

ATTESTATION PAPER.

No. 1069624

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Filmer
- 1a. What are your Christian names? Edward
- 1b. What is your present address? 2037 Rose St., Regina
- 2. In what Town, Township or Parish, and in what Country were you born? Manchester, Eng.
- 3. What is the name of your next-of kin? Sir G.B.Filmer, Bart.
- 4. What is the address of your next-of-kin? 3 Old Queen St., London, Eng.
- 4a. What is the relationship of your next-of-kin? Brother
- 5. What is the date of your birth? March 18th, 1885
- 6. What is your Trade or Calling? Mechanical and Auto Engineer
- 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? Yes Lieut. 60th R.C.
- 10. Have you ever served in any Military Force? Yes, 3 years Vol. A.S.C.
If so, state particulars of former Service. Manchester Batt., as Trumpeter and Driver
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Filmer, 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.

Edward Filmer (Signature of Recruit)

Date March 12th 1917. R. J. Perrie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Filmer, 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.

Edward Filmer (Signature of Recruit)

Date March 12th 1917. R. J. Perrie (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 Regina, Sask. this 12th day of March 1917.

S. R. Gosford (Signature of Justice)

Justice of the Peace.

Description of Edward Filmer on Enlistment.

Apparent Age 32 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 2 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

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

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 March 30th 191 7

Place Regina Sask

[Signature]
 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

Board

[Signatures]

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Edward Filmer having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature]
 Lieutenant Colonel (Signature of Officer)

O.C. 249th O.S. BATTALION C.E.F.

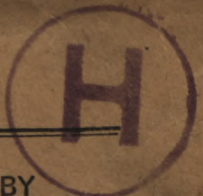
Date MAR 31 1917 191 7

REGIMENTAL DOCUMENTS

NAME *Filmer Edward*

REGT. NO. *106 9624* UNIT *A6-130*

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)					
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1 DENTAL HISTORY SHEET (M.F.B. 465)					
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
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)					
1 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)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2 A.M.S.</i>					
<i>1 Cash book</i>					
<i>1 Card</i>					
<i>1 M.F.W. 27</i>					
<i>1 R.T. 27</i>					

