9668
3rd B.n

ORIGINAL

ATTESTATION PAPER.

No. 9668

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Farrer David
2. In what Town, Township or Parish, and in what Country were you born? ..... Blackburn Lancashire Eng
3. What is the name of your next-of-kin? ..... Margery Evelyn Farrer
4. What is the address of your next-of-kin? ..... 94 Eldon St. Oshawa
5. What is the date of your birth? ..... 31st oct 1888
6. What is your Trade or Calling? ..... Carpenter
7. Are you married? ..... yes
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... 4th East Lancashire Regt. 3 years
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

D. Farrer ..... (Signature of Man).

W Burry ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David Farrer, do solemnly declare that the above answers made by me to the above questions 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.

D. Farrer ..... (Signature of Recruit)

Date Sept 22nd 1914. W Burry ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, D Farrer, 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.

D Farrer ..... (Signature of Recruit)

Date 22/9 1914. N Gurnett ..... (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 Oshawa this 22 day of Sept 1914.

A Pennie ..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. Pennie Lt Col ..... (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

D.O.R.
Batt: 6
Co: 9

5

Description of David Farrer on Enlistment.

Apparent Age 25 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 34¼ ins.; Range of expansion 1¼ ins.

Complexion Medium

Eyes Grey

Hair DK Brown

Religious denominations:
- Church of England X
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Tatoo: rt. arm: fem fig. across
lft arm:

2 Vacc left arm

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 1st Sept 1914.

Place Val Cartier

A E MacDermot 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

D. Farrer 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.

R. Rennie Lt Col (Signature of Officer)

Date 22/9 1914.

C.E.F.

FARRER DAVID 9668 2 BN 02114

MED UNFIT

PUBLIC ARCHIVES RECORDS CENTRE

H

404935

CASE HISTORY SHEET.

No. 9968 Rank Pte. Name Harris W. Age 29

Unit C.S.R. Ey Camp Completed years of service (Where and how long) 3½ C.S. 1½ Canada.

Date of admission Oct 24th 1918 Date of discharge 12-11-18

Diagnosis Ileo Caecal. Place of origin Ey Camp

CONDITION ON ADMISSION AND PROGRESS OF CASE. General Condition Good WB

29-10-18. To go ill and at home WB

12-11-18. Recommend discharge S.T.M.D. must leave. WB

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

A13449

CASE HISTORY SHEET.

Hospital. Station

No. 9968 Rank pte Name Farrer D. Age 29

Unit C9R #2 Ex Camp Completed years of service (Where and how long) 3y 05. 12 Canada

Date of admission Oct 1/18 Date of discharge Oct. 22, 1918.

Diagnosis Flu Place of origin Ex Camp.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Oct. Headache
Colds in head & chest
Aching bones

Exam Throat & head clear

Oct 8 Moist crep. on left side, Depressed breathing on right side. Rusty sputum

Oct 9 Suppressed breathing left side anteriorally
Coarse cracking rales on left side left base
Dullness relatively increased
Vocal resonance -

Oct 11 Improving

Oct 13 Few rales still present on l. side post

Oct 21/18 Chest clear.
Transferred to Convalescent.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

TREATMENT

Routine

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date 21/10/18

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps # 2 C gl. Ex Camp — Hospital Station

No. 9968 — Rank and Name pte Farrer David — Age 29 — Service 48/12

Disease Flu — Date of Admission Oct 1/18 — Date of Discharge Oct 22 — Result Recovered. — Case Book — Folio

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Days of Disease																					
Temperature Fahrenheit — TIME a.m. p.m.																					
107°																					
106°																					
105°																					
104°																					
103°																					
102°																					
101°																					
100°																					
99°																					
98°																					
97°																					
Pulse per Minute			96 / 96	98 / 90	100 / 100	100 / 96	80 / 88	94 / 80	88 / 8	84	72 / 56	60	68 / 64	70	56	60	80	78 / 80	80 / 60	84 / 80	80 / 80
Respirations per Minute			26 / 18	18 / 20	20 / 24	20 / 16	18 / 20	18 / 20	18	18	20 / 18	20	20 / 20	20	20 / 17	56 / 18	20	20 / 20	20 / 18	20 / 20	20 / 20
Motions																					

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature [signature] In charge of case.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names ..Dan..Farrer..... 2. Surname ..Darrah.... Farrer

3. Rank Private..... 4. Original Unit 3rd Batt. 5. Reg. No. 9.6.6.8....

6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... 112 Eldon Ave .....
..... Oshawa ..... Ontario.....

7. Date of enlistment in the C.E.F. ..Sept. 22nd 1914.....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ...Mrs. D. Farrer.....

9. Relationship of such dependent .....Wife.....

10. Address, in full, of such dependent ..112 Eldon Ave.....
..... Oshawa ..... Ontario.....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ....No.....

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
(..3rd Batt. 8 months in England.)
2nd Batt. 3 years in France.....

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ....No.....

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service .....No.....
.....
.....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ...8 months 3rd Batt'n.
3 years 2nd Batt'n.....
8 months 2nd Batt'n C.G.R.....

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ....No.....

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..No.....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ... No .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... No .....

21. Have you, during the present war, served in the Imperial Forces ? ..... No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled . No ....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? .... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency ? .....

24. Are you now serving in the C.E.F.? .. No ..... If not, give:—(a) Date of discharge Jan: 4th 1919 ..... (b) Reason for discharge .....
Medically unfit for Service .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .... No .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
2nd Inf. Battn. May 1st 1916 to
March 17th 1918 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department ? ... No .....

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

Signature of Applicant: David Farrer

Place of Residence: 112 Eldon Ave Oshawa-Ont.

Declared before me at: Toronto

This 8th day of Jany 19 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

B Blackley Major
O. C. 2nd Bn., Canadian Garrison Regt.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....			.....	
.....			.....	
.....			.....	

Certified Correct.

District Paymaster

Cancelled 9/1/19. ✓ Fa-180

M. D. 2

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

No. 57

LAST PAY CERTIFICATE

Regimental No. 9668 Rank Plé Name Farrar Wd
(Surname first)

Unit 2nd Bn. C.G.R. who was* Disc

On 4/1/19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 4/1/19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	56 82	
Regimental Pay 4 days at $ c.		4
Field Allowance 4 days at $ 1.0 c.		4.0
Separation Allowance		25
Clothing Allowance		4
Post Discharge Pay 1st payment		10.0
*Other Credits		
Advances 20.65	20 4	
Separation Allowance and Assigned Pay Cheque No. 6		
*Other Charges Sick Parade 20171	6 2 5 8	
		10
A1 Balance on ~~transfer or on~~ discharge, cheque No.		
Total	83.40	65.3 4.0

*Give particulars.

A monthly stoppage of $ See original L.P.C. (†) has (‡) been paid on account of

Assigned Pay for the month of 191...
and Separation Allce. for month of 191...
(to) Assignee Mrs. D. Farrar

(Address) 94 Eldon St. Oshawa, Ont

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 22/9/14 married or single Mr.

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Med Unfit

(4) Authority for discharge or transfer D.O.Y.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 4/1/19

Place Ft. Camp

F. W. Sunderland Captain, A/Pay
Paymaster, 2nd Bn. Canadian Garrison R.C.R.
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

W Ens

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

RS
918

Number 9668 Rank Pte

Surname FARRER

Christian Names David

Unit 2nd Res Cav Dy Theatre of War France

Dates of Service

Remarks

Latest Address 112 Eldon Ave,
Oshawa, Ont

Roll No. B Page 746

G: 2440. Aleph-
Gr Q 21 S3.0 Desp

Name Fatter, D. Rank Pe. Reg. No. 9668

Unit 1st Batt.

Next of Kin Canada -

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6.8.15	Ad. to No 1 C.F.A.		Not state.	134		
6.8.15	" " 2 "		wounded	135		
12-8-15	Hosp. Hosp. C.C. Stat		do.	140		
20.8.15.	22nd. Genl. Hosp.	Etaples -	-do-	144		
21-9-15	-Do- to No 4 Conv. Camp.		-Do-	142		
26-9-15	1 Gen. Depot Camiers - Disch.		-Do-	180		
29-9-15	Can. Base Depot taken on Strength		-Do-	181		
8-10-15	Can Base Depot. Rejoined Unit		-Do-	188.		
26-8-17	1. C.F.A.	ICT L. Foot		A745		
6-9-17	Discharged to Duty		Do	a 10		2604
			C 6.12.17	R II 4/12/17		

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

M. F. W. 71—500M.—5 13.
1772.—39—961.

NAME Farrar David -

REGIMENTAL NO. 9668. RANK Pte.

