card
R.M.

Duplicate
No. 651874
Folio.

ATTESTATION-PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

160TH B

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Fitter
1a. What are your Christian names? Archibald
1b. What is your present address? Hepworth mt
2. In what Town, Township or Parish, and in what Country were you born? London, Eng.
3. What is the name of your next-of kin? Edward Fitter
4. What is the address of your next-of-kin? Hepworth mt
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? June 4th 1897.
6. What is your Trade or Calling? Factory Hand
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? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Archibald Fitter, 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.

Archie Fitter (Signature of Recruit)

Date March 4th 1916. Jas Douglas (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Archibald Fitter, 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.

Archie Fitter (Signature of Recruit)

Date March 4th 1916. Jas Douglas (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 Hepworth this 4th day of March 1916.

Jas Douglas (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of Archibald Fitter on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded ..... 33 ins.
- Range of expansion ..... 2½ ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Light Brown

Religious denominations
- Church of England .....
- Presbyterian ..... Yes
- 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 March 4 th 191 6.

Place Hepworth

F. Campbell M.D. C.M.
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.

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

.....(Signature of Officer)
Lt-Col.

Date March 4th 191 6

C.E.F.

FITTER ARCHIBALD 651874 160 BN 08340

DEMOB.

Duplicate

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.....160th. Os. Bn. C.E.F.

(2) Regimental Number ..651874

(3) Full Name of Soldier..FISHER, Archibald.

(4) Place of Birth.....London, 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 ?.....No

(8) Have you any children ?.....No

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1272-29-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?....Yes.....

If so, state name and address Edward Fitter, Hepworth, Ontario.....

(10) Is your Mother alive ?...Yes.....

If so, state name and address. Mrs. Helen Fitter, Hepworth, Ontario.....

.....

(11) If your Mother is a widow No.....

Are you her sole support, or not ?.....No.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....Nil.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....Nil.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....Nil.....

(15) Are you insured ?.....No.....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

.....Lt. Col.
Officer Commanding.

Date August 23rd. 1916.....

160th. Os. B'n. C.E.F.

Original

651874

MEDICAL HISTORY SHEET.

Surname Fitter *Christian Name* Archibald

Examined { on 4th day of March 1916.
at Hepworth, Ont.

Birthplace { City or Town London, Eng.
County Middlesex

Apparent age 18

Trade or occupation Finisher

Height 5 Feet 8 Inches.

Weight 117 Lbs.

Chest measurement { Minimum 30½ inches.
Maximum expansion 33 inches.

Physical development Fairly Good

Small-Pox Marks None

Vaccination Marks { Arm Right. 0 Left. 0
Number None

When Vaccinated last 5 years ago on Ship

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Loss of 1st Phalana of 2nd & 3rd fingers of left hand.
Index finger all right.

Approved by [signature]
Rank Capt & M.O.

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.
1916 June 7	Veg	[signature] Capt M.O.
24-6-16	Pos	[signature] M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/5/16		[signature] M.O.
30/5/16		[signature] M.O.
7/9/16		[signature] M.O.

23/8/17 2nd Inoculation.

Enlisted on 4th *day of* March 1916 *at* Hepworth, Ontario;

	Corps.	Regt'l. Number.	Habits.	Date.
Joined on enlistment 160th O. S. Battalion, C. E. F.		651874		
Transferred to H.C.R. Res Bn 18 Bn				FEB 23 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont Military	5/10/16 9/4/19.	Ex Med Board D.A.V.S. B.	Fit for Duty [illegible] Capt. [illegible]

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.

200M—11-15.
H. Q. 1772 39-439.

Surname Fitter Christian Name Archibald

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

Group 23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

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) FITTER. A.

REGIMENT 18th Bn. RANK Pte. No. 651874

Date of Examination in England 7-4-19 | Date of Examination in France

1712

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS 8.

