Canadian Engineers,

DUPLICATE

17-6-18
J. M.

ATTESTATION PAPER.

No. 2009846

Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Ferris
1a. What are your Christian names?	Joseph Allen
1b. What is your present address?	52 Forest St. St.John, N.B.
2. In what Town, Township or Parish, and in what Country were you born?	St.John, St.John,Co. N.B.
3. What is the name of your next-of kin?	Joseph Ferris
4. What is the address of your next-of-kin?	52 Forest St. St.John, N.B.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	14 August 1898
6. What is your Trade or Calling?	Loco-Fireman
7. Are you married?	Single
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?	Nil
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?	Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Allen Ferris, 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.

Joseph Allen Ferris (Signature of Recruit)

Date 8 May 1918. 191 Sergt J. W. Robison (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Allen Ferris, 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.

Joseph Allen Ferris (Signature of Recruit)

Date 8 May 1918. 191 Sergt J. W. Robison (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 St.John, N.B. this 8 day of May 1918. 191 .

G. H. Conway Grant (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 Ferris Joseph Allen on Enlistment.

Apparent Age 19 years 8 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 36 ins.; Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations.
- Church of England
- 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.

Certified True Copy — W Armstrong Lieut. C. E. Asst. Adjutant Engineer Training Depot.

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 8 May 191 8 (Sgd) W S Loggie (Capt)

Place St John NB Can

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.

Joseph Allen Ferris 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.

W H Mitchell Lt. Colonel C. E. (Signature of Officer)

O. C. Engineer Training Depot

MAY 20 1918

Date 191

REGIMENTAL DOCUMENTS

NAME Pte FERRIS JOSEPH HELEN REGT. NO. 2009846 UNIT CEs H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				C5253	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 129)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Demob
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Identity Card					
2	Disp "					

W. 2589
100M-11-18
1772-39-1377

Eye Ear Nose and Throat Clinic.

Witley Camp. Surrey

Date ....29-6....1919.

Reg. No. 2009846 Rank Sgt. Name Herrin J.A.

Unit ..... In wing .....

WITHOUT GLASSES

WITH GLASSES (As per prescription below)

	SPH	CYL	AXIS
Visual acuity Rt. 6/6 with			
Visual Acuity Lt. 6/18 with			6/6

Category Recommended is:- A

Glasses not ordered.

Original Disease or Injury. Hyperopia left eye adolescence

Date of Origin.

Cause.

Present Disability. Defective vision left eye

Remarks.