ENLISTED AT PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE M.

NEXT OF KIN M. E. Farrar RELATIONSHIP Wife.

ADDRESS OF 94 Eldon Str. Ottawa. Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
Jds.	58	27-8-18.	
SDS. H-1-19.	2	2-1-19	

Reg. No. 9668 Name Farrer D

Rank Ple Corps 2. b. G.R. Age 30 Service b 7/12 E 6/12 F 3 1/12

Ledger No. 2/572 Serial No. F 41893

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	1-10-18	Influenza
To unit	19-11-18	"
Mil Wds T. G. H.	27-11-18	D. A. H.
Dis	6-12-18	

P.T.O

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

SURNAME. Farrer.

CHRISTIAN NAMES David.

REGL. No. 9668 RANK Pte

UNIT 3rd. Bn.

FORMER CORPS 4th East. Lancs. 3 yrs

2. CARD NO.

SOS Dis 4-1-19 2
D.O.2 of FOLIO 2-1-19
2nd Bn. L.R. (m/u)

NEXT OF KIN.

NAMES IN FULL Farrer. Margery. E.

RELATIONSHIP TO SOLDIER Not Stated.

ADDRESS 94 Eldon St. Oshawa. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Blackburn. Lancs. DATE Oct 31st 1888

PLACE OF ATTESTATION Valcartier P.O DATE Sept 22nd. 1914

O/S 7-10-14 3/13.

R/C. 16.4.18. 2 166/54.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Sam.

From Quebec per S.S. "Tunisian" 4/10/14

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Carpenter. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 25 YEARS 10 MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 36¼ INCHES EXPANSION 1¼ INCHES

COMPLEXION Medium EYES Grey HAIR D Brown

DISTINGUISHING MARKS Tattoo right arm. 2 Vaccs left arm.

MEDICAL EXAMINATION. PLACE Valcartier P.Q. DATE Sept 1st 1914

Present address. Not stated.

No. 9668 RANK Pte NAME Farren D

T. O. S. UNIT 2nd Regt, Queens Own Rifles

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug 24	Aug 30	"	Ran on 3rd Bn. Pay list	
Aug 31	Sept 21	"		
Sept 22	Oct 31	"		

UNIT SAILED
OCT 3 1914

NAME Farrer David

H. Q. FILE No. 649-

REGT'L. No. 9668.

RANK AND CORPS Pte second Batt'n

CABLE

No.	DATE

NATURE OF CASUALTY Horn. 3rd

NO. 124.

FOLL.

L. L. Job 83225—M. & D. 5842.

M. F. W. 12—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
134	Ob. 2nd Battn reports adm. to Hosp.	6/8/15	not stated.
135	No. 2 Can. Fld. Amb.	6/8/15	Injury finger
140	To Sanitary Section 2 Div.	7-8-15	Rheumatism
144	No 22 Gen. Etaples	20/8/15	Old lacerated L finger
172	No. 22. Gen. Etaples	21-9-15	To no. 7. Conv. Camp. Injury to L. Fore Finger.
180.	No. 7 Convt. Depot. Camiers	26/9/15	Discharged. Inj. to Finger
181	Can. Base Depot.	29-9-15	Taken on Strength. Inj. to Finger.
188	Rejoined unit	8-10-15	Inj. to Finger
A 745.	1 Can. Fld. Amb.	26-8-17	D.C.L. Li-Jont
A. 10.	" " " " Dis.	6-9-17	" " " " (E. Ont. R.)

Surname: Farrar | Christian Name or Names: D. | Reg. No.: 9668

Rank: Pte | Unit: 2nd Batt. E.O. | Co. | Troop | Batty.

Hospital: #22 Gen. Etaples | Date of Admission: 20.8.15.

Transferred: No 7 Can. Depot. Camiers | Hosp. 21-9-15.

Can. Base Depot | Hosp.

#1 Can. Fld. Amb. | Hosp. 26.8.17.

Hosp.

Diagnosis

(1) Old Lacerated F. finger & arthritis

Later Diagnosis (if changed)

(2) D.G.T.C. Foot ? Amt. Rev.

(3)

Additional Diagnoses, if more than one state present

DISPOSITION | Date

Dis | 26-9-15.

REMARKS

O.L. 26.8.15 | 144 | Taken on strength. 29-9-15.

C.L. 7-10-15 | #181

C.L. 8-10-15 | #182 (1) Rejoined Unit 8.10.15

C.L. 28-9-15 | #172

C.L. 16.10.15 | #188

1.9.17. A745.

14.9.17.a | 10. Dis 6.9.17

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

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

FILE No. 9668 VOL.

SUBJECT Farrer, David

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
SOR		21-3-30			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—30M—4 29 (2765)

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

LAST PAY CERTIFICATE

No. 57

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 9668 Rank Pte Name Farrer

Corps 2nd Bn Bde R who was* Disc

On 4/1/19 191___, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 191___

to 4/1/19 191___, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	46	82	Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 4 days at $ 1 c	4	
Advances by Cheques No.			Field Allow. 4 days at $ c		40
Assigned Pay and Sep'n Allce. No. 30165 6	4 30		Separation Allowances* (Monthly)	4	
Other charges			Other Allowances*		
Payment on ~~transfer or~~ discharge No. 30171	62	58	Other Credits* Clothing	38	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	100	
Total	143	40	Total	143	40

*Give particulars.

A monthly stoppage of $_____(†) has_____(‡) been paid on account of Assigned

Pay for the month of _____191___
and Sep'n Allce. for month of _____191___
(to) Assignee Mrs S Farrer

(Address) 94 Elgin St Oshawa Ont

(†) Insert amount to be assigned whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $_____has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 22/9/14

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Demobilization authority W.O.

(4) authority for transfer —

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 4/1/19

Place Camp

Captain. Capt

Paymaster, 2nd Bn. Canadian Garrison Regt.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

(1001)—Wt. WS203—1273.—800,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Clerk George
K.L.I. 101/Bff/2/9

Regiment or Corps 3rd. Battalion,

Regimental No. 9668. Rank Pte Name Farrer, D.

Enlisted (a) 22/9/14. Terms of Service (a) "GENERAL AS PER C.E.F. ATTESTATION PAPER." Service reckons from (a) 22nd SEPTEMBER, 1914.

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: 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.
3/4/15	9th Bn	Transfered to INFANTRY BASE DEPOT 2nd Bn	Shoreditch	3/4/15	
9/5/15	OC 2nd Bn.	Taken on Strength	Field	26/4/15	B 213.
8.8.15	OC. 2 Bn	To Hospital	1 Fld Amb	6.8.15	B213
9.8.15	1 Fd Amb.	Inf Finger	To 2 Can Fd A.	6.8.15	A36.
8.8.15	2 Fd. Amb.	Inf Finger	Ad 2 Can Fd Amb.	6.8.15	A36.
14.8.15	N.M.D.C.C.S.	Inf L Finger	Ad N.M.D.C.C.S.	12.8.15	A 36
20.8.15	22 Genl	Gsw Lac Forefinger Left Hand multiple Shrapnel	Ad 22 General	20.8.15.	W 3034.
21.9.15	22 Genl	do do	To 1 Con Camp	21.9.15	W 3034
29.9.15.	Can Base Depo.	Taken on Strength	Can Base Depo	29.9.15	K 110-1-6.

(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.

9668 Pte Farrer. D.

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				
8.10.15	Can Base Depot	Proceeding to unit	Field	8.10.15	112.7.6.
16.10.15	2nd Bn	Rejoined unit	Field	10.10.15	32-7-2.
6-2-16	2nd Bn	Granted Leave of Absence from 1.2.16 to 9-2-16	do	1-2-16	B 213
				9-2-16	B213
20-2-16	do	rejoined from leave	do		
20-4-16	do	Sentenced to 14 days F.P. No 1. for Drunk returning to Billets	do	17-4-16	B2069
18.8.16	do	Sentenced to 4 days F.P. No 1. for leaving Bivouac without permission 11.8.16.	do	14.8.16.	B2064 Pt II No 34 d/ 31.8.16.
7.1.17	do	attch'd 1st Can. Div. Train		4.1.17	B213 Pt II orders #7 d/ 20.1.17
14.1.17.	do	Ceases to be attached to 1st Can Div train on return to Unit		10.1.17	B213 Pt II Orders No 9 d/ 26.1.17
9.6.17	do	Granted 10 days Leave	U.K.	8.6.17	B213 " " 61 d/
30.6.17	do.	Returned from Leave	Field	26.6.17	" DCS 470.
4.7.17	do.	Sentenced to 28 days F.P.No 1 for when on Active Service Absent Without Leave from 12.00 Midnight 18.6.17. to 11.00 AM. 26.6.17. (179 hrs).			
		Forfeits 8 days pay under K.R.	do	29.6.17.	B2069 Pt II Ord 68 " 7/17

Army Form B. 103.

