canada	Sc'cliffe Pte	28.4.18	DO 119
16 8 18	"	SOS to F.G.H	" "	15 8 18	Pte O228 & 68d/20.8.18. F.G.H
APr.21	FGH	PROC TO UK	FLD	Apr 18 19	DO 36 & 15d/30.4.19 C Wing CCC
16-6-19	C.C.R.D.	SOS on transfer to "P" wing	Pte Witley	6-6-19	D.O. 160
25-6-19	P. Wing	SOS to CEF. Canada	"	25-6-19	" 58

S.L 84. M.101
25-6-19

E.B. 103 CHECKED 21 AUG. 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

8518

MEDICAL CASE-HISTORY SHEET.

C. Ward

Hospital St. Boniface, Wpg. Station

No. 2174648 Rank Pte. Name Wishart, Herbert Age 21.

Unit 34th F.G.H. Service Enlisted Dec 21/18

Date of Admission Feb 22nd 1918 Date of Discharge Feb 26/18

Diagnosis Injured head.

Date of Origin Feb 22/18 Place of Origin Winnipeg

Cause of Illness or Injury:

History of Present Illness or Injury.
(Is Illness or Injury result of Service?)

Hit by street car & thrown on head.

Condition on Admission.

Entered in comatose condition. Small superficial scalp wound. X ray negative.

Treatment.

X Ray of head — negative
Dressing to wound.

Condition on Discharge from Hospital,

O.K.

Date Feb 26/18

Medical Officer i/c Case.

M. F. B. 313a.
30M—9-16.
39-439.

9027

MEDICAL CASE-HISTORY SHEET.

F. G. H.

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.

No. 2147648 Rank Rte Surname WISHART Herbert B
(Given name in full)

Unit or Corps F G H Birthplace Russell Man

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique .....Weight .....lbs. Height ....ft.....in. Colour of Eyes.....

Nutrition .....

Pulse .....

Condition of arteries .....

Vision Rt. .....Left .....

Hearing (conversational voice) Rt.....ft.

Left .....ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Opinion as to general health and physical condition.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System .....Genito Urinary System .....Cardio-Vascular System .....

Special Senses .....Integumentary System .....Respiratory System .....

Disturbance of mentality .....Muscular System .....Digestive 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.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date ..... Signed .....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 .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed .....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 .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1143.

P. Wing M Area.
8518

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.

No. 2147648 Rank Tpr Surname WISHART
(Given name in full)
Herbert Braybrook

Unit or Corps F. G. Horse Birthplace Russell Man

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 215 lbs. Height 6 ft. 3 in. Colour of Eyes Grey

Nutrition Good

Pulse 72 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

1 ver. L. Pre
mar.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System w Cardio-Vascular System w

Special Senses w Integumentary System w Respiratory System w

Disturbance of Mentality w Muscular System w Digestive System w

Osseous and Joint System w Any other general condition yes

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.

States. 1918. Scalpriging accident Goodrenny
1919 Scalies. Goodrenny

(If space is insufficient, continue on back of form.)

[OVER]

8518

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Willy (Overseas)

Date 18/6/19 Signed C Boyle 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 H. Bittenhart

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... 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 .....

(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.)

M.F.W. 129.

[OVER]

M.S.A. 15. ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

8518

ORIGINAL

ORIGINAL

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

1. Surname Wishart Christian name Stewart B.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 302697 JR

3. Consecutive number on schedule of men reporting for service (if he appears on it) # 111

4. Address (including street and number, if any) Russell Man.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of November 1917, by the undersigned medical board sitting at Depot Camp Man

5. Age as stated 20 Years — Months. 6. Apparent age ~ Years ~ Months

7. Height 6 Feet 2 Inches. 8. Weight 210 Pounds.

9. Chest measurement { Minimum 36½ Ins. / Maximum 40½ Ins. } 10. Complexion Dark { Eyes Green / Hair Brown }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm ✓ / Left arm 1 } 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection

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

R E 20/20
L E 20/20
Hearing Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A1].

J Buchanan Capt President.

J H Youngclaus Member. Jno. E Park M.D. Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
19.1.18	Pos	H A McFarlane capt	M.O.	5.1.18	Slt	H A McF. capt	M.O.
			M.O.	12.1.18	"	H A McF. capt	M.O.
			M.O.	19.1.18	"	H A McF. capt	M.O.

Joined 21st Dec day of Dec 1917 at Winnipeg, Man

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Depot Squadron	247648		21 Dec 17
Transferred to	34th Fort Garry Horse			
	S. G. S. M.O./secy			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Somerset Barracks	29.4.18	Category "A"	W. J. Macdonald Captain, C.A.M.C. Senior Medical Officer.

