ORIGINAL.

NO. 476537

113

ATTESTATION PAPER

No. 476537

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Fetherston Stanley Douglas
2. In what Town, Township, or Parish, and in what Country were you born? — Glasgow Scotland
3. What is the name of your next-of-kin? — Samuel George Fetherston
4. What is the address of your next-of-kin? — Mount Tolmie P.O. (Father) Victoria B.C.
5. What is the date of your birth? — 5 April 1899.
6. What is your trade or calling? — Surveyor
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. — 5th Regt. C.G.A. 3½ years ~~Yes~~ 170th Cadet Corps.
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

S. D. Fetherston (Signature of Man.)

G. S. Carr (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stanley Douglas Fetherston, 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.

S. D. Fetherston (Signature of Recruit.)

Date AUG 5 - 1915 191 . G. S. Carr (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stanley Douglas Fetherston, 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.

S. D. Fetherston (Signature of Recruit.)

Date AUG 5 - 1915 191 . G. S. Carr (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 Victoria B.C. this fifth day of August 1915.

[illegible] (Signature of Justice.)

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

[illegible] Lt Col (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

ORIGINAL.

NO. 476537

DESCRIPTION OF Featherston S.D. **ON ENLISTMENT.**

Apparent Age 17 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 9 ins.
Chest measurement	Girth when fully expanded	38 ins.
	Range of expansion	3 ins.
Complexion		Fresh
Eyes		Blue
Hair		Red

Religious Denominations

Church of England	
Presbyterian	Pres.
Methodist	
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.)

Scar left side
Birthmark right hip.

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 July 27 1915. Assistant Surgeon

Place Victoria B.C. C. P. Higgin Lt Col

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

Stanley Douglas Featherston 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.

H K Robinson Lt (Signature of Officer.)

Date Aug 6th 1915.

19-7-18

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet..... 1

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

Parchment Certificate.....

Medical Report for Invalids..... 2

Medical History Sheet..... 1

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

Doc S 7#14 — 1/1

a 703 122 — 1

Miscell "" — 2

D R S 1394-1

C E F 1237-1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name FETHERSTON Stanley Douglas

Regt. No. 476537 Rank Gunner

Corps No XI Casualty Coll

05386

Medically Unfit

Approved 15-1-18

M

H

NAME Fetherston, Stanley Douglas S.O.S. disc. 30/7/18 II

RANK & No. Dr. 476537.

CORPS 5th Regt. (1st P.D.) C.G.A.

ENLISTMENT, PLACE Victoria DATE Aug. 5th 1915. M.

FORMER CORPS 170th Cadet Corps.

COUNTRY OF BIRTH Scotland, Glasgow

NEXT OF KIN Fetherston, Samuel George (Father)

ADDRESS OF NEXT OF KIN ~~Mount Tolmie, Victoria B.C.~~ 1650, Hollywood Crescent, Victoria B.C. Can.

DISCHARGE, PLACE S.S.P. 4-10-17. a.m.s. DATE

O/S. 16-10-15 263/2

L. L. 85093—M. & D. 5952.

R/C 20/3/18 7/33 II 4-7

M. F. W. 22.—50m.—5-15.
H. Q. 1772—39—839

REMARKS:

REGT'L. No. 476537

NAME Fetherston Stanley Douglas H.Q. FILE No. 649

RANK AND CORPS Pvr. 6th Bdge. C.F.A. formerly C.F.A.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
M 5496	29-5-17	Reported wounded May 15th 1917. (Shell Shock)
M 5543 WSM	16-6-17	Lady Stradbrooks Hosp. Honham Hall Wangford, progressing favourably

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 286	Rept from Base	13-5-17	Wounded to Hosp Shell Shock
a 287	No 30 Gen Calais	25-5-17	Gassed Wd slt
B 213	Lady Stradbrook's Henham Hall Wangford	1-6-17	Gassed
B 226	Can. Conv. Woodcote Pk Epsom	19-6-17	Gassed.
B 233	" " " "	25-6-17	" Wd. Disch. 27-7-17

FORM R. 149.
7106—250m—7/2/17.

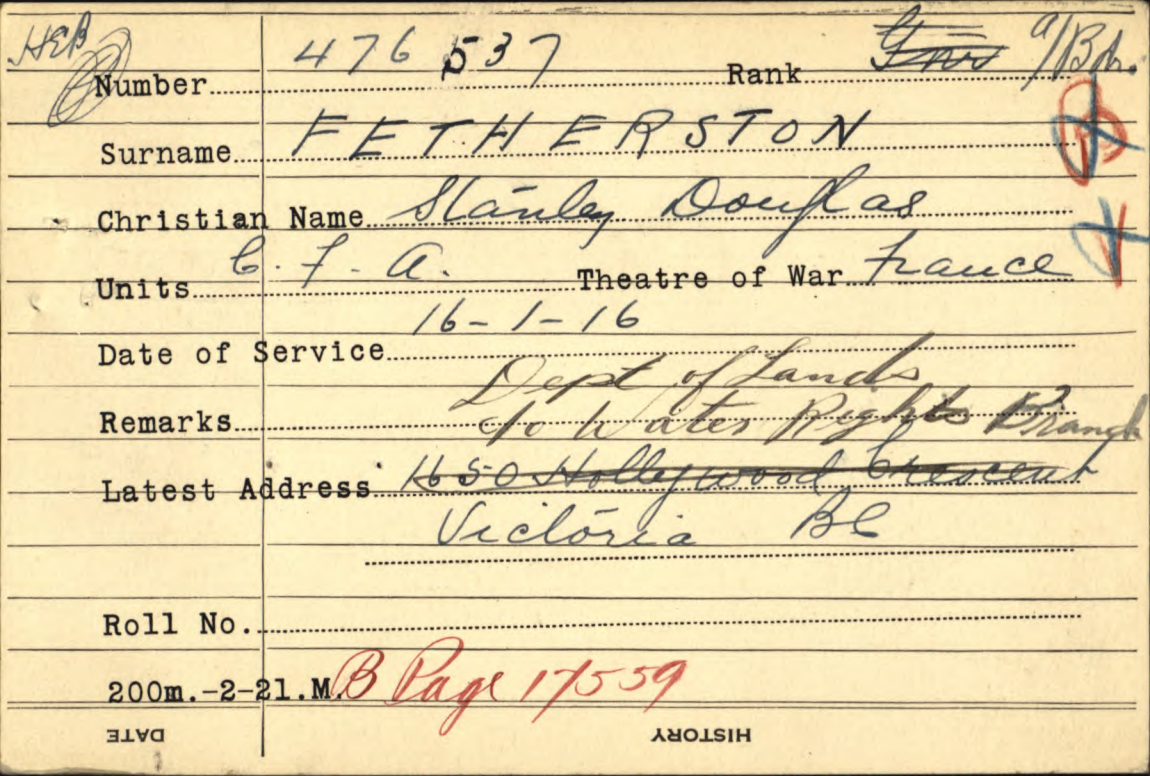
Name FETHERSTON, Stanley Douglas. Dvr. *Reg. No.* 476537.