Regimental Number 96-8...

Casualty Form—Active Service.

Regiment or Corps 3rd Bn Hd 6 pr 4th Bn + Hd 62nd Bn.

Rank Pte. Surname Farrier Christian Name David

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 22-9-14 Terms of Service (a) "Guard as per C.E.F." "A.P." Service reckons from (a) 22-9-18.

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
17-9-18	C.O.R.D	Pte Do 193 D 31-7-18 is hereby Cancelled.	Seaford	29-7-18	Pte Do 234
17-9-18	"	Detained in Canada awaiting proc. of Medical-board	"		Pte 224
					D Drew Lieut, for Lt-Col i/c Records. ONEC
8-11-18	C.O.R.D	Ceases to be Shown for-to Canada vice S.O.S. ch Gr. to C.E.F. in Canada.	Seaford	9-4-18	Pte Do 249
					D Drew Lieut, for Lt-Col i/c Records. ONEC

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

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

W. 8527—M2993 1650m 9/17 (29558) C. P. & S., Ltd. Forms B./103 E/1658. [P.T.O.

Report		Record of promotions, reductions, transfers, casualties. &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
2/1/19	2nd Bn/				
	C.G.R.	S.O.S. on discharge			
		R.O.#1328	Toronto	4/1/19	Part 2 D.O.#186

Army Form B. 103. Regimental Number 9668

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte Surname FARRER Christian Name D

Religion ..... Age on Enlistment ..... years ..... months

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

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation .... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
9.8.17	2nd Bn.	Sentenced to 2 days F.P. No 2.			
		for When on Active Service			
		Absenting himself without			
		leave from 6. P.M. to Midnight			
		21.7.17 (6 hrs) after being			
		warned that the battalion			
		was moving.			B2069
		(Forfeits one day Pay Under R.A.)	Field	6.8.17	Pt I Ord Bo 80 d/
28.8.17	2 C F A	Infected L. foot TO	1 C F A	26.8.17	A36/7242
1.9.17	2nd Bn	To Hosp Sick	Field	26.8.17	B213 D C S 490
6.9.17	1 C F A	I. & T. Left foot. To	duty	6.9.17	A36/3991

(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) Signaller, Shoeing-Smith, &c.

W.15863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354. P.T.O.

9668 Pte Kerr D

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
8.9.17	2nd Bn	Rejoined from Hosp	Field	6.9.17	B213 DC 1498.
16.3.18	do	Transferred to England for furlough to Canada & posted to Eastern Ont Regt'l Depot Seaford.			A G Cdns A G 3. AG 22-1-26. d/22-1-18. Can Sec K.E (5) 290-265/3. B213 d/16-3-18
				15.3.18	Pt II Ord 25 d/29-3-18
					J Shaw Stone Lieut. for Lt. Col. A.A.G?
18.3.18	E.O.R.D.	Posted from 2" Bn (Base) Con comm to 6th Res Bn.	Seaford	17.3.18	Pt II 77
			for 2/Lt		Parker Lieut. i/c Records. Com 2
22/3/18	EORD	Recommand to LOD Buxton	Seafora	21/3/18	Pt II DO 81
22/4/18	EORD	Shown on furlough to Canada eff 9/4/18 to 2/7/18	Seafora	9/4/18	Pt II DO 108
31/7/18	EORD	LOS of EORD having been declared by a Court of Enquiry illegally absent. Such Court of Enquiry held at Seaford 29th July 1918.	Seafora	29/7/18	Pt II DO 193
					for Officer Commanding, East Ont. Regt'l Depot.

IN REPLY PLEASE QUOTE

NO.....

CANADA

Department of National Defence

Ottawa, Apr. 2nd 1930.
192

Otero Division.
Dept. Pensions & Nat. Health.

This will Certify that all Documents relating to No. 9668 Pte. David Farrar that have been returned to Director of Records are passed herewith.

G. Parker
1/c Docs.
for A.G.R.

NAT. DEF. B. 440.

29247 THE MORTON SYSTEMS OTTAWA, CANADA

NAME FARRER, David.

Regimental No. 9668

Unit ~~3rd~~ 9th. Battalion.

Date of enlistment 22 Sept. 1914.

Place of birth. England.

Married (yes or no) Yes.

Amount of pay assigned monthly $

To whom payable next of kin

Name and address of next-of-kin

Mrs. Margery Evelen Farrer,
94, Eldon Street,
Oshawa, Ont.

Date and place discharged

Reason for discharge.

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914																
9/22	11/31.	40	1.00	40	40	.10	4		44			20			20	
11/1	11/30	30	1.00	30	30	.10	3	24	57			50		2 20	52 20	fined 2 days, absent R.O. 65
11/12	31/12	31	"	31	31	"	3 10	4 80	38 90			25		20 90	21.15	19 days detn
1/1/1915	31/1	31	"	31	31	"	3.10	17.75	51 85			30		23 60	58.60	16d. detn.
Feb. 1	28	28	1.00	28	28	.10	2 80	8.75	30 55			5		1 15 60 6.75	27 15	Dr. bal. from L.I.B. 6.75
1-3	31-3	31	"	31	31	"	3 10	3 65	37 75			10			10	Trans. J.B.D. 31/3/15
1-4	30-4	30	"	30	30	"	3	27 75	60 75			30		26 40 11	67 40	Apr. 28th. 12 days F.P. & 12d. pay Apr. 10th. 5d. F.P. & 5d. pay
May 1	May 31.	31.	"	31.	31.	"	3 10		34 10			6 ✓20		6 65	32 65	
June 1	June 30	30	"	30	30	"	3	1 45	34 45			6 ✓20			26	199/222
July 1	July 31	31	"	31	31	"	3 10	8 45	42 55			6 ✓20			26	
								+32	Exchange Adjust.							
								16 55								
Aug 1	Aug 31	31	1.00	31 00	31	10	3 10	20 90	55 00			7 18 ✓20 00			27 18	
Sep 1	Sep 30	30	1.00	30 00	30	10	3 00	27 82	60 82				20 00		20 00	
Oct. 1	Oct 31	31	"	31	31	"	3 10	40 82	74 92			8 72 ✓20 00			28 72	
Nov 1	30	30	✓	30 00	30	✓	3	46 20	79 20			268 ✓20 00		4 20	26 88	2 days F.P. #1, 2 " Pay (R.M.) } R.O. 37, 6/11/15.
Dec 1 1916	31	31	✓	31	31		3 10	52 32	86 42			16 82 ✓20			36 82	
Jan 1	31	31		31	31		3 10	49 60	83 70			7 84 ✓20			27 84	
Feb 1/16	29/2/16	29		29	29		2 90	55 86	87 76			12 23 20			32 23	
		~~495~~ 526					49 60 53 60	4 35 53	582 95			218 72 200		10 80	527 42	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
		~~526~~ ~~495~~					~~5260~~ ~~4950~~ 5	435	58295			218 72	20		52742	
March	31	31	1 00	31	31	10	3 10	55 53	89 63			53 90	20	1087 0	73 90	
								15 73								
		~~557~~ 531					5570	435	61705			27262 20		1087 0	60132	

Balance Trans. to New Ledger.

M. F. W. 41
100M-1-18.
1772-39-839.

Name Pte. D. Farrer.

Regimental No. 9668.

Unit 9th Bn.

Date of enlistment

Place of "

Married (yes or no) yes. - pd to Nov. 30/18

Amount of pay assigned monthly $ 20.00 Pd to 30/11/18

To whom payable Mrs. D. Farrer.
94 Eldon St. Oshawa Ont.