4. DENTURES

   (*a*) Full Upper

   (*b*) Part Upper

   (*c*) Full Lower

   (*d*) Part Lower

CONTENTS COPIED C.A.D.C., M. D. No. 1.

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 A R Hynes Capt

25M.—12-18.
H.Q. 1772-39-950

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.
CLASS "A" No.

THIS IS TO CERTIFY that No. 651874 (Rank) Pte

Name (in full) Archibald Fitter enlisted in

the 160th Battalion

CANADIAN EXPEDITIONARY FORCE at Hepworth on the 4th

day of March 1916.

HE served in England and France 18th Batter

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 21 years

Height 5'8"

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars Tips off 2nd and third finger Left hand split nail index finger

Signature of Soldier.

H. W. Macgregor
Issuing Officer

Date of Discharge

Lieut
Rank

for O.C. Dispersal Area Sta. K.

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Date ..... 19....

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

M.F.B. 39A.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 160th Os. Battalion C.E.F.

Regimental No. 651874 Rank Pte. Name Fitter Archibald
C. E. F.

Enlisted (a) 4-3-16 Terms of Service (a) 4 yrs. Service reckons from (a) 4-3-16

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) Factory Hand

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				

TOS No 1 Dist. Depot
Displ. Stn. K. 13-5-19
SOS Dispersed
24.5.9 D.O. No. 143
N. W. MacGregor Lt.
for O.C. Dispersal Area Stn. K.

(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				

W. S. B, CLASS. "A"

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651874 Rank Pte. Name Fitter, Archibald

Enlisted (a) 4-3-16 Terms of Service (a) ~~C. E. F.~~ C. E. F. Duration of War. Service reckons from (a) 4-3-16

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) (Factory Hand)

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	Halifax	17/10/16	
		Arrived England	Liverpool	28/10/16	
23/2/18	O.C. 160th Bn	S.O.S. on transfer to 4th Cdn Reserve Bn	Witley	23/2/18	D.O. Part 2 #28 R.B. Whitehead CAPTAIN, ADJUTANT, FOR O.C. 160th CANADIAN INFANTRY BATTALION
26-2-18	O.C.4th. Res. Bn.	T.O.S. 4th. Can. Res. Bn.	Bramshott	24-2-18	Pt. 2 Order No. 48
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.O.S. 4th Res.Battn.	Bramshott	28-3-18	Part 2 Order No. 75.

CERTIFIED CORRECT 24 APR. 1918 CAN. RECORDS, LONDON.

E. W. Barlow Lieut.
A/Adjt. 4th Canadian Res.Battalion.

OVER

(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				
29-3-18	2 Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	2 Can IBD ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d-5.4.18
3-4-18	C.C.R.C.	Arr at Can.Corps Reinf. Camp		3.4.18	Nom Roll
1-6-18	18 Bn	Joined 18th Can Bn	In the Fld	29.5.18	AF.B.213
8-3-19.	18 Bn.	Granted 14 days leave to U.K.		27-2-19.	B. 213 Part II Order No. ~~27/1919~~
- 4 AVR 1919	Cdn Emb. Camp	Proceeded to England	- 4 AVR 1919		N.R. Part II Order

28. 13.

WITLEY.

S.O.S. O.M.F.C. TO CREW
PT. II ORDER No. DATED 14/5/19

for Lieut-Col.,
A.A.G. Cdn Section.

Wing

* Sailing 60 *

S.S. CAPONIA
Sailed L'pool 14-5-19

R—122
8,401—50,000—21-10-16.

LTR

Rank Name FITTER, Archibald Reg'l No. 651874

Unit 160th, Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Hepworth, Ont. March 4th, 1916., Place of Birth London, England.

Name and Address, Next-of-Kin Edward Fitter.