A6



06321

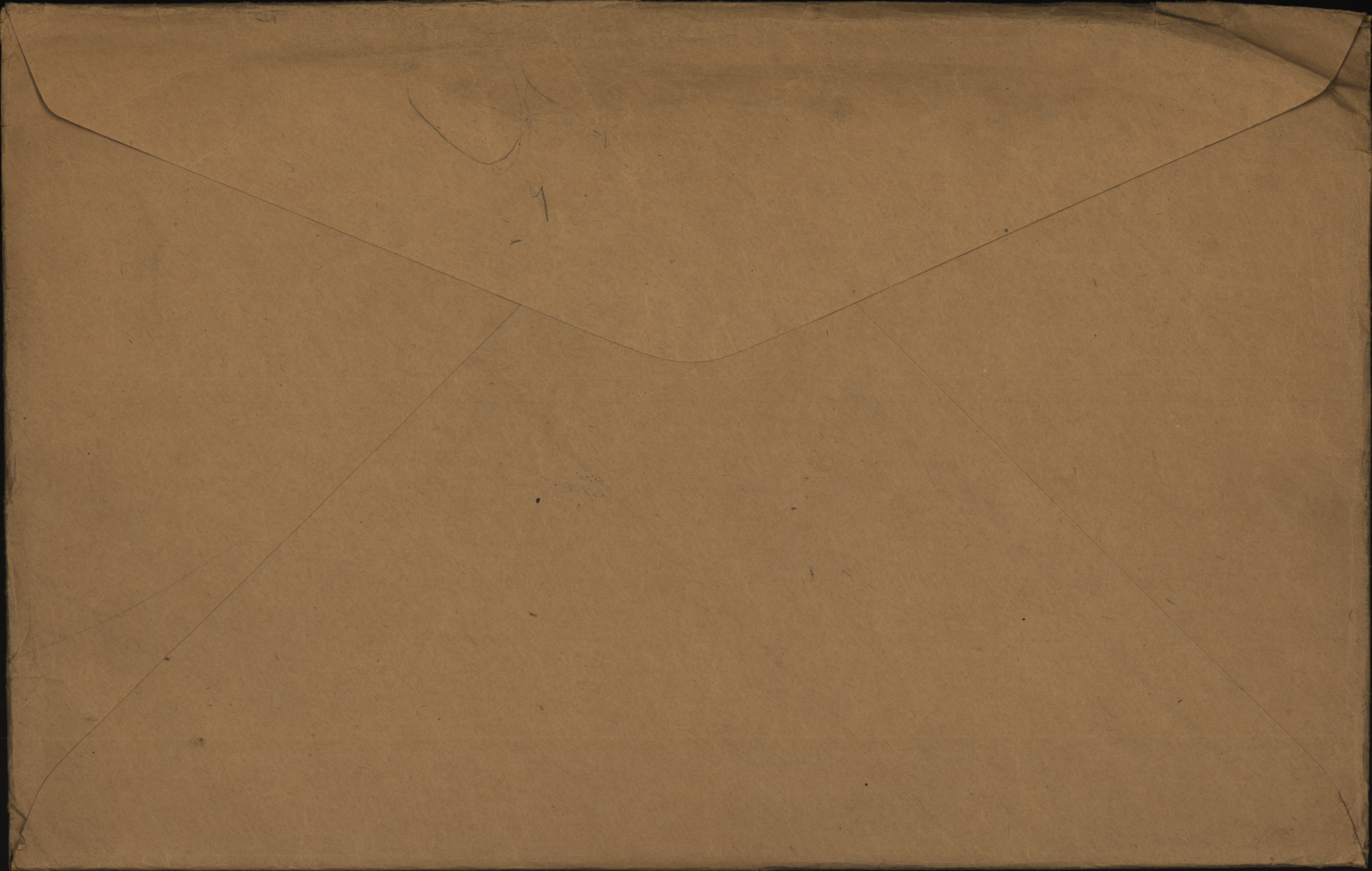
DEATH

Category

DISCHARGE

Category

DESERTION



To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 249th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1069624.Pte

(3) Full Name of Soldier Edward Filmer

(4) Place of Birth Manchester England

(5) Are you married, or not? no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls.....

Also their names and ages.....

TLH Rank **Name** **FILMER, Edward** Reg'l No. 1069624
 Unit **Dft 249th Bn.** **If in perm. Corps, What Unit?** } **Married or Single** **Single**
 Place and Date of Enlistment **Regina, March 12th. 1917** Place of Birth **Manchester, Eng**
 Name and Address, Next-of-Kin **Sir G.B. Filmer Bart,**
3 Old Queen St., London, England Relationship **Brother**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.B. N° 13890
 FNo R.L.
 Category **ORE**

H. W. & V., Ld.—9546-16.

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.				
		Arrived in Eng		4-5-18	S/S SAXONIA
27.3.15		Res I.O.S FROM Canada As 2/sgt	Canada	4.3.18.	Pt IIO 65
18-3-18	15 th Res Bn	Reverts to rank of Pte	Pte B'shott	16-3-18	Pt 77
11-5-18	✓	S.O.S to 46 th Bn, D' Seas	Pte	10-5-18	Pt 131 + 46 th Bn Pt 43a/18-5-18.
18.8.18	Sack	Adm: # 2 Com. Depot	Pt Owen	13.8.18	CLA 294 G.S.W. Lloyd Neek
20.4.19	46BN	PROC TO ENG		15.4.19	DO 31
29.4.19	46BN	TO C.C.C. PEN PET TO CAN		27.4.19	DO 31
13.5.19	10 th Bn 666	SO Sea trans to 4 th Wing Pt	Pt Shue	20.5.19	DO 39
27.5.19	666	last to C.C.C. Pool		26.5.19	DO 410 C.C.C. Pool 28/5/19
20/6/19	C.C.C.P.	on Com 5 2nd CA D. London		3/6/19	DO 58

F.B. 103 CHECKED
 26 MAY 1918

No. 2 Canadian Discharge Depot.
123, Oxford Street, London, W.1.