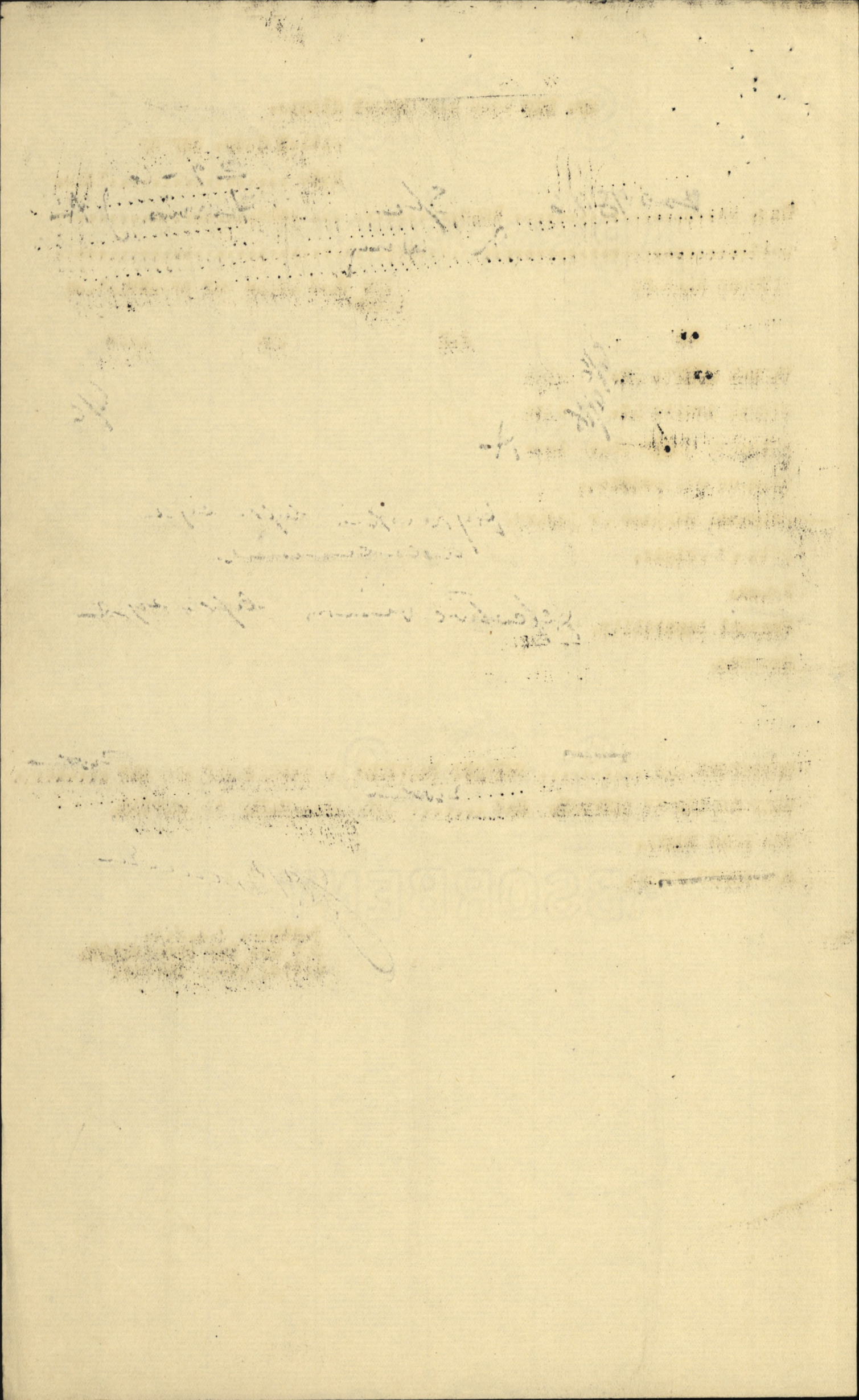
CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE. HAS not BEEN AGGRAVATED BY SERVICE.

FOR LONG BOARD.

~~FOR SHORT BOARD.~~

J.P. Brannen

Captain. C.A.M.C.
Eye and Ear Specialist.
Witley Camp. Surrey.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS No. B 16

THIS IS TO CERTIFY that No. 2009846 (Rank) Private

Name (in full) Joseph Allen Ferris enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at St. John N.B. on the ~~14th~~ 8th.

day of May 1918

HE served in 3rd Reserve & N Wing C.E.C. in England

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness.~~

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

Age 20

Height 5 ft 5"

Complexion Fair

Eyes Blue

Hair Brown

J. A. Ferris
Signature of Soldier.

Marks or Scars Nil

Major
Issuing Officer.

Rank

Date of Discharge

Dispersal Station "B" AUG 31 1919 Military District No. 6

HALIFAX, N.S. AUG 23 1919
Date 19

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.
2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps 3rd Reserves

Regimental No. 2009846 Rank ..... Name Ferris Joseph Annel
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
2-9-19	0/5	T. O. S. No. 6 D. D. from 16-8-19 and posted Disp. Sta B. 23 8-19 Hfx Do v 45		31-8-19	245
2-9-19		Sos on Discharge			

A. W. Ferguson Lieut.
Officer I/c Records No. 6 D.D.

(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				

Form R 122.
10[illegible]7—65M—28-7-17.