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

pub. on str. P.E. to 2/7/18

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Nov. 2	2	1-	1-	1-	1-	10	10	£ -	1 10					29 42	29 42	S.O.S. D.O. 15. Transferred to 2nd Bn. C.G.R. D.O. 127.
								~~Dr. Bal 28 32~~							
Dec.								44 -	~~44 -~~				~~Cr. Bal 44 -~~			Subs. 3-7-18 to 26-8-18.
								28 32	72 32				Cr. Bal 72 32			D.O. 233.
~~Dec.~~								44 -	~~44 -~~				28 32			Subs. 3-7-18 to 26-8-18
									45 10				Cr Bal 15 68			D.O 233
													~~45 10~~			
Nov. 2	2	1-	1-	1 -	1	10	10		1 10					29 42		S.O.S. D.O. 15. Transferred
								44 -	45 10				Cr. Bal 15 68			to 2nd Bn C.G.R. D.O. 127.
													45 10			Subs 3-7-18 to 26-8-18.
																D.O. 233

M. F. W. 41
100m-1-18.
1172-39-892.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

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

L. P. C. No. F-1379.

Pte Name Farrer David.

Regimental No. 9668

Unit 2nd Bn 9th Bn

Date of enlistment

Place of "

Married (yes or no) Sa

Amount of pay assigned monthly $

To whom payable Mrs D. Farrer (above address)

Name and address of next-of-kin 94 Eldon St, Oshawa, Ont.

Leave 9/4/18 – 2/7/18.

$20. 15/8/14 to 30/11/17 } = $10 90
$28. 1/12/17 " 30/11/18 }

15. 1/4/15 to 30/4/15 }
20. 1/5/15 to 30/11/18 } = 875

Date and place discharged Retained for duty in MDr

Reason for discharge auth HQ letter dated 16/8/18

Character on discharge Trans to 2nd Bn, CGR, 26/8/18.

"Public Exp" SS Mauretania 15/4/18 Sailed 9/8

FP 649 F 5835

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
~~2/3/18~~														~~39/~~		~~Struck~~
														10 00		Mauretania
														✓15 00		Pm'n Dzck 2277-24 4/18
														✓8 00		" " " 2-2327-26 4/18
														✓20 00		" " " 2-2632-17 5/18
														✓24 00		" " " 2-2921-5 6/18
														✓16 00		" " " 2-3088-18 6/18
														✓15 00		" " " 2-3196-28 6/18
														✓18 00		" " " 2-3303-15 7/18
														✓22 00		" " " 2-3397-2 8/18
														✓22 00		" " " 2-3447-20 8/18
	8/4/18													128 72		Eng. LPC
9/4/18	1/11/18	207	1 00	207 00	207	10	2070						20 00			QR Nov 18
																Sub. 17 4/18 – 27/18 17 @ 80
								61 60								
								289 30							318 72	R of 29 4/18
								Dr Bal. 29 42								LPC rend on 20-11-18
								318 72							318 72	Acct trans to PmnDr

(AP charged on Eng LPC to 31/10/18) 355 00

M. F. W. 41
100m-1-18.
1773-30-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

29456—THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 12.
5m. 11-14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

(Wife)

To Whom Mrs D. Farrer.

Address 94 Eldon St
Oshawa, Ont.

20.00 from May 1/15.
~~$15.00~~ 20.00 per 7/8 from Apl 1/15.

Rate ~~$15.00~~

By Whom Assigned Farrer. D.

Regtl. No. 9668

Rank Pte

Corps 3rd Battalion E.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.		76571	15	
May		E7316	20	20.00 all future.
June		Dg773	20	
July		L10376	20	
Aug.		B11579	20	
Sept.		A12990	20	
Oct.		J8232	20	
Nov.		J9986	20	
Dec.		H15962	20	
Jan.	1916	G16814	20	
Feb.		F15827	20	
March		E17145	20	

CONSOLIDATED ACCOUNT 6

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 28/5/19

420

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs D. Farrer. -Wife-

Name of Soldier Farrer. D., Pte.

9668 - $20.00

3rd Batt'y

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	C 266	20 -	
May		D1281	20	
June		7671	20 -	
July		8759	20 -	
Aug.		13567	20	
Sept.		X17084	20	
Oct.		X22090	20	
Nov.		R26803	20	
Dec.		31899	20	
Jan.	1917	37992	20	
Feb.		44090	20	20 P.
March		49221	20	20 cl
April		1741	20	20 b
May		8092	20	
June		14952	20	20 nil
July		R21412	20	W.
Aug.		27837	20	
Sept.		32423	20	03
Oct.		41128	20	
Nov.		46670	20	
Dec.		56301	20	655
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 28/6/19

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.				

29281 THE MORTIMER SYSTEMS
OTTAWA, CANADA

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Fraser Marjory

Address 94 Eldon St.
Oshawa Ont.

Name of Soldier Fraser David.

Regtl. No. 9668.

Rank

Corps 3rd Provis. Batt.

Relation to Soldier wife, child or mother: wife

To what Corps belonging when called out: O. O. R.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		D 203	20 —	
Oct.		C 1950	20 —	
Nov.		B 2646	20 —	
Dec.		B 4542	30 —	
Jan.	1915	B 4955	20 —	
Feb.		B. 6125	20 —	
March		B. 7320	20 -	
Apl.		B. 8510	20 -	
May		C 9516	20 —	
June		D. 9164	20 —	
July		A. 10526	20	
Aug.		B 12909	20 -	
Sept.		C 13603	20 —	
Oct.		D 13162	20 —	
Nov.		A 14469	20	20
Dec.		B 17248	20	20
Jan.	1916	C 17401	20 —	20
Feb.		D 16929	20	20
March		B 19861	20	20

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Marjory Farrer (wife) PAYMENTS. Name of Soldier Farrer, David # 9668 Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	B 210	20	20
May		C 1101	20	20
June		76692	20	20
July		J 94493	20	20
Aug.		R 120330	20	20
Sept.		G 159330	20	20
Oct.		F 19169	20	20
Nov.		L 213375	20	20
Dec.		J 24960	20	20
Jan.	1917	K 28127	20	20
Feb.		K 31884	20	20
March		K 34603	20	20
April		L 10476	40	20
May		L 4125	20	20
June		P 7816	20	20
July		Q 10420	20	20
Aug.		T 13900	20	20
Sept.		S 17301	20	Bo
Oct.		Y 20040	20	X
Nov.		A 13511	20	B
Dec.		1262-13	20	Bo 8/10
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

MARRIED OR SINGLE M.

PLACE OF BIRTH England

NAME AND ADDRESS OF NEXT OF KIN Mrs Margory E. Yarrer.
94 Eedon St. Oshawa Ontario

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 9668 RANK Pte NAME Yarrer, David

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Battn

	TRANSFERRED TO	DATE	AUTHORITY
PERMANENT FORCE ALLOWANCES			
PLACE OF ATTESTATION			
DATE OF ATTESTATION 22nd Sept 1914			

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 15/15

PAYABLE TO Mrs Margory E. Yarrer. 94 Eedon St. Oshawa. Ontario RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON Furlough

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			~~337~~ 506	00			~~33~~ 52	70 ~~60~~						435	617	05								272	62			220	108	70	601	32	15	73			E Bal from prev Sh.
Apl 30	30	1.00	30		30	10	3								33	-	891	14/11	927	27/4	Remit 78 O.S.B.		2	62	2	62	9	73	20	15	40	50	37			1	64		#15 40 14 days 4/2 14. 30.18. 30/11/15
																	993	2/5					2	56						25	12					
May 1. 31	31		31		31		3	10							34	10	972	6/5					2	56			20			~~25~~ 26	7	34				
June 30	30		30		30		3								33				1053	4/6					2	55	20			22	55	17	79			
1/7 31/7	31		31		31		3	10							34	10	1093	16/6	1140	1/7			2	55	2	61	20			25	16	26	73			
Aug 31	31		31		31		3	10							34	10	1164	16/7	1225	4/8			2	61	2	62 ✓	20			25	23	35	60			5.00 Obo #4.9th Batt Incl/15 Lines of Info. cancelled 7.70 = 7 Days FP #1 30.34. 31. 5.16
1/9 30/9	30		30		30		3								33				1287	13/9					2	62 ✓	20	5 7	70	35	32	33	28			
1/10 31/10	31		31		31		3	10							34	10	1339	29/9	1374	16/10			3	48 ✓	2	61 ✓	20			26	09	41	29			
Nov 1-30	30		30		30		3								33		1410	3/11					6	97			20			26	97	47	32			
1/11 31/ 1/12	31		31		31		3	10							34	10	1456	27/11	1491	4/12			7	85 ✓	6	97 ✓	20			~~26~~ 34	82	46	60			
	1917		~~83~~	20			~~83~~	20																											
			~~30~~	70			~~30~~	70																											
Jan 1/31	31	1.10	34	10											34	10	1544	30/12	1608	9/1			26	1 ✓	26	1 ✓	20			25	22	55	48			
Feb 1-28	28	1.00 10	30	80											30	80	1674	3/2					26	1 ✓			20			25	23	61	05			
																	1739	18/2					26	2 ✓											
			980	10										435	984	45								311	66	25	21	973	40	136	80	923	40			

