

ORIGINAL

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Duffell ✓

2. Christian name Frederick Ernest ✓

3. Present address Huxley, Alta. ✓

4. Military Service Act letter and number 345054 MC ✓

5. Date of birth 4th October, 1897 ✓

6. Place of birth Debtford, London, England ✓  
(town, township or county and country)

7. Married, widower or single Single ✓

8. Religion Baptist ✓

9. Trade or calling Farmer ✓

10. Name of next-of-kin Mr. William Duffell ✓

11. Relationship of next-of-kin Father ✓

12. Address of next-of-kin Huxley, P.O., Alta. ✓

13. Whether at present a member of the Active Militia No ✓

14. Particulars of previous military or naval service, if any No ✓

15. Medical Examination under Military Service Act:—  
(a) Place Calgary, Alta. (b) Date 20-5-18 ✓ (c) Category A-2 ✓

DECLARATION OF RECRUIT

I, Frederick Ernest Duffell ✓, do solemnly declare that the above particulars refer to me, and are true.

Frederick Ernest Duffell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs. 8 mths.

Height 5' ft. 7. ins.

Chest measurement } fully expanded 35 1/2 ins.  
range of expansion 3. ins.

Complexion Medium

Eyes Blue

Hair Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease. Nil.

[Signature]  
O. C. Commanding 1st Depot Btl'n, Alta. Regt.  
Depot Btl'n.  
Regt.

Place Calgary, Alta. ✓ Date 20-5-18 ✓

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname .....  
 2. Christian name .....  
 3. Present address .....  
 4. Military service Act letter and number .....  
 5. Date of birth .....  
 6. Place of birth .....  
 7. Married, widower or single .....  
 8. Religion .....  
 9. Trade or calling .....  
 10. Name of next-of-kin .....  
 11. Relationship of next-of-kin .....  
 12. Address of next-of-kin .....  
 13. Whether at present a member of the Reserve Militia .....  
 14. Particulars of previous military or naval service, if any .....  
 15. Medical Examination under Military Service Act -  
 (a) Place and date ..... (b) Date ..... (c) Category .....

## DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars refer to me, and are true.

.....  
 (Signature of Recruit)

## DESCRIPTION-ON-CALLING UP

Height	Weight	Complexion	Build	Stature	Complexion	Build	Stature
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

Distinctive marks and scars, including mental peculiarities or previous diseases

.....