.....1919

I HEREBY CERTIFY that I desire to secure my discharge
in England and ~~wake~~ all claims on the Canadian Government for
transportation to Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge,

Witness.

W. O. Johnson.....

SIGNATURE.....

[Signature].....

Handwritten scribbles

..... DISTANCE

Handwritten scribbles

I HEREBY CERTIFY THAT ALL THE ABOVE MENTIONED

.....
.....
.....
.....

.....
.....
.....
.....

No. 1069624 RANK

Pte

NAME

Filmer, E.

T. O. S. 30-3-17.

UNIT

24th Battalion,

30.77. 31-3-17.

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 mar 30	1917 apr 30	✓	Prom to Prov. Sgt. 20-5-17	D.O. 121. 21-5-17.
may		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1918 Jan	1918 Feb	✓		



NAME

Fisher, Edward

REGT'L No.

1069624

RANK AND CORPS

Pte. 46th Bn. form 249

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

98-12
5261

20-8-18

R. Adm. # 2 Bow. Dep. Rouen

H.L. 294⁵⁵

18-8-18

Aug. 13-1918 G.S.W. L. leg. neck.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

W 311¹

11 Com. Dep. Duchy

15-8-18 G.S.U. L. Leg, neck

W 328²

Disc. to Base Dep. Etaples

18-9-18 " " " "

SURNAME.

Filmer.

CHRISTIAN NAMES

Edward

REGL. NO.

1069624

RANK

~~Pte~~ Sgt.

UNIT

249th (Draft)

FORMER CORPS

*R. of C. 60th Rifles & Terr. 3 yrs.**Bn.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAME, IN FULL

Filmer, Sir G. B. (Bart.)

RELATIONSHIP TO SOLDIER

Brother.

ADDRESS

*3 Old Queen St., London,
Eng.*

COUNTRY OF BIRTH

England Manchester

DATE

Mar. 18th 1886

PLACE OF ATTESTATION

Regina, Sask.

DATE

*Mar. 30th 1917**808 Div in U.K. 3-6-19**Q/S D.O. 64 FALL 26-6-19**Can Corps Camp Borden**From Halifax per S/S Megantia x Loxonia 21/2/18*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

32 YEARS

MONTHS

HEIGHT

5 FEET

2 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark.

EYES

Grey.

HAIR

DK. Brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Regina, Sask.

DATE

Mar. 30th. 1917.

*Present Address - 2037 Rose St.,
Regina, Sask.*

6-m-4
Number 1069624 ✓

Rank ✓ a/cpt

Surname

FILMER ✓

Christian Name

Edward ✓

Units

46th Gen Coy Inf Theatre of War France ✓

Date of Service

11/5/18 ✓

Remarks

Latest Address

2 Sturtevant Terrace ✓
Cheetham Hill
Manchester

Roll No.

200m.-2-21.M.

B. Page 17646

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

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

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE

DESP. MIP 20 1923
REGN. NO. 262724

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

RANK **FILMER.**

UNIT

E.

Co.

TROOP

1069624.
BATTY.

Pte.
HOSPITAL

Sask. 46.

DATE OF ADMISSION

2. Conval. Dep. Rouen.

13-8-18.

1. *11 Con Dep Buehy*

HOSP. *15. 8. 18*

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS **G.S.W. L. Leg. Neck.**

1

2

3

DISPOSITION

DATE

C.L. 18-8-18. A294/5.

REMARKS

6. 9. 18 A 211 4
26-9-18 @ 328 ② *Dis. to B. Dep. Claples - 18-9-18.*

A.M.D. 2 DEPT.

Bch of ... M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

MEDICAL HISTORY SHEET

ORIGINAL

Surname Filmer Christian Name Edward

Examined on 30 day of March 1917
at Regina Sask

Approved by [Signature]
Rank A. G. M.C. M.O.

