SPECIAL Original

Enlisted for Special Duty in Canada Only

ATTESTATION PAPER.

No. 247593

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Discharged 8-4-18 C.O. 75, Mar. 30, Kana 942
Medically unfit

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Feeney
1a.	What are your Christian names?	Willis, Heathcote.
1b.	What is your present address?	502 Notre Dame ave Winnipeg Manitoba.
2.	In what Town, Township or Parish, and in what Country were you born?	Deptford England
3.	What is the name of your next-of kin?	John Jack Feeney
4.	What is the address of your next-of-kin?	502 Notre Dame ave. Winnipeg
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	June 15, 1898.
6.	What is your Trade or Calling?	Elevator boy.
7.	Are you married?	No.
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.)	Yes. 1st Naval C.A.M.C. 2 months.
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.
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	Yes.
14.	If so, what was the nature of the disability?	Medically unfit for war service.
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16.	If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Willis Heathcote Feeney, 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.

W H Feeney (Signature of Recruit)

Date 29 Jan 191 8 P W Burton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Willis Heathcote Feeney, 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.

W H Feeney (Signature of Recruit)

Date 29th Jan 191 8 P W Burton (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Winnipeg this 29th day of January 1918.

F Kilbourn Maj (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Willis, Heathcote, Feeney. on Enlistment.

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 2 ins.

Complexion Medium.

Eyes Grey.

Hair Brown.

Religious denominations.
- Church of England Yes.
- 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).

VISION R. EYE 20/20
" L. " 20/20
HEARING R. EAR N
" L. " N.

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* C.1. ~~for the Canadian Over-Seas Expeditionary Force.~~ FIT FOR SPECIAL DUTY IN CANADA

Date 29th January 1918. C. Wershof Lieut

Place Winnipeg Man: 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:—

ENLISTED IN ACCORDANCE WITH C.O. 1 PARA 1 1918.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Willis, Heathcote, Feeney. 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.

F. O'Connor (Signature of Officer)

Date 29th January 1918.

5847 Original B II (A)

ATTESTATION PAPER.

No. 2476593
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Feeney,
1a. What are your Christian names?	Willis Heathcote,
1b. What is your present address?	502 Notre Dame Avenue, Winnipeg, Man.
2. In what Town, Township or Parish, and in what Country were you born?	Deptford, Essex, England,
3. What is the name of your next-of kin?	Allice Feeney,
4. What is the address of your next-of-kin?	502 Notre Dame Avenue, Winnipeg, Man.
4a. What is the relationship of your next-of-kin?	Mother,
5. What is the date of your birth?	June, 15th. 1897
6. What is your Trade or Calling?	Clerk,
7. Are you married?	No
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	...
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	...

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Willis Heathcote Feeney, 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.

Willis Heathcote Feeney (Signature of Recruit)

Date October, 31st. 1917. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Willis Heathcote Feeney, 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.

Willis Heathcote Feeney (Signature of Recruit)

Date October, 31st. 1917. [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, this 31st. day of October 1917.

[illegible] (Signature of Justice)

Justice of the Peace.

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

B II (A) 5847

Description of Willis Heathcote Feeney, on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7¼ ins.

Chest measurement.
- Girth when fully expanded ..... 32½ ins.
- Range of expansion ..... 2 ins.

Complexion ..... Medium

Eyes ..... Gray

Hair ..... Brown

Religious denominations.
- Church of England ..... Yes,
- 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).

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 October, 31st. 1917. Attached Capt

Place Winnipeg, Manitoba, Canada, 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:—

Mobilization
Medical Board
Approved Fit
[illegible] President
[illegible] Member
[illegible] Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Willis Heathcote Feeney, 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.

Attached Capt (Signature of Officer)
Act. Adj. A. M. C. T. D. No. 10.

Date October, 31st. 1917.

C.E.F.

FEENEY WILLIS HEATHCOTE 2476593 A.M.C.F.D. 03295

MED. UNFIT.

H

404954

CANADIAN CONTINGENT EXPEDITIONARY FORCE.
LAST PAY CERTIFICATE

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

Regimental No. 2476593 Rank Pte. Name Feeney, W. H.

Corps 10 Casualty Unit. who was Discharged

On Dec. 31. 17. 191 , to
Insert "discharged" or "transferred".

The following is a statement of the account of the above named from Dec. 1.1.7 to Dec. 31.17. the inclusive date of transfer or discharge.

Dr	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. mth	5.00	
Advances No. 664	5.00		Regt'l Pay 31 days at $1.	31.00	
by Cheques No. 798	20.25		Field Allow 31 days at $.10	3.10	
Assigned Pay No.			Other Allowances frm.amended L.P.C.	5.50	
Other Charges Canteen	1.00		Other Credits Xmas.dinner	25	
Payment on transfer or discharge No. 339					
Balance Cr. (to be paid by the new unit)	18.60		Bal. Dr. (to be deducted by new unit)		
Total	$44.85		Total	$44.85	

Give Particulars.