Rank Name FERRIS Joseph ALLEN Reg'l No. 2009 846

Unit 56th Dft. CAN ENG If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment St. John N.B. 8/5/18 Place of Birth St. John N.B.

Name and Address, Next-of-Kin Joseph Ferris

52 Forrest St. St. John, N.B. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 16770
File R.L.
Category CAN. OR

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England AUG 15 1918 TOS from CANADA Seaford		HM 1.	Huntsend
9-9-18	2 CERB			15-8-18	RL II 094
24-1-19	3 CERB	TOS from 2 CERB	—	23-1-19	.20 + 2 CERB 19 d/23 1/19
9.5.19.	C.E.R.D.	Forfeits 1 Ds pay P.A.	Seaford.	7.5.19.	D.O. 108.
9.5.19	"	SOS to Gen Dep.	"	9.5.19	TOS Gen Dp D.O. 103 - 108. D/12 5/19
28.5.19	Gen Dp.	SOS to N Wing CCC Witley	Ctr Witley	23.5.19	D.O. 114. Obs. 25/6/19 EY
2-6-19.	N Wing C.C.C.	T.O.S from Gen Depot &	"		
		posted to Hqrs. Coy for Duty.	—	23-5-19	Do. 43.
7.8.19 General Depot		awd. 10 F.P. No 2. forfeit 3 days Pay By P.A. AWL from 6.30 2.8.19 until 6.30 5.8.19 3 days	Witley	5-8-19	Do 107
		102. B. 36		16.8.19	

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.					
16/8/19	Nursing	S.O.S. to Canada	Netley	16/8/19	D0106	

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-920.

Canadian Engineers.

Casualty Form—Active Service.

ENGINEER TRAINING DEPOT

Unit, Regiment or Corps

Regimental No. 3009846 Rank SRR Name Ferris Joseph Allen

C. E. F.

Enlisted (a) 8-5-18 Terms of Service (a) OEF Service reckons from (a) 8-5-18

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) Loco. Fireman

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARKED CANADA	3-8-18		
		DISEMBARKED ENGLAND	15-8-18		
9-9-18	2nd. CERB.	T.O.S. of 2nd. C.E.R.B. on arrival from Canada	Seaford	15-8-18	Part II. Order No. 94.
9-9-18	"	On Command, Bourley,	Seaford	15-8-18	Part II. Order No. 94.
21-9-18	"	Off Command, Bourley.	Seaford	19-9-18	Part II. Order No. 105.
23/1/19	2. C.E.R.B.	S.O.S. to 3rd C.E.R.B.	do	23/1/19	Pt 2. 2019.
25-1-19	3rd CERB	TOS from 2nd CERB	Seaford	24-1-19	Part II BO #20
~~7/5/19~~	~~3 C.E.R.B.~~	~~On command to 5 C.G.H. Kirkdale Liverpool~~	~~Seaford~~	~~7/5/19~~	~~Pt 1 [illegible]~~

W. L. Weber ..... Lieut. C.E.
for Lieut. Colonel, C.E.
Commanding 2nd Canadian Engineers Reserve Bn.

~~[illegible] LIEUT. C.E. [illegible] C.E.R.B.~~

(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				
9/5/19	3 CERB	S.O.S. to C.G.D.	Seaford	9/5/19	Pt. 11 D.O. 108.
					N. J. Vadeboncoeur LIEUT. C.E. [illegible]
28.5.19	Gen Dept	S.O.S to N. Wing	Witley	23.5.19	P. 11. 114.
					[illegible] LIEUT. i/c RECORDS, CANADIAN GENERAL DEPOT.
2/6/19	N. Wing	T.O.S. N. Wing from General Dept.	Witley	26/5/19	P.T. II — 43
16/8/19	N. Wing	S. O. S. ON PROCEEDING TO CANADA.	Witley	16/8/19	Pt II — 106
					[illegible] Capt. Officer i/c Records, "N" Wing, C.C.C.