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

Corporal

Farmer

8518

Surname Twishart Christian Name Herbert Bracebrook

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	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.
St Boniface Hosp		22	2	18	26	2	18	Contusion of head	4	Dressing. no fracture (sgd)	A. T. Mathers
CANADIAN SPECIAL, HOSPITAL. WITLEY, SURREY		3	5	19	4	6	19	Gonorrhoea	33	APPARENTLY CURED. INJECTIONS AND MEDICINES. STOPPAGES AS PER DATES.	F. O'Neil CAPT. REGISTRAR.

96/12 L161

MILITARY SERVICE ACT, 1917.

DUPLICATE

MEDICAL HISTORY SHEET.

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

1. Surname WISHART Christian name Herbert B.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 302697 J R.
3. Consecutive number on schedule of men reporting for service (if he appears on it) #111.
4. Address (including street and number, if any) Russell, Man.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of November 1917, by the undersigned medical board sitting at Neepawa.

5. Age as stated 20 Years --- Months.
6. Apparent age -- Years -- Months
7. Height 6 Feet 2 Inches.
8. Weight 210 Pounds.
9. Chest measurement { Minimum 36½ Ins. / Maximum 40½ Ins.
10. Complexion Dark. { Eyes Green. / Hair Brown.
11. Physical development Good. { Good / Fair / Poor
12. Smallpox marks ----
13. Number of vaccination marks { Right arm -- / Left arm 1
14. When vaccinated last Childhood.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis — We find no evidence of past { Rheumatism / Tuberculosis / Syphilis R. E. 20/20 L. E. 20/20

(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

17. Hearing---Normal.
(a) Vision R. L.
(b) Hearing. R. L.

(Sgd) J.B.McGregor, Capt. *President.*

(Sgd) J.A. Young, Capt. *Member.* Jno. S. Poole, M. D. *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
19.1.18	Pos	H A McFarlen M.O.	5.1.18	Sli	H A McF Capt M.O.
		M.O.	12.1.18	"	H A McF Capt M.O.
		M.O.	19.1.18	"	H A McF Capt M.O.

Joined 21st *day of* December 1917 *at* Winnipeg, Man.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment / Transferred to	Depot Squadron, 34th Fort Garry Horse.	2147648		21 Dec 17.

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

certified true copy
[signature] Lieut. & Adjt.
Depot Squadron, 34th Fort Garry Horse

Signature of Man HERBERT WISHART.

Canadian.

Farmer.

Surname Wrickart Christian Name Herbert B

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				
St. Bonface	Hosp	22	2	18	26	2	18	Contusion of Head	4	Dressing - No fracture (Sgd)	A.J. Mathers

Temporary

Regional No. ..... **MEDICAL HISTORY OF—** A.F. B.178.

Regimental No. 2147648 ..... Region .....

Surname Wishart ..... Christian Names Herbert Braebrook

TABLE I.—General Table.

Birthplace { Parish Russell Man
~~County~~ Canada

Examined { on 7th day of Nov 1917
at Neepawa

Declared Age 21 years 1 mo days.

Trade or Occupation Farmer

Height 6 feet 2 inches. Weight ..... lbs.

Colour of Hair Dark Complexion Dark

" Eyes Green

Chest Measurement { Girth when fully expanded 40½ inches.
Range of expansion 4 inches.

Physical development .....

Vaccination Marks { Arm, Number ..... RIGHT. | LEFT.

When Vaccinated .....

Vision { R.E.—V= ..... L.E.—V= ..... With Glasses { R. ..... L. .....

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

.....

.....

Defects or Ailments:

.....

.....

Examined and found—

Fit for Grade { I. II. III. IV. A 2

(Strike out those which do not apply.)

Signature .....
Chairman of Medical Board.

Re-examined for posting at .....

On ..... day of ..... 191..

Enlisted { at Winnipeg Man
on 21st day of Dec 1917

	Corps.	Regtl. No.
Joined on enlistment	34th Ft. Garry Horse	2147648
Transferred to		

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.

Date.	Brief details and Signature.

Special Remarks: state if a discharged Soldier

.....

.....

.....

.....

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.

Became non-effective by .....

on ..... day of ..... 191..

(Signature) .....

(Rank) .....

M833 Wt.12046/437 400,000 7/18 CLdP 334.

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

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	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 particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	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 Fort Garry Horse (D.S.)

(2) Regimental Number 247648

(3) Full Name of Soldier Herbert Brabrook Wishart

(4) Place of Birth Russell, Manitoba, Canada

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife ✓

(b) Present Postal Address ✓

(7) Are you a widower? No

(8) Have you any children? ✓

If so, give number of boys and girls ✓

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-054.

(SEE OTHER SIDE.)