Birthplace { City or Town Manchester
County England

Apparent age 32 yrs.

Trade or occupation Mechanic

Height 5 feet 2 1/2 Inches

Weight 145 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development Fair

Small-pox Marks no

Vaccination Marks { Arm Right Left
Number

When Vaccinated last 29/4/17

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>29/4/17</u>		<u>[Signature]</u>
		M.O.
		M.O.
		M.O.

Enlisted on 12th ~~30th~~ day of March 1917 at Regina Sask

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>249th OSB</u>	<u>1069624</u>		<u>30.3.17</u>
Transferred to	<u>16th Canadian Res. Bn</u> <u>46th Bn</u>			<u>MAR 1918</u> <u>MAY 1 01918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Bramshott</u>	<u>29-4-19</u>	<u>Myalgia</u>	<u>as usual new Capt</u> <u>at [Signature]</u>

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.

L.B.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
 DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

FILMER. E.

REGIMENT

46TH BATT.

RANK

L/C.

No

1069624

Date of Examination in England

28-4-19

Date of Examination in France

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.

20.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

29.

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada *yes*
- (b) In England
- (c) In France

Signature of Dental Officer

C. Graham Capt

WIMBORST CAMP
 HANTS.

CANADIAN ARMY DENTAL CORPS (CADC)
DENTAL CERTIFICATE FOR DEMOBILIZATION

THIS FORM WILL BE
MAILED TO THE
OFFICE OF THE
DENTAL CORPS
BY THE
DENTAL OFFICER
IN CHARGE OF THE
DENTAL UNIT
TO WHICH THE
DENTAL PERSONNEL
ARE ASSIGNED.
IT IS THE RESPONSIBILITY
OF THE DENTAL OFFICER
IN CHARGE TO
COMPLETE THIS FORM
AND TO SIGN IT
IN THE PRESENCE
OF THE DENTAL
PERSONNEL TO BE
DEMOBILIZED.

NAME OF DENTAL PERSONNEL TO BE DEMOBILIZED
SERIAL NUMBER

DATE OF DEMOBILIZATION
PLACE OF DEMOBILIZATION

SIGNATURE OF DENTAL OFFICER IN CHARGE

DATE
PLACE
DENTAL OFFICER IN CHARGE
DENTAL CORPS (CADC)
HEADQUARTERS
OTTAWA, CANADA

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to FILMER Edward ^{1069624.}

Dependent

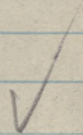
Address 2 Stonewall Terrace.

Address

Cheetham Hill, Manchester, Lancs.

Date	Cheque No.	Gratuity			Payments			Balance Due.		Remarks
June 3.	22320				63	13	2			
" 6	L.P.C.	45	10	X						
" 6	P.A. ^{3/4}		46	X						
" 6	Cl. All.	4	0	0						
" 28	—	71	18	4						
July 5	38835				14	7	8	43	3	0 2nd
" 31.	51977				14	7	8	28	15	4 3rd.
Sept. 1	86635				14	7	8	14	7	8
Oct. 6.	112105				14	7	8	0/0		Final.
		121	3	10	121	3	10			

Ex. 219 ²³



NUMBER 1069624

RANK *Plé*

NAME *FILMER, Edward.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR.
1919	Balance forward							
Feb	Pa	30 80		AR 1244. ²² / ₁₂ 46 Ben	3 73			
				• 1314. ⁴ / ₁	3 73			
				• 1418. ²⁰ / ₁	3 73			
				• 1672. ¹¹ / ₂	18 66			
				• 1716. ⁸ / ₂	3 73			
				• 1810. ¹⁹ / ₂	3 73			
Mar	.	34 10		• 450. ⁹ / ₃	97 33			
				• 2051. ⁹ / ₃	9 13			
		64 90			143 77			
Apr.	.	33		• 2051. ¹⁶ / ₄ G.E.C. Le Havre	4 56			
May	.	34 10		• 445. ²⁶ / ₄ D. wing	9 73			
				• 2803. ²¹ / ₄ G.E.C. Le Havre	3 65			
				• 655. ³ / ₅ D. wing	17 94			
		67 10			47 14			
June	~ 2 days	2 20						
	Quon on Dfd Pay 30/6/19	8 50						
		40 90						
				• 4416 ²⁶ / ₅ 46 Ben.	9 73			
					9 73			

NAME FILMER, Edward.