CANADIAN
ASSIGNED PAY AUDITED
O.K.
AUDIT CLERK
DATE 8/12/19

9668. Pte. Yarrow. D.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
6 mos.			980	10										435	984 45								311 66	25 21		973 40	440 -	136 80	923 40	61 05				
Mar	31	100 10	34	10											34 10	17	1856	1857	23/3 10/3			FRR 13.3.	262 ✓	2 62 ✓ 261 ✓		2133 ✓	20		53 18	61 97				
Apr	30	-	33												33												20		20	55 97				
May	31	-	34	10											34 10	40 107 187	8/4 18/4 29/4						261 ✓ 263 ✓ 81 ✓				20		26 10	63 97				
June	30	-	33	-											33	328 269	27/5 9/5	390	6/6			Lieu Cash 9/6	267 ✓ 357 ✓	267 ✓		3893 ✓	20		67 84	29 13				
July	31	-	34	10											34 10	413	11/6						892 ✓				20	15 39 60 ✓	83 52		20 29				a/c Obs 7353. a/c April 1915 sent by Ottawa not charged. 28 days 7 Pte No 2. forfeits 8 dys pay. B068-14 7/7.
Aug	31	"	34	10											34 10												20	3 30 ✓	23 30	- -	9 49				2 days 7 Pte 9/7 21 days Pay RW a/c Obs 14/8/17
Sept	30	-	33	-											33	662 5/8							267 ✓				20		22 67	-84	- 84				
			1215	60										435	1219 85								338 21	33 11		3799 580		194 70	1219 01					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
									84 ad. 84 ad. 84 aR.
1917 Oct 30	Balance								
Oct. 31	100 10	34 10		a/c Can			20		
				aR 902 9/9/17 2 Bttn	5 35 ✓			9	59
		34 10		cap Can.	5 35		20		
Nov. P.P.		33		aR 883. 2nd Can. 28/9	267 ✓				
				aR 941 2nd Bn 7/10	4 46 ✓				
Dec. P.P.		34 10		" 1042 " 24/10	1 78 ✓				
				" 1109 " 14/11	8 03 ✓				
		67 10		a/c Can	16 94		20	19	75
1918				cap. Can.			40		
Jan. P.P.		34 10		aR 1246 15/12 2 Bttn	4 46 ✓		20		
				" 1174 25/11 "	4 46 ✓				
				" 1310 27/12 "	8 03 ✓				
		34 10			16 95		20	16	90
Feb. P.P.		30 80		a/c Can.			20		
				aR 1379 8/1 "	4 46 ✓				
				" 1450 22/1 "	3 57 ✓				
				" 1522 13/2 "	4 46 ✓			15	21
		30 80			12 49		20		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
				a/c Can				20	
Mar. R.P.		34 10		Overpta 22 to 31/12/18		11 00			18 31
				6P 707 16/3	4 87				
				a/c 1566 24/2 2 Bttn	3 57				
				" 1595 8/3 "	4 46				
				" 1639 18/3 "	4 46				
		34 10		" 617 18/3 6 Bttn	4 87				
					22 23	11 00	20	3	92

Furlough to Canada a/c 22-4-26 26/1/18. Struck rend. 21/2/18 Dr. Bal. 3 91

Checked Dudebout, Cy.

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/5/15		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME:- FARRER. David

NUMBER:- 9668

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 Marjory E. Farrer
94 Eldon St
Oshawa, Ont.

~~Stopped eff. 1-9-18.~~
~~"Deserter" (a/2 M 17-8-18)~~
Renewed 1/9/18 A II M 4/9/18.
Stopped effective 1/11/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Btn

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
~~Regulations Debit Notes~~	1/4/18	23/4/18	E.O.R.D. Canada

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSISTENCE ALLOWANCE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Retained in Canada 9/4/18 Ottawa Cable 17639 19/10/18 I.R.L. 128 72

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Ford.								3 92		
Apl	P.P.	33.						20.	9 08		
May	P.P.	34 10						20.	23 18		
June	P.P.	33.		C.A.P.				20.	36 18		
July	P.P.	33.		C.A.P.				20.			
		~~34 10~~		Declared illegally absent since July 2ND. 1918. by Court of Enquiry, North Camp. Seaford S.O.S. with effect from 29.7.18. (D.O. 193. E.O.R.D. 21.7.'18)							
				30 days Pay Overcredited.		33 ~~30~~ A.			17 28		
Aug	Lt P & A from 2/7/18 to 31/8/18. Detained in Can. Auth A.Q. 36 22-1-29 22/8/18 See letter on file.	34 10 67 10	~~17 10~~	Detained in Canada awaiting proceedings of Med. Board. Now B 2 and will proceed overseas first sailing Auth A.Q. 38/122.1.29 22/8/18		33		20			
		67 10		Railway warrant from Blackburn.				20 00	64 38		
				Lapses = 22.10.14.				20 00			
Sep	P.P.	33.		O.B.S. 3 - 9 Bn June 1915 —	4 40			20	72 98		
		33.			4 40						
Oct.	P & A 22/3/18 to 31/3/18	11 00		Overcredited P & A. 9/4/18 to 30/9/18 Leave.		192 50		20 00			
				Underdebited on Acct. 2037 6/4/15.		20			128 72		
		11 00				192 70		20 —			

Checked J. Brocurr 22-10-18

CANADIAN ASSIGNED PAY AUDITED
O/K
E. O'Connor
AUDIT CLERK
DATE 28/5/19

NUMBER 9668 RANK NAME FARRER. D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION

4668

Farrer. David

4 D
179-63
2649-63.

This space to be for numbers.

Proceedings on Discharge.

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

No.	9668
Rank	Private
Surname	FARRER.
Christian name	David

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	2nd BN. CANADIAN GARRISON REGIMENT
Date of discharge	January 4th, 1919
Place of discharge	TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	30 years 2 months.
Height	5 feet 9 inches.
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Carpenter
Intended place of residence (To be given as fully as practicable.)	112 Elgin Ave Oshawa Ont.

Descriptive marks

1 vaccination left arm,
1 vaccination right arm.

2. The above-named man is discharged in consequence of

"Medically Unfit for Service"

Authority for discharge.....

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

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.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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.

(Place).....

(Date).....

.....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) TORONTO David Turner *(Signature of Soldier.)*

(Date) January 4th, 1919 J. Allen Lee *(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.

Total.....years.....days.

11. **Confirmation of Discharge.**

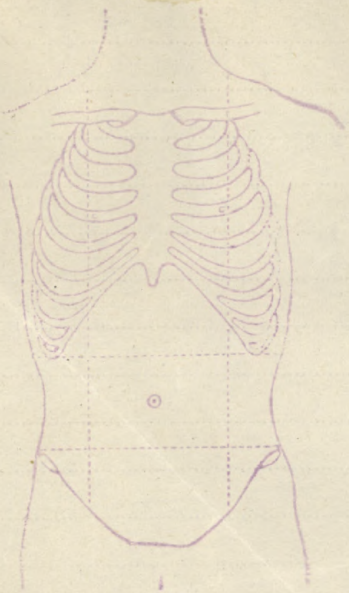
The discharge of the above-named man is hereby confirmed.

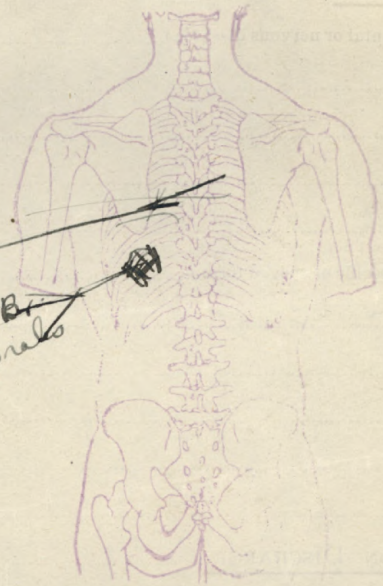
(Place) TORONTO

(Signature) H C Good Major

(Date) January 4th, 1919 for O. C. 2nd Bn., Canadian Garrison Regt.