(9) Is your Father alive? Joseph James Wishart

If so, state name and address Russell, Manitoba Canada

(10) Is your Mother alive? Margaret Mary Wishart

If so, state name and address Russell, Manitoba Canada

(11) If your Mother is a widow No

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? Yes

If so, in what Company? Sun Life

Have you made arrangements for payment of your Insurance premium Yes

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

W Radford Lieut. & Adjt.
Depot Squadron, 24th Fort Garry Horse
Officer Commanding.

Date Dec. 21. 1917

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1.4.18

AMOUNT:- 15⁰⁰ nR

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- Herbert Braebrook WISHART. ~~Joseph James~~

NUMBER:- 2147648

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Margaret Wishart (M)
Russell Man.

Sish Eff 1.7.19
~~Stopped~~ 5/19.

Mtt 10. K7429. 21/4/19
A.B. Shott

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
RD 119 29/4/18	28.4.18	pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- FGH #9 Dft.

DATE ACCOUNT FIRST OPENED:- 12.4.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
LPB Canada			CRCR

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9.11.19	64.	Field. 20 ps	3 65				
20.11	557	C. Wing. £15.	73 00				
			76 65				
2.5.1873		Witley	2 43				
10.6.1873		"P" Wing	9 73				

MD 10 "P" Wing
B'Sholt 13 6/19 Dd Witley LRC. C Bal #47 31/3 ND

Transferred to Canada 2/19 Rd K10623

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to N.R.C. 4/2/19 B'Sholt 12/6/19 MD 10. 21.4.19.

Led. Balance 9.02. L.R.C. Credit Balance. 22.37.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
11/18	Balance from Canada		~~10 10~~						10 10		
		32		A.P. April - May				30 -			
May	P. Pay	34 10		AR 367 CRCR 15/5/18	9 73						
				m 264 " 29.5.18	9 73				16 74		
		56 10		" 642 " 13-6	19 46			30			
					7 30						
		33		ap				15	44 74		
				" 801 " 27-6-18	9 73				1771	—	
		33			17 03			15			
					17 03						
				a.p.				15			
July	P. P.	34 10		" 1012 " 1/7. CR CR	9 73						
				" 1317 30/7 "	9 73				17 35		
		34 10			19 46			15			
Aug		34 10		1629 9/8 "	4 87						
				a.p				15			
				8578 25/8 - G.R.D.	4 46				27 12		
		34 10			9 33			15	60 12		
SEP 1918		33		C.A.P.				15	22 12		
				AR 264. 14/9/18. FGH.	3 57				37 98		
				" 291. 25/9/18. ✓	3 57				37 98		
		33			7 14			15	11 64		
OCT		34 10		C.A.P.				15			
				A.R. 321. 9/10/18. ✓	3 73						
				372. 28/10/18 "	3 73				49 62		
		34 10			7 46			15			
		33 -		C.A.P.				15 -			
		34 10		AR 448 28/11/18 FGH	3 73						
		34 10		" 409 15/11/18 " "	3 73						
				Carr^d for^d	7 46			15 -			

NUMBER 2147648. RANK Pte NAME WISHART. H.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		101 20		Brot- ford	7 46			15 -	49 62		
Dec/18	P.Bla	- -		b.d.f.				15 -			
Jan/19.	"	- -		"				15 -			
		101 20			7 46			45 -	98 36		
Feb/19	"	30 60		aR. 1261 26/12/18 L.S.H.	9 33						
				" 507 13/12/18 F.G.H.	13 06						
				" 670 28/1/19 -"-	7 46						
				b. a. P.				15 -			
				aR 1645 14/2/19. L.S.H	3 73				163 26		
				" 1598 14/2/19. -"-	5 60						
Mar/19	"	34 10		b. a.P.				15 -			
				aR. 832 15 3/19 F.G.H	7 46						
				" 870 22 3/19 -"-	5 60				81 02		
		64 90			52 24			30 -			
Apl 21/19	"	33 -		b. a.P.				15 -	99 02		
	"	34 10		64. F.G.H. 9 4/19	365 -	-	-	-	118 47	-	-
				357. b.Wing. 20 4/19	73 -						
				b.a.P.				15			
		67 10			76 65			30 -	41 47		
June May	"	33		Car				15 -			
				5658 10/6 2	9 03						
				6797 19/6 ZRC and Utility 3	38 93						
				1873 21/5 11	2 43				8 38		
		33			51 09			15 -	8 38		

AD 25/6 5484 Flt

41 47
33
74 47
27 16
44.31 Cr.

HM T CHAR...
SAILING, No 84
Embarked 25, 6, 19.

8518

16-12-31 P. wing
M. Group.

War Service Badge
Class "A" No. 320124

D. A. 1
O. G. 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 2147648

2 Rank. Tpr.

3. Name. Wishart H. B.

4. Unit. T. G. H.

5 Date of Discharge 5-7-19 Place Winnipeg

6 Reason for Discharge Demob.

7. Authority. 4 Q 190

8. Proposed Residence after Discharge

Russell Man.

