

Original

# ATTESTATION PAPER.

No. 718611

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Foulconer*
- 1a. What are your Christian names?..... *Isaac James*
- 1b. What is your present address?..... *Shottal - Man - Canada.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Bloom - Man - Canada.*
3. What is the name of your next-of-kin?..... *Isaac Foulconer*
4. What is the address of your next-of-kin?..... *Shottal - Man - Canada.*
- 4a. What is the relationship of your next-of-kin?..... *Brother.*
5. What is the date of your birth?..... *14<sup>th</sup> July - 1898.*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *No.*
9. Do you now belong to the Active Militia?..... *No.*
10. Have you ever served in any Military Force?.. *No.*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *No.*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *No.*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Isaac James Foulconer*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *13<sup>th</sup> Feb.* 1916. *Isaac Foulconer* (Signature of Recruit)  
*A. Greig* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Isaac James Foulconer*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *13<sup>th</sup> Feb.* 1916. *Isaac Foulconer* (Signature of Recruit)  
*A. Greig* (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 *Winnipeg* this *21<sup>st</sup>* day of *February* 1916.

*[Signature]* (Signature of Justice)

# Description of Isaac James Foulconer on Enlistment.

Apparent Age... 18 years 5 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

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

Chest measurement { Girth when fully expanded... 38 ins.  
 Range of expansion... 3 1/2 ins.

scar on outside right knee

Complexion... Ruddy  
 Eyes... Brown  
 Hair... Sandy

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

Presbyterian

## 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... Feb 3rd 1916

Place... Robtina May, Grant M.D.  
 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:—

Vision 20/80 Hval

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Isaac James Foulconer having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date... Mar 4 1916 Glenn Campbell (Signature of Officer)  
 Lieut.-Col.  
 O. C. 107th Overseas Batt. C. E. F.

25-11-11

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 42
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

02408 R. O. No. H. Q. No. 649-F.9451

Name FAULCONER ISAAC JAMES  
Regt. No. 718611 Rank Pte.  
Corps 107th Bn.  
Med. unfit.



2  
6-11  
6-11  
12-11

A. B. 122-1  
M. J. W. 39a-1

M. J. W. 67-1  
R. 149-1  
pay card  
1 R 122

2984



HOSPITAL.

A. & D. CARD
-----------------

AT.....

A. & D. No. **T350**

PL. OF ACTION.....

RANK. *Pte.*REG. NO. **718611**UNIT. *107<sup>th</sup> Gen. Br.*

SICK OR WOUNDED

NAME. *Faulconer J. J.*AGE. **20**RELIGION. *Pres.*PLACE IN HOSPITAL. **B2**DIAGNOSIS. *SW Side PV.*ADMITTED. **13 MAY 1918**FROM. *M Hill House*

DISCHARGED.....

TO.....

TRANSFERRED. **16 MAY 1918**SERVICE AT HOME. **27/12**IN FIELD. **14/12**

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

22 MAY 1918

Receipt Ackr.

## MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1	San records	18/5/18	
2			
3			
4			

Orig. Dup. Recd. from *W. H. G.* 19/5/1918Orig. Dup. Sent to *Wooden* 19/5/1918

Recd. from Repr. this Orig. Dup. 1/19

Ward

NAME

Faulconer Isaac James

REGT'L. No. 718611

H. Q. FILE NO 649

RANK AND CORPS

Pte 107th Bn

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

8-2

#115

23-4-18

b

Adm 24 Gen Hosp Etaples Apr 13<sup>th</sup> 1918  
G.S.W side also H.L.A. 194<sup>1/2</sup>

No of H Isaac Faulconer (father) Shortdale, Man. c

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B201-1	Central Mil Eastbourne	26-4-18	GSW R side
B217-1	14 <sup>th</sup> Gen Eastbourne	14-5-18	" " "
B219-1	Princess Pat's R. Beexhill	17-5-18	" " "
B272	Ditch	<del>19-7-18</del>	" " "







SURNAME. *Faulconer.*

CARD NO. ✓  
SOS *11-11-18 TO*  
*19.0.208 of 8-11-18*  
*II 10.10. (M.A.)*

CHRISTIAN NAMES *Isaac James.*

REGL. NO. *718611.* RANK *Pte.*

UNIT *107th.* *Bn.*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Faulconer Isaac.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Shortdale, Man.*

COUNTRY OF BIRTH *Canada.* *Man.* DATE *July 14th 1898.*

PLACE OF ATTESTATION *Winnipeg, Man.* DATE *Feb 21st 1916.*

*0/818-9-16 541*  
*7*

*R/C. 7-10-18 210*  
*31 M. 10-10*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Farmer.*

RELIGION

*Presbyterian.*

DESCRIPTION.

APPARENT AGE

*18* YEARS

*5* MONTHS

HEIGHT

*5* FEET

*5-1/2* INCHES

CHEST MEASUREMENT

*38* INCHES

EXPANSION *3 1/2* INCHES

COMPLEXION

*Ruddy*

EYES

*Brown*

HAIR

*sandy*

DISTINGUISHING MARKS

*scar on outside of right knee.*

MEDICAL EXAMINATION.

PLACE

*Winnipeg, Man.*

DATE

*Feb. 3rd. 1916.*

*Present Address - Shottsdale, Man.*

No. 718611

RANK

Plt

NAME

Faulconer, J. J.

T. O. S. 15-2-16

UNIT

10th Battalion

DO. 44-22-2-16

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Feb 15	Feb 29	✓		
Mar		✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		

UNIT SAILED  
SEP 18 1916



Number

718611

Rank

Spr

Surname

FALCONER

Christian Name

Isaac James

Units

C.E.

Theatre of War

France

Date of Service

25-2-17

Remarks

Box 28

Latest Address

Shortdale Manor  
Y. P.O.

Roll No.

200m.-2-21.M.

Blair 17479

DATE

HISTORY

## CASUALTY BRANCH

(FILES)

NAME \_\_\_\_\_ H. Q. \_\_\_\_\_

NO. \_\_\_\_\_ RANK \_\_\_\_\_ M. D. \_\_\_\_\_

UNIT (C.E.F.) \_\_\_\_\_ UNIT \_\_\_\_\_

ADDRESS \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_

ADDRESS (KIN) \_\_\_\_\_

HISTORY

DATE

DESP  
OCT 9 1922  
REGN 101 12749



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Foulconer.

J. J.

718611.

RANK

UNIT

Co.

TROOP

BATTY

Spr.  
HOSPITAL

(107P.) Can. Engrs.

DATE OF ADMISSION

24. Gen. P. Staples.

13-4-18.

1. Central Mil., Eastbourne HOSP. 26-4-18

2. H. C. G. Eastbourne HOSP. 14-5-18

2. P. C. R. X. Berkeel HOSP. 17.5.18

3. HOSP.

4. HOSP.

DIAGNOSIS

Y.S.W. Rt. Side an

1.

2.

3.

DISPOSITION

Ch. 22-4-18-@194①

h/15 .19. 7. 18.

DATE

REMARKS

30-4-18 B/201-1.

18-5-18 B/217-1.

21.5.18 B/219

23. 7. 18 B/272.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

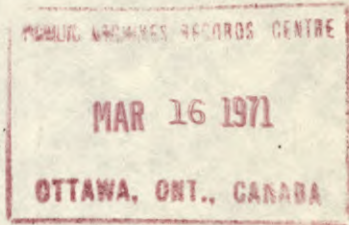
6.

7.

Department of Veterans Affairs

Address: None

The Public Archives Records Centre,  
Tunney's Pasture,  
OTTAWA 3, Ontario.



Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname	<u>FAULCONER</u>
2. Christian names	<u>Frank</u>
3. Date of Birth	<u>23 July 1892</u>
4. Military Honours	<u>Nil</u>
5. <u>Units</u> (including that on discharge)	<u>Highest Rank in Unit</u>
(a) <u>1st Depot Bn Man Regt</u>	<u>Pte</u>
(b) <u>43rd Bn</u>	<u>Pte</u>
(c) <u>11th Res Bn</u>	<u>Pte</u>
(d) _____	_____
(e) _____	_____
(f) _____	_____

J. H. Logan,  
Head,  
Accessions and Reference Section.

1853

NEW YORK  
BOND

NEW YORK

1853

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE .....

18/10/75

NAME <sup>C</sup> FAULONER ISAAC J  
NOM .....

Service No. 718611 ARMY WW1  
Matricule No .....

CPC No. 53767  
CCP No .....

WVA No.

AAC No .....

Information Received from:

Information reçue de: .....

DVA 93 - WINNIPEG DIST

Date of Death 26 MAY 1975  
Date du Décès .....

Place ST BONIFACE HOSPITAL WINNIPEG  
Endroit .....