Unit 6th.Bde.C.F.A.

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-5.	Rep'td from Base.	To Hosp.	Wounded.	A286.	M5495	
25-5.	No.30 Gen.Hosp.Calais.		Gassed.	A.287.		
1-6.	Lady Stradbrook's Hosp.Henham Hill Wangford (Aft.to Colchester)		Gassed	Wd	B213.	
19-6.	Can.Conv.Hosp.Woocote Park.		do	B.226.		
25-6	Discharged		do	B.226		

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



HGB

Number 476537 Rank ~~Gnr~~ 9/Bdr.

Surname FETHERSTON

Christian Name Stanley Douglas

Units C.F.A. Theatre of War France

Date of Service 16-1-16

Remarks Dept of Lands
Water Rights Branch

Latest Address ~~1650 Hollywood Crescent~~
Victoria BC

Roll No.

200m.-2-21.M. B Page 17559

DATE

HISTORY

(FILES)

CASUALTY BRANCH

NAME _____ H. Q. _____

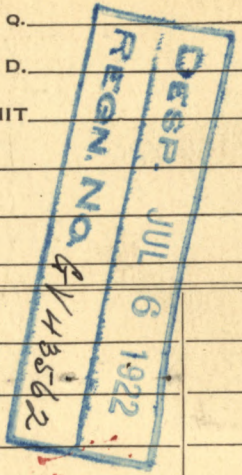
NO. _____ RANK _____ M. D. _____

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

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____



HISTORY	DATE

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Fetherston	F.D.	476537

Rank	Unit	Co.	Troop	Batty.
Pte Dvr	6th.C.F.A.			

Hospital 30 Gen Hosp. Calais — Date of Admission 25.5.17

Transferred Lady Bradbrooks Henham Hall Wangford 1.6.17.

Wobacote. Pk. Epsom. Hosp. 19.6.17.

Hosp.

Hosp.

Diagnosis Shell Shock

(1) Gassed Wd Sle R

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

C.[illegible].L.30-5-17 A286 .R.F.B. Wd 15-5-17

2.6.17 A287

6.6.17 B213

22.6.17 B226

4.7.17 B.233.

REMARKS

Risch 25.6.17

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.		

P—56

Rank | Name FETHERSTON Stanley Douglas | Reg'l No. 476537

Unit 5th Regt. C.G.A. (If in perm. Corps, What Unit?) | Married or Single Married

Place and Date of Enlistment Victoria B.C. 5th August 1915 | Place of Birth Glasgow, Scot.

Name and Address, Next-of-Kin Samuel George Fetherston
Mount Tolmie P.O. Victoria B.C. | Relationship Father

11 SEP 1918

Assigned Pay Monthly $15. | Payable to Mrs S. J. Fetherstone, Mount Tolmie P.O. B.C.

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

Short pread 25th Oct

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	Balance	Remarks, Casualties, etc
1915																	
25 Sept.	30 Nov.	67	1.	67.	67	.10	6 70		73 70			4 87	15.		19 87	53 83	To 1st Brgde.
1/12/15	31/12/15	31	1.	31	31	.10	3 10	10 -	44 10			21 90	15 -	7 70 / 33 -	77 60	20 33	Cr $10.00 Clothing stoppage Dr $33.00 Sept. overcredit. 7 days pay R W No 234 3/12/15
1/1/16	31/1/16	31	1.	31	31	.10	3 10		34 10			7 48	15 -		22 48	31 95	
1/2/16	29/2/16	29	1	29	29	.10	2 90		31 90			5 22	15.		20 22	43 63	
1/3/16	31/3/16	31	1.	31.	31	.10	3 10		34 10			5 23	15.		20 23	57 50	
		169 -			189	10 -	21 90					44 70	75 -	40 70	160 40		

BALANCE TRANSFERRED TO NEW LEDGER.

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 11

LAST PAY CERTIFICATE

No. 44

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

Regimental No. 476537 Rank Pte. Name Fetherstone D.

No. XI. CASUALTY UNIT

Corps C.R.A. who was* Discharged

On 30/4/18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 7/3/18 191..., to 30/4/18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.P.C.	63	97	Bal. Cr. from prev. month		
Advances by Cheques No. Ca h $5.00, $10.00	15	00	Regt'l Pay 55 days at $ 1 c.	55	00
No. A Post discharge Pay	33	00	Field Allow. 55 days at $ 10	5	50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges R.C.		25	Other Allowances* 14 dys Subs.	11	20
Payment on transfer or discharge No.		48	Other Credits* Clothing Allow.	8	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	00
Total	112	70	Total	112	70

*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.....

(Address) N I L.

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge Medically Unfit. authority K R & O for C.M.

(4) authority for transfer 1910--322 (9).

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 30/4/18

Place NEW WESTMINSTER

R. Sutherland
Captain 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.

300M—2-18.
H. Q. 1772-39-903.

W.

55-40/111.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Fetherston (Surname) Stanley H. (Christian Name)

Regimental Number H 76537 Rank Gnr.

Address (in full) 1650 Hollywood Cresct. Victoria B C

Unit 11 Cas. C.

Original Unit

District where paid M.D. 11

Date of Discharge

P. D. P. Filing Number 10-236-11.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	3043	30 5/18	33 00	2941	30 6/18	34 10				33 00	67 10
2262 ~~1st~~ G400643		28 3-19	70 00								
1954 ~~2nd~~ G48475		27/5/19	70 00								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

lwd sheets
a.p. sheets
28-6

Dec'n No 2540/111 W. S. G. File No 5888-A-6

Award ..... days at $70.00 per day $420.00

S. A. ..... months at $ ... per mo. $ $420.00

Less P, D. P. Credited $100.10

$

Less further debit balance $ 20

Net due pursuant hereto 319.

28/3/19	1	2262	A	400643	70.00		
27/3/19	2	1995	A	48475	70.00		
19/4/19	3	1739	B	43488	70.00		
5-5-19	4	418	C	450333	70.00		
	5			452586	39.90		

GEN'L AUDITOR
Posting checked by
E. S. Bradley
Date 27/9/19

S.
117 Wildwood Ave.
Foul Bay
Victoria B.C.

File in Officers' or Other Ranks' envelope attached to Regimental Documents.

Reg.No. 476537

Rank. Gnr.

Name. Fetherston, S.D.

Medical Documents forwarded to B.P.C. on M.F.W. 2505, Ref. B.P.C. 42/5 of 13-7-18.

Medical History Sheet (MFW. 313) or (AFB. 178). 1

Dental " " (MFB. 465).

Medical Report on Invalid (MFB.227) or (AFB.179). 1

Medical Board Proceeding (MFB. 380).

" " " (on discharge)(MFB.227).

Medical examination on leaving service (MFW.129).

Examination Standing Medical Board (DMS.1323).

Miscellaneous. 1 Dent. Cert. a F.I. 1237 1 Pro med. Bd. Eng.