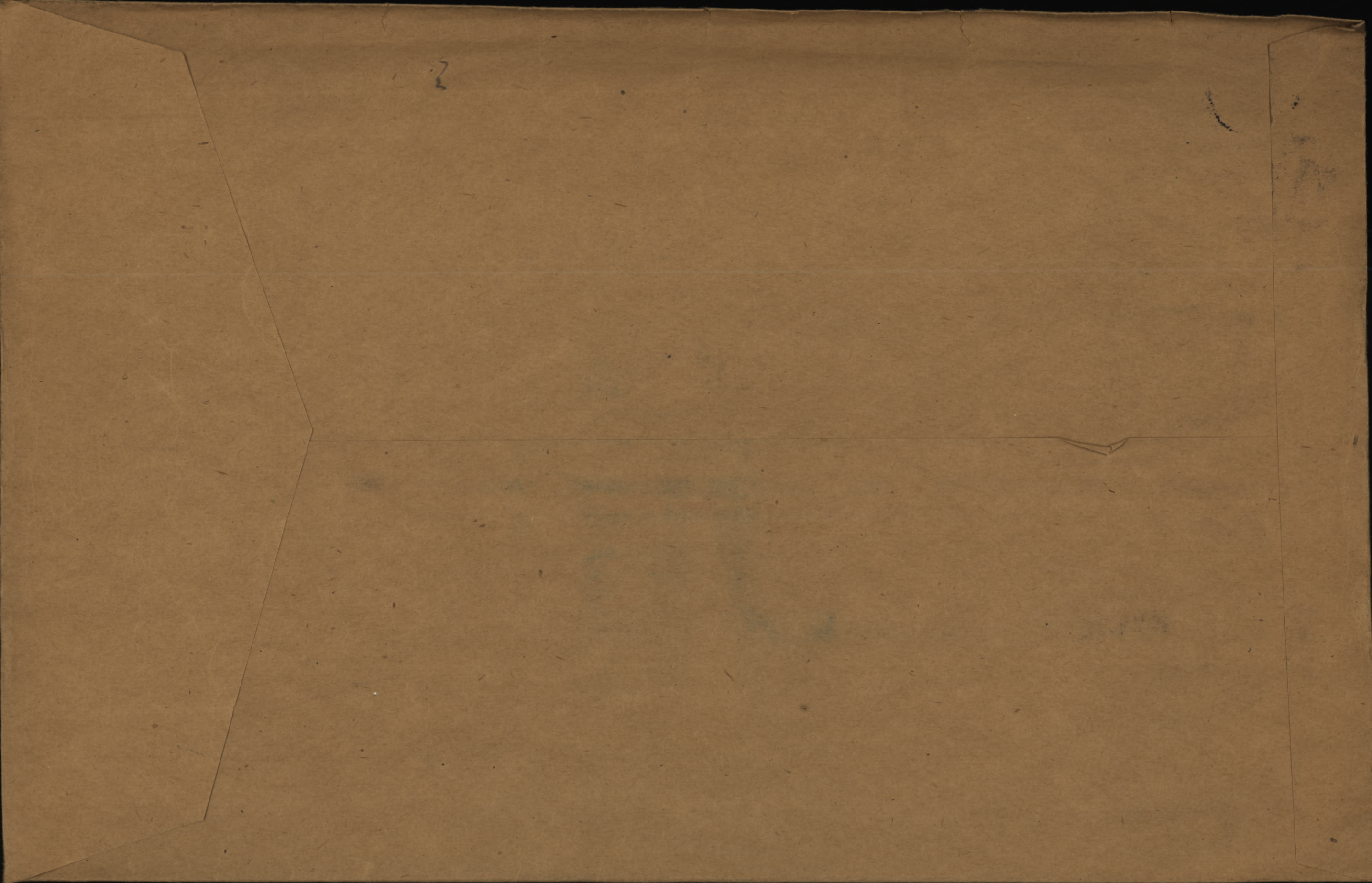
REGIMENTAL DOCUMENTS

NAME DUFFELL FRED<sup>H</sup>. ERNEST REGT. NO. 3211322 UNIT 1<sup>st</sup> JOB. AIR H. Q. FILE NO. \_\_\_\_\_

9

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				27499	
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		C			DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)			Category		
/ MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			<i>Demob</i>		
/ MEDICAL EXAMINATION (M.F.W. 129)					
/ 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)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)		H			
/ 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)					



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

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

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn. A.P.

Regimental No. 3211322 Rank private Name Duffell, Frederick Ernest  
C. E. F.

Enlisted (a) 20-5-18 Terms of Service (a) duration of war Service reckons from (a) 20-5-18

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
<u>MAR 24 1919</u>		<u>Discharged account demobilization</u>	<u>CALGARY, ALTA.</u>	<u>20-3-19</u>	<u>NO. part # 79</u> <u>PO. 1357</u>  <u>A. D. Fisher</u> Officer i/c Records 1st Depot Batt'n, Alberta Reg't

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3211322 (Rank) Private

Name (in full) DUFFELL, Frederick Ernest. enlisted in

the First Depot Battalion, Alta. Reg't.

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the twentieth

day of May 19 18

HE served in Canada

and is now discharged from the service by reason of demobilization

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

Age 21 yrs. 6 mos.

Height 5 ft. 7 ins.

Complexion Medium

Eyes Blue

Hair Brown

F. E. Duffell  
Signature of Soldier

Marks or Scars Scar right jaw.

[Signature] Lt. Col.  
Commanding 1st Depot Battalion, Alta. Reg't

Issuing Officer

Date of Discharge 20-5-19

Rank

Appointment

Signed at Calgary, Alta. this twentieth day of March 19 19

in Military District No. 13

File Reference No. \_\_\_\_\_

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this certificate  
will not be completed.



NAME	DUFFELL	Frederick Ernest
REGIMENTAL NO.	3211322	RANK Pte.
ENLISTED AT	Calgary. Alta.	PROMOTIONS, &c. AND DATE
DATE	20-5-18.	
IF SERVED PREVIOUSLY, STATE UNIT, &c.		None.
MARRIED, WIDOWER, OR SINGLE		Single.
NEXT OF KIN	Mr William Duffell	RELATIONSHIP Father
ADDRESS OF	Huxley. P.O. Alberta.	
ASSIGNMENT OF PAY \$	C.	TO None.
ADDRESS		
SEPARATION ALLOWANCE, ENTITLED OR NOT	Not.	
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER		
IN WHOSE FAVOUR		