Distribution: WSR-DASG

VI - ASS

~~DO - BC~~

HO - BC

Pour le chef,

*[Signature]*  
for Chief, Central Registry Division.

Dépôt central des dossiers.

THE NEW YORK STATE VETERANS ASSOCIATION  
ADMINISTRATIVE OFFICE  
UNIVERSITY AVENUE  
ALBANY, N. Y.

1917

NAME \_\_\_\_\_ NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

*[Handwritten signature]*

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

10564

3 Blue Chevrons.

This is to Certify that No. 718611 (Rank) Pte.

Name (in full) Laane James Faulconer enlisted in

the 107<sup>th</sup> O.S. Bn

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 15<sup>th</sup>

day of February 19 16

HE served in Belgium & France - 14 Mos.

and is now discharged from the service by reason of Being medically unfit

for further war service. C.O. 264-4360

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

Age 21 yrs. 5 mos.

Height 5 ft. 5 1/2 in.

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars Scar right

side. Small scar

right knee.

J. J. Faulconer

Signature of Soldier

Thomas Good

Issuing Officer

Lieut.

Date of Discharge 11-11-18

Rank Lieut.  
Discharge Section  
No. 10 DISTRICT DEPOT

Appointment

Signed at Winnipeg this 11<sup>th</sup> day of November 19 18

in Military District No. 10

File Reference No. \_\_\_\_\_

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.

DISTRICT CASUALTY  
OFFICE,  
NOV 12 1918  
M. D. 10

No. 10 DISTRICT DEPOT  
DISCHARGE  
SECTION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. *418611* (Rank) *Private* Name *Isaac J. Faulconer*

Unit *104<sup>th</sup> Battalion*

Address on Discharge *Shortdale, Manitoba*

Character and Conduct *Very Good*

Former Occupation *Farmer*

Special Qualifications of Value in Civil Life

Medals and Decorations *One gold bar*

Remarks *France & Belgium (14 months)*

Signed at *Winnipeg* this *11<sup>th</sup>* day of *November* 19 *18*

Name of Officer *[Signature]*  
Rank *Lt. Col.*  
Officer Commanding No. 10 District Depot

Appointment

*S. Goldstone* Capt.  
District Casualty Officer,  
Military District No. 10





File No. ....

# WAR SERVICE GRATUITY.

Register No. ....

Reg. No. .... Dependent .....

Name ..... Address .....

Address ..... \$ ..... \$ .....

Dec'n No. .... <b>W. S. G.</b> File No. .... Award ..... days at \$ ..... per day \$ ..... S. A. .... months at \$ ..... per mo \$ ..... Less P. D. P. Credited \$ ..... Less further debit balance \$ ..... Net due paid as below \$ ..... <hr/> <b>TO SOLDIER</b> O. Ag. No. Ch. F. I. au <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td colspan="2" style="text-align: center;">Total</td><td></td><td></td></tr> </table>	1				2				3				4				5				6				Total				Address .....
1																													
2																													
3																													
4																													
5																													
6																													
Total																													
Pay Soldier \$ ..... Days ..... Rate ..... Due ..... Less P.D.P. credited ..... Less further Dr. Bal. or overpayment. .... Net .....	Pay Dependent \$ ..... Days ..... Rate ..... Due ..... Less P.D.P. credited ..... Less further Dr. Bal. or overpayment. .... Net .....																												

Clerk .....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....

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.....107th Overseas Battalion C.E.F.

(2) Regimental Number.....718611

(3) Full Name of Soldier.....Paulsoner, Isaac James

(4) Place of Birth.....Birkhorn, Man

(5) Are you married, or not?.....NOT

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

(b) Present Postal Address.....X

(7) Are you a widower?.....X

(8) Have you any children?.....

If so, give number of boys and girls.....X

Also their names and ages.....X

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

If so, state name and address..... **Isaac James Faulconer, Shortdale, Man**

(10) Is your Mother alive?..... **Yes**

If so, state name and address..... **Annle Faulconer, Shortdale, Man**

(11) If your Mother is a widow.....

Are you her sole support, or not?..... **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.

**X**

(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.

**X**

(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.

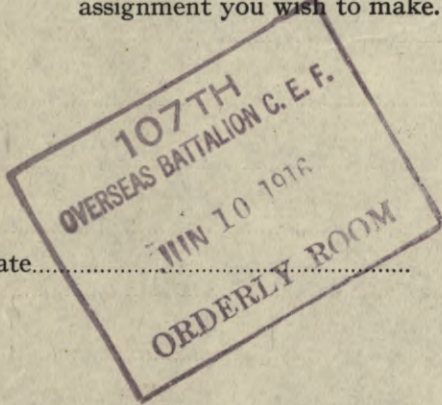
**X**

(15) Are you insured?..... **Not**

If so, in what Company?..... **X**

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.



Date.....

*G. Campbell*

Officer Commanding.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Annie Faulconer*  
 Address *Shortdale*  
*Man.*

By Whom Assigned *Faulconer S. J.*  
 Regtl. No. *718611*  
 Rank *Pte.*  
 Corps *109 Bm.*

Rate *15.50*

**SEP 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				



\* 21114

1 1111 11

2 1111 11

3 1111 11

4 1111 11

**CLINICAL**  
(To be attached)

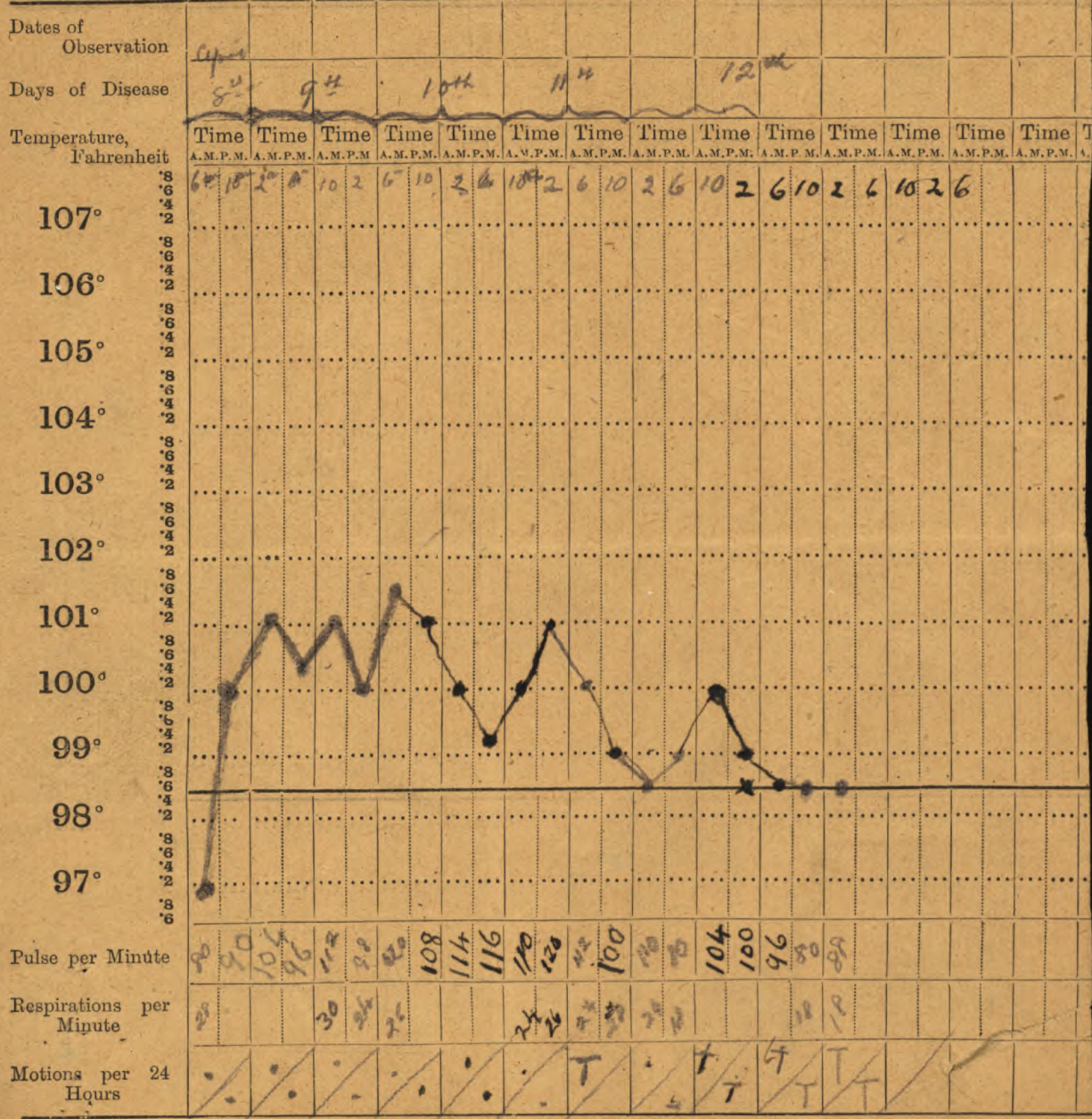
Corps 107<sup>th</sup> Cav Regt

No. 718611

Rank and Name 1st Lt. Gaulcaud, Sg.