EBM.
Doc. 14.
2000-7/18.
G.S

PL
Clerk's Initials.

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

74-F-858

Chg

4/6537

DENTAL CERTIFICATE.

Gnr. Featherston S.B. The following Certificates will be attached to the Medical History Sheets of all C & R.S 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.
7/3/18	Nil	8		

G. H. Gunn
Capt CADC.

Forms
[illegible]237
10

D. Battery.

A iv

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	476537	Bdr.	Fetherston	S. D.

Year	Unit.	Age.	Service.
1917	C.R.A. 3rd Brigade	18	Total 30 mos France 18 mos

Station and Date.

Disease General weakness.

Witley
Oct 4/17

Was gassed in May. 1917. In hospital
seven weeks. - Now complains of
indefinite pain in left lower chest
and general weakness. -

For reclassification

5

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

L. L. Job 85095—M. & D. 5953.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd Contingent

To Whom Mrs. S. G. Retherston

Address ~~Mount Tolmie P.O.~~
British Columbia
1650 Hollywood Crescent Victoria

Rate 15-0-0 NOV 1 - 1915

By Whom Assigned Retherston S.D.

Regtl. No. 476537

Rank Dvr.

Corps Artillery Reinft. No. 1 Draft.
Transferred to 7th Bgde C.F.A.
N.F.W.F.

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.		~~M 4600~~	~~15—~~	Cancelled
Dec.		M 96321	15—	
		Q 10772	15	
Jan.	1916	P 11732	15	
Feb.		Q 14309	15	
March		W 16605	15—	

CONSOLIDATED ACCOUNT

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Certified Correct R.L. 2-6-107a R.2 a2 6217

K T 111—3 Sept

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

Casualty Form.—Active Service.

Regiment or Corps 3rd Res Battery. C.F.A.

Regimental No. 476537 Rank Driver Gunner Name Featherstone. C.D. Stanley Douglas.

SUL 1917

Enlisted (a) 5/8/15 Terms of Service (a) Dur of War. Service reckons from (a) 5/8/15

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) Surveyor

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.
		Transfered to 7th Bde. C.F.A. 12/11/15 Lord Davies & Co			
		LANDED IN FRANCE	HAVRE	19 JAN 1916	
20-5-16.	CRA. 2nd C. D. A.	Struck off strength and posted to 2nd D.A.C. on re-organization of Est.	Field.	21-5-16.	S/C.1/66.GHQ.OB.818. Pt.II O.No.~~22~~ 35 d/31-5-16.
20/5/16	C.R.A	Taken on strength of 2nd D.A.C.	FIELD	22/5/16	P.II.O. 22 D/31/5/16
30-12-16.	C.R.A.	Posted to 6th Bde. C.F.A.	"	24-12-16.	S.C.1-213. d/24-12-16. B.M. O.No 5. 8/1/17.
30-12-16	Do	Taken on Strength from 2 C.D.A.	"	25-12-16.	SC 1-213 D 24-12-16 Pt II O No 5 D 8/1/17.
17-5-17	O/C Unit	Wounded to Hosp (Shell Shock)	Field	15-5-17	R.T. 16/7144. DCS 212 D 23-5-17
20.5.17	17 Fa	Shell Gassed adm. trans	17 Fa 66 S	15.5.17 19.5.17	a36 (E 4122). DCS 214 D 29-5-17

(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.

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				
15-5-17.	4 C.F.A.	Shell Gas (K)	4 C.F.A. 5 C.F.A.	15-5-17 15-5-17	A36 D.C.S. 215 D 31-5-17
25-5-17.	30 Emd.	Wounded Slt Gas.	30 Emd.	25-5-17	W3034
19-5-17	O/C Must-	Wounded (Shell S.) To Hosp	3 Mld.	15-5-17	B213 D.C.S. 215 D 3-6-17
26-5-17.	18 C.C.S.	Gas "B"	18 C.C.S. 37 Bde	19-5-17 23-5-17	A36 D.C.S. 222 D 9-6-17
1-6-17.	30 Emd.	Wounded. Slt Gassed Adm to	England.	1-6-17	W3034
1-6-17.	O.C. H.S. Princess Elizabeth.	Gnr (Wounded) and posted to Can Artly Reg. Depot Shorncliffe	England.	1-6-17	W3083 Pte O No 1062 D 11-6-17
					D.D. Hamilton LIEUT. OFFICER i/c RECORDS CANADIAN SECTION
9-6-17	Artly Reg Depot	T.O.S. from 6th Bde C.F.A. o/s can	Seaford	1-6-17	Pte 92. Orac R 2411 29-9-17
		Talk			for Colonel i/c Records. C.E.F. Lieut.
6-7-17	O.C. 2nd Bde C.F.A.	Taken on strength and posting from Regimental Depot	Shorncliffe	25-6-17	2nd B.C. Part II No 15

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Mrs S. G. Getherston

L. L. Job 89002.—Req. 6213.

Name of Soldier Getherston S.G.

476537 Art. Rmft. No 1 Draft.

Month.	Year.	Cheque No.	Amt.	Remarks.
			$15.00	
April	1916	R914	15	
May		S3914	15	
June		T7172	15	
July		I10270	15	
Aug.		P14018 S.14944	15	Cancelled Aug. 14/16 F.D.M
Sept.		Y17543	15	
Oct.		Z 17548	15	
Nov.		S 27293	15	
Dec.		H 31917	15	
Jan.	1917	T 38271	15	
Feb.		T44211	15	15
March		U 46649	15	13 14
April		W 1484	15	15
May		O 7618	15	
June		N 14659	15	15 BW
July		U 21154	15	Cu
Aug.		C 27939	15	6
Sept.		C 35171	15	5
Oct.		P 40967	15	2/10/17 1650 Hollywood Crescent Victoria B.C.
Nov.		A. 26882	15	
Dec.		2 5-5120	15	390/2
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Navy & Army Act 5/1899 Such as not to be sent overseas until 19 years of age

Page 2.

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 476537

Regiment or Corps D Battery 2nd Brde CRA

Rank Gunner Surname Fetherstonhaugh Christian Name Stewart Douglas

Religion Presbyterian Age on Enlistment 16 years 4 months.

Enlisted (a) 5/8/15 Terms of Service (a) Dur. of War. Service reckons from (a) 5/8/15

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

Extended { _____ / _____ } Re-engaged { _____ / _____ } Qualification (b) Surveyor

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

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 ...			
10-8-17	OC 2nd Bde CRA	appointed acting Bombardier without pay & rank.	Shorncliffe	9-8-17	Bo Part II No 50
1/11/17	OC 2nd Bde CRA	SOS on posting to CARD	Witley	16/10/17	BO. PT. II #133
					LIEUT. & ASST. ADJUTANT, 2ND BRIGADE, CANADIAN RESERVE ARTILLERY.
29-6-17	OC CARD	S.O.S. C.R.A.	Shorncliffe	25-6-17	Pte DO 112
2-11-17	do	S.O.S. from 2 Bde C.R.A.	Witley	16-10-17	Pte DO 236
2-11-17	do	Struck off strength 2 Bde C.R.A.	Witley	16-10-17	Pte DO 236
22-11-17	do	Struck off strength Res Bde C.R.A. Under A.C.I. 538/1917	do	17-11-17	Pte DO 238
					J.H. Bagnall Capt. ADJT. FOR O.C. CAN. ART. REGIMENTAL DEPOT.