Hepworth, Ontario, Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 7677
File R
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 "S.S. ETACAMA 28-10-16			
23-2-18	160th Bn	S.O.S on transfer to 4th Res Bn	Witley	23.2.18	4th Res Bn DO 48 of 26.2.18
29.3.18	4th Res Bn	Posted to 18th Bn of Secs	Bakott	28.3.18	18th Bn DO 27 of 5.4.18
9-4-19	PW c c c	T O S from 18th Bn	Witley	" 5-4-19	" 2
		60-K-		15.5.19	

13 5 19 P Wing S O S To Canada Witley 13 5 19 DO 28

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.					

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Mrs Nellie Fetter

Address Hepworth Ont

Rate 15.00

OCT 1 1916

By Whom Assigned Fetter a

Regtl. No. 6518 74

Rank Pte

Corps 160 Batt B Co

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503. – Req. 6832.

Mrs Hollie Fitter

PAYMENTS. 651874

Name of Soldier Fitter A

Pte 160 Batt

15 00

OCT 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T26640	15	
Nov.		W28639	15	
Dec.		R34187	15	
Jan.	1917	W32830	15	
Feb.		W39820	15	
March		X48953	15	
April		Y15710	15	
May		[illegible]7633	15	
June		P14569	15	
July		W23871	15	
Aug.		F28694	15	
Sept.		[illegible]35454	15	
Oct.		R41259	15	
Nov.		V47392	15	
Dec.		V55205	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

223 CMM

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

NAME Fitter Archibald K.I sos demob 24-5-19 ✓ DO 148 28-5-19

RANK & No. Pte. 651 874

CORPS ~~160th~~ I.D.D. Batt.

ENLISTMENT, PLACE Hepworth, Ont. DATE Mar. 4. 1916

FORMER CORPS nil.

COUNTRY OF BIRTH England, London.

NEXT OF KIN Fitter Edward (Father)

ADDRESS OF NEXT OF KIN Hepworth, Ont.

DISCHARGE, PLACE DATE

R/C. 22-5-19 329/51 Pte

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772-39-839.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Factory Hand RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5- FEET 8 INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR L. Brown

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Depworth, Ont. DATE Mar. 4. 1916

REMARKS:

No. 651874 RANK Pte NAME Fitter. Archibald

T.O.S. 4-3-16 (B056-6-3-16) UNIT 60th Battalion

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar 4.	Mar 31.	✓
Apr.		✓
May		✓
June		✓
July		✓
Aug.		✓
Sept.		✓
Oct.		M.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 17 1916

86

Number 651874 Rank Pte

Surname FITTER

Christian Name Archibald

Units 18 Bn Cam Hy Theatre of War France

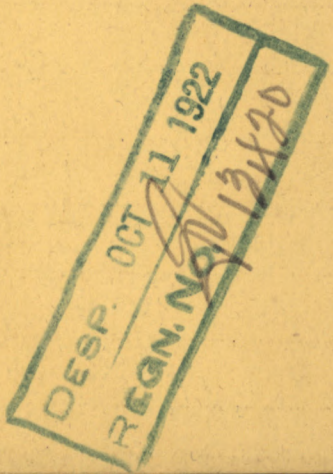
Date of Service 28/3/18

Remarks

Latest Address G P O Hepworth Ant

Roll No. B. Page 17544

200m.-2-21.M.


DESP. OCT 11 1922
REGN. NO 13X20

P. 559.

MARRIED OR SINGLE: S

PLACE OF BIRTH: London Eng

NAME AND ADDRESS OF NEXT OF KIN: Edward Fitter Hepworth Ont

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 651874 RANK Private NAME Fitter Archibald ✓

IF IN PERMT. CORPS } WHAT UNIT — UNIT 160th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Hepworth Ont

