Duplicate

90 H.BN. 1

ATTESTATION PAPER.

No. 187565

Folio.

C

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Favel
1a. What are your Christian names?	Henry
1b. What is your present address?	St Louis-Gilbert, Man.
2. In what Town, Township or Parish, and in what Country were you born?	St Clemens, Man.
3. What is the name of your next-of-kin?	Mary Favel
4. What is the address of your next-of-kin?	St Louis-Gilbert, Man.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	Feb. 11th. 1871
6. What is your Trade or Calling?	Laborer
7. Are you married ?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former service.	No.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

H. Favel (Signature of Recruit)

Date Nov. 12th. 1915. 191 . [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Favel, 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.

H. Favel (Signature of Recruit)

Date Nov. 13th. 1915. 191 . [illegible] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg, Man. this 13th. day of November 191 5

A. B. McKay J.P. (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Henry Favel on Enlistment.

Apparent Age 44 years ..... months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 38½ ins.
- Range of expansion .. 2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

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

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

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

Lump behinf left ear.

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 declares that he is not subject to fits of any description.

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

Date ..... Nov. 13th, 1915. ..... 191 .

Place ..... Winnipeg, Man. .....

..... Capt. .....
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.

..... Henry Favel ..... 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.

..... (Signature of Officer)
Lt-Colonel
90th Canadian Infantry Battalion
(Winnipeg Rifles)

Date Nov. 13th, 1915. ..... 191 .

C.E.F.

FAVEL HENRY 187565 A M C DPO. 02669

DEMOB.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

20082

This is to Certify that No. 187565 (Rank) Private

Name (in full) Henry Favel enlisted in

the 90th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man. on the Thirteenth

day of November 1915.

HE served in England & France

and is now discharged from the service by reason of Demobilization, Under

Routine Order 1420/c Contingent Order 90

Para 1086. S. Effective April 19th 1919.

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

Age 48 years 2 Months

Height 5 feet 7 inches

Complexion Dark

Eyes Brown

Hair Black

Henry Favel
Signature of Soldier

Marks or Scars

Lump behind left Ear.

A. E. Cumb
Issuing Officer

Captain
Rank

O.C. D.M.C. No. 10. #10
Appointment

Date of Discharge April 19th, 1919

Signed at Winnipeg Man. this Nineteenth day of April 1919

in Military District No. 10.

File Reference No. 44-7-618

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
200m.—2-18.
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

On demobilization the particulars called for on the back of this certificate will not be completed.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Favel Christian Name Henry

Examined on 13th day of November 1915 at Winnipeg

Approved by 2 - AUG 1918

Rank Capt. M.O.

Birthplace City or Town St. Clements County Canada

Apparent age 44

Trade or occupation Laborer

Height 5 Feet 7 Inches

Weight 158 Lbs.

Chest measurement Minimum 36½ Inches Maximum expansion 38½ Inches

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right Left Number none

When Vaccinated last 1916 Dec 20

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date	Result	Vaccinations.
Dec 20	Pos	J P R M.O.

Date	Result	Anti-Typhoid Inoculations, etc.
Nov 26/15	Pos	M.O.
Dec 3/15	Pos	M.O.
Dec 10/15	Pos	M.O.

JUN 10 1916

Enlisted on 13th day of November 1915 at Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	90th OVERSEAS BATTALION	187565		
Transferred to	11TH BATTALION (CANADIANS) 27 Bn			27/8/16

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe	16-8-18	Myalgia	Fit for permanent work Clerical Capt.

18 AUG 1918 APPROVED Jno. W. W. Tidswell CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

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

M. F. B. 313.
2M.—12-15.
H. Q. 1772-39-439.

Surname Tavel Christian Name Klemig

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease: how induced : if mild or severe : if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

C.A.D.C.5009.
20M-19-2-18.

10

187565.

Pte. H. Pte.

C. G. D.

DENTAL CERTIFICATE.

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

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

Capt. D.A.D.C.

Date of Examination.	Prosthesis Required	In case of Loss of Upper Teeth is Loss due to Wounds, Injury or Disease Directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.

R—122

C.T. Rank Pte. Name FLAVEL Henry Reg'l No. 187565

Unit 90TH BN If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Winnipeg 13th Nov. 1915 Place of Birth St. Clemens Man

Name and Address, Next-of-Kin Mary Flavel

P.O St Louis-Gilbert Plains Man. Can Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 2833
File R.L.
Category PR Can

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England.	SS. Olympic	18 JUN. 1916	
		19.7.16 90th Bn t'd to 11th Bn Sh'c.ff 19.7.		Pt II 193	
20.7.16	O.C. 11th	Taken on strength.		19.7.16	172.
28.8.16	"	205 to 27th "B" O/seas	"	27.8.16	205.
4.9.16	27th Bn	D.O.S. 4 27th Bn	Field	28.8.16	35.
22-1-17.	C.A.C.H.Q.	Class P. B & Att Can Corps Comp Coy	"	5-1-17.	Pt II O.g.
22.6.17.	— " —	Ceases to be attd to C.A.C. H.Q.	"	29.5.17.	Pt II O. 57.
7.6.17.	27th Bn.	+ 20 General Hospital	Camiers	30.5.17.	B.R.C. 538. P.U.O.
12.6.17.	"	+ 6 Convalescent Depot	Etaples	4.6.17.	" 542. "
16.6.17.	"	Discharged to Base Details		8.6.17.	" 546. "
28.2.18	27th Bn	Ceases attchd to Can Corps Comp Coy & S.O.S. to Can Lab Pool	Field	PTE 19.2.18	PT II O 16 Can Lab Pool Pte 29/5.3.18