Embark S.S. BELGIC
Liverpool 13.8.19
[illegible] Stewart Lieut. [illegible]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Fermio A. DISTRICT H.

REGIMENT C.E. RANK Apr No. 2009846

M.F.B. 465.
50M.—2-18.
1772-39-950.

X to be extracted
M are missing

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date 1918	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination Bad	May 30.																			bapt Simpson	4.	bav-9-20 Ex 3-5-10-12-13-14-19-30

C.A.D.G. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

N

Canadian Printing and Stationery Services, London

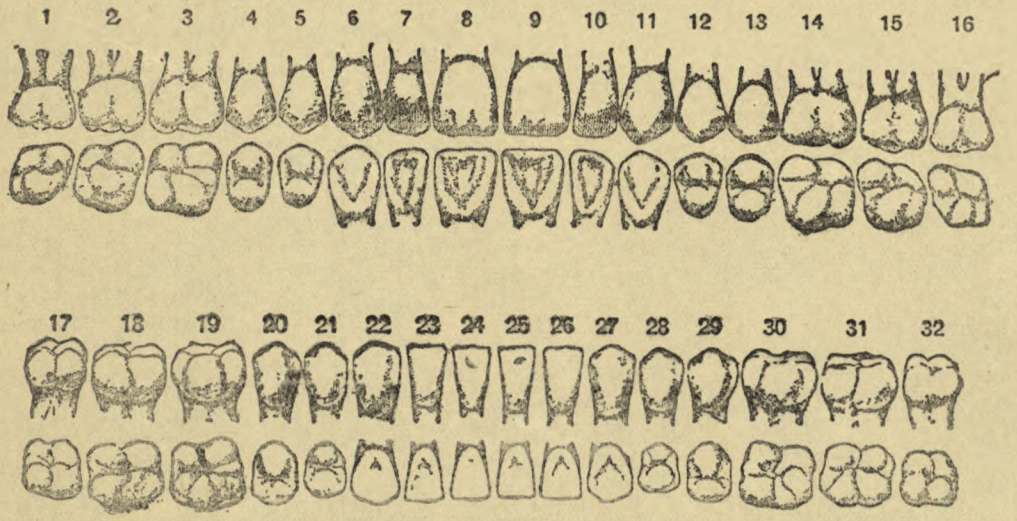
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) FERRIS J.A.

REGIMENT N Wing C.C.C. RANK Pte. No. 2009846

Date of Examination in England 19 JUN 1919 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7. 20. 27.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES AUG 23 1919 M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer F. G. Garvin Capt.

FORM OF WILL

Ferris, Joseph Allen (Name in full)
Regimental Number 7009846 serving in Canadian Eng.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I Devise all my real estate unto

	Name and address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr Joseph Ferris 57 Forest St. St. John N.B.	Name and address of person or persons to receiv personal estate (See Note)

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT
NOTE This must be signed and Dated by the Soldier himself.

this 31 day of May A.D. 1918.

Joseph Allen Ferris Signature of Soldier.

N.B. Personal estate includes pay, effects, money in bank, insuranc policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

The Two Witnesses must sign here.

Signature of First Witness E. S. Sewell
Address of Witness 154 Ainsworth ave Portland Ore
Occupation of Witness Clerk
Signature of Second Witness Frank R. Angle
Address of Witness Toronto Ont Can
Occupation of Witness Clerk

M.F.W. 82.

Canadian Engineers. 2009846

Voluntary Enlistment

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Ferris Christian name Joseph Allen

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)... 52 Forest St. St.John, N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8 day of May 1917, by the undersigned medical board sitting at St John. N.B.