DATE OF ATTESTATION 4/3/16

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Mrs Nellie Fitter Hepworth Ont RELATIONSHIP mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														12 40	12 40																12 40				asst Pay paid by A Branch for Oct and recovered on Oct Pay list Canada
For 1-30-16	30	1.00	30		30	10	3								33	21	8-11-16	58	30-11-16					14 60	4 87			15		34 47	10 93		750	3 43	Balance from Canada
Dec 1-31-16 1917	31	1.00	31		31	10	3	10							34 10	113	15-12-16	129	30-12-16					24 60	12 17			15		29 61	15 42		15 42		
Jan	31	1.00	31		31	10	3	10							34 10			223	31-1-17						19 47			15		34 47	15 05		15 05		
Feb	28	1.00	30	80											30 80									487	12 17			15		32 04	13 81		13 81		
Mch	31	1.10	34	10										12 40	14 4 40			403	26-3-17					21 91	4 95	12 14		15		32 03	15 88		Trd	15 88	
Apl	30		33												33													15		15	33 88				
May	31		34	10											34 10	17	18-4							486				15		32 02	35 96				
June	30		33												33	60	30-4							1216				15		34 47	34 49				
July	31		34	10											34 10	106	16-5							487				15		15	53 59				
Aug	31		34	10											34 10	149	31-5							1460				15		32 03	55 66				
Sept	30		33	-											33 -	219	17-6							730				15		53 94	34 72				
																288	30-6							973											
																369	19-7	586	31-7					730	1460										
																436	31-7	494	14-8					974	730										

651874 Pte. Fitter A.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. PAY	SER. ALLCE. EMG.															
Sept	Bal for'd				31 72																													
Oct	31 dy P6 Pay Pd	1/10	31	10			ban a/c									15																		
							ar 613	160 Bn	17/9					730																					
							ar 714	160 Bn	30/9					973				36 79																	
			34	10										1703		15																		
Nov	30	P P	33	-												15																		
							ar 858	160 Bn	31/10					487																					
							ar 769	do	16/10					1703																					
							ar 923	do	15/11					730																					
														2920																				
Dec 1918	31	P P	34	10			ban c/ay							2920		15		44 69																
Jan)		P P	67	10												30																		
			34	10			Do.									15																		
							Do 290 d/29/11/17 163 Bn. award 12 days F.P.2 21/4/7 and 1 mile @ 6 days pay R/R for 6 days Fares from 11 p.m. 23/1/18 to 11.30 p.m. 29/2/18.								1980																			
							ar 993	160 Bn	30/11					973																					
							1097	Do	17-12					~~3937~~	1980	15		14 79																	
			34	10																														
Feb	28	P P	30	80			Cap									15																		
							1219		28/1/18	160 Bn		(7)		243																					
							1277		14/2	"		(14)		243																					
			30	80										486		15		25 73																
March	31		34	10			Cap									15																		
							1766		28/2	4 Res		(26)		973																					
							1979		29/3					1947																					
			34	10										2920		15		15 63																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16.		EFFECTIVE DATE:-	
AMOUNT:- $ 15.00		AMOUNT:-	

NAME:- FITTER Archibald

NUMBER:- 651874

PARTICULARS OF RANK OR APPOINTMENT

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.
Mrs Nellie Fitter (mother) Hepworth. Ont	
Stopped effect 1-5-19	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Batt.

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
27	29.3.18.	25.4.18.	18th Drft Can Lock
	1-6-19		

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
~~27.3.19~~	~~605~~	~~1 CRB.~~	~~7 16~~	Belgium Money Paid			7 30
~~8.4.19~~	~~776~~	~~Clothing~~	~~4 3 80~~				
10.1.19	Q M	Charges	2				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Can 1/5/19. M.G.R. Bishott to Bishott 12/4/19 MDI. LRL. GrBal. 1184