A.F.B. 103 CHECKED 5 SEP. 1916

187565 Favell H.

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.
						2nd Can Inf Works Bn A-II 43/18.5.18
11.5.18	Can Lab Pool	Sent to 2nd Can Inf Works Bn	Aire	Rly	5.5.18	A-II 64
3.7.18	2nd Can Inf Works Bn	Sent to Can Labour Pool	"	"	21.6.18	- 65 Can Labour Pool A-II 95/5.7.18
26.7.18	Can Lab Pool	Sent to Gen Depot (Surplus unfit)	"	"	23.7.18	A-II 110 - A-II 0178 29.7.18 Gen Depot
11-9-18	Gen Depot	Ord Comto 1st CDD. Buxton	Seliffe	Rte	10-9-18	— 216
9.10.18	"	Ceases on Com'dt Sent to Canada no unit Emp.	"	Rte	23.9.18	— 240.

11 SEP 1916
CAN. RECORDS, LONDON.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 90th Overseas Battalion (W.R.)

Regimental No. 187565 Rank Pte Name FAVEL, HENRY

C. E. F.

Enlisted (a) Nov 15/15 Terms of Service (a) Duration of War Service reckons from (a) Nov 15/15

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.
		Embarked at Halifax May 31/16 arrived at Liverpool June 8/16			
19/7/16.	O.C.90th.	Transferred to 11th. Battalion.	St. Martin's Plain	19/7/16.	B.O.196.
					A.R.C. Bawden Capt. & Adj 90th. Overseas Battalion Winnipeg Rifles C.E.F.
28-8-16	O.C.11th	Transferred to 27th Bn.	Overseas	27-8-16	Pt.II.B.O.205
28/8/16	O. C. C. B. D.	Landed in France.			Taken on Nom Roll d/ 35. 4/9/16
13/9/16	— do. —	Left for 2nd Cdn. Base.	strength 43rd Cdn. Bn.	28/8/16	P. II D.O. 13/9/16 Nom Roll d/
22/9/16	O.C. 27 Bn.	Arrived	Unit	15/9/16	d/ 1/213. 188 11/10/16
8/12/16	"	Sick to Hosp.	Unit	28/11/16	30/11/16 " 205 23/12/16
16/12/16	CB D	401 - CB D - TB. adm.	CB D	16/12/16	UK

(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.

187565 Favel Henry Pte.

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.
15/12/16	O/C 27th	To Base for Board	G.B.D.	13/12/16	B 213
2/1/17	C.O. 27th	Class "B" for duty with	Edn Corps H.Q.	2/1/17	H.R. B 213. 7/1/17 Edn. Corps.
10/1/17	6 Fld Bakery	Class "B" from 6 Fld Bakery	Depot.	9/1/17	B 213
30/5/17	To Gft	Posted Admn	30 Gft	29/5/17	W 3084 W 1734
4/6/17	1 Dep		1 Depot	4/6/17	W " W 2754
9/6/17	2 Fld Bakery	Got 2 Fld Bakery TB.		9/6/17	H.R.
11/6/17		Class "B" Overage - Hyalgia		11/6/17	W 3339
9/6/17	Temp Co.	Leave to be attd 2 Fld Bakery		29/5/17	B 213
17/6/17	2 Fld Bakery	Left for Edn Corps H.Q.		17/6/17	H.R. 6 N 77
1/11/17	Edn Corps	Trans Edn. Corps Rein. Camp.		20/10/17	K.I. 16. 27980.
26/12/17	A.F.B. 252 A.P.M. Edinburgh	arrested in Leith Street, Edinburgh 28-12-17 for "Drunkenness". A.F.B. 252 ford to admit for entry of charge on A.F.B. 122. Fined according to scale		28-12-17	A.F.B. 252 Army Dump Guard 1st Army. K.I. 18-1384 7-2-18
19/1/18	A.A.G.	Leave to be attd 6 Edn Corps Comp Co & transfd to 6 Edn Labour Pool		19/1/18	K A 12771/1 K R 16276 Part II Orders 16 dy 28/1/18
	A.A.G.	2.O.S. of 6 Edn Labour Pool		30/3/18	P II O. 29. 5/3/18
2.3.18	C.C.R.C.	Granted 14 days L of A		25/2/18	Letter K.I. 18/1384. P II O. 30. 7-3-18.
---	---	Rejoined from L of A		7-1-18	K.I. 18/1384
---	---	Employed on Army Dump Guard			
24-2-18	D.D.M.S.	classified B 2	2d	18-2-18	H.R. 384 P II O. 34. 12/3/18.
	A.A.G.	Posted to 2nd L. D. 15th Bn		5/5/18.	P II O. 64. 11/5/18.
	A.A.G.	208 of 2nd Canadian Wks Bn		6.5.18	H.R. 20. No 43 d/18.6.18

Army Form B. 103. Second Sheet Regimental Number 187565

Casualty Form—Active Service.