Farrar





FAMILY HISTORY.....

(Tuberculosis, mental or nervous diseases.).....

TREATMENT.....

(Especially any specific or special form.).....

CONDITION ON DISCHARGE,.....

(and disposal made of case.).....

Date.....

.....
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

CASE HISTORY SHEET.

Toronto General Hospital. Military Wards Station.

No. 96638 Rank Pte Name Farrer D. Age 30

Unit 2 C G R Completed years of service (Where and how long) C 1/12 E 6/12 F 3 2/12

Date of admission Nov. 27. 1918 Date of discharge

Diagnosis D.A.H. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

This patient sent to Military Wards T.G.H. for the purpose of Electro cardiographic report. Regret that owing to mechanical difficulties this report cannot be made at present. Recommend return to unit to return here later for report if desired

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

a 41893

Date Dec 6. 1918

(Signed) Capt R E Kobzon
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

Rank and Name	FARRER David.
Regimental No.	9668
Unit	3rd. Battalion.
Date of enlistment	22nd. Sept. 1914
Place of birth	England.
Married (Yes or No)	Yes.
If in Permanent Force	

Name and Address of Next-of-kin
Mrs. Margery Evelen Farrer.
94 Eldon Street,
Oshawa. Ont.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

b.

2 27566

N/E. R.B. No. 9427
File R.L.
Category Con. ok

N/E. R.B. No. ~~9291~~
File R.L.
Category ~~Unfit~~

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
17.12.14	O.C. 3rd.	72 hrs detention	Bustard	17/12/14	Part II
	O/C 9th Bn.	Trans to 9th Bn.	Sidworth	10.2.15	
4.4.15	"	To Inf. Base Del.	Shorncliffe	3.4.15	Pt. II - 2.
2 5/15	Inf Base Dep	proceeded on Aft. to France			" - 140 2nd Rdg.
16 5/15	O/C 2	Taken on strength 2nd Battn	France	5-5-15	Part-II - 12 NR.
14.8.15	CD 134	2nd Lt. OC 2nd Regts:- Admitted to Hospital	"	6.8.15	Reason not stated
16.8.15	" 135	" Inj. Finger	No 2 Can Fld Amb	6.8.15	
21.8.15	" 140	" " L. "	Nth Mid Cas Clear Stn	12.8.15	
26.8.15	" 144	" Old lacerated 7. Finger & Arthritis	No 22 G. H. Etaples	20.8.15	
28.9.15	" 172	" " " " " " "		21.9.15	To No 7 Cons. Camp
7.10.15	" 180	Discharged from No 7 Cons Depot Camiers		26.9.15	
2.10.15	OC. No 3 G.B.D.	On Strength No 3 Gen Base Depot	19 Camp Rouelles	29.9.15	to CD 181 - 8.10.15
8.10.15	" "	Proceeding to Unit	In the Field	8.10.15	to CD 188 - 16.10.15
7.11.15	OC - 2nd Lt.	Absent: 2 days F.P. No 1 & Forfeits 2 days Pay (RW)	" " "	18.10.15	Pt II-37

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				
14·2·16	OC	2nd Granted leave	In the Field	1-9/2/16	Pt II-8
30·4·16	"	" 14 days F.P.N°1 for "Drunk returning to billets"	" " "	17·4·16	" 18
20·1·17	"	" ATTD TO 1ST CAN DIV'L TRAIN	" " "	4·1·17	" 7
26·1·17	"	" CEASES TO BE ATTD " " "	" " "	10·1·17	" 9
1-9-17		Admtd C.M.C. Canadian Genl.	"	— 26-8-17	Can. A.M.S.
13 9/17	E.O.R.	Dis. " " " "	"	— 6 9/17	— 10 I.C.T. & Stat.
18·3·18	E.O.R.D.	Posted from 2nd Bn. (Base) & will be shewn on com 6th Res.	Seaford	17.3.18	Pt II 77 & Pt II 25d 29.3.18 2nd Bn & 6th Res. Pt II 65d 18.3.18.
21.3.18	6th Res.	Cases to be attached from E.O.R.D. & on com. C.D.D. Buxton pending returns to Canada	Seaford	21.3.18	Pt II 68 & Pt II 81d 22.3.18 E.O.R.D.
22 4/18	E.O.R.D.	Cases on com. C.D.D. Buxton & will be shewn on fur. to Can. effect from 9-4-18 to 2-7-18.	Seaford	9-4-18.	Part II 108.
~~31-7-18~~	E.O.R.D.	~~Having been declared illegally absent since 2-7-18 (whilst on furlough to Canada, is S.O.S with effect 29-7-18~~	"	Cancelled by W.O. 23404/17.9.18. ~~29/7-18 " 193 Aust C. of J. Seaford 29/7/18~~	
17.9.18.	E.O.R.D.	Detained in Canada awaiting Proc. of Medical Board	Seaford		Pt II O 234.
8-11-18	✓	Cases to be shewn on fur. to Canada & as S.O.S. on fur. to C.E.F. in Canada	"	9-4-18	Pt II O 239 29/10/18

FARRER, David, Pte. #9668 Neurological Report.

Was one of the original members of the C.E.F., and was allowed home on furlough last spring. He noticed that he was becoming nervous during his last six months in Frnace. Now feels nervous and shaky and jumps at unexpected noises. When riding in a motor he has peculiar abdominal sensations, but does not become nauseated. Appetite is only fair and he is about seven pounds below weight. He gets a fair number of hours sleep at night but has disagreeable dreams and frequently wakes with a start and finds himself in a cold sweat. Memory is good, but power of concentration only fair. Has pain in the chest and back regardless of any exertion. These pains last a few minutes but usually recur every few hours. Has dyspnoea when he wakes suddenly at night and also after walking about a mile at his own pace.

Objective Findings:-

Has a marked tremor of the hands and also has a tremor of the tongue. A jaw-jerk is present, but the other deep reflexes are not especially brisk. Speech is normal. No sensory or motor changes. No Rombergism . No cranial nerve paralysis. No bladder trouble. Respirations/ 18 sitting and standing, 24 after touching toes six times returning to 18 after sitting one minute.

Diagnosis:- Neurasthenia due to strain of service. Category E.

(sgd) J. D. Loudon, Capt.

Nov. 26, 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 9668 (Rank) Private

Name (in full) FARRER, David enlisted in

the 3rd. Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Valcartier, Que on the 22nd

day of September 19 14

HE served in .....Canada, England and France.....

and is now discharged from the service by reason of

"Medically Unfit for Service"

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

Age 30 years 2 months

Height 5 feet 9 inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

1 vaccination left arm,

1 vaccination right arm.

David Farrer
Signature of Soldier

H C Good
Issuing Officer

for O. C. 2nd Bn. Canadian Overseas Regt. Major
Rank

Appointment

Date of Discharge January 4th, 1919

Signed at TORONTO this 4th day of January 19 19

in Military District No. -2-

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

November 25, 1918.

Farrer, David, Pte. # 9668. Heart Report.

Rheumatism in 1915.

During the past two months has had dull heaving aching pains around the heart. These come every few hours and last for about two or three minutes.

Has had a little dry cough for the past three years. About ounce of greyish white sputum daily.

Has lost seven pounds in the last two months.

Easily tired and short of breath on walking three hundred yards.

A fairly well formed chest with slight retraction above and below both clavicles.

The expansion is 1½".

The breath sounds are very quiet and are practically nil above the level of the 4th. rib exceptin on very deep breathing.

No moist sounds are heard.

Pulse rate sitting 72.

Pulse rate standing 72.

Pulse rate 90 after touching toes six times and returned to 72 in two minutes.

A condition of extra systoles exist here and I would suggest an electrocardiogram in order to interpret the exact condition. Suggest Catgeory C 3.

N.O.K. Mrs. Marjory Farrar Examined by Unknown. Toronto.
94 Eldon St. Oshawa. Ont. Aug.10th.1914.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Man's address same.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Park School. Bks. DATE June 19th.1918

1. 1 (a) Unit R.O.R.D. (b) Regimental No. 9668 (c) Rank Pte

(d) Surname FARRAR (e) Christian name David

2. Age last birthday 29 Date of birth Oct.31st.1888

3. Enlisted at Toronto on Aug.10th.1914.

NO. 2 Mmilitary DISTRICT JUL 1 1918 34-7a-180

4. Personal description:—

(a) Height 5'9" (b) Weight 142 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks

Tattoo marks on right arm. Vaccination marl 1 each arm

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

94 Eldon St. Oshawa. Ont.

6. Former trade or occupation Carpenter.

7. (a) Service	Years	Days
	3	310

	Periods	
	From	To
3rd. Battalion	Aug.10th.1914	April.15th.1915
2nd Battalion	April 15th.1915	June 19th.1918.
#2 District Depot	June 19th.1918	To date
France		

(b) Has he been overseas? 8. Original disease or disability. (1) Pain in left chest. (2) Injury to left index finger.