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 March	Bal Fwd								15 63		
Apl	PP	33.		Cap				15			
				AR 90 9-4-18 2 CCRC	4 46						
				- 205 22-4	3 57						
				Q 4005 293 26-3-18 4 Res.	- 82				24 78		
		33		Cap	8 85			15			
May								15			
	31 PP	34 10		AR 327 9-5-18 2 CCRC	4 46						
				- 442 22-5-	3 57				35 85		
June	30 PP	34 10 / 33 -		Cap	8 03			15 / 15			
				AR 218 4-6-18 18 Bn	4 46						
				A.F.W. 3069. Velver. 331. 1/6/18 2nd CCRC.	10						
				AR 271 22-6-18 18 Bn	3 57				45 72		
July		33.		Cap.	8 13			15 / 15			
31	PP	34 10		404 9-7-18 "	4 46						
				520 24-7 "	3 57				56 79		
Aug.		34 10		Cap.	8 03			15 / 15			
31	PP	34 10		636 19-8 "	3 57				72 32		
		34 10			3 57			15			
Sept	"	33.		Cap.				15			
				748 6/9 "	3 57						
				829 26/9 "	3 57				83 18		
		33.			7 14			15			
Oct	"	34 10		C.A.P.				15			
				AR 962 14-10-18 "	3 13				98 55		
Nov.		34 10		" Qmg 1168 a 26-10-18 "	3 13			15			
				C.A.P.	3 13			15			
				AR 421 14-11-18 "	3 73						
				" 730 23-11-18 "	13 06						
				Ford	(20 52)			(15)			

NUMBER 651874 RANK Pte NAME FITTER A

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec				Bro Ford	20 52			15			
	P.P. Nov	33									
	- Dec	34 10		C.A.P.				15	11 5 13		
Jan	✓	34 10		C.A.P.				15	13 4 23		
		101 20			20 52			45			
Feb	✓	30 80		AR 1460 16-12-18 18th Bn	6 49						
				✓ 1710 26-12-18 ✓	1 30						
				✓ 2522 12-1-19 ✓	3 77						
				✓ 3186 26-1-19 ✓	3 73						
				✓ 3640. 10.2-19 ✓	15 3 73						
				C.A.P.	19 02			15			
Mch	✓	34 10		C.A.P.				15			
				AR. 4287 26-2-19 ✓	3 73						
				- LC. 1027 ✓ ✓	97 33						
				✓ 4131 24-2-19 ✓	3 73				45 32		
		64 90			123 81			30 -			
Apr	✓	33 -		Card				15			
				AR. 6051. 28-3-19. ✓ 1	7 30						
				✓ 216. 10-4-19 Flying 1.	4 38 0						
				✓ 1515. 28-4-19 (End) ✓ 6	9 73						
				✓ 2683. 9-5-19 (End) - 8.	9 73				7 24		
		33			70 56			15			
				Q4005 2AK. 10-1-19	22				7 46		
				50 SB Can 13/5/19	SK 60 WOR						

Cr
45 32
33.
78 32
66.48
1 18 4 Cr. Bal.

4r
15
7 46
43 80
22
66.48

J Bthwaite 13/4/19

WAR SERVICE BADGE.
CLASS "A" No. 261531

Group 23

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. K.
O. G. 2

9-7-m

W

1. No. 651874

2. Rank. Pte

3. Name. Fitter Archibald

4. Unit. 18th Bn

5. Date of Discharge MAY 24 1919 Place London LONDON, ONT.

6. Reason for Discharge

Demobilization.

7. Authority. R.O. 1894

8. Proposed Residence after Discharge

G.P.O. Hepworth Ont

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.?

A. Fitter
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 24 1919

Deceased Dec 15-33 649-F.18119

Signature H. W. MacGregor Lt.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

ak.

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. 5009a).
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).

Group B

Checked by No. 30

[illegible]

Date 5-5-19

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 Witley Camp. DATE 9-4-19.

1. 1 (a) Unit 18 Bn. (b) Regimental No. 651874 (c) Rank Pte.

(d) Surname FITTER (e) Christian name ARCHIBALD.

(f) Home address Hepworth. Ont.

(g) Next of Kin Edward Fiter (h) Relationship Father.

(i) Address of Next of Kin as above.