Regiment or Corps Can Lab Pool

Rank Pte Surname Favel Christian Name Henry

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 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.
		Embarked ...			
		Disembarked ...			
21.6.18	A 25 Cdns A.A.G.	Reclassified B3 and transfd to Can Lab Pool		21.6.18	W 3339/578/93 No. 65.d/3.7.18
		To B Can Lab Pool from 2nd Can Inf Wks Bn		22.6.18	Pte 11.c 96. 3/7/18.
6-7-18	C.G.B.D.	Adm from 2nd Cdn Inf Wks Bn. (Unsuitable)		6-7-18	N.R. 981. 10-7-18.
11.7.18	-do-	Aged Myalgia Class J2 "B3"			W 3339/606 13/7/18
24.7.18.	-do-	Trfd to England. (Surplus Wkst) and			RR 31259. NR 398
	A.A.G.	posted to Gen Depot Shorncliffe		23.7.18.	Pte 110. 26.7.18.

C.B. Johnson Captain for Lt. Col. a.a.g.
Canadian Section G.H.Q. 3rd Echelon

(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 8285—M2753 2000m 9/17 (3591) C. P. & S. Ltd. Form B/103 8/1917. P.T.O.

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.
29.7.18	Genl Depot	Tot from Can Lab Pool	Schiffe	25.7.18	Do 178

By Order
for Colonel i/c Records. Lieut.

10.9.18 ~~9.9.18~~		On command 1st C.D.D. Buxton Attd To 8th Res Bn Witley for 9th Ledbury Disc		9.9.18 ~~31.8.18~~	215 d 10.9.18 T.I.O 2087 2.9.18

Lieut.
for O.C. CANADIAN GENERAL DEPOT.

11 SEP 1918
~~2322~~ SEP 1918

Attached C.D.D. Buxton for return to Canada, Part II Order No. 215,
Ceases to be attached C.D.D. Buxton on embarking for Canada.

Lt. for Lt. Col.
Commanding Canadian Discharge Depot.

22-12-18	Do 250-1858	Came.	Winnipeg	

J.P. Morrow Major
for Officer Commanding
No. 10 District Depot

Discharged April 19th, 1919. On Demobilization
Under Routine Order 1420/c contingent Order 90 Para 1086

.....Capt.
O. C. A. M. C. D. No. 10.

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

wife

To Whom Mrs Mary Favel

Address St Lodis ~~Gilbert~~ Guilbert Man

By Whom Assigned Favel Henry

Regtl. No. 187565

Rank Pte

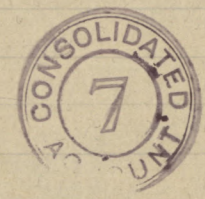
Corps 90th Batt.

Rate 20cts

JUN 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

L. L. Job 310.—Req. 6574.

Sheet No. 2. Mrs Mary Favel (Wife)

Name of Soldier Favel Henry

187565. 90th Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 vo JUN 1916
April	1916			
May				
June		R5849	20.	
July		W11501	20	
Aug.		[illegible]	20	
Sept.		X17176	20	
Oct.		X22187	20	
Nov.		R26848	20	
Dec.		G31991	20	
Jan.	1917	Q36509	20.	
Feb.		Q42853	20	
March		[illegible]	30	20 H
April		C1537	20	20. E.
May		M.7476	20	
June		K14547	20	20 T.
July		S21717	20	Ba
Aug.		Y28194	20	B
Sept.		Y34969	20	Lu
Oct.		N41261	20	
Nov.		X46801	20	
Dec.		O56424	20	380
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

EA.

13640.

6

340.

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.				

L. L. JOB. 85506 M. & D. 5997.

13-11-15

MILITIA AND DEFENCE

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name Mary Favel

Address St Louis - Gilbert Plains Man.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Favel Henry.

Regtl. No.

Rank P6

Corps 90th Battn

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		J 21343	32	32.
Jan.	1916	L 19052	20	20.
Feb.		N 21651	20	20.
March		Q 31694	20	20

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Mary Favel Wife

Name of Soldier Favel Henry Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	[illegible]	20	20
May		K5923	20.	20
June		D34932	20.	20
July		G9844	20.	20
Aug.		A12115	20	20
Sept.		G16017	20	20
Oct.		G18225	20	20
Nov.		20941	20	20
Dec.		24923	20	20
Jan.	1917	25991	20	20
Feb.		L29414	20	20
March		L33020	20	20
April		M803	20	20
May		M4248	20	20
June		74574	20	20
July		P10968	20	20
Aug.		12753	20	[illegible]
Sept.		T17699	20	B
Oct.		Z19253	20	Bo
Nov.		G22145.	20.	[illegible]
Dec.		J26019	20	Lo 512.
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.				

FORM D.M.S. 1200.
S137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Favel	H.	187565

Rank	Unit	Co.	Troop	Batty.
Pte	27th Bn			

Hospital — Date of Admission

20 Gen Camiers 30-5-17

Transferred to Conv. Dep. Etaples. Hosp. 4-6-17

Hosp.

Hosp.

P.U.O. Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L.7-6-17 A538

12.6.17 A.5+2

REMARKS

16-6-17 A546 Dis B.Dets. 8-6-17

A.M.D. 2 Dept.
Beh. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

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

*Name Favel. Henry ... Rank Pte. ... Regtl. No. 187565

Original unit 90th Present unit ... M. or S. ... Age 49½ Religion C.E. ... Fyle Depot 10DD-E-49 ... Ref. H.Q. ...

