17172

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

Attestation Papers..... 1 to 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ..... 1. ✓

Compulsory Stoppages.....

Casualty Forms..... 1. ✓

Proceedings on discharge..... 1 ✓

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2. ✓

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1. ✓

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1. ✓

m F W 67-2
" " 82-1

~~Pay cert~~

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Besito, Elias

Regt. No. 652096 Rank Pte.

Corps 160th. O. Bn. C. E. F.

Medically Unfit.

9-13
20-15
28-15
1

ORIGINAL

ATTESTATION PAPER.

No.

Folio. 652090

~~160th O. S. Battalion, C. E. F.~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Besito
1a. What are your Christian names? ..... Elias
1b. What is your present address? ..... Chippawa Riee Outlan
2. In what Town, Township or Parish, and in what Country were you born? ..... Saugeen Reserve Outlan
3. What is the name of your next-of kin? ..... John Besito
4. What is the address of your next-of-kin? ..... Keeth Ch. R'n Ont
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 28 February 1898
6. What is your Trade or Calling? ..... Farmer
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, Elias Besito, 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.

Elias Besito (Signature of Recruit)

Date 29 March 1916. D. Dwelend (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elias Besito, 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.

Elias Besito (Signature of Recruit)

Date 29 March 1916. D. Dwelend (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 Southampton this 29 day of March 1916.

Ontario.

J. C. Sifford (Signature of Justice)

M. F. W. 23.
500M.—6-16.
H. Q. 1772-89-841.

Description of Elias Besito on Enlistment.

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

Height ..... 6 ft. 8 ins.

Chest measurement:
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 2½ ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic X
- 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 29th 1916

Place Southampton Ontario. C. J. Laird M.D.
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.

Elias Besito. 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 Southampton Mar. 29 1916

MEDICAL HISTORY OF AN INVALID.

Military District No. 1
OCT 19 1916
I.M.D. 30 B 185
CONFIDENTIAL
NOV 30 1916
T.O.

1. Station. London
2. Regiment or Corps. 160th Bn C.E.F.
3. Regimental No. and Rank. 652090 Pte
4. Name. Desito, E.
5. Age last Birthday. 18
6. Enlisted on 29th Mar/16
   at Southampton
7. Former Trade or Occupation. Farmer Date. Oct 16/16

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.	Days.
	PERIODS.	
	FROM.	TO.
160th Bn	Mar 29/16	Oct 16/16

10. (a) Disease or disability. Pulmonary tuberculosis
    (b) Date of origin. Previous to enlistment
    (c) Place of origin. Langan Reserve
    (d) Cause. Infection from Grandmother

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Percussion note impaired in the right apilla, Fine mucus rales over both lungs especially in the right apilla and over the apex of the lower left lobe. Friction rub in the right apilla. Von Pirquet positive. Four sputum analyses — negative. Loss of about 5 lbs wt since enlistment

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

Carded 24-11-16 BJ

M. F. B. 227.

150 M—5-16.
1772-39-117.

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

Scar on the instep dorsum right foot

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

Not applicable

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

Not applicable

14. Treatment

Military Hospital since 30th Aug 1916 to date

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

Probably no aggravation

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

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

None as compared with capacity on enlistment

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

Yes Discharge

J. J. McAfee

Medical Officer by whom the case is brought forward.

Military District No. 1
OCT 19 1916
A.M.D. 30 B 185

MILITARY HOSPITAL,

London, Ontario.
(Station).

October 16th, 1916.
(Date).

I, 652090 Private, Elias Besito.
(Number, rank, name

160th. Overseas Battalion C.E.F.
and corps)

who am today discharged from this hospital, do hereby acknowledge that such discharge is at my own special request, and is not due to the voluntary action of the Military Medical Authorities, for they are of the opinion that my removal from the hospital is premature, and that the granting of my request is not in the public interests. Further, in consideration of my request being thus granted, I undertake that my removal from this hospital is to be at my own risk, and that for any injury or delay in recovery resulting from such removal I am not to have any claim on the public, and that neither the public nor the Militia Authorities are to be held responsible for my future treatment or care in respect to the ~~injury~~, disease or ~~illness~~ for which I have been treated in the hospital. This undertaking, however, is not intended to be a release of the public or the Militia Authorities from their duty, if such there is, to award me compensation to which under the regulations I may be entitled on account of any permanent disability which prior to such removal has resulted or accrued from such ~~injury~~, disease or ~~illness.~~

George L. Reid
(Witness)

Elias Besito
(Signature)

Medical Certificate.