2. Age last birthday 22 Years. Date of birth 4-6-1897

3. Enlistment, or Appointment (if an Officer) (a) Place Hepworth. (b) Date 4-3-16

4. Personal description:

(a) Height 6-0 Est (b) Weight 135 (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Tips off 2nd and 3rd Fingers L. Hand Split Nail Index finger.

5. Former trade or occupation Factory Hand.

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
	3	35

	Periods	
	From	To
Canada	4-3-16	17-10-16
England	28-10-16	28-3-18
France or other theatres of War	28-3-18	4-4-19

7. Original disease, or injury HYPEROPTIC ASTIGMATISM RT.

(a) Date of origin CHILDHOOD (b) Place of origin ENGLAND.

(c) Cause CONGENITAL.

M. F. B. 227.
400M.—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 Rt 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.)

Specialists Report. 8-4-19 R.V. 6/18 /c Glasses not improved.
L.V. 6/6 Cat Recommended B. 1. Defective vision Rt Eye due to Hyperoptic astigmatism Not caused or aggrevated by active Service.
Sd. W M. Mc Donald. Capt.

(*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.....

Rt Eye has always been weak. London 8-10-16

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

Rt Eye has always been weak.
London 8-10-16 Boarded fit.

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.

Tips off 2nd and 3rd Fingers L.Hand. Split Nail Index finger R.H. Enl.

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. 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? 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?

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

No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

N.A.

J.M.H. Mac Donald 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 A Fitter 551874 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

EDC.

Pte Archibald Fitter. 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.

CONCUR.

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or No.)~~
(b) Service abroad, not general service,	(" B)	(Yes ~~or No.~~) Yes B.i.
(c) Home service (Canada only),	(" C)	~~(Yes or No.)~~
(d) Temporarily unfit.	(" D)	~~(Yes or No.)~~ } 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.)

Returned to Canada Auth A G Tel. 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.

J.M.F. Malone Capt. CAMC *President.*
E.D.Coutts. Capt. CAMC

PLACE Witley.

DATE April 9th. 1919.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... *President.*

PLACE .....

DATE .....

CERTIFIED TRUE COPY

} Members

APPROVED BY

W. S. Lindsay

for, *Assistant Director of Medical Services.*

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

HEADQUARTERS
9 APR 1919
CANADIAN TROOPS, WITLEY.

Group 23

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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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.
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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 9-4-19

1. 1 (a) Unit 18th Btn (b) Regimental No. 681874 (c) Rank Pte

(d) Surname FITTER (e) Christian name Archibald

(f) Home address Stepworth Ont.

(g) Next of Kin Edward Fitter (h) Relationship Father

(i) Address of Next of Kin Stepworth Ont.

2. Age last birthday 22 yrs. Date of birth 4th June 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Stepworth (b) Date 4-3-16

4. Personal description: Est.

(a) Height 6'0" (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Tips off 2nd and 3rd fingers L hand. Split nail Index finger.

5. Former trade or occupation Factory Hand

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
	3	25

	Periods	
	From	To
Canada	4-3-16	17-10-16
England	28-10-16	28-3-18
France or other theatres of War	28-3-18	4-4-19

7. Original disease, or injury Hyperoptic Astigmatism (Rx).

(a) Date of origin Childhood (b) Place of origin England

(c) Cause Congenital

M. F. B. 227.

40m.—11-18.
2119-60-225.

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 Rt 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.)

Specialists Report. 8/4/19

Rt 6/18. c̄ Glasses not improved.

Lt. 6/6. C at Recommended Rt

Defec. vision Rt Eye due to Hyperoptic astigmatism

Present pre-enlistment. Not caused by. Not aggravated by Service

(sgd) W M A Macdonald Capt

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

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

Special Senses No Respiratory System No Integumentary System 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).)

Rt Eye has always been weak.

London 8/10/16 Board Fit Tr.

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.