Port, ship, and date of arrival Quebec "Cardiganshire" 7-10-18.

Next of kin Wife. Mrs. M.Favel. St.Louis, Gilbert, Man.

Address on leave ...

Address on discharge ...

Transportation issued Yes / No Date ... Character on discharge ...

Previous occupation Farmer ... Date and place of enlistment Winnipeg. 13-11-15.

Diagnosis Myalgia. Bar. Fat ... Date of Medical Boards S.T.B 2/11/18 C.1.

Date.	Remarks	Pt. 2 Order No.
23-9-18	TOS and posted to Casualty Coy D.O.183-1375-18.	
	Granted 14 days landing leave D.O. 183-1375-18.	
	Wishes to be retained.	
24-12-18	Trans To C a m, E.	250-1558

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

M. F. W. 71—500M —6 18.
1772—39—9.1.

NAME FAVEL, Henry

REGIMENTAL NO. 187565 RANK Private

ENLISTED AT Winnipeg, Manitoba PROMOTIONS, &c. AND DATE

DATE November 30th, 1915 Religion Church of England

IF SERVED PREVIOUSLY. STATE UNIT. &c. No

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mary Favel RELATIONSHIP Wife

ADDRESS OF St.Louis Gilbert Manitoba Category C1

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	
Discharged On Demobiliza ion Under R.O. 1420/c Con O 90 Para 1086 Effective April 19th, 1919.			

No. 187563 RANK Pte NAME Favel Henry.

T. O. S. 13-11-15 UNIT 90th Battalion.
D. O. # 7-23-11-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 13	1915 Nov. 30	✓		
Dec. 1916	1916	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr		✓		
May		✓		
June		✓	C. C. credit rec'd. T.O.S. 13-11-15	May paylist.

UNIT SAILED
MAY 31 1916

NAME Travel H.

REGT'L No. 187565

RANK AND CORPS Pte 27th Bn.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A538	No 20 Gen. Camiro	30-5-17	P. U. D.
A542	No 6 Con. Dep. & Tables	4-6-17	"
A546	to Base Det dilo	8-6-17	"

R. 149.

Name FAVEL, Henry *Rank* Pte. *Reg. No* 187565

Unit 27th. Battalion.

Next of Kin CANADA.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-5-17.	No. 20. G.H. Camiers.		P.U.O.	A538.		
8-6.	No. 6. Cons. Depot. Discharged to Base Details.	Taples	do. do.	A542 A.546		

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

Number 187565 Rank Pte.

Surname FAVEL

Christian Name Henry.

Units 27th Bn Can Inf Theatre of War France

Date of Service 28-8-16.

Remarks

Latest Address Petersfield, Hants.

Roll No. B Page 15050

200m.-2-21.M.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

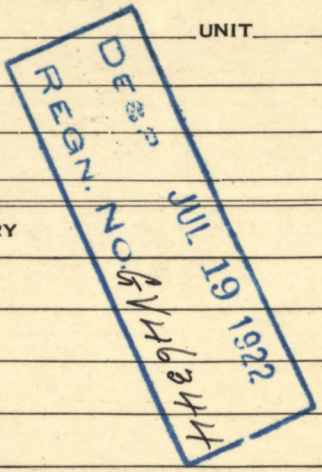
NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____



HISTORY	DATE

M. F. W. 2536
100m.-5-18. 1772-39-1311

P. 559

MARRIED OR SINGLE: Married

PLACE OF BIRTH: St. Clemens, Man.

NAME AND ADDRESS OF NEXT OF KIN: Mary Favel, St. Louis Gilbert, Man.

RELATIONSHIP OF NEXT OF KIN: Wife

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. 187565 RANK Private NAME Favel, Henry.

IF IN PERMT. CORPS / WHAT UNIT

UNIT 90th BATTALION TRANSFERRED TO 11th Res. Batt DATE 21/7/16 AUTHORITY D.O. 196.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 27th Batt DATE 11/9/16 AUTHORITY B.O. 205 28/8/16

PLACE OF ATTESTATION WINNIPEG, MAN. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 13/11/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/6/16

PAYABLE TO Mary Favel, St. Louis Gilbert, Man. Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/9/18 REASON Disc

DISCHARGE DATE AND PLACE 31/8/18 Canada REASON AND AUTHORITY S.D.G. N.R. 24/8/18 Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked E.D. Stewart

Checked [illegible]