1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							27717	165	
80		AR 1244. ²² / ₁₂ 46 Ben	373						
		• 1314. ⁴ / ₁	373						
		• 1418. ²⁰ / ₁	373						
		• 1672. ⁷ / ₂	1866						
		• 1716. ⁸ / ₂	373						
		• 1810. ¹⁹ / ₂	373				270	66	180
10		• 450. ⁹ / ₃	9733						
		• 2051. ⁹ / ₃	913				198	30	195
90			14377						
		• 2051. ¹⁶ / ₄ G.E.C. Le Havre	456						
10		• 445. ²⁶ / ₄ D. Wing	973						
		• 2803. ²¹ / ₄ G.E.C. Le Havre	365						
		• 655. ³ / ₅ D. Wing	1794 4714				218	26	235
10			2920						
20			4714						
50							22046		
90							22896		
		• 4446. ²⁸ / ₅ 46 Ben.	973				219	23	
			973						

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Manchester Eng

NAME OF NEXT OF KIN

Sir. G. B. Filmer Bart RELATIONSHIP *Brother*

ADDRESS

3 Old Queen St. London Eng.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reverts to Ple.</i>	<i>16.3.18.3077</i>	<i>18/3/18. 18</i>

NAME OF NEXT OF KIN

RELATIONSHIP

ADDRESS

DATE ADMITTED ADMISSIONS DATE DISCH'D V. OR A. TO HOSPITAL, & C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE DATE

STOPPED EFFECTIVE (DATE)

PAYABLE TO

REASON

RELATIONSHIP

AUTHORITY

AUTHORITY FOR ISSUE

REMARKS

NEW PAYBOOK ISSUED

NEW PAYBOOK ISSUED

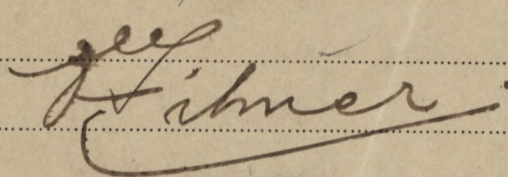

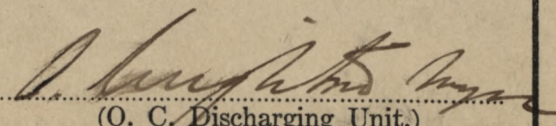
PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE		ASSIGNED PAY CREDITS		ANY OTHER CREDITS		TOTAL CREDITS		SEPARATION ALLOWANCE		CASH PAYMENTS DURING THE MONTH			
FROM	TO	NO. OF DAYS	RATE	\$	C.	NO. OF DAYS	RATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	1	2	3	4
MONTH PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. PAY ENG.	REB. ALLE.									
<i>1918</i>																					
<i>28 FEB</i>	<i>1918</i>	<i>Balance from Canada.</i>																			
<i>Mar. 1 to 15</i>		<i>Sgt's P.</i>	<i>22 50</i>			<i>21.3.18.</i>	<i>15 Res:</i>			<i>9 73</i>											
<i>" 16 to 31</i>		<i>Pvt. P.</i>	<i>17 60</i>			<i>9.3.18</i>	<i>17 Res</i>			<i>4 87</i>											
			<i>40 10</i>							<i>14 60</i>											