5. Age as stated 19 Years 8 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 7½ Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

11. Physical development. Good. { Good / Fair / Poor } 12. Smallpox marks. Nil

13. Number of vaccination marks { Right arm 0 / Left arm 1 } 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2

17. (a) Vision R. D. 20 L. D. 8

(b) Hearing. R. Good L. Good

W. G. Hughes Lt. President.

E. F. Kelley Capt. Member. G. A. Morgan Lt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
4.6.18	Insusc.	M.O.	20-5-18	1cc Op	L. L. Derick Lieut. M.O.
JUL 15 1918	Insusc.	M.O.	27-5-18	1cc Op	L. L. D. M.O.
		M.O.	4.6.18	1cc Abe	J. W. G. M.O.

Joined 8 day of May 1918 at St. John, N.B.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Canadian Engineers.	2009846		8-5-1918.
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
ST. JOHNS, P.Q.	MAY 27 1918		A2 [illegible] President Medical Board, St. John, P.Q.
Whitley	1-7-19	Lt/Vasin	Cat A [illegible]

N.B.—This sheet is 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.—10-17.

1772 3-439.

Signature of Man Joseph Allen Ferris

Surname Christian Name Sverkallen

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				

NAME. Ferris Joseph Allen

Eng Tr Dpo

RANK. Spr

No. 2009846

CORPS.

REC. FILE. 7. 4 X

H. Q. FILE.

ENLISTMENT, PLACE. St. John N. B. DATE. May 8th 1918

BIRTH ~~DISCHARGE~~, PLACE, Canada, St John N. B. DATE. Aug 14th 1898

SOS Demob 28-8-19 DO 305 1-11-19

DO 245 of 2-9-19 6

REASON.

T. O. S. May 8 1918

ADDRESS ON DISCHARGE.

D. O. Part II No 134

DOCUMENTS.

NEXT OF KIN Ferris Joseph RELATIONSHIP Father

ADDRESS 52 Forest St. St. John N. B.

O/S. 3-8-18 1372/8

R/C 23-8-19 398/40 Pte.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

Inv

Ham

Number 2009846 Rank Spr

Surname FERRIS

Christian Name Joseph Allen

Units C E Theatre of War England

Date of Service 15-8-18

Remarks 18 Erin

Latest Address ~~52 Forest St~~
St John, N.B.

Roll No.

200m.-2-21.M. a Page 4585

DEOP. APR 24 1923
REGN. NO. 8905

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/10/18	1/8/18.	EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Joseph Ferris (Father)
52 Forest Street
St. John N.B

Stopped
Eff. 1/9/19

NAME:- FERRIS. Joseph. Allan.
NUMBER:- 2009846

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L. P. C.		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 56 Dft. C. E.
DATE ACCOUNT FIRST OPENED:- 1-8-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C E Tc

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
~~11/7/19~~	~~4903.~~	H. Wing.	~~£100~~ 7 30				
~~24/7/19~~	~~5888.~~	"	~~£8.~~ 38 93				
			46 23				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L. P. C.	1 -	- 10		
L.P.C. Dr. Bal. to 19 7/x/x.				

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to Can. 1/9 Ref. K12069 4 R 2025. Dram. 25/7/19 Fo. Witley. Hr. D. 7

MONTH 1918	PARTICULARS	CR 1 Pay Sheet	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	June & July A.P. deducted on Reg								17 10		
July 31	Bal. can.										
Aug	P.A.	34 10		Can a.P.				20 -			
				ab 19 Rowley 20/8	4 87				26 33		
		34 10			4 87			20			
Sept		33 -		Can a.P.				20 -			
				ab 1148 Bowley 3/9	4 87						
				A 224 Can	5						
				2043 2 Ch R 24/9	4 87				24 59		
		33			14 74			20			
Oct		34 10		Can a.P.				20 -			
				2281 " 10/9/18	4 87				33 82		
				2499 " 28/9/18	9 73				24 09		
		34 10			14 60			20			
Nov		33		Can P.				20	37 09		
				2669 " 18/11/18	4 87				32 22		
				2934 " 28/11/18	9 73				22 49		
Dec		34 10		Can P.				20	36 59		
				3178 " 17/12/18	14 60				21 99		
Jany		34 10		Can P.				20	36 09		
		101 20			29 20			60			
				3373 " 10/1/19.	4 87				31 22		
				3746. 3 " 30-1-19	9 73				21 49		
				3363 " 11-2-19.	4 87				16 62		
Feb 6 Mch		64 90		Can P.				HO	H1 52		
				3724. 3 CEPP 26/2/19	9 73				31 79		
				3025 " 15/3/19.	4 87				26 92		
		64 90			34 07			40			