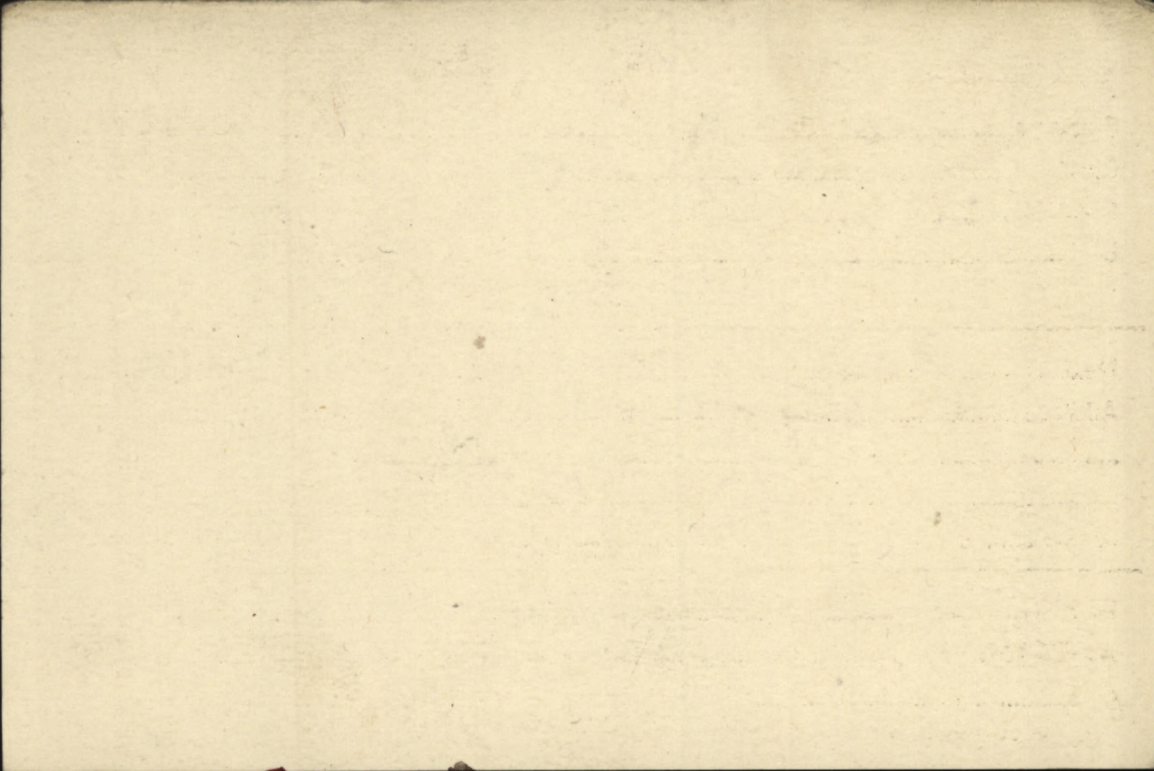
## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Taken O.S.	139 <sup>89</sup>	20-5-18	
Discharged	79	20-3-19	

Surname *Duffell* .....  
Christian names *Frederick Ernest* .....  
Regtl. No. *32 11322* Rank *Pte.* .....  
Unit *Alta Regt., 1st Wpo. Bn.* .....  
H. Q. *X<sup>n</sup>* .....  
M. D. No. *13* .....  
T. O. S. *May 20<sup>th</sup> 19 18* .....  
D. O. Pt. II *139 of 19-5-18* .....  
S. O. S. *20-3-19 19* .....  
Reason *demob* .....  
Auth. *PO 49 20-3-19 1/AR* .....

Next of kin *Duffell, William* Relationship *Father* .....  
Address *Huxley P.O. Alta* .....  
Also notify: .....

BORN—Place *England Deptford London* Date *Oct 4<sup>th</sup> 1897* .....  
ATTESTED—Place *Calgary Alta* Date *May 20<sup>th</sup> 1918* .....  
O/S ..... R/C .....



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3211312 Rank Pte Surname Duffell  
(Give name in full)  
Frederick Ernest  
 Unit or Corps 1st Dep. Birthplace England

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

## 1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5.7 ft. Colour of Eyes Blue  
 Nutrition Good  
 Pulse Normal 68  
 Condition of arteries Healthy  
 Vision Rt. Good Left Good  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

Scar right jaw

Opinion as to general health and physical condition A.T.