(a) Date of origin (1) June 1917 (2) July 1915 (b) Place of origin 1 & 2 France.

(c) Cause* (1) Unknown. (2) Kicked by horse.

(d) Present disease or disability (1) Pain in left chest. (2) Ankylosis of left index finger.

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.]

(1) Subjective:- Says that about every 2nd day, usually after the mid day meal, he gets sharp pain over an area 2" in diameter just above and internal to left nipple. The pain comes on about ½ hour after the meal and lasts about an hour.

(See page 2)

9. Present condition.—(*Continued.*)

Says that it is sometimes severe, but has never reported sick with it. Sometimes belches gas but has never vomitted or had any abdominal pain. Objective;- Heart and lungs are normal. Abdomen normal.throughout. Nothing whatevern found tomaccount for the pain.

(2) Subjective;- Trying to grip objects with the left index finger causes pain in the proximal inter-phalangeal joint. This joint sometimes aches in damp weather and is cold in winter.

Objective;- There is atrophy of left index finger and there is a healthy operation scar on outer side of the proximal inter-phalangeal joint,

(b) Are the following systems normal? If not, briefly state abnormality (See page 4)

Nervous normal Digestive normal Respiratory normal Cardiac normal

Genito-Urinary normal Skin, Middle Ear, Eye or any other part See above

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

(1) Since June 1917 has had attacks of slight pain over a small area of left chest.

(2) Was kicked on left index finger by a horse in July 1915 and joint was fractured. It was operated on July 1965, and has been stiff ever since.

(*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.

1 Vaccination mark each arm. 2 small scars on left arm and 1 on left forearm. Tattoo mark on right arm and right forearm. 4 small scars on right thigh and 1 onx left. Good nutrition.

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

1 & 2 Not applicable.

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

1 & 2 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?

(1) 6 months (2) Permanent

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

(1) None (2) 6 weeks in Hospital in France.

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.)

1 & 2 No

16. Can the former trade or occupation be resumed ? yes
(If not, briefly state why.)

17. Recommendations B2.

Percival Hearn MB
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 Farrar 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 W. T. Nil

Farrer D
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.

reconsidered TDR

We concur in addition that individual should be ~~recommended~~ in 3 months with a view to raising his Category.

Otherwise we concur

19. Is the soldier fit for

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

That he be placed in Category "B2"

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.

W. T. Wyka Major. *President.*

PLACE Earlscourt Park School. Toronto — T. C. Routley Capt. } Members.

DATE June 19th. 1918.

APPROVED BY

Assistant Director of Medical Services.

DATE 24/6/18

APPROVED BY

Director-General of Medical Services.

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.

President.

PLACE..... } Members.

DATE.....

which is stiff due to boney Ankylosis. No limitation of movement of meta-carpophalangeal joint. Complete ankylosis of proximal inter-phalangeal joint and flexion of the distal joint decreased 20°. Incapacity due to pain in left chest and partial loss of function of left Index finger.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto DATE Dec.10,1918.

1. 1 (a) Unit C.G.R. (b) Regimental No. 9668 (c) Rank Pte.

(d) Surname FARRER (e) Christian name David

(f) Home address 94 Eldon Ave., Oshawa, Ontario.

(g) Next of Kin Mrs. Marjorie Farrer (h) Relationship Wife

(i) Address of Next of Kin 94 Eldon Ave., Oshawa, Ont.

2. Age last birthday 30 Date of birth Oct.30,1888

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Aug.20,1914

4. Personal description:

(a) Height 5' 9" (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. ~~Nil~~

One vaccination scar left arm. One vaccination scar right arm.

5. Former trade or occupation Carpenter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	112

3rd. O.S. Batt.	Periods	
	From	To
Canada	Aug.20,1914	Oct.14,1914
England	Oct.14,1914	May 1, 1915
France or other theatres of War	May 1, 1915	Mar.17,1918
~~England & Canada~~	Mar.17,1918	to date

7. Original disease, or injury 1. Disordered action of Heart 2. Myalgia 3. Neurasthenia 4. Injured left index finger.

(a) Date of origin (1) Sept.1918 (2) 1915 (3) 1917 (4) 1915 (b) Place of origin (1) Canada (2) 3) 4) France

(c) Cause (1) Service (2) Exposure (3) Service 4. Kicked by horse

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Partial loss of function of Cardio- Vascular system.

2. Partial loss of function of nervous system.

3. Partial loss of function of muscles.

4. Partial loss of function of left index finger.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Subjective: See special report on Heart.

2. Objective: See special report on Heart.

2. Subjective: See special report on nervous system.

2. Objective: See special report on nervous system.

3. Subjective: Patient has sharp pains in shoulders and arms, hips and down legs. Worse in damp weather and after exercise.

3. Objective: Nil- there is no limitation of any joint ~~xxxxxx~~ movements.

4. Subjective: Has aching pain in left index finger and this finger is sore to him if he knocks it. Finger is also painful in cold weather.

4. Objective: Patient has complete bony ankylosis of interphalangeal joint of left index finger, proximal joint moves freely and distal joint can be extended and flexed fully. Grip of left hand 75% of that in right hand. Finger has a glossy appearance with one eight inch shortening.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

No. Hernia, no varicocele, no varicose veins no piles.
Urinalysis negative.

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

1. First noticed his heart troubling him in September 1918. 2. Shell Fire in 1917, caused his nerves to trouble him. 3. Had rheumatism following exposure to damp and cold in 1915. 4. Was kicked by a horse causing injury to left index finger 1915. Joint was resected same time. Blood pressure Systolic 122. Dystolic 80. Has slight bunion on each foot-, very slight no disability.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

None

(*c*) (Here give a description of wounds, scars and deformities.

One vaccination each arm

11.—(*a*) Did the disabling condition have its origin before enlistment? 1.2.3.4. No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1.2.3.4. Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1.2.3.4. 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? (1. 6 months (2. 4 months (3 8 months (4 permanent

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

M.H.S. not available but states he was in hospital for finger and myalgia. 3 mos.

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)

1.2.3.4. No

16. Can the former trade or occupation be resumed? No- does not feel able to do so on account of nervous condition

(If not, briefly state why)

17. Recommendations

For discharge

W. Hamilton Capt

O.C. Unit

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned David Farrer 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

N.S.

Pte D. Farrer Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We Concur, except section 15 as under the I.S.C.
Section 17 D 3 for treatment under the I.S. C.

19. Is the invalid 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 invalid

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

1.2.3.4. Rest and treatment, six months.

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

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

That he be placed in Category D 3 and be discharged as medically unfit for further military service, and be given treatment under the I.S.C. as an out patient.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

W. H. Gilliam Lt Col
Pr ident.
W. S. Sheard Capt
Members

PLACE Exhibition Camp, Toronto

DATE Dec. 10, 1918

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE .....
DATE .....
Members

APPROVED BY
F. Adams Capt
For *Assistant Director of Medical Services.*
DATE Dec 11-18

APPROVED BY
Director-General of Medical Services.
DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ex Camp. DATE Nov. 26/18.

1. (a) Unit 2nd C.G.R. (b) Regimental No. 9668 (c) Rank Pte.

(d) Surname Harrer FARRER. (e) Christian name David.

(f) Home address 94 Eldon Ave Oshawa Ont.

(g) Next of Kin Marjorie Evelyn Harrer (h) Relationship Wife.

(i) Address of Next of Kin 94 Eldon Ave Oshawa Ont.

2. Age last birthday 30 Date of birth Oct 30th 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Aug 20/14.

4. Personal description:

(a) Height 5' 9" (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair Hair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 1 Vacc left arm, 1 Vacc Rt arm; Tattoo Girl Rt Upper Arm; Cross Rt Forearm

5. Former trade or occupation Carpenter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	97

2nd O.S. Batt.

	Periods	
	From	To
Canada	Aug 20/14	Oct. 14th/14
England	Oct 14/14	May 1/15
France or other theatres of War	May 1st/15	March 17/18
England & Canada	March 17/18	To Date.