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
1916														8 70	8 70												Balance from Canada			8 70				
June 1-30	30	1.00	30	00	30	10	3	00							33 00	42	15/6							9 73				20 00		29 73	11 97				
July 1-20	20	1.00	20	-	20	10	2	-							22 -													20 -		20 -	13 97				
21-31	11	"	11	-	11	-	1	10							12 10																26 07			
Aug 31	31	-	31	-	31	-	3	10							34 10	2017	31/7	2124	14/8	123	15/7	OBD		2 144	4 87	4 87		20 -		32 18	37 99				
Sept 1-10	10	-	10	-	10	-	1	-							11 -	2195	31/8							9 73				20 -		29 73	9 26				Transferred 27th Batt. 11/9/16
11-30	20		20		20		2								12 90 22 -									4 90				40		11 64	31 26				
Oct. 1-31	31		31		31		3	10							34 10	1787	28/9	1384	13/10	OBD 5988	5/9/16			262	262	436		20		29 60	35 76				
Nov. 1-30	30	1	30		30	10	3	-							33 -													20		20	48 76				
Dec 1-31	31		31		31		3	10							34 10	1970 2054	25/10	2130	5/12					523 1134	262			20		39 19	43 67				
1917			2140				2140																											
Jan 1-31	31	1.10	34	10											34 10					Con Coy 1st A.C.D. N.C.O. 1587 10/1/17 OBD 10001 24/1/17 & 16 dv 10182 2/1/17					261				20		22 61	55 16				
Feb 1-28	28	1.10	30	80											30 80									698				20		31 34	54 62				
																								1109	10	11	1136								
																											73 18	180							

18/565 (Private) Hazel Henry

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
Mch 1-31	31	1/10	34	10											34 10											23 18	180							
2/pl 1-30	30	1-	33	-											33 -											4 36								
May 1-31	31	1/10	34	10											34 10											3 48								
June 1-30	30	1/10	33	✓											33 ✓											2 62	20 -		20 46	58 26				
July 1-31	31	1/10	34	10											34 10											3 49	20 -		23 49	67 77				
Aug	30	1/10	34	10											34 10												20 -		20 —	81 87				
Sept	30	1/10	33												33												20		20	102 87				
																											20		26 10	88 77				
																											20 -		20 ✓	102 87				
																											20		20	116 97				
																											20		29 83	120 14				
																										5 1 06								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1917	Bal. Forward	~~120 14~~							130 14		
Oct.	Private 31 Days	34 10 ✓		Assigned Pay (Canadian)			20 ✓				
"				~~AR 697 1917 2778~~	~~2 60~~				134 24		
		34 10					20				
Nov	"	33 00									
Dec	"	34 10		C. A. P. Rec'd			20				
1918		67 10		" " Dec'd			20 40	161 34	✓		
Jan				A/C. Can			20				
	31 Days Plc	34 10		A.R. 2 *7235 Sub. Staff C.C.H.Q. 24/12/17					82 73		
				C.R. 60797 - 27th Bn. 5/1/18					146 0		
				" 59822 - " " 3/1/18					97 3		
				A.R. 778 S.S. C.C. H.Q. 29/12/17					44 6		
				" 283 " 4/1/18					44 6		
				Dn. A.R. 1212 - C.C. Sig. Co. 24/8/17					26 8		
				" 2725 " 31/10/17					35 7		
				" " 1 - 46th Bn. 15/10/17					44 6		
				" 2318 C.C. Sig. Co. 7/9/17					26 7		
		34 10		" 2523 " " 18/9/17					35 7		
		34 10		Forward			20		132 93		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1918 Jan.		34 10		Forward					132 93		
		34 10		Dn. A.R. 991 C.C. Sig. Co. 1/1/18	2 68				135 61		
Feb.	28 Days Plc.	30 80		C. A. P.					20 39 83	✓	
				A.R. 924 - S.S.C.C. H.Q. 24/12/17	4 46				20		
				" 1724 " 15-1-18	4 46						
				" 4382 C.C. Sig. Co. 2-2-18	4 46						
				Dn. A.R. 15 - 46th Bn. 24/1/18	3 57						
				" " 31 " 14/11/17	8 92						
				" " 39 " 15/11/17	4 46						
					30 33				20 20 30		
March	31 Days Plc.	34 10		Can. A. P.					20		
				A.R. 4931 C.C. Sig. Co. 19-2-18	3 57						
				Dn. A.R. 1840 - Comp. C. C.H.Q. 4-8-17	2 67						
				" " 217 C.C. Sig. Co. 14-5-17	3 57						
				A.R. 2475 S.S. C.C. H.Q. 4-3-18	4 46						
					4 46						
		34 10		" 2529 " 15-3-18	S. 8 ~~8~~ 1				20 156 7		mil
					187 3						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-6-16	EFFECTIVE DATE:-
AMOUNT:- 20cc	AMOUNT:-

NAME:- FAVEL Henry

NUMBER:- 187 565

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

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.

Mary Favel A.P.N.R
St. Louis Gilbert,
Wife Man. Canada.

Stopped off 1. 9 18

UNIT AND TRANSFERS

ORIGINAL UNIT:- 90th Bn.

DATE ACCOUNT FIRST OPENED:- 1-6-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			27th Bn.
Bo 29 5/3/18	1-4-18	25-4-18	Lab Pool D
" 43 18.5.18	6.5.18	19.6.18	2 I W Bn
95 17.6.18	1.7.18	22.7.18.	Lab Pool.