Disease SW. Side (R)

Date of admission 8-4-18.







PROCEEDINGS OF A MEDICAL BOARD.

Dated at Cooden 12.7.18 1916.

No. 718611 Rank Pte Name FAULCONER, JAMES, I.

Local Unit 6. E. 7. 8 Overseas Unit 107 Co. C. E. Age 20

Examination held at P. P. 6. R. 6. Hospital Cooden.

DISABILITY. PAIN CHEST. R.  
Overseas ~~Local~~  
(scratch one out)

PRESENT CONDITION.

Man of apparent age stated. Well dev. & well nourished.  
Examined. Scar of wound postax. line R. over 10th rib.  
X ray report attached. Some tenderness over 12th rib.  
In epigastric region. Other systems negative.  
Subjective Symptoms. Pains in right side of chest  
Cannot sleep on right side as he smothered. (sensation).  
Can walk at his own pace 5 miles. No other symptoms.  
Is gradually getting better.  
Overseas Service 14 Mos. 107th Co. C. E. f. S. W. Chest R. 7th  
April 1918.

BOARD RECOMMENDS:— BIT likely to be raised in 6 mos.

- 1. Fit for Duty Temp Di
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

L. R. Murray Lt Col.....President.

Members

E. D. Howlett Major  
.....  
.....

APPROVED

Dated at.....1916. H. Borden Capt Comm.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

U. S. Army (Reverse)

Dated at Cochran 12.7.18

No. 118611 Rank 95 Name FALCONER, JAMES I.  
Local Unit 1070 C.C. Overseas Unit 1070 C.C. Age 30

*Confirmed B.T. 29.8.18*

*Capt*  
*1070 C.C.*

Examination held at G. G. & S. Hospital, Cochran

DISABILITY PAIN CHEST  
Overseas - Local  
(insert one out)

PRESENT CONDITION

*Examination of the patient was made on 12.7.18. The patient is a young man of moderate build, but is very thin. He has a very pale complexion and his eyes are very blue. He has a very slight cough and his chest is very tender. He has a very slight fever and his pulse is very rapid. He has a very slight headache and his stomach is very tender. He has a very slight diarrhoea and his bowels are very loose. He has a very slight dyspnoea and his breathing is very difficult. He has a very slight cyanosis and his lips are very blue. He has a very slight oedema and his feet are very swollen. He has a very slight anorexia and his appetite is very poor. He has a very slight insomnia and his sleep is very restless. He has a very slight depression and his spirits are very low. He has a very slight weakness and his strength is very much impaired. He has a very slight emaciation and his weight is very much reduced. He has a very slight wasting and his muscles are very thin. He has a very slight cachexia and his general appearance is very poor. He has a very slight prostration and his vitality is very much exhausted. He has a very slight debility and his health is very much impaired. He has a very slight convalescence and his recovery is very slow. He has a very slight relapse and his condition is very much worse. He has a very slight recurrence and his illness is very much prolonged. He has a very slight sequelae and his health is very much affected. He has a very slight chronicity and his illness is very much persistent. He has a very slight incurability and his illness is very much obstinate. He has a very slight fatality and his illness is very much fatal. He has a very slight mortality and his illness is very much deadly. He has a very slight morbidity and his illness is very much painful. He has a very slight disability and his illness is very much disabling. He has a very slight handicap and his illness is very much handicapping. He has a very slight handicap and his illness is very much handicapping. He has a very slight handicap and his illness is very much handicapping.*

BOARD RECOMMENDS - B.T.

- 1. Fit for Duty
- 2. Fit for duty after..... weeks' physical training
- 3. Fit for Temporary Base Duty..... weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures -

President

Members

APPROVED

Dated at 1918

For A.D.M.S.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs Annie Faulconer Mother  
 (Assignee) **PAYMENTS.**

Name of Soldier Faulconer D. J.

L. L. Job 5470—Req. 6888.

718611

Pte

107 Bm.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. 50
				<b>SEP 1916</b>
April	1916			
May				
June				
July				
Aug.				
Sept.		R 21833	15.	
Oct.		X 22138	15	
Nov.		R 26850	15.	
Dec.		G 31943	15.	
Jan. Ch	1917	P 38058	15.	
Feb.		P 44153	15	15 P.
March		G 49285	15	15 Ch
April		T 1804	15	15 6
May		X 78157	15	
June		X 78656	15	
July		X 75009	15	15-ml \$15009 can 1-6-17. 979
Aug.		R 21492	15	
Sept.		X 27910	15	
Oct.		W 37309	15	
Nov.		N 41196	15	
Dec.		X 46733	15	
Jan.	1918	O 56364	15	211 0/
Feb.				
March				
April				
May				
June				
July				

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.				

# ORIGINAL

## MEDICAL HISTORY SHEET.

Surname Faulconer Christian Name Isaac James

Examined { on 21 day of Feb. 1916 Approved by Hul amon  
 at Winnipeg  
 Birthplace { City or Town Elkhorn Rank Capt. M.O.  
 County Man

Apparent age 18  
 Trade or occupation Fanner 14/7/14 B<sub>2</sub> Tem Di 1 - MAY 1918  
 Height 5 Feet 5 1/2 Inches. M.O.  
 Weight 150 Lbs. M.O.  
 Chest measurement { Minimum 34 1/2 inches. M.O.  
 Maximum expansion 3 1/2 inches. M.O.  
 Physical development Fair M.O.  
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left  
 Number none  
 When Vaccinated last M.O.  
 (a) Marks indicating congenital peculiarities or previous disease none 26/5/16 + Hul amon M.O.

(b) Slight defects but not sufficient to cause rejection  
Vision 20  
80  
14/5/16 + } W.A.B. 24/6/14 H.C.P. M.O.  
2/6/16 + } Hul amon M.O.  
16/6/16 + } M.O.

Enlisted on 29<sup>th</sup> day of Feb. 1916 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>107<sup>th</sup> Overseas Battalion</u>	<u>718611</u>	<u>Good</u>	<u>Feb. 21/16</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wooden</u>	<u>11. 7. 18</u>	<u>G.B.W. Chest R.</u>	<u>Pos</u> <u>G.P. Howland</u>
<u>3<sup>rd</sup> C.E.V. Seaford.</u>	<u>29-8-18.</u>	<u>Category Confirmed</u>	<u>Pos</u> <u>W. Mannolly</u>
<u>Seaford</u>	<u>7-9-17</u>	<u>C.S.W. Chest</u>	<u>Pos</u> <u>W. Mannolly</u>

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

CANADIAN

D.

no 4  
2-3-17  
H.M.

Faulconer

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				
Camp Hughes	30/5/16	3	6	16	11	6	16	Enlarged glands	9		Hm Cameron
		26	4	18	13	5	18	S.W. side		Healed	M Swart
		13	5	18	16	5	18	— " —	4	Wound healed transferred to 2nd Lt A Crookden C.C.R.	Capt Caine
		16	5	18	19	7	18	S.W. side	63	discharged to duty	Mr Phillips Capt Caine



Princess Patricia Canadian Red Cross Hospital  
Creston Camp, Bexhill.

Surname Faulconer Christian Name Isaac

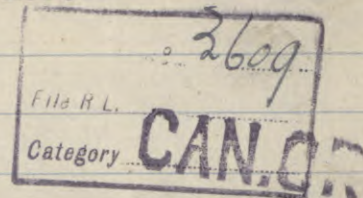
Rank \_\_\_\_\_ Name **FOULCONER, Isaac James.** / Reg'l No. **718611** /  
 Unit **107th Bn.** / If in perm. Corps, }  
 What Unit? } Married or Single **Single.** /

Place and Date of Enlistment **Winnipeg. 15th Feb 1916.** / Place of Birth **Elcorn, Man,**  
**Canada.** /

Name and Address, Next-of-Kin **Isaac Foulconer.** /  
**Shottdale, Man, Canada.** / Relationship **Father.** /

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_



Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. &amp; V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		ARRIVED IN ENGLAND SS "OLYMPIC" 25-9-16			A.F.B. 103 CHECKED
		25 2 17 00107 PROCEEDED U'LEAS	WITLEY	25 2 17 PT 2D 01	MAR 1917 <i>AW</i>
Now Known as 107th Pioneer Canadian Eng. 10-9-18					
22.4.19	C.O. (107 Pioneer)	Wounded	Sgt. Lulla	13-4-18	C.L. A. 194
4.5.18.	104. P.B.N.	S.O.S. to C.E.R.D.	"	26.4.18	Pt. II. 45. <i>O.C.</i>
22.7.18	C.E.R.D.	On Command to 3rd C.O.	" Seaford	19-7-18	C.E.R.D. Pt. II 123 <i>45</i> 50199. 4 3000 2071d 23-7-18
10-9-18	"	Cases on Com 3CC + On Com 1COB Buxton	" Seaford	9-9-18	Pt. 242. + 3000 Pt. II 213d 10 9/18
8-10-18	"	Cases % C.E.R.D. to C.E.F. in	" "	23-9-18	Pt. 20 266
<i>Canada</i>					






Ward X10 Hospital. 24 No. of Bed \_\_\_\_\_ Date 13/4/18

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
718611	PTE FAULKNER	1st Coy	Hepatic region

SHORT HISTORY OF CASE.  
(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.  
(To be completed by Radiographer.)