Tips off 2nd & 3rd fingers L Hand. Split nail index finger L – Pre enlistment

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

No.

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

17. Recommendations

n.a.

J H McDonald Capt Cane
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 A. Fitter 651874 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

Pte Archibald Fitter 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.

Concur

19. Is the invalid fit for

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

Yes Bt 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.)

B.T.C. Auth. A.G. Tel 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.

J. M. F. Macleod Capt. M.C. President.

PLACE Witley

DATE April 9, 1919

E. D. Coutts Capt. } 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

W. S. Ernst Lt.
for Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

HEADQUARTERS A.D.M.S. 9 APR. 1919 File..... CANADIAN TROOPS, WITLEY.

1 PM 10 Fi - 106

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

AUDITOR | PAYMASTER

M. OR S.

REGT. No. 651874 RANK Pte. NAME (IN FULL) FITTER Archibald (BLOCK LETTERS SURNAME FIRST) 180

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Paid and Closed by Ottawa | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 160th Bn | IF IN P.F. WHAT UNIT? ~~P.O. Hepworth Ont~~

PLACE OF ATTESTATION | TRANSFERRED TO TOSHIDD | DATE 13.5.19 | AUTHORITY D.O. 148

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 4-3-16 | 151½ Wellington Ave Windsor, Ont 16/7/19

Paid and Closed by Ottawa 31.5.19

PAYABLE TO Mrs Nellie Fitter | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Hepworth Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 24.5.19 | REASON Dem. | AUTHORITY D.O. 148 | 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 30.4.19					11 84	11 84														Rehper Caronia 21.5.19
1 5/19 29 5/19	29	1.10	31 90	35 70		136 90			389 54	4 87	5 00	104 40	15 00		19 47		148 74			BAL. ENG L.P.C. 30.4.19 PAY TO ESTIMATED DATE OF DISCHARGE 29.5.19 CLO. ALLCE. 1ST PAYMENT OF W.S.G. BOAT MONEY, TRAIN MONEY
																				Advances P.666 - 28.4.19
																				" " P. Wing 9.5.19
																				A K Mortimore Maj
				WSGSA								WSGSA								Soldier Dependent
183 days				420 00		420 00						70						350 00		1st payment WSGSA above
															5 50			344 50		Charges to adjust to date of discharge 5 days @ 1.10
												64 50						280 00		25/6/19 96428
												70						210		16/7/19 109657
												70						140		22/8/19 121180
												70 00						70 00		SEP 20 1919 1169862
												70 00								OCT 20 1919 1179009
				420		420						414 50			5 50		420			

Capt.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F

~~2541~~ 2436

Date of Assignment Oct-1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

8 L 3 7 4 S.K.

PARTICULARS OF SEPARATION ALLOWANCE

No. 651874

Rank pte Promoted Reverted Discharge

Soldier's Name A. Fitter

Battalion 160 Battn. "B." Coy.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Nellie Fitter

Address Hepworth Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec. 31				225	225		
Jan	67118	V		15	15	P	
Feb	94121	F		15	15		
Mar	a.1339	80		15	15		
Apr	11289	G		15	15	a	
May	17899	Q		15	15		
June	20668	M		15	15	a	
July	27997	M		15	15	a	
Aug	3598	[illegible]		15	15	a	
Sept	47562	R		15	15	a	
Oct	52091	R		15	15	✓	
Nov.	60426	L		15	15	✓	
Dec.	65341	V		15	15	✓	
Jan.	73598	Q.		15	15	✓	
FEB	80667	U		15	15	L	
MAR	83622	L		15	15	✓	
APR	3715	O		15	15	✓	
May	5121	N		15	15		
JUN				480	480		

A/c Closed 31-5-19.

Ret'd per Caronia

Date 22/5/19 M.F.W.187 MD 4

RA 28/5/19 file 6021-a-20

AUDITED. M.R.O. 113115 Destroy

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7483.