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
13 ~~8 18~~	1351	~~Gen Dep~~ chgd 2/9/18	~~985~~				
~~27 8 18~~	5198	+ chgd 4/9/18	~~973~~				
			1955				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 31/8/18 SDG NR 24/8/18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance Forward								15 67	nil	
April	Pay	33		Can up				20	28 67		
				O.R. 712 Lt. [illegible] - 19.4.18	- 3 57				25 10		
May	P.P.	33			3 57			20			
		34 6		Can AP				20	39 20		
				AR. 1187 SSHQ 2/5/18	- 4 46				34 74		
				Dft AR. 13255 66 H.Q 2/4/18	- 4 46				30 28		
				Dr AR. 180 15/6/18 5th GW Bn	3 57				26 91		
June	P. Pay	34 10			12 49			20			
		33		AP Can				20	39 71		
				CR 718 2 @ 1/2 6-6-18	2 57				36 14		
				" 327 " 30-6-18.	4 46				31 68		
		33			8 03			20			
July	P Pay	34 10		AP Can				20 -	45 78		
				AR 5978 14.7.18 6th BD	4 46				41 32		
				Dft AR 3451 9.7.18 26 Inf Bde	3 57				37 75		
				AR 2953 25.7.18 6th D	14 60				23 15		
				" 3363 30.7.18 "	9 73				13 42		
	S.F. 30.7.18 to 9.8.18 10 days at 7/3 } A.H. Order 180 31.7.18 Gen Depot }	7 30		" 6955 31.7.18 6th DD	4 46				16 26		
		41 40			36 82			20 -			
Aug	A P	34 10		A P Can				20 -	30 36		
				AR 4381 14.8.18 6th B	9 85				20 51		
				" 5198 27.8.18 6th B	9 73				10 78		
					19 58			20 -			
Sept		34 10		AR 142 Witley 14/9/18 End	9 73				1 05		
					9 73						

CANADIAN
ASSIGNED PAY AUDITED
OK per M. Wonnacott
AUDIT CLERK
DATE 14/6/19

A.G.L. FORM RENDERED EFFEC... 1/9/18
DISCHARGED TO Canada DATE 31/8/18
PAY BOOK VERIFIED 1 Co
C BAL. 10 78 31/8/18
AUTHY. SDG NR 24/8/18
Disposal

Checked S. W. Williams L.P.C.

NUMBER RANK NAME

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

THIS FORM WILL BE USED FOR ALL RANKS

B. P. C.

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.

10 M. D. APR 12 1919 HEADQUARTERS WINNIPEG

STATION Winnipeg, Man. M2910 DATE Apr 12th, 1919

1. 1 (a) Unit 90th, 27th, 10. B.C. C.M.C. TD (b) Regimental No. 187565. (c) Rank Pte

(d) Surname PAVEL. (e) Christian name Henry.

(f) Home address Peterefield, Man.

(g) Next of Kin Mary Pavel. (h) Relationship Wife.

(i) Address of Next of Kin Peterefield, Man.

2. Age last birthday 50 years. Date of birth Feb. 11th, 1869.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date Nov. 13th, 1915.

4. Personal description:

(a) Height 5ft 8 ins. (b) Weight 160 lbs. (stripped) (c) Complexion Ruddy.

(d) Colour of hair Dark. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc. 3 scar right chin.

5. Former trade or occupation Farmer.

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

	Periods	
	From	To
Canada	Nov. 13th, 1915. Sept. 23rd, 1918.	26th, May, 1916. 12th, April 1919
England	May 26th, 1916. July 23rd, 1918.	Aug. 27th, 1916. Sept. 23rd, 1918.
France or other theatres of War	Aug. 27th, 1916.	July 23rd, 1918.

7. Original disease, or injury Myalgia.

(a) Date of origin Dec. 1916. (b) Place of origin France.

(c) Cause Exposure to cold and wet.

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.)

Difficulty in Walking and lifting on account ofpain.

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.)

Soldier is and appears about 50 years of age; he is healthy enough looking in appearance;
Objective Findings; are normal; he experiences a feeling of stiffness on calves of both legs on slight exercise; he can, with difficulty sit on his heels, in cold damp weather this stiffness changes in character to a dull ache; this does not ascend to thighs, and gradually decresses in severity with appearance of fine weather; he also has dull aches in both shoulders in damp weather; these completely disappear in fine weather, and he experiences no discomfort; he can walk 4 miles at hiw own gait.

(*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 Yes,

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

Moderately large sized cysts behind left ear, Originated 50 years ago, and not aggravated by service.

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

In Dec. 1916, solider was exposed to cold and wet; he noticed the gradual disappearance of dull aches and pains in both legs and shoulders. The stiffness is always with him and he is left with condition described in 9(a)

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.

See sec 4 F

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of 6 months.

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

Hosp. France 5 days. Treatment consisted in medicines.

Regt. M.O. England.

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? Yes.

(If not, briefly state why)

17. Recommendations

Fit Category "C" 1.

J Cameron 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 Henry. Favel. Pte, 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

H Favel 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.

Yes.

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.)

Fit Category "C" 1.

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.

J. Grant Capt. *President.*

PLACE Winipeg, Man.

DATE April 10th, 1919.

Members

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

per A. Canton Capt
Assistant Director of Medical Services.

DATE APR 14 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

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 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 Winnipeg, Man DATE November 2nd, 1918.

1. 1 (a) Unit 90th Batt., 27th Batt. 2nd. Inf. B. 12 D.D. (b) Regimental No. 102665 (c) Rank Private.

(d) Surname Duval (e) Christian name Henry

2. Age last birthday 49 Date of birth February 11th, 1869

3. Enlisted at Winnipeg, Man. on November 13th, 1915.

4. Personal description:—

(a) Height 5 x 9 (b) Weight 162 (stripped) (c) Complexion Dark.