No. of Plate \_\_\_\_\_

7B approx size = 

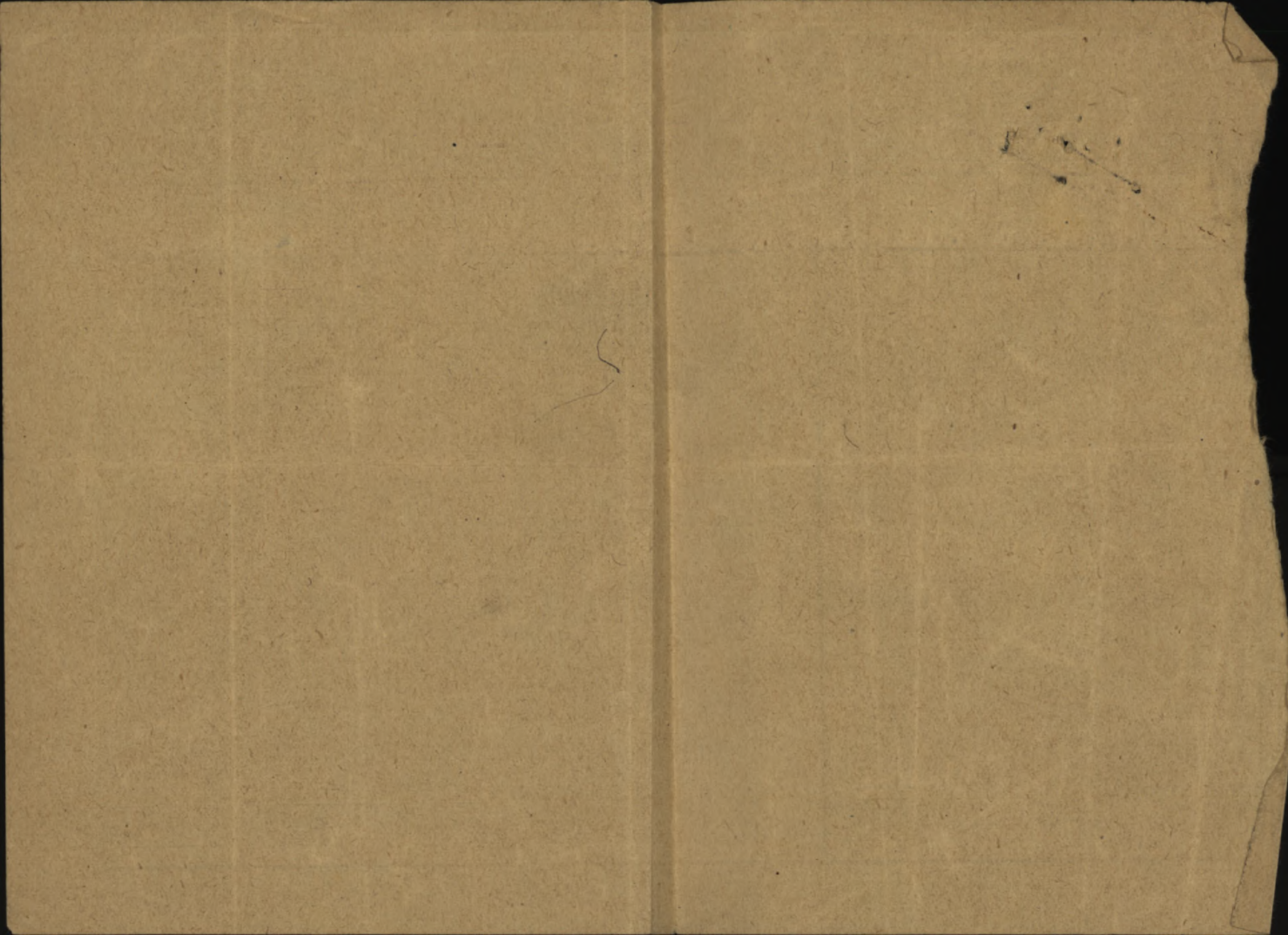
Lying in mid line deep down below epigastrium  
noted  
Probably through liver.

Signature of M.O. [Signature]

Signature of Radiographer [Signature]

Date 13/4/18

Date \_\_\_\_\_



718611

### DENTAL CERTIFICATE.

*Dr. Faulconer. J. J.*  
*C. C. H.*

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>11-9-18</i>	<i>Fit</i>	—	—	<i>Passive</i> <i>Capt. B. C. D. B.</i>

DENTAL CERTIFICATE

to be attached to the Medical History Report of all  
Other Dental Branches of the Army and Navy

<p>1. Name of patient</p> <p>2. Age</p> <p>3. Sex</p> <p>4. Race</p> <p>5. Occupation</p> <p>6. Date of examination</p>	<p>7. Chief complaint</p> <p>8. History of present illness</p> <p>9. History of previous dental treatment</p> <p>10. History of general health</p>	<p>11. Examination of teeth</p> <p>12. Examination of oral cavity</p> <p>13. Examination of jaws</p> <p>14. Examination of temporomandibular joints</p> <p>15. Examination of extraoral features</p>	<p>16. Diagnosis</p> <p>17. Treatment plan</p> <p>18. Prognosis</p>	<p>19. Signature of dentist</p> <p>20. Date</p>
<p><i>[Handwritten signature and notes in the bottom section of the form]</i></p>				

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

*NW*

M. F. W. 54. (A. F. B. 103.)

250M.—1.16.

H. Q. 1772-39-020.

# Casualty Form—Active Service.

Unit, Regiment or Corps 107th Overseas Battalion C.E.F.

Regimental No. 718611 Rank Pte. Name Foulconer, Isaac James

C. E. F.

Enlisted (a) 15/2/16 Terms of Service (a) 5 years Service reckons from (a) 15/2/16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

**CERTIFIED CORRECT.**  
**9 MAR 1917**  
**CAN. RECORDS, LONDON.**

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
		<i>Disembarked (Canada)</i>	<i>Halifax</i>	<i>18/9/16</i>	
		<i>Arrived (England)</i>	<i>Liverpool</i>	<i>23/9/16</i>	
<i>20-2-17</i>	<i>O.C. 107th</i>	<i>Proceeded Overseas</i>	<i>Witley Camp</i>	<i>20-2-17</i>	<i>D.O. 51. Part 2. d/20-2-17. As addressed to For O.C. 107th Battalion. C.P.</i>
<i>5/3/17</i>	<i>M.L.O.</i>	<i>Disembarked in France</i>	<i>Boulogne</i>	<i>25/2/17</i>	<i>LR 7675.</i>
<i>13-1-18</i>	<i>OC 107th</i>	<i>Granted 14 days Leave to Paris</i>		<i>11-1-18</i>	<i>B 213 Pt2 DO4 d/18-1-18</i>
<i>2-2-18</i>	<i>do</i>	<i>Returned</i>		<i>27-1-18</i>	<i>B 213.</i>
<i>8-4-18</i>	<i>2/1 Lond 7/1</i>	<i>S.W. Side (R)</i>	<i>adm to 800</i>	<i>8-4-18</i>	<i>3108</i>
<i>13/4/18</i>	<i>8 ces</i>	<i>do</i>	<i>adm</i>	<i>8-4-18</i>	
<i>13-4-18</i>	<i>24 Gen</i>	<i>do</i>	<i>to 7AT</i>	<i>8-4-18</i>	<i>23900</i>
<i>13-4-18</i>	<i>OC 107th</i>	<i>Wd to Hosp</i>	<i>adm</i>	<i>13-4-18</i>	<i>24266.</i>
<i>27-4-18</i>	<i>24 Gen</i>	<i>For England.</i>		<i>8-4-18</i>	<i>B 213</i>
				<i>26-4-18</i>	<i>27930</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26-4-18	24 Gen.	Invalided (w <sup>a</sup> ) to England & posted to Cdn Engr Regt Depot Seaford		26-4-18	3083 W/5266 H.T. Newhaven Pt 2 D O 45 d/450-18.
					Lieut. for Lt Col any Capt 8 <sup>th</sup> Bn
4-5-18	C.E.R.D.	T.O.S from 107 Pn. Bn	Seaford	26-4-18	Pt. II. O 123.
					H. J. Carters. LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.
9/9/18		DISCHARGED FROM 3 <sup>RD</sup> C. C. D. Seaford			TO BN. PART II D. O. No 213. 10/9/18 H. J. Carters. For O.C. 3 <sup>RD</sup> Canadian Command Depot
27-4-18	C.E.R.D.	Dis from Hospital in Com 3 C.C.D.	Seaford.	19-7-18	Part II Jo 199
10-9-18	C.E.R.D.	Com 3 C.C.D. on Com C.P.D. Buxton. pend return to Canada	Seaford	9-9-18	Pt. II DO #42 M. Walker Lieut or O.C. GERD