## 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

## 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at **CALGARY**.....(Canada)

Date **19-3-1919**..... Signed *C. Howson*.....M.O.  
*Capt. C.M.C.*

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *F. E. D. McPhell*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

3211322

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# MEDICAL HISTORY SHEET.

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

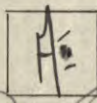
- 1. Surname Duffell Christian name Frederick E.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 345054-2e
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) 345054-2e
- 4. Address (including street and number, if any) Huxley, Alberta.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of May 1918 ~~1917~~ by the undersigned medical board sitting at CALGARY

- 5. Age as stated 21 Years 6 Months.
- 6. Apparent age 21 Years - Months
- 7. Height 5 Feet 7 Inches.
- 8. Weight 141 Pounds.
- 9. Chest measurement { Minimum 32½ Ins  
Maximum 35½ Ins.
- 10. Complexion Medium { Eyes Blue  
Hair Brown
- 11. Physical development. Good { Good  
Fair  
Poor
- 12. Smallpox marks. None
- 13. Number of vaccination marks { Right arm , X  
Left arm 3
- 14. When vaccinated last Childhood.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None.  
The man denies having had { Rheumatism  
Tuberculosis  
Syphilis We find no evidence of past { Rheumatism  
Tuberculosis  
Syphilis  
(Strike out disease admitted or suspected.)

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



Vision R. D. 20/20  
L. D. 20/20  
Hearing RT. Normal  
LT. Normal  
President.

*[Handwritten Signature]*

*[Handwritten Signature]*

Member.

*[Handwritten Signature]* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		<i>Captain</i> <i>C.A.M.C.</i> M.O.			<i>Captain</i> <i>C.A.M.C.</i> M.O.
		M.O.			<i>Captain</i> <i>C.A.M.C.</i> M.O.
		M.O.			<i>Captain</i> <i>C.A.M.C.</i> M.O.

Joined 1st DEPOT BATT ALBERTA REGT day of MAY 20 1918 1918 at CALGARY, ALTA.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BATT. ALBERTA REGT.</u>	<u>3211322</u>		<u>MAY 20 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT

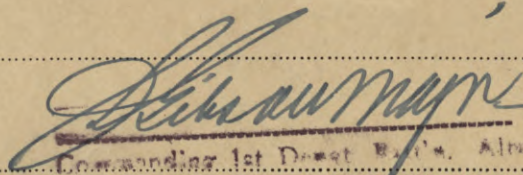
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man *Fred E Duffell*





SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)

1. No.	3211322	
2. Rank.	Private	
3. Name.	DUFFELL, Frederick Ernest.	
4. Unit.	First Depot Battalion, A.R.	
5. Date of Discharge	20-3-19	Place Calgary, Alta.
6. Reason for Discharge	demobilization	
7. Authority.	R.O. 1357	
8. Proposed Residence after Discharge	Huxley, Alta.	
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. ?	39	
	Calgary, Alta.	
	20-3-19	<i>F. E. Duffell</i>
		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	Calgary, Alta.	
Date	20-3-19	
Signature	 Lt. Col. Commanding 1st Depot Bn. A.R. Alta. 4028 (O. C. Discharging Unit.)	

SHORT FORM  
PROCEEDINGS ON DISCHARGE

(Developmental)

1. Name	
2. Rank	
3. Grade	
4. Title	
5. Type of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Progress Made since Discharge	
9. CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the indicated place and date I received my discharge / certificate DATE: _____ SIGNATURE OF SOLDIER: _____	
10. CONFIRMATION The discharge of the above named man hereby confirmed. Place: _____ Date: _____ SIGNATURE OF AUTHORITY: _____ (G. C. Discharge Card)	

LIST OF DISCHARGE DOCUMENTS

Medical Form W-20	Statement of Discharge
Medical Form W-19	Statement of Discharge
Medical Form W-18 or W-17	Statement of Discharge
Medical Form W-16 or W-15	Statement of Discharge
Medical Form W-14	Statement of Discharge
Medical Form W-13	Statement of Discharge
Medical Form W-12	Statement of Discharge
Medical Form W-11	Statement of Discharge
Medical Form W-10	Statement of Discharge
Medical Form W-9	Statement of Discharge
Medical Form W-8	Statement of Discharge
Medical Form W-7	Statement of Discharge
Medical Form W-6	Statement of Discharge
Medical Form W-5	Statement of Discharge
Medical Form W-4	Statement of Discharge
Medical Form W-3	Statement of Discharge
Medical Form W-2	Statement of Discharge
Medical Form W-1	Statement of Discharge

**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