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

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

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

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				
3.12.17	O.C Res Bde 67A	Attached from CARD. for Emp. Minden AC 1.	Witley	17.11.17	Bo R.O. 16
5-2-18	O.C. Res Bde 67A.	20 S. and leave to be shown as att on posting from CARD to complete Estb.	Witley	5-2-18	Bo R.O. 36
8-3-18	CARD	On Comt C.D.D. Buxton	Witley	6-3-18	Pt II D.O. 67 J.S. Bagnall CAPT. & ADJT. For O.C. CAN. ART. REGIMENTAL DEPOT.
MAR 7 1918	TAKEN ON STRENGTH C.D.D. BUXTON P.C. II ORDER No. 56				
MAR 12 1918	EMBARKED FOR CANADA FROM LIVERPOOL				J.W. Lock. Lt. for Lieut.-Col. Commanding Canadian Discharge Depot.
MAR 28 1918	HALIFAX	T. ON S. No. 11 CASUALTY UNIT	New Westminster, B. C.	MAR 28 1918	PART II. ORDER NO. 89
30-4-18	New Westminster, B. C.	S. OFF S. NO. 11 CASUALTY UNIT DISCHARGED	New Westminster, B. C.	30-4-18	PART II. ORDER NO. 13 L.A. Ellis Capt. for O. C. Casualty Company, No. XI, District Depot

R—122.

Rank | Name FETHERSTON Stanley Douglas | Reg'l No. 476537

Unit 5th Regt. C.G.A. | If in perm. Corps, What Unit? | Married or Single Married

Place and Date of Enlistment Victoria B.C. 5th August 1915. Place of Birth Glasgow, Scot.

Name and Address, Next-of-Kin Samuel George Fetherston
Mount Tolmie P.O. Victoria B.C. Relationship Father

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 4574
File R.L.
Category O.R.B.

Discharge, Date and Place | Reason | Character

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
		Embarked Canada		16-10-15	
28-10-15	O.C. Res Bde	Taken on Str. 3rd Batty	Shorncliffe	25-10-15	Pt II O. 190
13-11-15	adj. 7th Bde C.F.A.	Taken on Strength 7th Bde (abs. W.L.) 6-30 am 22-11-15	" "	12-11-15	" " 214
~~23-12-15~~ 3-12-15	" "	Wtd 3 pm 25-11-15 Forfeits 4 days Pay (R.W.) Forf 7 days Pay and 7 days C.B. Total Forf 11 days Pay	Westenhanger	3-12-15	" " 234
16-1-16	7th Bde F.A.	Embarked for France		16-1-16	Part II O No 16
15-1-16	7th Bde F.A.	Transf to Bde Ammn Col.	Westenhanger	15-1-16	Part II O No 15
31-5-16	"	S.O.S. Posted to 2nd D.A.C.	In the Field	21-5-16	Pt II O 35
" "	2nd D.A.C.	T.O.S. posted from 7th Bde	" "	22-5-16	" " 22
8.1.17.	"	S.O.S. " to 6th Bde	"	24.12.16	" 5
"	6th Brig	T.O.S. from 2nd D.A.C.	"	25.12.16	" 5 Pt II O 23

A.F.B. 103 CHECKED
NR. 27 DEC 1916

476537 Fetherston S D

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				
30-5-17	6 Bde	Rept ex Base Wounded to Hosp	Field	15-5-17	6 FA 286 Shell Shock
2-6-17	do	Adm # 30 Gen Hosp.	Calais	25-5-17	6 FA 287 Gunshot.
6-6-17	do	Adm Lady Studleys Hosp. Herbert Hall	Wandsford	1-6-17	6 FB 213 "
9-6-17	Rgt Depot	TOS from 6th Bde	Shorncliffe	1-6-17	Pt II O 924 6 Bde Pt II O 10 6 dy 11-6-17
23-6-17	6th Bde C.L.	Adm Con Hosp	Epsom.	19-6-17	C.L. B 226
4-7-17	—	Discharged from C.C.H	—	25-6-17	— B 233
6-7-17	2nd Res Bde	T.O.S. from Regtl Depot.	Shorncliffe	29-6-17	Pt II O 15
29-6-17	C.A.R.D.	S.O.S. to C.R.A	"	25-6-14	— 112.
10-8-17	2 Res Art	Appd a Bombr	Lyr	9-8-17	" 50
1-11-17	do	SOS to Reg. Dept	9/Bdr	Witley 16-10-17	Pt II O 133
7-11-17	Reg Dept	TOS from 7 CRA (and on Comd 7 CRA)	a/Bdr	do 16-10-17	Pt II O 738
5-2-18	Res Bde	Ceases on Com & T.O.S from C.A.R.D.	"	" 5-2-18	" " 36 & C.A.R.D. 39 dy 8-2-18
11-3-18	" "	SOS to Reg. Depot.	A/Sgt	" 6-3-18	" " 70 Pt II S.O. 26 3/18
8-3-18	C.A.R.D.	T.O.S. from Res Bde Com. Com & C.D.D. Burdon	A/Bdr	" 6-3-18	" " 67 = 94 H.H. 18. " 96 H.H. 18. " 110 H.H. 18
27-3-18	"	S.O.S. Pro-te Canada for disposal by A.G. Ref R.L. 23-6 Vol. 13 H.R. 23318	a/Bdr	" 27-3-18	" " 86.

MARRIED OR SINGLE M

PLACE OF BIRTH Scotland

NAME AND ADDRESS OF NEXT OF KIN Samuel Geo. Featherstone
Mount Tolmie P.O. Victoria B.C.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

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.
			189	-			18	90						10 -	217 90							
1/30 Apr.	30	1-	30	.	30	10	3	.							33 -	614	14/4	659	26/4			
May	31	.	31	.	31	.	3	10							34 10			711	17/5			
checked W.B.Ross. Jun 15	15	-	15	.	15	.	1	50							16 50							
16-30	15	-	15	.	15	.	1	50							16 50							
July	31		31		31		3	10							34 10	567	26/6.	608	13/7.			
																660	29/7.					
Aug	31		31		31		3	10							34 10	453	28-5	714	12/8.			
Sept	30		30		30		3								33	764	23-8					
																86	29-9					
Oct	31		31		31		3	10							34 10	819	16-9	909	18-10			
Nov	30		30		30		3								33 00	919	31-10					
																1015	27-11					
Dec	31		31		31		3	10							34 10	974	18-11	1046	7-12.			
1917			46	40																		
Jan	31	1.10	34	10											34 10							
Febr.	28		3080											10	3080	955	4/2/17					
Mar.	31		34	10											34 10	1042	12-2	1148	26-3			
														10		1034	12-2	1107	12-3			
			609	40																		

74th Bde
530 5-7-16
1611 Aiten
1441 6-6-16
482 23-6-16
74th Bde
947 28/12/16

OTIONS, &c.