227

**Casualty Form—Active Service.**

Regiment or Corps \_\_\_\_\_  
 Regimental No. 11861 Rank Pte. Name Laulconer Jf.  
 Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_  
 Date of promotion to present rank } \_\_\_\_\_ Date of appointment to lance rank } \_\_\_\_\_ Numerical position on roll of N.C.Os. } \_\_\_\_\_  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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				
<u>17 SEP 1918</u> <u>22 SEP 1918</u>	Attached G.D.D. Buxton for return to Canada, Part II Order No. 214. Cases to be attached to Buxton on embarking for Canada.				
	Winnipeg, Man. 11-18 C.O. 764 Para 4360 D.O. 205				
	Thomas Cash Lt. Col. Officer Commanding No. 10 District Depot				

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				



\* Strike out whichever inapplicable.

ASSIGNED PAY. EFFECTIVE DATE: 19.16 AMOUNT: \$15.00	ENGLAND OR CANADA.	SEPARATION ALLOWANCE. EFFECTIVE DATE:	ENGLAND OR CANADA.	NAME: FAU
NAME, ADDRESS, RELATIONSHIP & AUTHORITY Mr. James Faulconer Shortdale Manitoba Mother Canada				NUMBER:
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.				AUTHORITY
				123

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
16/8	4623	Sutor	4.87	24/11/18	150	pro charged	
26/8	4654		4.87		250	frs; credit note required 7/8	
5/9	5214		9.73				
			<del>14.60</del>				
			<del>7.77</del>				

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada, 6 E.H.A. No. 6/9/18

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2
Apr	Baefod					
	RR	33		b.a.p.		
				A.R. 32 104 Bm 6.4.18.	3.54	
		33			3.54	
May	Play	24.10				
				Adm. 1905. Cont. Mail Hosp. Evonno 14/5	1.70	
				A.R. 691 P.C.R. + Hosp. Bethell 20/5	9.73	
				808 " " 28/5	9.73	
		34.10			21.16	
June	--	33		1314. 17/8. Bethell	9.73	
				a.p.		
		33			9.73	
July	"	34.10				
	S.F. 197P-297P. 10 days. (Bo. 171. 237P. 305D)	7.30		A.R. 2008 1578. P.P.C.R. + H. Bethell	9.73	
		41.40		" 2115 197P.	48.67	
					58.40	
Aug	S'g U	34.10				
				b.a.p.		
				A.R. 4623 366A 16/8	4.87	
		34.10			4.87	
Sept	Pa	33				
	A.R. 8116 A.R. 1110 Paris 24/1/18 1510 frs 461		17.84	5214 266A 7/9	9.73	
				4758 29/8	4.87	
				141 14/9	9.73	
					24.33	
Nov		33	17.84			
				Spec Note 2467 Bal Trans to Can	35.10	
					35.10	

ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: FAULCONER Isaac James  
 1.9.16 EFFECTIVE DATE: NUMBER: 718611  
 15<sup>00</sup> AMOUNT: PARTICULARS OF RANK OR APPOINTMENT  
 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. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT  
 James Faulconer 107<sup>th</sup> Bn Private  
 of Dale Manitoba  
 Canada  
 UNIT AND TRANSFERS  
 ORIGINAL UNIT: 107<sup>th</sup> Bn  
 DATE ACCOUNT FIRST OPENED: 1.10.16  
 AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO  
 123 26/4/18 21.5/18. 689.D  
 FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK  
 UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT  
 3 Seaford 487 6/14/18 110 24 1/18 150 p/s charged  
 4 " 487 250 fr; credit note requested 7 8/18  
 1 " 973 19/9/18  
 1150  
 1777  
 20/9/18 20/9/18  
 DATES OF RENDERING NON-EFFECTIVE: Discharged to Canada 6 E.D.A. no. 49/18 by base R.R. # 14453  
 PARTICULARS CR 1 CR 2 PARTICULARS DR 1 DR 2 DR 3 DR 4 BALANCE DEFERRED SEPARATION  
 Seaford P.S. 33 15 20 42  
 33 35 15  
 Pay 24 10 33 15 15  
 A.R. 1905. Cont. Mil. Insp. Pensions 14/5 1 70  
 No. 691 P.C.R. + Insp. Supplement 20/3 9 73  
 " 808 " " 28/5 9 73  
 34 10 21 16 15 37 99  
 33 1314. 17/8. Bexhill 9 73  
 A.P. 15 41 36  
 33 9 73 15 15  
 " 34 10 15  
 19<sup>th</sup> 19<sup>th</sup> 29<sup>th</sup> 10 days. (Bo. 171. 23<sup>rd</sup> 30<sup>th</sup>) 7 30 A.R. 2008 15<sup>th</sup> P.C.R. + H. Bexhill 9 73  
 41 40 " 2115 19<sup>th</sup> 48 67 15 9 36  
 58 40  
 S'g Lt 34 10 33 15 15  
 A.P. 34 10 33 15 15  
 A.R. 2008 15<sup>th</sup> P.C.R. + H. Bexhill 9 73  
 " 2115 19<sup>th</sup> 48 67 15 9 36  
 58 40  
 M. 8116 Al. 1116 Paris 24/1/18 1510 p/s 14/18 17 84 5214 266A 7/9 9 73  
 27 58 29/8 4 87  
 141 " 14/9 9 73 endorsed  
 24 33 15 35 10  
 Spec. Ltr. Note 2467 Bal Trans to Can 35 10  
 35 10 Nil







EFFECTIVE DATE  
 AUTHORITY  
 PERMANENT FORCE ALLOWANCES  
 PLACE OF ATTESTATION  
 DATE OF ATTESTATION  
 ASSIGNED PAY MONTHLY \$  
 PAYABLE TO  
 ASSIGNED PAY MONTHLY \$  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)  
 DISCHARGE DATE AND PLACE  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

REG'L. NO. *418,611* RANK *Pte* NAME *Faulconer Isaac James*  
 IF IN PERM. CORPS } UNIT *10<sup>th</sup> Bu* TRANSFERRED TO DATE AUTHORITY  
 WHAT UNIT }  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *15. 8. 16* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15<sup>00</sup>* DATE EFFECTIVE *1<sup>st</sup> Sept.*

PAYABLE TO *Mrs. Annie Faulconer, Shortdale, Man.* RELATIONSHIP *Canada Mother*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Canada*  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

QUITTANCE ROLLS  
 2 3 4  
 DATE No. DATE No. DATE  
 20.10.16  
 16.10.16  
 22.12.16  
 30.1.17  
 15.3.17  
 29.3.17  
 15.8.17  
 30.8.17

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
								9 70				<i>C.</i>
	<i>9 73</i>	<i>4 87</i>	<i>2 43</i>		<i>15</i>		<i>32 03</i>	<i>11 77</i>		<i>11 77</i>		<i>assigned pay paid by a. p. Branch for Sept amount received in Sept pay list Canada.</i>
	<i>4 86</i>	<i>4 87</i>			<i>15</i>	<i>1 10</i>	<i>25 83</i>	<i>18 94</i>		<i>15</i>	<i>3 94</i>	<i>Forfeit 1 day's pay under Q.M. p. 2.0. 260</i>
	<i>2 43</i>	<i>17 03</i>			<i>15</i>	<i>15</i>	<i>34 61</i>	<i>18 43</i>		<i>15</i>	<i>3 43</i>	<i>1/10th Q.M. 72 = 15<sup>00</sup> 94005-176</i>
	<i>7 30</i>	<i>9 73</i>			<i>15</i>		<i>32 03</i>	<i>20 50</i>		<i>15</i>	<i>5 50</i>	
	<i>7 30</i>				<i>15</i>	<i>55</i>	<i>22 55</i>	<i>28 75</i>				<i>Q4005-558.</i>
	<i>2 62</i>	<i>2 61</i>			<i>15</i>		<i>22 85</i>	<i>40 00</i>				
					<i>15</i>		<i>15 00</i>	<i>58 00</i>				
	<i>2 61</i>	<i>2 61</i>			<i>15</i>		<i>20 22</i>	<i>71 88</i>				
	<i>35 75</i>	<i>44 16</i>			<i>120</i>	<i>1 50</i>	<i>205 12</i>					
	<i>2 68</i>				<i>15</i>		<i>20 35</i>	<i>84 53</i>				
	<i>2 64</i>				<i>1</i>							
	<i>2 68</i>				<i>15</i>		<i>14 68</i>	<i>100 95</i>				
	<i>2 68</i>				<i>15</i>		<i>14 68</i>	<i>114 34</i>				
	<i>5 36</i>	<i>2 68</i>			<i>15</i>		<i>32 80</i>	<i>114 51</i>				
	<i>2 68</i>	<i>4 14</i>			<i>15</i>							
	<i>58 21</i>	<i>53 98</i>			<i>180</i>	<i>1 50</i>	<i>293 69</i>					







Pend. Card made  
22-11-18 A.K.