(d) Colour of hair Dark. (e) Colour of eyes Brown. (f) Identification marks Acc. 3 cm. Left 3 scars left leg.

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

P.O. Peterfield, Man.

6. Former trade or occupation Labourer.

7. (a) Service	Years	Days

	Periods	
	From	To
O. M. F.	November 15, 1915	November 2, 1918.

(b) Has he been overseas? Yes. France 23 months. 8. Original disease or disability Myalgia.

(a) Date of origin 1916. (b) Place of origin France.

(c) Cause* Active service conditions.

(d) Present disease or disability Myalgia.

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.]

Well nourished and well developed. Robust complexion. Looks stated age. Complains of pain in shoulders and legs, especially well marked in right shoulder and right thigh. Pain is exaggerated in cold and wet weather

9. Present condition.—(*Continued.*)

and by walking or hard work. Can walk five miles at his own pace with comfort. Objective symptoms, no swellings, no inflammation, all symptoms normal on examination for his age.

A. General weakness. B. No. C. No.

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

Nervous Yes. Digestive Yes. Respiratory Yes. Cardiac Yes.

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part except as stated above.

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

Previous to enlistment history negative. Present conditions came in gradually while he was carrying on, in active service.

(*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.

None.

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

Originated in Service.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of six (6) months.

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

Hospital in France 5 Days.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

NO.

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

17. Recommendations That he be placed in category C 1.

J B McGuegan Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

H Favel
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.

Yes.

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

20. It is certified that the soldier
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

That he be placed in category C 1.

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.

J B McGregor Capt. ..... *President.*

PLACE Winnipeg, Man. ..... } Members.

DATE November 2nd, 1918. .....

APPROVED BY

E Brownbridge ..... *Assistant Director of Medical Services.*

DATE .....

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 .....

F 323

AUDITOR | PAYMASTER

M. OR S. Married

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

REGT. No. 187565 RANK Private NAME (IN FULL) FAVEL, Henry (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs Mary Favel — RELATIONSHIP: Wife
ADDRESS: St Louis Guilbert Man

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE

TO WHOM PAID: Mrs Mary Favel — RELATIONSHIP: (Wife)
ADDRESS: ~~St Louis Guilbert~~ Man Petersfield.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	19	

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: Nov. 13. 1915 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $: 20.00 — DATE EFFECTIVE

PAYABLE TO: Mrs Mary Favel — RELATIONSHIP: (wife)
ADDRESS: Petersfield Manitoba
A/P closed by attain Dec 9/18

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Winnipeg. Man — DATE: April 19/19 — REASON: On Demobilization R.O 14.20.C — AUTHORITY: C.O.90 — IF ENTITLED TO POST DISCHARGE PAY

P.D. 10 No. 45

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	Sa $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
MAR 31																																					
April	19	1.10	20	90	35	00	19	00	74	90					19/19						45	90	10 00 / 19 00								74	90					Discharged on Demobilization R.O 14.20.C Effect April 19/19 P.O 109 Co 90 Furlough Clothing allow 35.00 P.O 109 A.P.S.C. 439 A.R. Apr 22/19 pr 13
Oct 24									420		55	4006	70	-																			350	-			70 1st Payment Dep
			180								58	4007					30	-																150	-		30 " " (Sa)
Nov 22											5	5374	70	00																			280	00			70 2nd " "
✓												794					30	00																120	00			30 " " " Sa
June 21												4096	70	-																			210	-			70 3rd " "
✓												963					30	-																90	-			30 " " " Sa
July 22												7464	70	-																			140	-			70 4th " "
✓												1403					30	-																60	-			30 " " " Sa
													20																									
Aug 19											12	1748	70	-																			70	-			70 5th " "
" "												83					30																					30 " " " Sa
Sept 14	-	19									12	4056	8				70	-																					70 6th " "
" "		19										64					30	-																					30 " " " Sa
									600	-							420		180	-											600	-					

Received.

AUDITED
DEC 16 1919

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

Date of Enlistment

18-11-15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 753

Date of Assignment

Jun 1/16

RATE OF SEPARATION ALLOWANCE

20	~~25~~	30.	

1-12-17. 1-9-18
P.C. 325 Dec 753
no. 48843

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 187565

Rank Pte. Promoted Reverted Discharge

Soldier's Name Henry Favel

Battalion 90 Battn.

Beneficiary Mrs Mary Favel

Relationship Wife. MFW 2554-26-8-18

Address rec'd 23/11/18.

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Favel (wife)

Address St Louis Guilbert

Change of Address Man.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31/17.		5.12.	3.80	8.92.	
1918 Jan	Q 67179	30	20	50	JV
Feb	F 92576	25	20	45	
Mch	A 133459	25	20	45	
apr	G. 9824	25	20	45	P.M
May	Q 16286	25	20	45	P.M
June	K 27017	25	20	45	P
July	O 33011	25	20	45	P
Aug	M 34353	25	20	48	P
Sept	R 45858	25	20	45	M.
Oct	Q 56119	25	~~20~~ 40	45	
Nov	L 59729	~~25~~ 7.17	20	45	
Dec	M 64388	45	20	65	
		8.17	6.80		

REMARKS 5795—H—16

..... A/c ~~Closed~~ open

Paid per Cardiganshire

Date 9-10-18 F. X. 12-10-18

..... Clerk ..... Basle .....