A monthly stoppage of $ 20.00 has **not** been paid on account of Assigned Pay for the month of December 191 7 to (Assignee) Mrs.Alice Charlotte Feeney
Address ..... 502 Notre Dame Ave. Wpg. Man.

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.....21-10-17.....
(2) if married and if a Separation Allowance Card has been submitted.....not entitled.....
(3) cause of discharge and authority..B.R.C. 28-12-17 C.O.306 Para 3233 D.O.322

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

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

Date.....31-12-17.....

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

.....
Paymaster.

502 Notre Dame ave, Wpg

S.

MEDICAL HISTORY SHEET

Surname Feeney Christian Name Wm

Examined { on 11 day of Oct 1917
at Fort St.

Approved by

Birthplace { City or Town
County England

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
V	R.	20/20	M.O.
V	L.	20/20	M.O.
H	R	7	M.O.
H	L.	7	M.O.

Apparent age 20 4 mon.

Trade or occupation Labourer Exper.

Height 5- feet 7 4 Inches

Weight 120 ½ lbs.

Chest measurement { Minimum 30 ½ inches
Maximum expansion 2 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left V
Number 3

When Vaccinated last Year ago

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on day of 191 at

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

Signature of Medical Board

President [illegible]

Members [illegible]

[illegible]

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

The copy of this document which is delivered to the man examined will be attached by him to the report for service or claim for exemption made by him or on his behalf after the proclamation under the Military Service Act calling out Class 1 has been issued.

Category of man examined.

B. 2

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

Signature of man examined (Both copies to be signed).

Wm Feeney.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

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				

"Voluntary Examination" B II

MEDICAL HISTORY SHEET

Surname Feeney Christian Name Willis Heathcote

Examined on 1 day of Nov 1917 at McGregor St. Barracks

Approved by Macdonald Capt

Rank M.O.

Birthplace City or Town Deptford, Essex, County England

Apparent age 20

Trade or occupation Labourer Keeper

Height 5 feet 7 1/4 Inches

Weight 120 1/2 lbs.

Chest measurement Minimum 30 1/2 inches, Maximum expansion 2 inches

Physical development Fair

Small-pox Marks 4

Vaccination Marks Arm Right Left, Number 3

When Vaccinated last 1916

(a) Marks indicating congential peculiarities or previous disease 4

(b) Slight defects but not sufficient to cause rejection Slight Scar Calcaneum. Very Slight Flat Foot.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
		R Eye 20/20	M.O.
			M.O.
		L. Eye 20/20	M.O.
			M.O.
		N Normal	M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 31st. day of October, 1917 at Winnipeg, Manitoba,

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C.T.D.No.10.	No.2476593	Mobilization Medical Board Approved Fit	October, 31st. 1917.
Transferred to				

N. [illegible] Hon. Maj. Capt. President

D.C. Morson Capt. Member

[illegible] Member

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Feeney, Christian Name Willis Heathcote,

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				
Wpg Gen.		25	11	17	27	11	17	Sandfly fever.	3	Complete recovery	A Stewart Lt

5847 (G) C I

SPECIAL

MEDICAL HISTORY SHEET

Surname Feeney Christian Name Willis Heathcote

Examined on 29 day of January 1918 at Winnipeg

Approved by E Wershof Lieut. M.O.

Birthplace City or Town Deptford England

Apparent age 20

Trade or occupation Clerk

Height 5 feet 7½ Inches

Weight 140 lbs.

Chest measurement Minimum ..... inches Maximum expansion ..... inches

Physical development Normal

Small-pox Marks Nil

Vaccination Marks Arm Right ..... Left 3 Number Three

When Vaccinated last 1917

(a) Marks indicating congential peculiarities or previous disease .....

(b) Slight defects but not sufficient to cause rejection .....

Date	Fit or Unfit	Examined for Re-Engagement
29/1/18	Fit	M.O.
		M.O.
		M.O.
		M.O.
		M.O.
	VISION R. EYE 20/20	M.O.
	" L. " 20/20	M.O.
	HEARING R. EAR N	M.O.
	" L. " N	M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 29 day of January 1918 at Winnipeg

	Corps	Regt'l Number	Habits	Date
Joined on enlistment No. 10 SPECIAL	SERVICE CO'Y	2476593		29. 1. 18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Winnipeg	15. 2. 18		C II

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.
300M.—1-17.
H. Q. 1772-39-439.

Surname 5847 Christian Name

(G)

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				

Original

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

SPECIAL

No. 19

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

Regimental No. 2476593 Rank Private Name Feeney, W. H.