This space to be for numbers

# Proceedings on Discharge.

649-7-9451  
NOV 19 1918  
H.C. CANADA

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

No.	718611	
Rank	Private	
Surname.....	Faulconer,	
Christian Name.....	Isaac James	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	107th Battalion	
Date of Discharge	November 11th 1918.	
Place of Discharge	Winnipeg	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	21 years.....	5 months.....
Height.....	5 feet.....	5½ inches.....
Complexion	Medium	Descriptive Marks
Eyes	Brown	Scar right side.
Hair	Brown	Small scar right knee.
Trade	Farmer	
Intended place of residence	Shortdale, Man,	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of Being medically unfit for further war service.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<i>Very good</i> <i>R.S.S.</i>		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Farmer. <i>R.S.S.</i>		
E.R.J.		

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

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

*None*

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

6. Medals and Decorations.....

One gold bar.

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

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

Winnipeg  
(Place).....

*Thomas Cook* Lieut.  
.....

November 11th 1918.  
(Date).....

Dis Sec.No, 10 District  
Commanding Depot MD 10

8. Certificate to be signed by the Soldier on Discharge

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

Winnipeg  
(Place)..... *J. J. Faulkner* (Signature of Soldier.)

November 11th 1918.  
(Date)..... *Thomas Cook* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.  
11-11-18. Total.....years.....days.

11. Confirmation of Discharge.

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

Winnipeg  
(Place).....

*A. Giesche*  
(Signature)..... Lt.-Col.

November 11th 1918.  
(Date).....

O.C.No 10 District Depot MD 10

**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.)

*none*

*99 Boulouner*

<p>Medical Form H. 103          Proceedings on Discharge</p>	<p>Reg. Counsel Form H. 103          Medical Form H. 103          Company          Battalion          Regiment</p>
<p>Medical Form H. 103          Proceedings on Discharge</p>	<p>Reg. Counsel Form H. 103          Medical Form H. 103          Company          Battalion          Regiment</p>

N.B.—In the case of a man discharged by patch, the date and number of Discharge Ticket with amount of bonus is to be noted here.

575

NOV 9 1919

## List of Discharge Documents.

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

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

This space to be left blank for the Chelsea Number.

M 210

CANADIAN DISCHARGE DEPOT  
Cardinshire  
SEP 10 1917  
Ar 7 10 13

7

Army Form B. 268.

Proceedings on Discharge

H. M. T. S.  
EMBARKEO, 22/9/18

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

No. 718611 Army Rank Pte.

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

Corps 3rd C. G. B.

Battalion, Battery, Company, Depot, &c. 107 Coy  
(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 \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. Description at the time of discharge.

Age <u>21</u> years <u>16</u> months	Descriptive marks. <u>Scar</u> <u>R. Knee.</u> <u>R. Side.</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	<u>✓</u>  <u>(10)</u>
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Farmer.</u>	
Intended place of residence (To be given as fully as practicable) <u>Robin May</u>	

(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.)

Returned to Canada in accordance with instructions under Paras 7 & 19 of A.G. 5-1-22 of April 5th 1918.

B 11.

Category \_\_\_\_\_

(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.)

3. Military character:—  
\_\_\_\_\_

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

To be filled in on the soldier quitting the Colours.

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.

Initials of Commanding Officer. \_\_\_\_\_

Army Form B. 2068 has been issued to\* \_\_\_\_\_

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

{ France 14 mos  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_

(Date) \_\_\_\_\_ 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.)

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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.



Reserved for M.H.C.

Regt. No. 7186H Rank SPR Surname FALCONER Christian Name JAACE JAMES  
 Unit or Corps—(a) Overseas from United Kingdom 107<sup>th</sup> CAN. BN. (b) In United Kingdom 107<sup>th</sup> CAN. BN.  
 Born at—Town ELKHORN County or Province MANITOBA Country CANADA  
 Date of Birth—Day 14<sup>th</sup> Month JULY Year 1897 Age 21 yrs. 2 months.  
 Joined at WINNIPEG Date FEB 21<sup>st</sup> 1916  
 Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification:—

*Scar one inch long outer surface right arm*

Height—feet 5 inches 5 $\frac{1}{2}$  Colour of eyes Brown

Signature of Soldier (for identification purposes) [Signature]

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).

PAIN RT. CHEST. SHORTNESS BREATH

Disabilities Group (b).

Nil

Disabilities Group (c).

Nil

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>S.W. RT. CHEST.</u>		
(ii.) As to Group (b) above.	<u>Nil</u>		
(iii.) As to Group (c) above.	<u>Nil</u>		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? NO

(i.) As to Group (a) above? NO If yes, has Active Service aggravated it? N.A.

(ii.) As to Group (b) above? N.A. If yes, has Active Service aggravated it? N.A.

(iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above? YES

(ii.) As to Group (b) above? N.A.

(iii.) As to Group (c) above? N.A.

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **YES**

(ii.) While off duty? **NO.**

(iii.) Was a Court of Inquiry held? **N.A.**

(iv.) Where? **N.A.**

(v.) When? **N.A.**

(vi.) Opinion of the Court? **N.A.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

On May 30-18 while in Canada was admitted to hospital with enlarged cervical glands, in hospital nine days. Was O.K. till April 8<sup>th</sup> 1918 when he was wounded S.W. Rt chest. Coaco to Coy 26-4-18 discharged from serv 16-5-18. In base Camp till 19-7-18 also held in 3.C.C.D. ever since. Was in band 14/17. Symptoms of pain in rt side unable to do severe P.T. cannot sleep on rt side owing to snoring sensations

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Well developed and well nourished man of apparent stated age. Scar of S. wound (entrance) in post axillary line at level 10<sup>th</sup> rib. F.B. not removed. Tenderness along course of 12<sup>th</sup> rib and in epigastrum. Symptoms of pain in rt side of chest aggravated by severe exercise or marching. Has not been able to do severe P.T. at 3 C.C.D. (Other scars neg)

8. OPERATION. (i.) Was one performed? **NO.**

(ii.) If so, state what.

(iii.) Was one advised and declined? **NO.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **NO**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **NO**

(b) Fit for base duty? **YES Bit**

(c) Invalid to Canada? **NO**

(d) Discharge from the Service as permanently unfit? **NO**

Date of Report **SEPT. 5<sup>th</sup>** 1918

Signed **J. M. [unclear] Capt**  
Officer in medical charge of case.

Station **SEAFORD**

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

**U. Wallace Capt**

{ Officer i/e Hospital } Strike out one  
{ S.M.O. Brigade } of these.

Dated at **Seaford Sussex** Station, on **7-IX-18** 191

\* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? No

Aggravated? No

(b) Misconduct of the Soldier

Caused? No

Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not Appr

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all.)

Not Appr

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

Not Appr

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not Appr

18. Remarks.

19. Recommendation:—(a) Fit for duty? No

(b) Fit for base duty? Yes Bti

(c) Invalid to Canada? No

(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board

7/2/18

Station

Seaford

Signatures of the Board

J.W. Mackie Capt President.  
J.G. Martin Capt

Approved

27 SEP 1918

A.D.M.S.

Dated at

Seaford, Sussex.

Station

U. Wallace

Captain. C.A.M.C.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*[Faint handwritten text, possibly recommendations]*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of  
the Board

\_\_\_\_\_  
President.

Regt.  
Unit of  
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Date of  
Joined  
Former  
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1. D  
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CLINICAL CHART.  
(To be attached to Case Sheet.)