Effective Date	Authority

SPITAL, &c.

Name of Hospital

Reg'l. No. 476537 Rank Gunner Name Featherston Stanley Douglas ✓

If in Permt. Corps What Unit } Unit Res Bde C2a Transferred to 7 Bde C2a Date 1-12-15 Authority

Permanent Force Allowances Transferred to 2nd. D A C Date June 16 16 Authority D.O. 35 21/5/16

Place of Attestation Victoria B.C. Transferred to 6 Bde C7a Date 1-2-17 Authority D.O. 8/17

Date of Attestation 5 Aug 1915. Transferred to Res Bde Date 1/11/17 Authority

N & J.

Pay II O. 1-7-18.

Assigned Pay Monthly $ 15 Date Effective 1-11-15

Payable to Wm. S. J Featherstone, Mount Tolmie P.O. B.C. Relationship 11 SEP 1918

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 6-3-18 Effective 1-4-18 Reason Discharged to Canada

Discharge Date and Place 6-3-18 Canada Reason and Authority C.R.O. 3451

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

69

Acquittance Rolls 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
									44 70	75	40 70	160 40	57 50				
59 26/4						261	262			15		20 23	70 27				
11 5/5							255			15	4 40	21 95	82 42				Obs no 12. Dec. 0/n 0234
										15		15	83 92				
							256					256	97 86				
08 13/7						255	262			15		2017	111 79				
14 12/8						262		261									
						256	262	211 ✓		15	120	3052	115 37		200	113 37	
						262		256		15		2018	128 19				
9 15-10						262											
						262	262			15		2286	139 43				
						261				15		1761	154 82		250		
						262				195							
46 7-12						262	1134			15		3158	157 34		3		
								261		15		1761	173 83 ✓		350		Trans 6 Bde D.O. 8-1-17
						260 5	269 3	12 89	44 70	225	45 10	2806					
						262				15		1762	187 01				
48 26-3						261	262										
107 12-3						261	523			15		2807	193 04				
						3289	3478	1289	4470	255	4510						

Small Ledger Sheet.

476537. Gnr. Fetherstone. S.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
			609	10										10 00										32 89	34 78	12 89	44
Apr. 30	100/10		33	00											3300												
May 31			34	10											34 10	5	10/4/17 ✓							2 62			
																77	28/4/17 ✓							2 62			
June 30			33	00											33 00												
July 31			34	10											34 10												
Aug. 31			34	10											34 10												
Sept. 30			33	00											3300												
			1070																					3 3 13	34 78	12 89	44

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct		~~299 10~~							299 10		
"	Gnr. Pay.	34 10		A.P.					15		
"				D.M. A.R. 2555. 11/9/17. C.R.A.	14 60 ✓				303 60		
		34 10			14 60				15		
Nov.	G Pay.	33 00		A Pay. Can					15		
				A.R. 3197. 16.11.17. C.R.A.	4 87 ✓						
				DM. 77551. AR. 2381 C.R.A. 29.8.17	14 60 ✓						
				DM. 75258. AR. 1866. C.R.A. 27.7.17	7 30 ✓						
X				DM. 96985. AR 1671. C.R.A. 4.7.17	14 60 ✓						
				DM 39557. AR 2013. C.R.A. 8.8.17	29 20 ✓						
				DM. AR. 2760. C.R.A. 25.9.17	48 67 ✓						
				DM. AR. 3271. C.R.A 27.10.17	19 47 ✓						
Dec.	G Pay	34 10		A Pay. Can					15		
				DM. AR. 2636. C.R.A. 13.9.17	24 33 ✓						
				DM. AR. 407. C.A.R.O. 13.11.17	9 73 ✓				16 93 NIL.		
		67 10			17 77				30		
1918 Jan	G Pay	34 10		A Pay					15		
				CAR 3596 C.R.A 27/11/17	4 87 ✓						
				AR 475 CARO 24/11/17	9 73 ✓						
				AR 462 " 4/12/17	9 73 ✓						
				AM 4073 C.R.A 27/12/17	19 47 ✓						
		34 10			43 80				15		

MONTH PARTICULARS CR. 1

B. Fwd. 34 10

Feb. Gnrs Pay. 30 80

Mar 6 days Pay 6 60

37 40

June.

CASH PAYMENTS 2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
4 78 12 89	44 70		255 1 -	45 10		19304				
			15		15 00	21104				
			15		20 24	22490				
			15		15 00	24290				
			15		15 00	26200				
			15		15 00	28110				
			15		15 00	29910				
4 78 12 89	44 70		345	45 10						

CULARS	CR. 1	CR. 2	PARTICULARS	DR. 1
	34 10			4380
			CR 3 for CRA 4/12/17	4 87
			X D/N A/R 3576/17 Oct Epsom	48 67
			D/N A/R 3031 CRA	9 73
	34 10			10707
ay.	30 80.		a.s.	
			a/c. 4578 CRA. 29-1-18.	4 87.
			" 498. CARS. 18-12-17.	14 60.
				19 47
y	6 60		" 4231. CRA. 16-1-18.	14 60
				34 07
	37 40		A.P. March	34 07
			a/c. 4798. CRA. 12-2-18.	9. 73.
			" 5226 CRA 2-3-18.	24 33.
			D/N a/c. 1458 Epsom 19-6-17.	9. 73
			a/c.	~~4 87.~~
	-			4379
			Special D.N. to close a/c. Sailed #8. 12/3/18.	9 50

4/6537 Gnr Fetherstone S.D.

1. L.P.C. issued, date. 6-3-18
2. Authority. CRO 3451
3. Discharged to. Canada
4. Pay Book verified. Yes
5. Balance shown on L.P.C. £. 53.77 Debit
6. Balance shown in Ledger Sheet £. 53.29
7. Full particulars of entries making difference between 5 and 6 if any.

	No.	Date.	Unit & Particulars of entry.	Amount Debit	Amount Credit
	~~1458~~	~~19/6/17~~		~~9 73~~ ✓	
X	1547	24/6/17		48 67 ✓	
X	1671	4/7/17	Shown cr/ppr Pulford	~~4 87~~ ✓	
	~~4798~~	~~12/2/18~~		~~9 73~~ ✓	
	~~5226~~	~~2/3/18~~		~~24 33~~ ✓	
				107 06	

Net Difference £ 107.06

8. Assigned Pay cancelled. A.3.M. Forms rendered. 6-3-18
or
9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct. Lt.
Officer i/c Group.

A 3 M. FORM REN'D 6-3-18 EFFEC. 31-3-18
DISCHARGED TO Canada DATE 6-3-18
PAY BOOK VERIFIED Yes
Debit BAL 53 77 L.P.C. REN'D 6-3-18
AUTHY. CRO 3451

checked by. Coulard.