Corps #10 Special Service Company. who was* Discharged.

On 8-4-18 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-4-18 191....,
to 8-4-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	3	60
Advances by Cheques No.			Regt'l Pay 8 days at $ 1 c. 00	8	00
Advances by Cheques No.			Field Allow. 8 days at $ c. 10		80
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges M.F.C. 512	1	75	Other Allowances* Subs. 4 days, @ 80¢ per diem	3	20
Payment on ~~account~~ or discharge No. 13	13	85	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	15	60	Total	15	60

*Give particulars.

A monthly stoppage of $ 20.00 (†) has NOT. (‡) been paid on account of Assigned
Pay for the month of April 191 8
and Sep'n Allce. for month of 191....
(to) Assignee Mrs. John Feeney,
(Address) 502 Notre Dame Ave. Winnipeg, Man.

(†) 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 29-1-18

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

(3) cause of discharge Medically Unfit. authority Company Order 98.

(4) authority for transfer .....

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

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

Date 9-4-18

Place Winnipeg, Man.

NO. 10 SPECIAL SERVICE COY
APR 9 1918
PAYMASTER'S OFFICE

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.

100M.—1-18.
H. Q. 1772-39-903.

5847

(E)

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.)

(H)

No.	2476593
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Feeney, Willis, Heathcote.
Corps (Squadron, Battery or Company)	A.M C.T.D.
Date of Discharge	December 31st.1917
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20 years ..... months.
Height	5 feet 7½ inches.
Complexion	Medium
Eyes	Gray
Hair	Brown
Trade	Clerk.
Intended place of residence (To be given as fully as practicable.)	502 Notre Dame ave Winnipeg

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Being Medically Unfit For Further War Service.

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.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

Clerk

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

Dec 95-218 m.m.

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) Winnipeg S L Goldstine Capt.

(Date) December 31st. 1917 for O.C. *Commanding* #10 Casualty Unit M.D. 10

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Winnipeg W Feeney *(Signature of Soldier.)*

(Date) 31/12/17 *(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

(Date) December 31st. 1917 *(Signature)* S L Goldstine Capt.

For O/C #10 Casualty Unit M.D.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.)

W Feeney

(OVER)

List of Discharge Documents.

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

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.

264. 5-847 SPECIAL (I)

This space to be for numbers.

Proceedings on Discharge.

2/4/33

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

(H)

No.	2476593.
Rank	Private.
Name	Willis Heathcote Feeney. F
	NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.
Corps (Squadron, Battery or Company)	No.10 Special Service Company.
Date of Discharge	8th.April 1918.
Place of Discharge	Winnipeg.Man:

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	20 years 7 months.	
Height	5 feet 7½ inches.	
Complexion	Medium.	
Eyes	Grey.	
Hair	Brown.	NIL.
Trade	Elevtor boy.	
Intended place of residence (To be given as fully as practicable.)	502 Notre Dame Ave. winnipeg.Man:	

2. The above-named man is discharged in consequence of having been found medically unfit.

C.O.#75, March 30th, para:972.

(An enlistment for Guard duty in Canada only).

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.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

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

Elevator Boy.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

334

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

NIL.

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

6. Medals and Decorations.....

NIL.

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) Winnipeg.Man.: ..... Major.

(Date) 8th.April 1918. *Commanding* #10 Special Service Co.

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.

(Place) Winnipeg.Man.: W H Finney (*Signature of Soldier.*)

(Date) 8th.April 1918. Harold Chalmers (*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 69 days.

Total --years 69 days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg.Man.:

(*Signature*) Whitson Major.

(Date) 8th.April 1918. O.C. #10 Special Service Company.

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 I L.

.....M. Feeney.....

(OVER)

List of Discharge Documents.

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*Only if discharged "Medically unfit."	

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.

5847

Fill in only.—Unit, Number, Rank and Name. (H) SPECIAL

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 10 SPECIAL SERVICE COY.

Regimental No. 247693 Rank Private C. E. F. Name Feeney, Willis Heathcote

Enlisted (a) 29-1-18 Terms of Service (a) Duration of War Service reckons from (a) 29-1-18

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-3-18	Hdqrs 10 Sp. Co.	On Comd. No. 10. Sp. Co. Guard Detach.	Winnipeg	6-3-18	Co. order 64 A R Skinner Lieut SSC C.S.T.
		Discharged ~~Ex~~	Winnipeg	8-4-18	C.O. 75, Mar. 30, para 972 A R Skinner Lieut SSC C.S.T.

(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				

5847

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

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps C. A. M. C. T. D. No. 10.

Regimental No 2476593 Rank Private Name Feeney, Willis Heathcote,
C. E. F.

Enlisted Oct. 31st. 17 Terms of Service (a) C. E. F. Service reckons from (a) Oct. 31st. 1917.