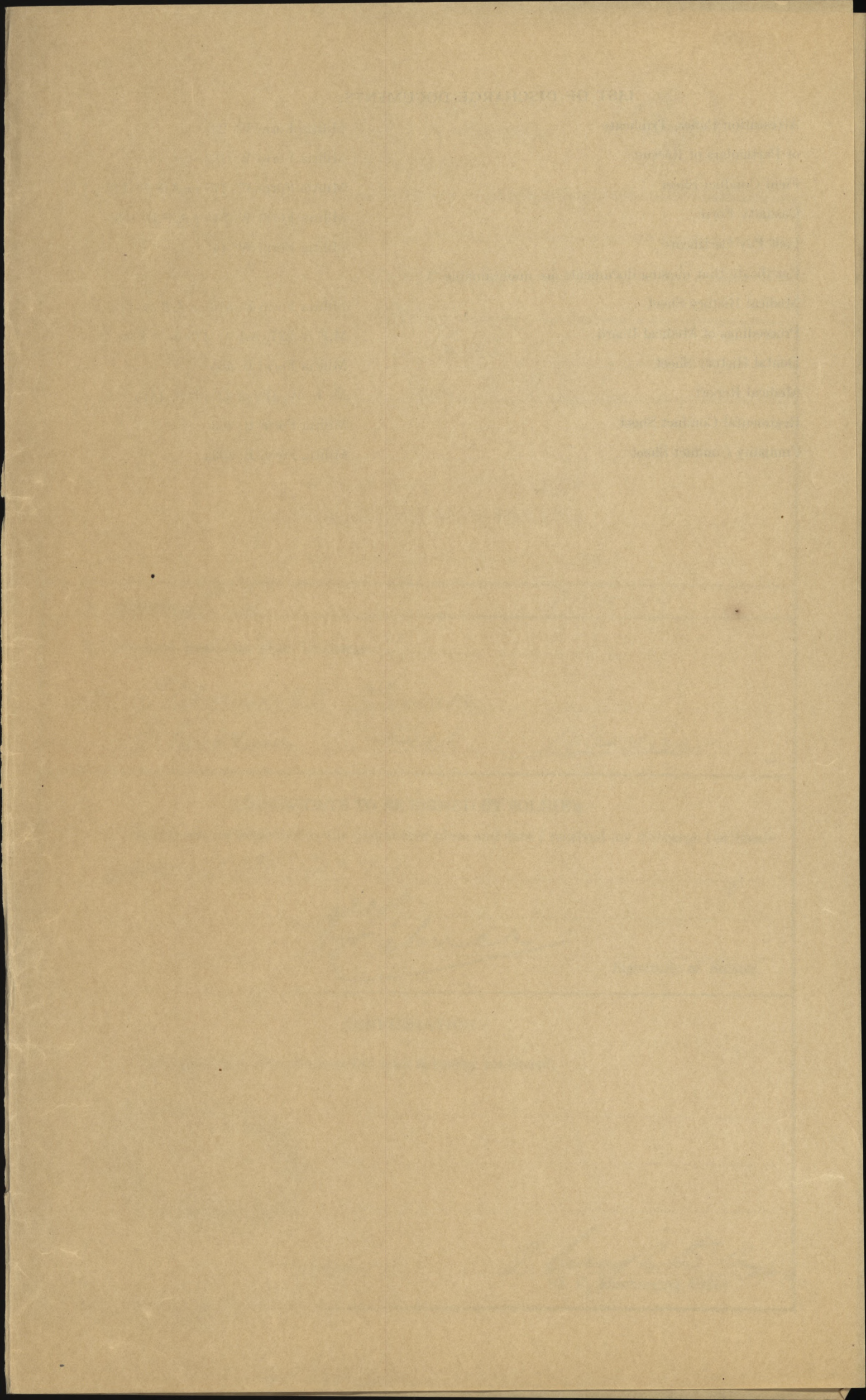
\$42.00

67 50 1500

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



1. No.	1069624	
2. Rank.	off. / Cpl	
3. Name.	Filmer Edward	
4. Unit.	46 Batt	Genl. R. D.
5. Date of Discharge	3/6/19	Place 2. C. D. B.
6. Reason for Discharge	K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O. 5222)	
7. Authority	DB	31-5-19
8. Proposed Residence after Discharge	2 Stonewall Terrace, Cheetham Hill Manchester	
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.? <u>ATB 2079</u>  Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed.	
	Place 	
	Date 3/6/19	
	Signature  (O. C. Discharging Unit.)	