Suppl. L.P.C. 11/6/18. to Cover A/Rs. 1547 & 1671. deducted twice on L.P.C. £63.27 Cr. Bal. £9.50.

D/N. 9.50 to clear
asked 27-6-18

SH PAYMENTS 2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT
78 12 89	44 70		255	45 10		19304
			15		1500	21104
			15		20 24	224 90
			15		1500	24290
			15		1500	26200
			15		1500	28110
			15		1500	29910
78 12 89	44 70		345	45 10		

ULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
								DEFER. SER. RED. ALLCE PAY ENGS
34 10				43 80		15		Bal. 167.93.
			CRA 3 for CRA 4/12/17	4 87				
		X	2 N A R 25/6/17 1500 Epsom	48 67				
			2 N A R 3031 CRA	9 73				79.96.
34 10				107 07		15		
30 80.			A.P.			15.		
			ar. 4578 CRA. 29-1-18.	4 87.				
			" 498. CRA. 18-12-17.	14 60.				
				19 47				
6 60			" 4231. CRA. 16-1-18.	14 60				
			A.P. March	34 07		15		53.29.
37 40				34 07		30		107.06 A.C.P.R.
								53.77 Debit Bal.
			ar. 4798. CRA. 12-2-18.	9.73.				
			" 5226 CRA 2-3-18.	24 33.				9.50
			on ar. 1458 Epsom 19-6-17.	9.73				
			ar.	43 79 ~~87.~~				
			Special D.N. to close a/c. Sailed #8. 12/3/18.	43 79				
				9 50				

A 3 M. FORM REN'D 6-3-18 EFFEC. 31-3-18
DISCHARGED TO Canada DATE 6-3-18
PAY BOOK VERIFIED Yes
Debit BAL 53 77 L.P.C. REN'D 6-3-18
AUTHY. CRO 3451
checked by counterd.

Suppl. L.P.C. 11/6/18. to Cover A.R's. 1547 & 1671. deducted twice on L.P.C. £63.27 Cr. Bal. £9.50.

DR. 9.50 to clear
asked 27-6-18

Father, Mr. S. G. Fetherston, 1650 Hoyywood Crescent, Victoria, B.C.

MEDICAL HISTORY OF AN INVALID

DEFENCE
AUG 27 1918
H.Q.
CANADA

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

No. X1, C/c

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 New Westminster, B.C. DATE Apr.16,1918

1. 1 (a) Unit 5th C.G.A. (b) Regimental No. 476537 (c) Rank Bdr.

(d) Surname Fetherston (e) Christian name Stanley Douglas

2. Age last birthday 19 Date of birth Apr. 5, 1899

3. Enlisted at Victoria on Aug. 5, 1915

4. Personal description:—

(a) Height 6' (b) Weight 150 (stripped) (c) Complexion fresh

(d) Colour of hair Red (e) Colour of eyes blue (f) Identification marks

Large vac. patch left arm

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

1650 Hollywood Crescent, Victoria, B.C.

12

6. Former trade or occupation Surveyor and Civil service

7. (a) Service	Years	Days
	2 8/12	11

	Periods From	To
Canada	~~Aug. 5,1915~~	~~Oct.25,1915~~
England	Oct.25,1915	Jan.16,1916
France	~~Jan.16,1916~~	~~June 2,1917~~
England	June 2,1917	Mar.19,1918
Canada	Mar.19,1918	Present

(b) Has he been overseas? Yes 8. Original disease or disability

1. Gas Poisoning 2. D.A.H. 3. Debility

(a) Date of origin 1.May 1917 2.Apr.1917 3.July 1917 (b) Place of origin 1 2 & 3 France

(c) Cause* 1. Gas 2. Service 3. Service

(d) Present disease or disability 1.Chr. Bronchitis emphysemia 2.D.A.H. 3.Debility

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) Complains of shortness of breath walking ½ mile, feeling of suffocation in rooms, cough. Exam. Looks cyanosed about eyes, conjunctiva injected from frequent spells of coughing, chest only 2in. of expansion, expiration prolonged, course rhonchi, harsh respiration. (2) Complains of

B.P.C. 1
MEDICAL BOARD

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Palpitation, nervousness, vomity feeling in excitement. Can walk 5 miles slowly if fast heart bothers him, exam,-diffuse impulse over precordia, heart otherwise neg. pulse 130 during exam. and up to 140 bending 5 times. (3)Complains of general weakness and nervouness,-poor appetite, poor digestion and constipation, military food disagrees, general physique good walks quickly and quite active, bright, erect, could do light chores about a house but no continuous laboring work because of heart and breathing difficulties. Incapacity due to loss ~~of vital~~ in vital capacity of chest and to diminished heart efficiency and slight general weakness

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

Nervous no Digestive no Respiratory no Cardiac no

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

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

Gassed May 1917, (moderately severe) hospital 2½ months, shell shock Apr. 1917 Seventeen months under fire.

(*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.

Vac. large patch left atm. Skin rash on chest and arms, looks like insect dermititis

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

N. app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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. Permanent may improve 2. 6 months indefinite 3. 6 months indefinite

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

Hospital 2½ months all told for gas and shell shock

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 ? No, long walkijg and packing incompatible
(If not, briefly state why.)

17. Recommendations

Discharge Class E. Medically unfit.

Medical Board.
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, J. D. Fulkerston, 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

V.E.D.C.

J. D. Fulkerston
Signature of soldier examinea.

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.

Concurs

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).

B... FALSE DOCUMENT

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

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

Discharge Class E. Medically unfit.

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

President.

PLACE. New Westminster, B.C.

DATE. Apr. 16, 1918.

Members.

APPROVED BY

For Assistant Director of Medical Services.

A. M. C. No. 11

DATE APR 25 1918

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.....

DATE.....

Members.

Father, Mr. S. G. Fetherston, 1650 Hoywood Crescent, Victoria, B.C.

26

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

No. XI, C/c

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 New Westminster, B.C. DATE Apr.16,1918

1. 1 (a) Unit 5th C.G.A. (b) Regimental No. 476537 (c) Rank Bdr.