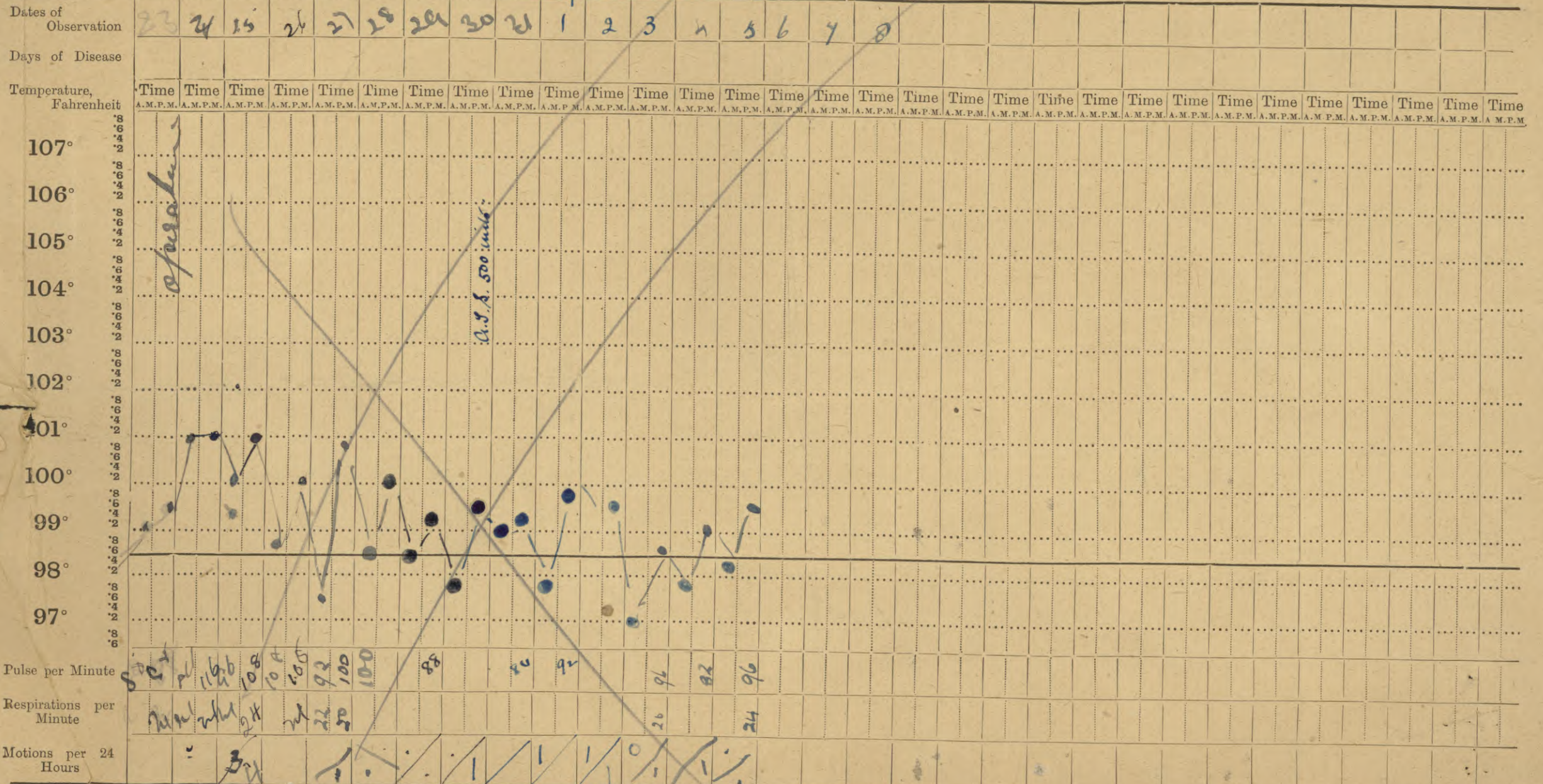
Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_ Rank and Name *Pl. J. Scott*

Military Hospital \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission *April* Date of discharge \_\_\_\_\_ Age \_\_\_\_\_ Service \_\_\_\_\_ Result \_\_\_\_\_



Signature \_\_\_\_\_

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

No. \_\_\_\_\_ Rank and Name Pvt. Yalowitz

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	Time																									
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
April 13																										
April 14																										
April 15																										
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April 20																										
April 21																										
April 22																										
April 23																										
April 24																										
April 25																										
Temperature, Fahrenheit																										
Pulse per Minute	80	72	80	80	76	92	84	90	84	76	80	96	76													
Respirations per Minute	24	20	28	28	20	36	38	22	28	24	22	24	26													
Motions per 24 Hours	/	/	/	/	/	/	/	/	/	/	/	/	/													

# MEDICAL HISTORY OF AN INVALID

B.P.C. ORIGINAL

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons. **"Cardingshire."**

STATION Winnipeg, Man. DATE October 30/1918.

1. 1 (a) Unit 107th, 10;DD (b) Regimental No. 718611 (c) Rank Pte  
 (d) Surname FAULCONER (e) Christian name Isaac  
 2. Age last birthday 21 Date of birth July 14th, 1897  
 3. Enlisted at Roblin, Man. on February 4th 1916.

4. Personal description:—  
 (a) Height 5ft 5 1/2 inches (b) Weight 150 (c) Complexion FRESH  
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks  
Scar right side 1 vaccination left arm

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

6. Former trade or occupation Farmer.

7. (a) Service	Years	Days
	PERIODS	
	From	To
<u>C.E.F.</u>	<u>February 4/1916.</u>	<u>October 30/1918.</u>

(b) Has he been overseas? Yes, France 14 Months 8. Original disease or disability Shrapnel wound  
right chest  
 (a) Date of origin April 7th 1918. (b) Place of origin Arras - France  
 (c) Cause\* Shrapnel  
 (d) Present disease or disability Impaired function of right lung.

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

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

A scar is present over 10th rib in posterior axillary line, there is some tenderness over 10th rib immediately posterior to scar, and also over tip of 12th rib in epigastric region. He has a dull pain in the right chest most of the time.

9. Present condition.—(Continued.)

It becomes very distressing if he walks fast or exerts himself. He becomes short of breath quickly after such exertion as touching his toes ten times with his fingers and when short of breath his right chest is very painful

(a) Yes (b) Impaired function of right lung (c) Yes.

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

Nervous..... Yes Digestive..... Yes Respiratory..... No see (a) Cardiac..... Yes  
Genito-Urinary..... Yes Skin, Middle Ear, Eye or any other part..... Yes, except as stated above.

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

Received shrapnel wound in right chest April 7th 1918, Arras-France. Shrapnel was not recovered, but patient improved and is now slowly recovering his health.

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

See sec. 47.

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

Originated on Service.

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

No, No, No, No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

Minimum period of 18 months

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

In Hospital - France 3 weeks  
In Hospital - England 3 weeks



OPINION OF THE MEDICAL BOARD

14. (Continued).

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

(If the answer is "yes" state nature of treatment required and probable duration.)

No

16. Can the former trade or occupation be resumed?

(If not, briefly state why.)

Yes, to a limited extent

Discharge as medically unfit.

17. Recommendations

*P. S. Walsh, M.D.*

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

*James J. ...*  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

19. Is the soldier fit for

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

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Discharge as medically unfit.

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

PLACE Winnipeg, Man.

DATE October 30th 1918.

*E. L. MacIntyre Capt* President.  
*R. B. ...* Members.

APPROVED BY

APPROVED BY

*E. L. MacIntyre Capt*  
for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE NOV 1 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE DATE President. Members.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# F

682 Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<u>15.</u>			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. 718611  
 Rank Plt Promoted Reverted Discharge  
 Soldier's Name J. J. Faulconer  
 Battalion 107th Bn  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs Annie Faulkner  
 Address Shottdale, Man  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>Dec 31/17</u>			<u>240</u>	<u>240</u>	
<u>Jan 1918</u>	<u>Q 67109</u>		<u>15</u>	<u>15</u>	<u>N</u>
<u>Feb</u>	<u>F 92507</u>		<u>15</u>	<u>15</u>	
<u>Mar</u>	<u>A 137392</u>		<u>15</u>	<u>15</u>	
<u>Apr</u>	<u>G 9754</u>		<u>15</u>	<u>15</u>	<u>PM</u>
<u>May</u>	<u>Q 16212</u>		<u>15</u>	<u>15</u>	<u>PM</u>
<u>June</u>	<u>K 26949</u>		<u>15</u>	<u>15</u>	<u>P</u>
<u>July</u>	<u>P 32939</u>		<u>15</u>	<u>15</u>	<u>P</u>
<u>Aug</u>	<u>K 34281</u>		<u>15</u>	<u>15</u>	<u>P</u>
<u>Sept</u>	<u>R 43784</u>		<u>15</u>	<u>15</u>	<u>M</u>
<u>Oct</u>	<u>Q 56042</u>		<u>15</u>	<u>15</u>	<u>M</u>
<u>Nov</u>	<u>L 58651</u>		<u>15</u>	<u>15</u>	<u>M</u>
			<u>390</u>		
			<u>15</u>		
			<u>405</u>		

REMARKS 05786-2-13  
 ..... A/c Closed open closed  
 Ret'd per Cardiganhire  
 Date 9-10-18 F.X. 30-10-18  
 ..... Clerk J. J. Faulconer  
Account closed, 30-11-18  
Disch 11-11-18 mo 10. (telegram)  
Mo. 19996 pend. 14-11-18.