Pulmonary Tuberculosis.
(Nature of disability)

W. C. Matt Captain
(M.O. in charge).

NOTE: Strike out in "Injury, disease or illness" the words not applicable.

(M. F. B. 451. (M). 12m. 1-15. H.Q. 1772-39-851.)

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. Yes

Recommendations: Discharge after six months Sanatorium treatment.

Signatures:—

L. J. McFally Capt. A.M.C. President.

W. C. Nott Captain

L. Hebert Capt. A.M.C. Members.

Station. London

Date. Oct 16/16

Sanatorium treatment refused - Discharge

Date. 14-10-16

C. B. Bell. Major M.D. No. 1

Asst. Director of Medical Services.

Approved.

Date. 21/12/16

Ben A. Cummerfelt

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

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

Date.....

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

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

.....

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Original

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 652090 Rank Private Name Elias Besito

Corps Casualties M.D.No.1. 160th.Bn who was* Discharged

On November 15th. 1916. 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from October 14th. 191 6, to November 15th. 191 6, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	56	50
Advances by Cheques } No.			Regt'l Pay 33 days at $ 1 c 00	33	00
Advances by Cheques } No.			Field Allow. 33 days at $ c 10	3	30
Assigned Pay No.			Other Allowances* Clothing Allce. on discharge	13	00
Other Charges*			Other Credits*		
Payment on transfer or discharge No. 2386	105	80			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	105	80	Total	105	80

*Give Particulars.

A monthly stoppage of $ Nil (†) has Nil (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee) Nil

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 29-3-16.

(2) if married and if a Separation Allowance Card has been submitted Single

(3) cause of discharge and authority Medically Unfit

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

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

Date October 24th.1916.

Place London, Ont.

W. D. Powell
Captain C. A. P. C.
District Paymaster M. D. No. 1
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

Original

652090

MEDICAL HISTORY SHEET.

Surname Besito *Christian Name* Elias

Examined { on 29 day of March 1916 / at Southampton Ont.

Approved by [illegible]

Rank Captain M.O.

Birthplace { City or Town Saugeen Indian Reserve / County Bruce Ont.

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 8 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 31½ inches. / Maximum expansion 36 inches.

Physical development Normal

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number 1

When Vaccinated last 1909

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
7-7-16	Pos	[illegible] M.O.
		M.O.
		M.O.

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

Enlisted on 29 *day of* March 1916 *at* Southampton Ontario

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th Os. B'n. C.E.F.	652090		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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 Beeits Christian Name Elias

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				

Duplicate

652090

MEDICAL HISTORY SHEET.

Surname Besito *Christian Name* Elias

Examined { on 29 day of March 1916 / at Southampton, Ont.

Approved by A. H. Nesbitt

Rank Captain M.O.

Birthplace { ~~City or Town~~ Saugeen Indian Reserve. / County Bruce Ont.

Apparent age 18.

Trade or occupation Farmer.

Height 5 Feet 8 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 31½ inches. / Maximum expansion 34 inches.

Physical development Normal.

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left. / Number 1

When Vaccinated last 1909

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection None

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.
7-7-16	Pos	A. H. Nesbitt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
In hospital -		M.O.
	A. Nesbitt	M.O.
		M.O.

Enlisted on 29 *day of* March 1916 *at* Southampton, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O. S. Battalion, C. E. F.	652090		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
London		30	8	16	24	10	16	Pul: TB	56	Left Improved	J.R. Le Touzel

Original

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 Bruce Battalion

(2) Regimental Number 652090

(3) Full Name of Soldier BESITO, Elias

(4) Place of Birth Saugeen Reserve, Ont.

(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?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Besito, 160th Bruce Battalion

(10) Is your Mother alive? Yes

If so, state name and address Alice Besito, Chippewa Hill, Ont.