(d) Surname Fetherston (e) Christian name Stanley Douglas

2. Age last birthday 19 Date of birth Apr. 5, 1899

3. Enlisted at Victoria on Aug. 5, 1915

4. Personal description:—

(a) Height 6' (b) Weight 150 (stripped) (c) Complexion fresh

(d) Colour of hair Red (e) Colour of eyes blue (f) Identification marks

Large vac. patch left arm

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

1650 Hollywood Crescent, Victoria, B.C.

6. Former trade or occupation Surveyor and Civil service

7. (a) Service		Years	Days
		2 8/12	11
	Periods	From	To
Canada		~~Aug. 5, 1915~~	~~Oct. 25, 1915~~
England		Oct. 25, 1915	Jan. 16, 1916
France		~~Jan. 16, 1916~~	~~June 2, 1917~~
England		June 2, 1917	Mar. 19, 1918
Canada		Mar. 19, 1918	Present

(b) Has he been overseas? Yes 8. Original disease or disability

1. Gas Poisoning 2. D.A.H. 3. Debility

(a) Date of origin 1. May 1917 2. Apr. 1917 3. July 1917 (b) Place of origin 1 2 & 3 France

(c) Cause* 1. Gas 2. Service 3. Service

(d) Present disease or disability 1. Chr. Bronchitis emphysema 2. D.A.H. 3. Debility

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) Complains of shortness of breath walking ½ mile, feeling of suffocation in rooms, cough. Exam. Looks cyanosed about eyes, conjunctiva injected from frequent spells of coughing, chest only 2in. of expansion, expiration prolonged, course rhonchi, harsh respiration. (2) Complains of

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Palpitation, nervousness, vomity feeling in excitement. Can walk 5 miles slowly if fast heart bothers him, exam,-diffuse impulse over precordia, heart otherwise neg. pulse 130 during exam. and up to 140 bending 5 times. (3)Complains of general weakness and nervouness,-poor appetite, poor digestion and constipation, military food disagrees, general physique good walks quickly and quite active, bright, erect, could do light chores about a house but no continuous laboring work because of heart and breathing difficulties. Incapacity due to loss ~~of vital~~ in vital capacity of chest and to diminished heart efficiency and slight general weakness

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

Nervous no Digestive no Respiratory no Cardiac no

Genito-Urinary yes Skin, Middle Ear, Eye or any other part yes

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

Gassed May 1917, (moderately severe) hospital 2½ months, shell shock Apr. 1917

Seventeen months under fire.

(*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.

Vac. large patch left atm. Skin rash on chest and arms, looks like insect dermititis

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

N. app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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. Permanent may improve 2. 6 months indefinite 3. 6 months indefinite

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

Hospital 2½ months all told for gas and shell shock

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 ? No, long walking and packing incompatible
(If not, briefly state why.)

17. Recommendations

Discharge Class E. Medically unfit.

Medical Board.
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 L. D. Fetherston 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

V.E.D.C.

L D Fetherston
Signature of soldier examinea.

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.

Concurs

19. Is the soldier fit for

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

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

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

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

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

Discharge Class E. Medically unfit.

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

President.

PLACE New Westminster, B.C.

DATE Apr. 16, 1918.

Members.

APPROVED BY

Assistant Director of Medical Services.

For

A. M. C.
M. D. 11

DATE APR 25 1918

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.....

DATE.....

Members.

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. 176537 Rank Bdr. Surname FETHERSTON Christian Name S. D.

Unit or Corps—(a) Overseas from United Kingdom 15th Batty 1st Brigade (b) In United Kingdom B. Batty 2nd Bde CFA

Born at—Town Glascow County or Province Dumbarton Country Scotland

Date of Birth—Day 3rd Month April Year 1899 Age 15 yrs. 10 months.

Joined at Vernon B.C. Date 11/9/15

Former Trade or Occupation Surveyor

Permanent marks or peculiarities that will serve for future identification:

Birth mark left hip

Height—feet 5' inches 11 Colour of eyes Grey (one slightly discoloured)

Signature of Soldier (*for identification purposes*) S D Fetherston

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*) DEBILITY

Disabilities Group (*b*)

Disabilities Group (*c*).

D 4

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.	GASSED		
(*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? Not applicable

(*i.*) As to Group (*a*) above? Not applicable If yes, has Active Service aggravated it?

(*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? Yes

(*ii.*) As to Group (*b*) above? Not applicable

(*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? not applicable (*ii*) While off duty? not applicable

(*iii.*) Was a Court of Inquiry held? not applicable (*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).*

This man returned from France 1/6/17 with Gas poisoning – was vomiting and discoloured around mouth and eyes – dyspnoea! nervousness. Tachycardia, pulse irregular 110. Slight Bronchitis. Feels weak and unable to carry on ordinary work

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

General Condition fair

Circ[l] – System. Tachycardia – Pulse irregular 110. no valvular disease apparent

Resp[y] " . Dyspnoea on exertion. Slight Bronchitis

Digestive " . Appetite irregular. Constipation

G.U. " normal

8. OPERATION. (*i.*) Was one performed? not applicable

(*ii.*) If so, state what.

(*iii*). Was one advised and declined?

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? not applicable

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty? B III

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

Date of Report 19/2 191 5

Station Witley

Signed C Staples
Officer in medical charge of case.
Capt RAMC

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

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

Dated at Witley Camp Station, on 20 – 2 – 191 5

* 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)? No
If not, indicate it. Dyspnoea

12. Is the cause of the disability fully indicated in Part I. (2)? No
If not, indicate it. D. A. H.

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)
Not applicable

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, $\frac{1}{10}$, $\frac{2}{10}$, $\frac{3}{10}$, $\frac{4}{10}$, or all.*)
Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? Not applicable
(*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? Not applicable

18. Remarks.

3

19. Recommendation :—(*a*) Fit for duty? No
(*b*) Fit for base duty? Yes B III Liable to be ranked in category 6 months after signed.
(*c*) Invalid to Canada? No
(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Bd Feb 22/18

Signatures of the Board. W. F. Nicholson Major RAMC President.
Jean Worthy Capt Comm

Station Witley

Approved [signature] Major,
A.D.M.S.

Dated at D.A.M.S. Canadians, Witley. Station 22.2.18 191

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 19

Signatures of the Board

.....
President.

.....

.....

.....

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. 476537 Rank A/Bdr. Surname FETHERSTON. Christian Name S.D.

Unit or Corps—(a) Overseas from United Kingdom 15th. Bty. 6th. Bde. (b) In United Kingdom "B" CFA Bty. Res. Bde.

Born at—Town Glasgow County or Province Dumbarton Country Scotland.

Date of Birth—Day 5th Month April Year 1899 Age 18 yrs. 10 months.

Joined at Victoria. B.C. Date 11-3-15

Former Trade or Occupation Surveyor.

Permanent marks or peculiarities that will serve for future identification:

Birth Mark left Hip.

Height—feet 5 inches 11 Colour of eyes Grey (One slightly discolored)

Signature of Soldier (*for identification purposes*) S.D. Fetherston

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*): DEBILITY.

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.	GASSED:		
(*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? Not applicable. If yes, has Active Service aggravated it? Not applicable.

(*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? Yes

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

(*ii.*) As to Group (*c*) above? Not applicable.

PART I. *(continued).*

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

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

(*iii.*) Was a Court of Inquiry held? Not Applicable (*iv.*) Where? Not applicable. (*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).*

This man returned from France 1-6-17 with gas-poisoning---was vomiting and discolored around mouth and eyes--Dyspnoia--nervousness. Talchycardia--pulse irregular 118. Slight Bronchitis. Feels weak and unable to carry on ordinary work.