Deceased 10-5-53

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

H B Wishart
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M"
JUL 5 1919
Military District No. 10

Signature S. Hobday Lieut
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-118.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (W.23)
   Particulars of Recruit (W.133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 33)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 18 GSB

Date 20 JUN 1919

Canadian Special Hospital,

To;- Hospital Representative, 2147648
Canadian Special Hospital,
Witley Camp.

Witley. 4 JUN 1919.

The marginally named admitted to this hospital in Category.....A.....is discharged in the same category.

Wishart-YB

Ypr

F. O'Neil Capt.
Registrar.

To.O.C.....

Canadian Special Hospital.

Witley. Camp. 14 JUN. 1919.

4 JUN

All other ranks reporting for duty frm Venereal Hsopitals after treatment fro VD.Gonorrhoea will be confined to Barracks and excused from Marching or drills that include Marching,will be placed on the Canteen List and forbidden the use of Alchol in any form,and placed on Light Fatigues until such time as they are pronounced fit for duty by the Regt Medical Officer,Auth ADMS Circular Letter No 10. of Sept 1917.

D.A.M.
O.G.1.

War Service Badge
Class "A" No.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2147648

2 Rank. Pte

3. Name. WISHART Herbert Braebrook

4. Unit. Fort Garry Horse

5 Date of Discharge | Place Winnipeg, Man.

6 Reason for Discharge Demobilization

7. Authority.

8. Proposed Residence after Discharge Russell Man

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

6

Date of Enlistment 21-12-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

W

8589

Date of Assignment April 1/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

G 1

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 34th. Fort Garry Horse. Dft. 9.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2 MRS.MARGARET WISHART,
RUSSEL,
MAN. 15 15.00

3 % 2147648 TPR.HERBERT B.WISHART,
FIFTEEN DOLLARS.

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						19575-H-9.
April	Y 11865		15	15	✓	
May	X 18842		15	15	✓	
June	T 27562		15	15		
July	B 27725		15	15		
Aug	X 34567		15	15	X	
Sept	W 43203		15	15	✓	
Oct	K 56166		15	15	✓	
Nov	S 56611		15	15	✓	
Dec	W 67904		15	15	✓	
1919 Jan	R 71113		15	15	✓	
Feb	X 75969		15	15	✓	
Mar.	C 82979		15	15	✓	
Apr.	V 4269		15	15	✓	
May	V 5976		15	15	✓	
June	W 11619		15	15	✓	
July	W 12610		15	15	✓	
			240	240		

A/c Closed 3/7/19. M.O. destroy L.P. 104244 RW

Ret'd per Caronia

Date 27/14 M.F.W.187 11/7/19 M.D. #10

Clerk M Venture

AUTHORITY FOR NEW ACC'T. N.R.M.W. 10-B-4 G. Raymond 26/4/18

M. F. W. 128.
400M.—6-17—1772 39-1141
L. L. 22320—M. & D. 7993.

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.
4'0M. 6-7—1-72-33-1141
L. L. 22320—M. & D. 1931.

CARONIA

AUDITOR: DSW | PAYMASTER: G

M. OR S. W. 1591

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

REGT. No. 2147648 RANK Tpr NAME (IN FULL) WISHART, H. B (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

5

ORIGINAL UNIT C.E.F. FGH | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Disp Stn M | DATE JUN 5 1919 | AUTHORITY D, O, 190

DATE OF ATTESTATION 21.12.17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE

PAYABLE TO Mrs M. Wishart | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Russell, Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 1.8.19

DISCHARGED | PLACE M. D. 10 | DATE JUL 5 1919 | REASON D | AUTHORITY D, O, 190 | IF ENTITLED TO POST DISCHARGE PAY

5

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
							47	31	47	31																									47	31	Cy 31 BAL. ENG. L. P. C.
1-15.7.19	15	1.10	16	50	35 70				121	50					212203		38	93	487 5	00	105	01	15								168	81					15.7.19 Clothing Alice. 1st payment W.S.G. Advances - Boat - Train A.P. chgd. on Eng. L. P. C. to July
			W. S. G.								War Service Gratuity												W. S. G.								SOLDIER DEPENDENT						
122 days at Min			280						280														70				11						199	00			Do 11.00 Pr. a.o.p. 1st Payment W. S. G. as above
Cy 5															1206508		70																129	6			70 $ 2nd Payment W.S.G.
											Sep. 5				1271225		70																59	6			70 3
											Oct 5				1678057		59																				Final Payt. W.S.G.
									280								199						70				11				280		6				

a/c Closed

AUDITED OCT 1 1919 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

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