(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.

(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.

(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.

(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 June 6th 1916.

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

FORM OF WILL.

I, Elias Besito (Name in full)

Regimental Number 652090 serving in 160th O.S. Bn C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Alice Besito
Chippewa Hill
Ont

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

absolutely, and my personal estate I bequeath to

Mrs. Alice Besito
Chippewa Hill
Ont

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 7 day of Oct A. D. 1916

Pte Elias Besito Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance 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 Peter C. Radjmon

Address of Witness Cape Croker Ont

Occupation of Witness Farmer

Signature of Second Witness D. Oliver

Address of Witness 103 Langley Ave Toronto

Occupation of Witness Fitter C.E.F.

S. F. W. 82
00M-5-16.
1772-39-983.

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. 65-2090 Rank Pte. Name Besito, Elias

Enlisted (a) 29-3-16 Terms of Service (a) C. E. F. 6 E F Service reckons from (a) 29-3-16

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) (Farmer)

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				

(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				

649-B-6371

CARD NO.

SURNAME. Besito

CHRISTIAN NAMES Elias

B.O.S. Dis 15-11-16 I

REGL. No. 65.2090 RANK Pte

UNIT 160th. Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Besito, Mrs. Alice

RELATIONSHIP TO SOLDIER Mother

ADDRESS Chippewa Hill, Ont.

COUNTRY OF BIRTH Canada Saugeen Ont. DATE Feb. 28th 1898

PLACE OF ATTESTATION Southampton, Ont. DATE Mar. 29th 1916

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2½ INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION. PLACE Southampton, Ont DATE Mar. 29th 1916

No. 652096 RANK Pte. NAME Benito Elias

T. O. S. 29/3/16 (D.O.77) of 30/3/16 UNIT 160th Battalion

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 29	Apr. 30	✓		
May		✓		
June		✓		
July		M.		
Aug.		M.		
Sept.		M.		
Oct. 1	Oct. 13	M.	Transf. to Casualties M.D. 1	(D.O. 245)

REG. NO. 652090 NAME (SURNAME FIRST) Besito. E.

RANK Pte CORPS 160 Batt

AGE 18. SERVICE 4/12

NAME OF HOSPITAL Military PLACE London.

DATE OF ADMISSION 30-8.16.

DISEASE Bronchitis

DISCHARGE 24-10-16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

No. 652,090 RANK Pte. NAME Berito, Elias.

T. O. S. UNIT Casualties E.E.F.

Trans. from 160th Bn. 14.10.16 DO 3 of 14.11.16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916	"	160th Bn.	Od paylist
Oct. 1	Oct. 13			
Oct. 14	~~Oct~~ 15	"	Discharged 14-10-16	DO 3 of 14-11-16
Dec.	N/ac.	"	Reappeared. Discharged to Pension (No date)	Dec paylist

Alb. closed by charges "

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

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

No. 652090

Rank Private

Name Besito, Elias

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 160th Os. Battalion, C.E.F.

Date of Discharge ~~24-10-16.~~ JSW. 15-11-16

Place of Discharge London, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18 years 8 months.
Height 5 feet 8 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Southampton Ontario.

Descriptive Marks

None

2. The above-named man is discharged in consequence of being medically unfit for further service,

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very good JSW

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

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

Farmer

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Pay-L
Cancelled B.L.
24-11-16.

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

None

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

6. Medals and Decorations.....

None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)....London, Ont.....

Walter James Brown
Lieut. Colonel
Actg\Asst. Adjt. General
Commanding ..... M. D. No. 1

(Date)....~~24-10-16.~~ J.G.W. 15-11-16.

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

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

(Place)..London, Ont..... E Besito .....(*Signature of Soldier.*)

(Date)....~~24-10-16.~~ J.G.W. 15-11-16. J G Wood ..... (*Signature of Witness.*)

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

.....(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place).....London, Ont.....

Walter James Brown
(*Signature*) .....Lieut. Colonel.....
Actg\Asst. Adjt. General
M. D. No. 1

(Date).....~~24-10-16.~~ J.G.W. 15-11-16.

Reservations referred to at Para. 8.

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

None

E Besito

(OVER)