M.O. 53427 rend. 9/7/18

CANADIAN
ASSIGNED PAY AUDITED
OK per m/w on file
H Schmidt
AUDIT CLERK
DATE 14/6/19

M. F. W. 128
400m.—6-17—1772-39-141
L. L. 223.20—M. & D. 1993.

CONSOLIDATED ACCOUNTS

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 187565 Rank Pte Surname TAVEL Christian Name HENRY

Unit or Corps—(a) Overseas from United Kingdom 2nd Inf Works Bn (b) In United Kingdom S.D.G.

Born at—Town St Clemens County or Province Man Country Can.

Date of Birth—Day 11 Month Feb. Year 1869 Age 49 yrs. 6 months.

Joined at Winnipeg Can. Date Nov. 13th 1916.

Former Trade or Occupation Laborer

Permanent marks or peculiarities that will serve for future identification:

Scar of burn back of left elbow

Height—feet 5 inches 8 Colour of eyes Brown

Signature of Soldier (*for identification purposes*) H Tavel

Medical Report.

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

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

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

Disabilities Group (*a*): MYALGIA.

Disabilities Group (*b*):

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Age and exposure	Canada Prior to enlistment	
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(*i.*) As to Group (*a*) above? yes If yes, has Active Service aggravated it? yes

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

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

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

(*i.*) As to Group (*a*) above? no

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

PART I. *(continued)*.

5. If a cause of disability was an injury received on Active Service, was it received— not applicable

(i.) While on duty? (ii.) While off duty?

(iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other Records).* Previous to enlistment R.O.K. states that he was in very good health occasional attacks of rheumatism always kept hard out door work. Enlisted Nov 1915. England June 1916. France about 1916. Has been up in line and with works battalion. Was evacuated July 1916. myalgia and average heart. marked 13/III pay book 21/6/16. No records available. No hospital entries on A.F.H.S. while in France complained of dull pain & aches in back & legs & was unable to carry on.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)* Subjective. Dull aching pain in back hips & legs. worse in wet weather and aggravated by exercise. Gets tired easily and out of breath climbing hills. Objective. well nourished thin subject man age stated. no cardiac enlargement or murmurs. pulse responds to exercise. tender on pressure over lumbar muscles movements of trunk muscles stiff slow & apparently painful. also of shoulders. Lungs and other systems apparently normal.

8. OPERATION. (i.) Was one performed? no

(ii.) If so, state what. not app

(iii.) Was one advised and declined? no

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

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

(ii.) If so, describe. not app.

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? yes 13/III permanently

(c) Invalid to Canada? no

(d) Discharge from the Service as permanently unfit? no

Date of Report 16-8-16 191

Station Shorncliffe

Signed [signature] per Capt

Officer in medical charge of case.

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

[signature] Capt

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

Dated at Shorncliffe Station, on 16-8-16 191

* Delete if inapplicable.

PART II.

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

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

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it. Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it. Yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? No / Aggravated? No }
(b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

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

18. Remarks.

19. Recommendation :—(*a*) Fit for duty? No
(*b*) Fit for base duty? Yes B III permanent
(*c*) Invalid to Canada? No
(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board 16-8-18

Station Shorncliffe

Signatures of the Board. R W Mackay Capt — *President.*
James Disbrowe Capt.

Approved

Dated at Shorncliffe 18 AUG 1918

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

A.D.M.S.

Station

191

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

6-11-55

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.)

MEDICAL DOCUMENTS FORWARDED TO S.C.R. or P.B.C. on MAR 6 1919

No. 187565.

Rank Private

Surname FAVEL.

Christian name Henry

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

Corps (Squadron, Battery or Company) Army Medical cCorps Depot No. 10.

Date of discharge April 19th, 1919.

Place of discharge Winnipeg, Manitoba

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 48 years 2 months.

Height 5 feet 7 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Laborer

Intended place of residence (To be given as fully as practicable.) Petersfield, Manitoba

Descriptive marks

Lump Behind left Ear.

2. The above-named man is discharged in consequence of Demobilization Under Routine Order 1420/c Contingent Order 90 Para 1086 Effective April 19th, 1919.

Authority for discharge R.O. 1420/c Contingent Order 90 Para 1086

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) Winnipeg, Manitoba Henry Lovell *(Signature of Soldier.)*

(Date) April 19th, 1919. J. E. Hamilton *(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) Winnipeg, Manitoba

(Signature) A. Lemmon Capt.

(Date) April 19th, 1919

O. C. A. M. C. No. 10.

Reservations referred to at Para. 8.

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

N O NE.

Henry Farrell
.....
Signature of Soldier

List of Discharge Documents.

Reg. Conduct Sheet,		Militia form	B. 263
Squadron / Battery / Company	Conduct Sheet,	"	B. 263a
or			
Field Conduct Sheet	1	"	W. 178
Copies of Convictions, by C. P.			in MS.
Med. Hist. Sheet,	1	Militia form	B. 313
Casualty Form	1	"	W. 54
Medical Report for Invalid§		"	B. 227
Dental History Sheet	1	"	B. 465
Last Pay Certificate	1	"	W. 44
Duplicate Discharge Certificate	1	"	W. 39A
‡Form of Will	1	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	3	Militia Form	W. 23
or			
Particulars of Recruit		"	W. 133
Proceedings on Discharge	1	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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