7. Original disease, or injury (1) D.A.H.

(2) Myalgia

(3) Ankylosed 1st Phalangeal joint left Index finger, 1 Sept. 1918

(a) Date of origin 1 July 1915 (3) June 1915 (b) Place of origin (1) Canada. (2) Almaine (3) France.

(c) Cause (1) Unknown. (2) Infection. (3) Kicked by a horse + joint resected

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Partial loss of function of Cardio Vascular System

(2) ~~Partial~~ Moderate weakness of Muscular System

(3) Partial loss of function of left Index finger

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(1) See Specialists Report attached.

(2) Objective:- None.
Subjective:- In damp weather is subject to pains in muscles of shoulder and in hips ~~making~~ radiating around to muscles of back in lumbar region, causing him to limp at times, it is continuous in damp weather. If he walks far at any time complains of pain in lumbar region.

(3) Objective. The left Index finger 1st Phalangeal joint is completely anchylosed in a position of almost complete extension. The 1st phalanx is shortened 1/4" as compared with the index finger of the right hand. The other joints are normal. There is loss in muscular power, Flexion 60% of Normal and extension ~~40~~ 50% of normal as compared with the right index finger. (Left Index finger) It is healed (Completely)

(1) Subjective - The left index finger aches with a dull ache in cold wet weather or when he tries to carry a weight of say 10 lbs in the left hand.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

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

Special Senses ..no.. Respiratory System ..no.. Integumentary System ..Yes..

Disturbances of Mentality ..no.. Digestive System ..Yes.. Muscular System ~~Yes~~ no

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

Digestive system:- Objective ~~Slight~~ tenderness over 1st Rectus on palpation. Subjective sour stomach after meals; belching; about once a week gets a burning sensation in stomach lasting about one hour after meals, for a day, with feeling of a lump in stomach.

Integumentary system:
Chronic acne on back; no disability resulting

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

(1) See Specialists report.

(2) In July 1915 was admitted to hosp on Hermes with macerated fingers which became infected, in bed two weeks, since that at which time he had general muscular pains, after being discharged from hospital pains centered in hips back & shoulders when exposed to wet weather, and has troubled him since in damp weather, the pains in hips causing him to limp at times

(3) He was kicked by a horse in June 1915, the skin was broken, the wound became septic & part of the bone ~~fractured~~ has been destroyed, the shortening is 1/4 inch in the 1st phalanx. It healed after

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

(1) None.

(*c*) (Here give a description of wounds, scars and deformities.) small scar ½" emg between eyes
see also 4 H.

11.—(*a*) Did the disabling condition have its origin before enlistment? 2/3 no.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 2/3 no (a) & (b)

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? (1) Permanent.
(2) One year.
(3) Permanent

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

(2) Treatment for Rheumatic Pains on Enlistment.

(1) none

(3) 1st Phalangeal joint resected for septic condition.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no.

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

16. Can the former trade or occupation be resumed? no. says, he cant now climb ladders etc due to pains in hips & back & over heart".

(If not, briefly state why)

17. Recommendations C III

D A Davis Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....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.....

Pte D Farrer Rank.
Signature of invalid examined.

same septic phalanx. It healed after Operation for resection of joint

OPINION OF THE MEDICAL BOARD

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

.....

.....

.....

.....

.....

.....

.....

19. Is the invalid 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 invalid

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

.....

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

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

.....

.....

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

.....

.....

.....*President.*

PLACE..... .....
} Members
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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

2nd Det., C. G. R.

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

AUDITOR 59th | PAYMASTER

M. OR S. | REGT. No. 9668 | RANK 16 | NAME (IN FULL) Farrar D (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP wife

ADDRESS

Sent

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 22/9/14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Mrs D Farrar | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 94 Eldon St Ottawa, Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.		TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE $ C.	COL. NO. 2 NO. DATE $ C.	COL. NO. 3 NO. DATE $ C.	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.		TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account								30165 6 30171				62588	40		Dr Bal 56 82		153 40	10		Disch 4/11/19 medical unfit A02 Amended A16 recch.
Jan/14	14	1 40	14 40	35 100		143 40														
			440	13900		1434 0						62388	34 00		5682		15340	10 00		ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE [illegible] PRIOR TO H. Q. CIRCULAR No. 193 (LOCAL 130).
															10					ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

60m.-11-18. L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER

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

M. OR S. M. | REGT. No. 9668 | RANK Pte | NAME (IN FULL) FARRER D. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE

TO WHOM PAID Mrs. D. Farrer | RELATIONSHIP

ADDRESS ~~Pt Elgin St.~~ Oshawa Ontario

DC ✓

PARTICULARS | EFFECTIVE DATE | AUTHORITY

ORIGINAL UNIT C.E.F. 3rd Batt. 2ND C.G.R. | IF IN P.F. WHAT UNIT? ~~Pt Elgin~~ St Oshawa Ontario

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

11 Eldon Ave.

DATE OF ATTESTATION 22-9-14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE ✓

DISCHARGED PLACE Toronto | DATE 6-1-19 | REASON Demob. | AUTHORITY P.O. 2 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ 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 Cheque $ C.	COL. NO. 3 $ C.	ASSIGNED PAY W.S.G. $ C.	REGIMENTAL CHARGES Cheque $ C.	OTHER CHARGES W.S.G. P.A. $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account			W.S.G.	P.A.																					
																			100 -		100		Soldiers Dues	100 dr W.S.G. 30 Sept
6 mos ✓			420 ✓	180 ✓			600 ✓							Feb 6	23343 ✓		70 ✓	23344 ✓	30 - ✓		200			Cheques mailed 6-2-19
																			10 -		210			$10 Dr R.C.R.C. Amended
														Mar 4	210063 ✓		60 ✓	210064 ✓	30 ✓		300 ✓	210 - ✓	90 - ✓	
														Apr 10	253658 ✓		70 ✓	253659 ✓	30 ✓		400 ✓	140 ✓	60 ✓	W.S.G. PAID IN FULL
														May 5	349668 ✓		70 ✓	349669 ✓	30 ✓		500 ✓	70 ✓	30 ✓	
														June 2	677228 ✓		70 ✓	677229 ✓	30 ✓		600 ✓	—	—	CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
	420 - ✓		180 ✓				600 - ✓										340 - ✓		110 ✓	150 ✓	600 - ✓		Clerk	

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

Aug 15, 1914

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

F

OVERSEAS CONTINGENTS

Date of Assignment

1-9-18

603

May 1, 1915

RATE OF SEPARATION ALLOWANCE

20	25		

1-12-17
P.C. 3257

RATE OF ASSIGNMENT

20.	20.00		

PARTICULARS OF SEPARATION ALLOWANCE

No. 9668.

Rank Pte. Promoted Reverted Discharge

Soldier's Name D. Farrer.

Battalion 3rd Battn E. Co.

Beneficiary Marjory Farrer

Relationship Wife

Address MFW 2554-26-8-18
rec'd 23/11/18

PARTICULARS OF ASSIGNMENT

Name Mrs D. Farrer.

Address 94. Eldon st. Oshawa Ont

Change of Address

1

2

3

4

CANADIAN
ASSIGNED PAY AUDITED
D.K.
AUDIT CLERK
DATE 28/9/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31/17. 1915		$10	6.55	14.65	
Jan	Q 67042	30	20	50	W
Feb	F 92438	25	20	45	
Mch	A 132323	25	20	45	
Apr	G. 9686	25	20	45	PM
May	Q 16140	25	20	45	PM
June	K 26878	25	20	45	P
July	O 32867	25	20	45	P
Aug	K 41651	25	20	45	P
Sept.		25	20	45	MB
	~~y 44047~~	~~25~~	~~20~~	~~45~~	
Sep.	M 743	25	20	45	
Oct	X 55763	25	20	45	
Nov	L 58565	25	20	45	H
		1040 1090	8.75		

5753-D-3

REMARKS

1 a. 2 m 27-9-18

15.00 april 1915. 20.00 future

APd St & closed 31-8-18 Auth 3M 13-8-18
Soldier Deserter M.R.O. D. 7084-12-9-18

Canc 27-9-18

6933m 10/18 Accounts re-opened from 1-9-18 Soldier reported;
M.O. 14862 rend. 5-10-18.
Accounts closed 30-11-18
Auth C.B. 15-11-18 Soldier retained on M.O. # for duty.
M.O. 25102 rend. 18-11-18

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7493.

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 K pfd

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1483.