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) Clerk No Previous Service,

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				
30-11-17	No. 291	T.O.S. No 10 Q. Unit. Mil. C.O. 306-3233 No. 322	Winnipeg		
31-12-17			"		

H. H. Goldstein Capt
for O.C. NO. 10 CASUALTY UNIT, Winnipeg.

(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				

SURNAME. Feeney

CHRISTIAN NAMES Willis Heathcote

REGL. No. 2476593 RANK Pte.

UNIT C.A.M.C. (C.D. #10)

FORMER CORPS Nil.

CARD No. X

S.D.B. Dis. 31-12-17

FOLL. 10

NEXT OF KIN.

NAMES IN FULL Feeney, Mrs. Alice

RELATIONSHIP TO SOLDIER Mother

ADDRESS 502 Notre Dame Ave., Winnipeg, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Deptford Essex DATE June 15th 1897.

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

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8 15. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Clerk RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20. YEARS — MONTHS

HEIGHT 5. FEET 7 1/4. INCHES

CHEST MEASUREMENT 32 1/2. INCHES EXPANSION 2. INCHES

COMPLEXION Medium EYES Grey HAIR Brown.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE Oct. 31st. 1917.

Present Address, 502 Notre Dame Ave.,
Winnipeg. Man.

No. 2476593 RANK Pte NAME Feeney, W. Heathcote

T. O. S. 31-10-17 Dd UNIT No 10 Training Depot A.M.C
228 of 1-11-17

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Oct 31	Nov 30	W	Trans to #10 Cas. Unit 30th 17	Do 25-6 of 30-11-17

4

SURNAME. Feeney,

CHRISTIAN NAMES Willis Heathcote.

CARD NO.

S.D.S. Dio. 8-4-18

FOLL. 98/1

10 (m u)

REGT. No. 2476593. RANK Pte.

UNIT Spec. Serv. Co. (M.D.10)

FORMER CORPS C.A.M.C. (2 mos.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Feeney, John Jack.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 502 Notre Dame Ave, Winnipeg, Man.

COUNTRY OF BIRTH England, Deptford. DATE June 15th, 1898.

PLACE OF ATTESTATION Winnipeg, Man. DATE Jan. 29, 1918.

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

5847

Copy.

(D)

MEDICAL HISTORY OF AN INVALID.

1. Station. Winnipeg. Man,.

2. Regiment or Corps. C.A.M.C. 10 C.U.

3. Regimental No. and Rank. Private #2476593.

4. Name. Feeney. Willis Heathcate.

5. Age last Birthday. 20

6. Enlisted on October 30th 1917.
at Winnipeg. Man,.

7. Former trade or occupation. Bell Boy

8. General remarks on his:—
(a) Conduct.
(b) Habits. No records
(c) Temperance. available
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. December 4th 1917.

9. Service.	Years.	Days.	PERIODS From	PERIODS To
C.E.F.			Oct 30 1917.	Decr 4th 1917.

10. (a) Disease or disability. Epilepsy.
(b) Date of origin. Unknown.
(c) Place of origin. Unknown
(d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

This man suffers from slight attacks of Epilepsy- lasting for 2 or 3 minutes during which he loses consciousness. He was sent into hospital for observation and the occurence of the attacks confirmed.

12. (a) Is the disability the result of service or climate? No. No.
(b) Has it been aggravated by intemperance, vice or misconduct? No. No. No.

M. F. B. 227.
200M. 8-16.
1772-39-117.

5847 P

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment.

Hospital M.D. #10.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Pre-existed enlistment, not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/10 not due to service.

18. State if for discharge on account of unfitness for Service.

Discharge.

Gilbert Lansdowne, CAMC.
Medical Officer by whom the case is brought forward.

5-847

(D)

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations: That he be discharged as medically unfit. His disability pre-existed enlistment, and was not aggravated by service. He has had adequate treatment, and would not be benefited by further treatment. It is advisable that he pass under his own control. He should not be re-enlisted. His disability is due to restriction in choice of occupation.

Signatures :—

Gilbert Lansdowne. CAMC. President.

E. Moorhead. Capt.

John H.R.Bond, Capt. Members.

Station. Winnipeg, Man.

Date. December 4th, 1917.

Date.

C.V.Fortin. Major.
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

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(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 2446593 RANK Pte NAME (IN FULL) Feeney. W. H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE 8 — DATE 8/4/18 — REASON Nil. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1918	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					649 - F - 8314
Dec					35 -				35 -																						35 -	35 -					T.O.S. D.S.C.R. by Ltr q Mental Case by Ltr q Sick File 581 - W - 9 L.P.C. to Salala B. 20/11/18

200M-3-19.—L. L. 58788—L. & D. 9985.
M. F. W. 2:96.
1772-39-1390.