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

General Condition Fair:

Ard l System---Tachycardia--Pulse irregular 118. No valvular disease apparent.
Resp. " ---Dyspspoadia on exertion. Slight Bronchitis.
Digestive ---Appetite irregular. Constipation.
G.U. " ---Normal.

8. OPERATION. (*i.*) Was one performed?

(*ii.*) If so, state what. Not applicable.

(*iii*). Was one advised and declined?

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?

(*ii.*) If so, describe. Not applicable.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty? "B"3.

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

Date of Report 19/2 191 8 Signed [signature]

Station Witley Officer in medical charge of case. Capt Capon

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

[signature] ~~Officer i/c Hospital~~ / S.M.O. ~~Brigade~~ } Strike out one of these.

Dated at Witley Camp Station, on 20—2—18

* 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)? No

If not, indicate it.

Dysponea

12. Is the cause of the disability fully indicated in Part I. (2)? No

If not, indicate it.

D.A.H.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier — Caused? No; Aggravated? No

(b) Misconduct of the Soldier — Caused? No; Aggravated? No

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

Not applicable

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.*)

Not applicable

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

(*i.*) Is it permanent?

Not applicable

(*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? Not applicable

18. Remarks.

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

(*b*) Fit for base duty? Yes B.3. likely to be raised in six months.

(*c*) Invalid to Canada?

(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 22-2-18

Station Witley

Signatures of the Board. [signatures] President.

Approved [signature] Major.

A.D.M.S.

Dated at D.A.D.M.S. Canadians, Witley.

Station 22.2.18

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.

.....

.....

.....

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. 476537 Army Rank Gunner

Name Fetherston Stanley Douglas

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

Corps C.A.R. Depot.

Battalion, Battery, Company, Depôt, &c. 15th C.A. Batt

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

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 18 years months

Height 5 feet 11 inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade Surveyor.

Intended place of residence (To be given as fully as practicable) Victoria B.C.

Descriptive marks.

B. mark. L. Hip

Gassed & S. Shock.

(17)

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

2. The above-named man is discharged in consequence of Medical Board Witley 22.2.18 B3

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

D. D. & L., London, E.C. (A8689) Wt. W7717/M2626 500,000 9/17 Sch. 33 Forms B. 268 41

* Strike out if not applicable.

[OVER.

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

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

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

6. Campaigns, Medals and Decorations

France 18 months

Certificate of education ..... _____

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

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

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

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

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

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

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

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

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

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

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

_____

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Nov. 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 476537

Rank Dvr. Promoted Reverted Discharge

Soldier's Name S. W. Fetherston

Battalion Artillery Reinf. Grs. 1 D. Aft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs S. G. Fetherstone

Address Mount Tolmie P.O. B.C.

Change of Address

1 1650 Hollywood Cres. Victoria BC

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31/17			390	390		Transf. to 7th Bgd. C.F.A. 31-3-18
Jan 1918 M67748			15	15	mc	A/c Closed
Feb 93315 F			15	15		Ret'd per Olympic
Mch 133197 G			15	15		Date 28-3-18 E.V. 26-3-18
			435			Clerk M. J. Baal
						M.Co. 2 by returned 26-3-18

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22230—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

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

Form D. M. S. 1394
30M-11478-17-4-17.

D Bty R

Sub Staff

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 15-10- 1917.

No. 476537 Rank Bdr Name FETHERSTON S.D.

Local Unit 2nd Bde C.R.A. Overseas Unit 15th Batty Age 18

Examination held at Witley

DISABILITY.
Overseas-~~Local~~.
(SCRATCH ONE OUT).

DEBILITY

PRESENT CONDITION.

This man was returned from France on 1-6-17 with Gas Poisoning, discharged from Epsom on June 5 1917. This man's General Condition is fairly good.

Is suffering from Nervousness. Has Tachycardia on exertion and shortness of breath. Will improve. Should be re-trained in 2 months.

B2

BOARD RECOMMENDS:-

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

Signatures:-

(..... H. Cook Lt. Col. R.A.M.C. President.
(
Members (..... J. de Beaupré Capt. R.A.M.C.
(..... R. S. Davidson Capt. R.A.M.C.

APPROVED

Dated 16-10- 1917. ..... For A.D.M.S.

Form D.M.S. 1394
Som-1,500-8-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas-Local.
(SCRATCH ONE OUT).

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

.....) President.
) Members.
)
)
.....)

APPROVED.....

Dated ..... 1917. ..... For A.D.M.S.

Form D.M.S. 1394
50M-1478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley ..... 1917.

No. 76527 Rank Pte. Name [illegible]

Local Unit [illegible] Overseas Unit [illegible] Age 25

Examination held at Witley

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

The man was admitted from France on 1-6-17 and for Pyrexia, discharged from Camp on June 3 1917. The temperature remained normal for 2 days. He complains of pain in the chest when he breathes deeply. Heart & lungs appear normal. Urine contains a trace of albumen. Wassermann negative.

B+ 6

BOARD RECOMMENDS:-

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

Signatures:-

(..... President.
(
(
Members (J. McDonagh Capt. RAMC.
(
(
(W.S. Davidson Capt. RAMC

APPROVED

Dated 10-6-17 1917. ..... For A.D.M.S.

F. D.M.S. 1304
-500-4/18-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas-Local.
(SCRATCH ONE OUT).

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

.....) President.
.....)
.....)
.....) Members
.....)
.....)
.....)

APPROVED

Dated ..... 1917. ..... For A.D.M.S.

ORIGINAL. ~~DUPLICATE~~ ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Fetherston Christian Name Stanley Douglas

Examined on 11th day of March 1915 at Victoria

Birthplace City or Town Glasgow County Scotland

Apparent age 17 years

Trade or occupation Surveyor

Height 5 Feet 9 Inches.

Weight 168 Lbs.

Chest measurement Minimum 35 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number 2

When Vaccinated last 1899

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by [signature]

Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement, 7 JUN 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Rec after Dup's had been made out in R. I.

Date	Result	Vaccinations
1/5/15	+	[signature] M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/8/15	0.1	J. Grant M.O.
19/8/15	0.1	J. G. M.O.
30/8/15	0.1	J. G. M.O.
24/7/17	T.A.B. I.C.C.	S. Du Dobbin Lieut. C.A.M.C.

Enlisted on 5th day of Aug March 1915 at Victoria B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	5th Regt C.G.A.	205		Aug 5th 1915
	NO. 1 DRAFT ART. REINF. 2nd Bde. C.R.A.	476537		AUG 14 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	15-10-17	Debility Rheumatism	B2 J.M. Cook Capt.
Aldershot	16-10-17	[signature] Major, D.A.D.M.S. 5th Canadian Division.	

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.

100M.—1-15.
H. Q. 1772-39-439.

CANADIAN

Surname Authurton Christian Name Stanley Douglas

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Henham Hall		1	6	17	18	6	17	Shell gunshot		Convalescent, but cannot walk	D. Middlebrook,
M.C. Hosp. Epsom		18	6	17	25 JUN 1917			do	8	for. No complaints at III.	S.K. Davidson Capt