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22320-M. & D. 1336.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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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	

*8/15/52*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

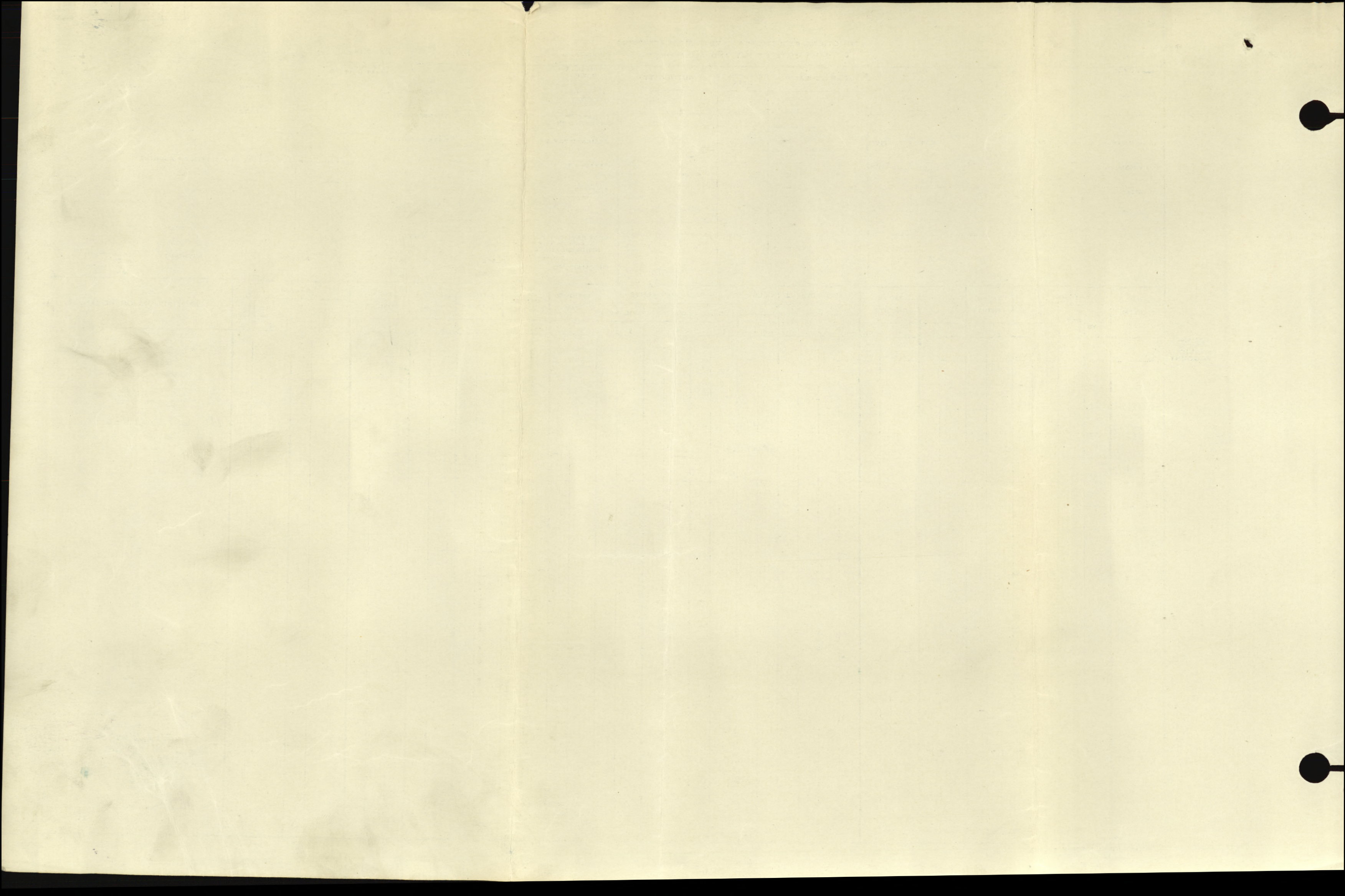
M. F. W. 128  
400M-6-17-1772-89-1141  
L. L. 22320-M. & D. 7583.

M. OR S. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *718311* RANK *Pte* NAME (IN FULL) *Faulconer Isaac James*  
 NEXT OF KIN RELATIONSHIP ADDRESS DATE EFFECTIVE AUTHORITY ORIGINAL UNIT C.E.F. *107<sup>th</sup> 93<sup>rd</sup>* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE RELATIONSHIP TO WHOM PAID RELATIONSHIP ADDRESS ANY CHANGE IN ASSIGNEE OR ADDRESS  
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY  
*11-14-18*

1919. MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	Previously Paid	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE					\$	C.	\$	C.		\$	C.	\$	C.	\$	C.		
			\$	C.																								\$	C.
<i>Feb 11</i>	<i>15</i>	<i>1.00</i>			<i>350</i>																	<i>100 10</i>	<i>350 -</i>	<i>100 10</i>	<i>350 -</i>	<i>100 10</i>	<i>350 -</i>		
<i>Mar 11</i>								<i>17703</i>	<i>1.40</i>																			<i>249 90</i>	<i>100 10 3<sup>rd</sup> Payment P.P.</i>
<i>Apr 6</i>								<i>124092</i>	<i>1.70</i>																			<i>179 90</i>	<i>100 10 2<sup>nd</sup> Payment P.P.</i>
<i>May 6</i>								<i>124245</i>	<i>1.70</i>																			<i>109 90</i>	<i>100 10 5<sup>th</sup> P.P.</i>
								<i>305813</i>	<i>39.90</i>																			<i>39 90</i>	<i>100 10 6<sup>th</sup> P.P.</i>
					<i>350</i>																							<i>139 90</i>	<i>100 10 7<sup>th</sup> &amp; final P.P.</i>
					<i>350</i>																							<i>100 10</i>	<i>350 -</i>

**AUDITED**  
 MAY 17 1919  
 Audit. Clerk  
 M. F. W.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book 1350	Regimental No.	Rank.	Surname.	Christian Name.
	18611	Pte	Falconer.	J. J.
Year 13/5/18	Unit.	Age.	Service.	
	107 <sup>th</sup> Can Bn	20	27/2.	

Station and Date. Disease S.W. Side R.  
 Patient admitted with wounds healed  
 asserts that he is feeling perfectly  
 well. has no pain or symptoms  
~~of any kind.~~  
 For transfer to Cooden  
 J. J. Falconer

Princess Patricia Canadian Red Cross Hospital,

Cooden Camp, Boxhill, 16-5-18 Bullet (shrapnel) lower chest - Rt

side. Healed. Feels fairly strong Out of bed 10 days

21-5-18 M.O. P.T. Weber C. Lowry

22-5-18 Chest & Lung blars. Capt Caule

27-5-18 C.O. M.O. P.T.

3-6-18 Does not feel as well as on admission Pain in Rt side on <sup>respiration</sup>

10-6-18 C.O. improving

13-6-18 Board.

17-6-18 M.O. P.T.

3-7-18 S. B. B.

9-7-18 C.O.

19-7-18 Discharge to duty to Phillips  
 Capt Caule

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





A-T.S.

Prophylactic with E.F. NO YES

Army Form I. 1237.

DATE 8-4-18 450

MEDICAL CASE SHEET.\*

Date 16-4-18 Units 500

Regimental No. Rank. Surname. Christian Name.

Date 25-4-18 Units 500

1533. 30-4-18 Units 500

718611 Pte. Faulconer Isaac James

Date Units

Unit. Age. Service.

(10983) Wt. W4861/H4840 20,000 7/17 H. J. & Co., Ltd. H17/1613

1918. 107 Canadians 20 2 yrs. 3 months

Station and Date.

Disease G.S. right side of chest. I.D. in mid

Walden Court

line deep down below pyostoma notch,

Eastbourne

8/4 probabll. liver

8/4 had com. hamptyes - no symptoms

in thorax.

27/14

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

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	718611	Pte.	Faulconer	Isaac James
Year	Unit.	Age.	Service.	
1918	107 Canadians	20	2 yrs. 3 months	
Station and Date.	Disease			
Walden Post Eastbourne	G.S. right side of chest. I.D. in mid line deep down below pectoral notch & 8th probabll lower			
	9th had some hamoptyses - no symptoms in Moray.			
27/14				

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.