NUMBER 2009846 RANK Spr. NAME Harris J.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd			Fwd.					26 92		
Apl	Allot - Pte	6 7 10		3316. 24/3/19. 3CEDS.	9 73						
				946. 14/4/19. ✓	4 87						
				657. 28/4/19 ✓	9 73				6 07		
				C.A.P.				40			
				~~allot 1300-6-519. 2300 6519~~							
				~~Lof. 1 day's pay for Trade 7-519~~		1 10					
				~~F.C.O. 1 8 19 7 19. 3CEDS~~							
		6 7 10			24 33	1 10		40	28 59		
June	~	33 -		C.A.P.				20	4 59		
				3857. NWing CCC. 11/6/19	7 30				34 29		
				2088 ✓ 29/5/19	9 73				24 56		
				3545. C.C.D. 14/7/19	4 87				19 69		
				4013 N Wing 27/6/19	7 30				12 39		
July	✓	34 10		C.A.P.				20 -	26 49		
		67 10			29 20			40			
				4903 N Wing. 14-7-19	7 30				19 19		
				5888 " 24-7-19	38 93				19 74		
					46 23						
				8203 14-8-19. N.W. 21	9 73				29 47	Ent	
				awarded 10 days FP 102. 2/0107 17/8/19		14 30			~~+37~~		
				am't. 3 days total Pay N Wing CCC		14 30				43 77	
					9 73	14 30					

Lost to Lon 16-8-19 Lieut 102

4 6 23
2 6 49
1974 ft

AUDITOR | PAYMASTER

M. OR S.

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

Re Leave 23-8-19

REGT. No 209846 RANK Dvr NAME (IN FULL) Ferris J. A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

2 Cb

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tous	16-8-19	Les. 245

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE 820.00 1-9-19

PAYABLE TO Joseph Ferris RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS Bank of N.S. St John NB 10-9-19

ADDRESS 52 Forest St St John NB

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Ott DATE 31-8-19 REASON Demob. AUTHORITY Les. 254 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													1974								
31-7-19							35 00																														
31-8-19	31	1/10	34	10			100 00		139	10							487	50	70	00	20	00					24	03			143	64	4	54			Bal Pr Clothing Ltd Wages Coll's Ex Gratia Gratuity Rs 140.00 a day Advance Eng.
1st	10		280	00			280	00															70	00					454								1st Pay Warrant Ex Balmoral Convalescent
																			65	46													140		1505 7 11 7-10-19
																			70														70		1540 7 90 25-10-19
																			70																1994 430 25-11-19
			280				280												715	46											280				

All payments made H. C. Allum Lt.

WAR SERVICE GRATUITY. W.S.G. Act.

OCT 1 1919

200M-3-19.—L. ... 5878S-... & D. 9983.
M. F. W. 2/96.
1772-39-1390.