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

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-30-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *Dpt. 24th OVERSEAS BATTALION C. E. F.*

Regimental No. *1069624* Rank *Pte* Name *Edward Filmer*

Enlisted (a) *30.3.17* Terms of Service (a) *12 M. 3 Y.* Service reckons from (a) *31/3/17*

Date of promotion to present rank } *20/5/17* Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. *W. S. B. CLASS A.* Re-engaged. *Sergeant* Qualification (b) *(Auctioneer.)*

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

Date	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
		<i>EMBARKED Halifax Canada</i>		<i>FEB 18 1918</i>	<i>John Saxton</i>
		<i>DISEMBARCKED Liverpool England</i>		<i>MAR - 4 1918</i>	
<i>6 MAY 1918</i>		<i>Taken on the Strength of the 15th Can Res Batta. as a Sgt.</i>	<i>BRAMSHOT</i>	<i>4 MAR 1918</i>	<i>PART II. DAILY ORDERS No. 65</i>
<i>7 MAY 1918</i>	<i>G.C. 15th RES. BN.</i>	<i>Reverts to rank of Pte.</i>	<i>BRAMSHOT</i>	<i>MAR 16 1918</i>	<i>PART II. DAILY ORDERS No. 77</i>
<i>11 MAY 1918</i>	<i>G.C. 15th RES. BN.</i>	<i>STRUCK OFF STRENGTH TO 46th Bn.</i>	<i>BRAMSHOT</i>	<i>MAY 10 1918</i>	<i>PART II. DAILY ORDERS No. 131</i>
<i>11.5.18</i>	<i>6 S B D</i>	<i>305 46th Bn on arrival</i>	<i>France</i>	<i>11.5.18</i>	<i>NR/667 Pt II 0432/18.5.18</i>
<i>23.5.18</i>	<i>do</i>	<i>To 66th B</i>	<i>Field</i>	<i>23.5.18</i>	<i>NR/1233</i>
<i>23.5.18</i>	<i>do</i>	<i>Joined 66th Bn base</i>	<i>"</i>	<i>23.5.18</i>	<i>NR/731</i>
<i>20.6.18</i>	<i>do</i>	<i>To Unit (in base)</i>	<i>"</i>	<i>20.6.18</i>	<i>KR175 NR/1071</i>
<i>22.6.18</i>	<i>6 C 46th</i>	<i>Joined Unit</i>	<i>"</i>	<i>21.6.18</i>	<i>B213</i>
<i>11.8.18</i>	<i>"</i>	<i>Wounded</i>	<i>"</i>	<i>10.8.18</i>	<i>K27/1459</i>
<i>13.8.18</i>	<i>2 Con Dep</i>	<i>not stated</i>	<i>Adm</i>	<i>13.8.18</i>	<i>98339</i>
<i>15.8.18</i>	<i>2 Con Dep</i>	<i>Wounded</i>	<i>To 11 Con Dep</i>	<i>15.8.18</i>	<i>W87</i>
<i>11.8.18</i>	<i>96th RA</i>	<i>Sw leg to neck</i>	<i>Adm to cts</i>	<i>10.8.18</i>	<i>A9382</i>
<i>12.8.18</i>	<i>do</i>	<i>do</i>	<i>Adm</i>	<i>12.8.18</i>	<i>9958</i>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active 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				
13.8.18	2 Con Dep't	Wounded	Adm	13.8.18	M/58339
24.8.18	48 bbs	Sw leg & neck contus: shown	Adm	11.8.18	R 7988
15.8.18	11 Con Dep't	— do —	Adm	15.8.18	H 5140
13.8.18	3 Stab'y	do	2nd Con Dep't	3.8.18	H 1419
20.9.18	6 I B D	YOS	Fld	20.9.18	R 452
18.9.18	11 Con Dep't	Class "A"	20 Base	18.9.18	K 2090
23.9.18	6 I B D	20 bbs	4 field	25.9.18	R 1399
26.9.18	6 bbs	Joined	"	26.9.18	R 1509
26=9=18.	-do-	To Unit.	"	26=9=18.	NR 1696.
1-10-18	Unit	Rejoined	"	27.9.18	B 213
15.3.19	do	Granted 14 days leave to UK	"	9.3.19	do R 2319
5.4.19	do	Rejoined from leave	"	29.3.19	B 213
<p style="text-align: center;">Proceeded to England.</p>					
<p style="text-align: center;">Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.</p>					
<p style="text-align: center;">T.O.S. "D" Wing, C.C.C. per part II No. 31 Date 20-4-19</p>					