Date of Enlistment 8-5-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch F 6688

OVERSEAS CONTINGENTS

Date of Assignment 1 June 1918

11 L 3 7 6 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

$20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Canadian Engineers 56 Dft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 JOSEPH FERRIS F6688
52 FOREST ST.
2 ST.JOHN N.B. 20 20.00
% 2009846 SPR.J.A.FERRIS
3 TWENTY DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 5886-J-20
June	K 5356		20	20	B	2549 m 15 8/18
July	A 25365		20	20	HS	
Aug	M 35111		20	20	B	
Sep	R 46637		20	20	B	
Oct	R 51175		20	20	L	
Nov	L 59514		20	20	L	
Dec	V 64707		20	20	L	
Jan	Q 72782		20	20	L	
FEB	U 79912		20	20	L	
MAR	L 82895		20	20	✓	
APR	O 3154		20	20	✓	
May	L 8405		20	20	✓	
JUN	K 11696		20	20	✓	
JUL	M 11797		20	20	✓	
AUG	G 13566		20	20	✓	
			300	300		

A/c Closed 31-8-19
Ret'd per Belger
Date 23-8-19 M.F.W. 187 10-9-19
M.D. 7 B.A. Hurlbert
MRO dis 112931

AUDITED

ENTERED IN AUDIT LEDGER JUL 19 1918 McG. VOUCHER SECTION

M. F. W. 128. 400M. 6-7—1772-39-1141 L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC'T. M D 4 B 4. C. Pritchard 20-7-18

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 A [illegible]

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.
4'0M. 6-7—1'72-30-1141
L. L. 22320—M. & D. 7993.

THIS FORM WILL BE USED FOR ALL RANKS N. Wing

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE ~~June~~ July 30th 1919

1. 1 (a) Unit N. Wing. C.C.C. (b) Regimental No. 2009846 (c) Rank Spr.

(d) Surname Ferris (e) Christian name Joseph Allen

(f) Home address 52 Forest St. St John N.B.

(g) Next of Kin Joseph Ferris. (h) Relationship Father

(i) Address of Next of Kin 52 Forest St. St John N.B.

2. Age last birthday 20 years Date of birth August 14th 1898

3. Enlistment, or Appointment (if an Officer) (a) Place St John N.B. (b) Date May 8th 1918.

4. Personal description: Est'd

(a) Height 5.7½ in. (b) Weight 140 (stripped) (c) Complexion Fair

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

5. Former trade or occupation Loco-fireman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	~~52~~ 54

	Periods	
	From	To
Canada	8. 5. 18	3. 8. 18
England	15. 8. 18.	1/7/19
France or other theatres of War		

7. Original disease, or injury Hy. PEROPIA. LT. EYE.

(a) Date of origin Adolescence (b) Place of origin St. John N.B.

(c) Cause Congenital

M. F. B. 227.

40M.—11-18.
1772-39-117.

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

Defective Vision Left eye

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

Eye specialists report 29/6/19
Vision Rt 6/6 with glasses
Lt 6/18 6/6
Cat ree'd "A"
Org Disease: Hyperopsia Lt eye.
Date adolescence
Pres Dis. Defective Vision Lt eye
Condition was present previous to
enlistment and has not been aggravated
by service

J. P. Brannen
Capt Camc

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

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

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

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

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

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

Condition present since childhood
Has never worn glasses

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

none

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

Scar base of R thumb Pre war no disability

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

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

no

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

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

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

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

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations nil

W G Jamieson Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned J.A. Ferris 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 nothing

Pte J.A. Ferris Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

RTC Auth Ag Tel 9083 11-11-18

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

President.

PLACE Witley

DATE 1-7-19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP
22 JUL 1919
WITLEY SECTION.

D.A.G. 7.
O.G. 21.
6/7/46

B.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BADGE,
CLASS No.

1. No. 2009846
2 Rank. Private
3. Name. Ferris, Joseph Allen
4. Unit. N Wing C.C.C. Halifax N.S.
5 Date of Discharge 31-8-15 Place ~~St. John N.B.~~
6 Reason for Discharge Demobalization

7. Authority. R.O. 1420

8. Proposed Residence after Discharge 52 Forest St. St. John, N.B.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

J. A. Ferris
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. AUG 23 1919

Place

Date

O. C. Dispersal Station "B" Major
Signature
(O. C. Discharging Unit.)

B.

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). ~ Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 15

Date AUG 14 1919