DISCHARGED IN ENGLAND
 K.B., & O. PAR. 392, SEC. XXV.

Capt. A. A. G.
 Officer Commanding,
 No. 2 Canadian Discharge Depot.

A. A. G.
 Lieut. for Lt Col. A. A. G.
 Canadian Section, G. H. Q. - 3rd, Ech.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 29-4-19

1. 1 (a) Unit 46th Bn. F. I. L. (b) Regimental No. 1069624 (c) Rank Plt.
 (d) Surname Fellner (e) Christian name Edward
 (f) Home address Moose Jaw, Sask.
 (g) Next of Kin Sir G. B. Fellner (h) Relationship Brother
 (i) Address of Next of Kin 46 Alexander St. Toronto Ont
 2. Age last birthday 24 yrs. Date of birth March 18. 1885
 3. Enlistment, or Appointment (if an Officer) (a) Place Regina, Sask. (b) Date March 30. 17.
 4. Personal description: estimated
 (a) Height 5.4 (b) Weight 130 EST (c) Complexion Dark
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Four scars left. Small scar shaped wd below left knee
 5. Former trade or occupation Mechanical Engineer

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
	2	27

	PERIODS	
	From	To
Canada	March 30. 17.	Feb. 17. 18.
England	March 4. 18.	May 9. 18.
France or other theatres of War	May 9. 18.	Apr. 26. 19.

7. Original disease, or injury myalgia

(a) Date of origin July 1918 (b) Place of origin France
 (c) Cause Exposure

B.P.C.
 REFERRED TO
 16 JUN 1919

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.)

Myalgia. ^{appears} No disability

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.)

All physical signs negative.
The soldier is well nourished and looks healthy

He states that he suffers from pains in the back which are of a dull and aching character and sometimes he complains of them in the hip and leg on left side. Sometimes the pains are absent for five or six weeks, but in damp weather or much marching are always troublesome.

(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).)

Contracted myalgia in back and hip left side July 1918, while in France
Troublesome in wet weather and after route marches.

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 before or to or since enlistment, and not included in Section 10 (a).)

Diphtheria 1902. Recovery.
Shrapnel wound Rt Shoulder and below left knee
Aug 10-8-18. A7B103.

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

Small dent Rt Shoulder barely visible. Small Scar below Left knee

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

(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.)

a. No

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

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

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

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

No

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

17. Recommendations Nothing

Douglas Wallace Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Edward Selmer 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

Joe Selmer Rank. Pte
Signature of invalid examined.

ASW

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,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- (" B) (Yes or No.)
- (" C) (Yes or No.)
- (" D) (Yes or No.)
- (" E) (Yes or No.)

yes A

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.)

Boarded under auth. sol. a. 9083 of 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.

29-5-19 Re-examined and confirmed. Patrick St. James

PLACE *Braunschweig*
DATE *29/5/19*

Patrick St. James
L. Mathew Capt
Asquith Capt
President.
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.

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

APPROVED BY *A. McEldenzie Capt* Assistant Director of Medical Services. DATE *29/4/19*
APPROVED BY Director-General of Medical Services. DATE.....