

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



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

3 ~~1~~ Attestation Papers..... 3 ~~1~~

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

1 Regimental Conduct Sheet.....

Compulsory Stoppages.....

1 Casualty Forms.....

2 Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

2 Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

1 Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

1 Last Pay Certificate.....

1 Name Bisgillon, Leo  
856612  
2 Regt. No. 107864 Rank Pioneer  
1500 6th of 1st Bn  
2 Corps 5th Pioneer  
1 Medically unfit  
2 Death

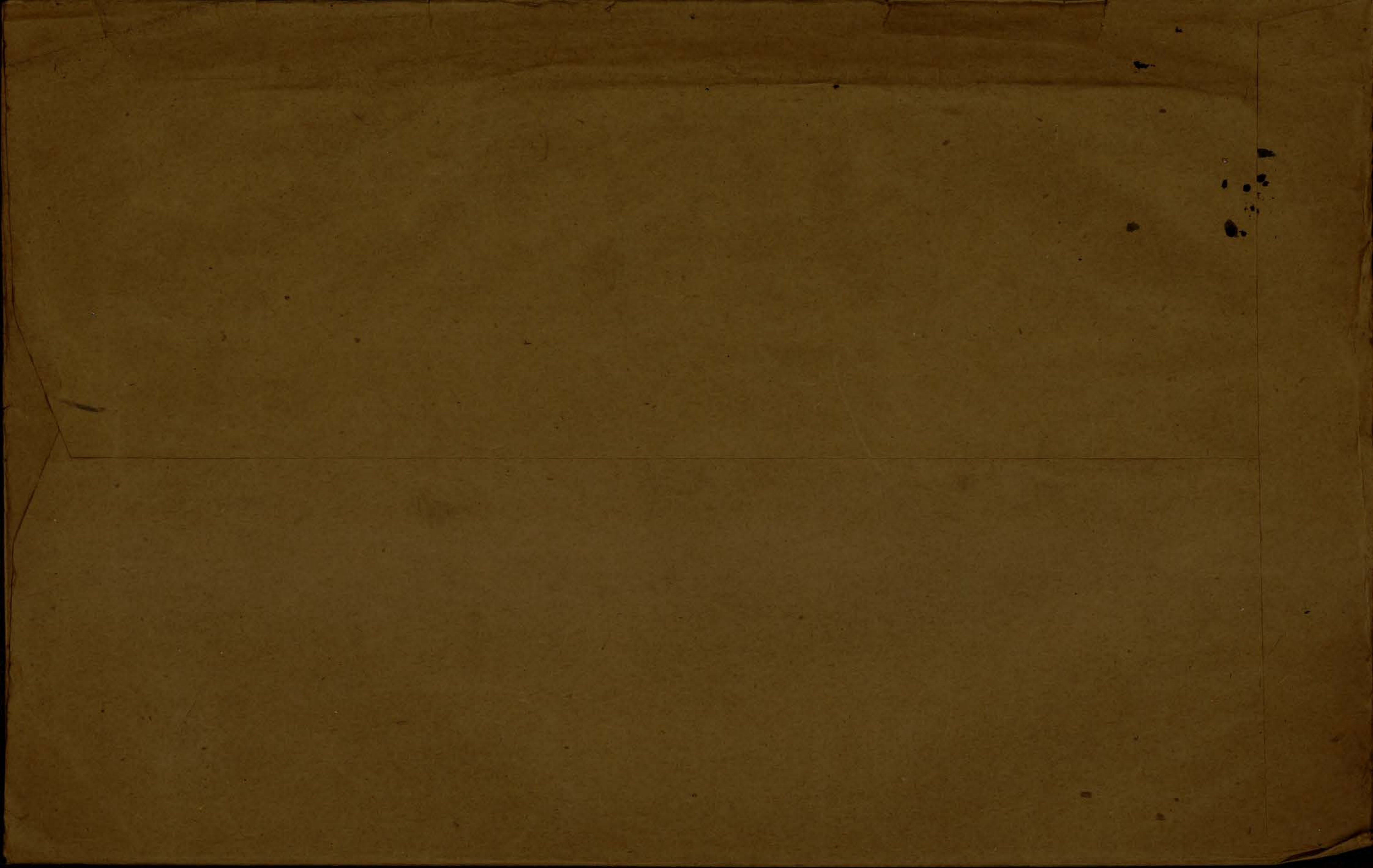


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4-4  
11-4

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ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... Bisaiellon
- 1a. What are your Christian names?..... Joseph
- 1b. What is your present address?..... 731 Fabre St. Montreal P.Q. *can*
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal P.Q. *can*
- 3. What is the name of your next-of-kin?..... Eugene Bisaiellon
- 4. What is the address of your next-of-kin?..... 731 Fabre St. Montreal P.Q. *can*
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... September 17th, 1877.
- 6. What is your Trade or Calling?..... Hat Maker
- 7. Are you married?..... Widower.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... 4th Field Co. Can. Engineers
- 10. Have you ever served in any Military Force?..... 3rd. Field Co. Artillery Montreal.  
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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Bisaiellon, 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.

Date: Sept. 22nd, 1916. *Joe Bisaiellon* (Signature of Recruit)  
*Harold Rogers* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Bisaiellon, 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.

Date: Sept. 22nd, 1916. *Joe Bisaiellon* (Signature of Recruit)  
*Harold E Rogers* (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 *Montreal* this *22nd* day of *September* 191*6*.  
*Robert L. Lyb* (Signature of Justice)

*Bisch. det  
28-11-17  
m. e. m.*



Description of Joseph Bisaiellon on Enlistment.

Apparent Age 39 years 0 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 8 1/2 ft. 3 1/2 ins.

Chest measurement { Girth when fully expanded 34 1/2 ins.  
 Range of expansion 1 1/2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

*Scar right buttock*  
*Scar left shin*  
*Scar right leg*  
*Scar right arm*

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 Sept. 22nd, 1916.

Place Montreal P.Q. Can

*[Signature]*  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Bisaiellon 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]* (Signature of Officer)

Date 22<sup>nd</sup> Sept 1916.

*Leut. Colonel*  
 Officer Commanding  
 5th Overseas Pioneer Battalion C.E.F.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 856612 Rank Private Name J. Bisailon

Corps 150th O.S. Bn. C.E.F. who was \* struck off

On 14/9/16 1915, to

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	DR.	\$	c.		CR.	\$	c.
From <u>10/9/16</u> To <u>14/9/16</u>	Bal. Dr. from previous month.....			From <u>10/9/16</u> To <u>14/9/16</u>	Regimental pay <u>5</u> days at \$.....	<u>1</u>	<u>00</u>
	Total payments during period				Field allowance <u>5</u> " \$.....	<u>c. 10</u>	<u>50</u>
	from.....				Other allowances.....		
	Assigned Pay.....				Other Credits (give particulars).....		
	Other Charges (give particulars).....				<u>Cr. balance on transfer</u>		
	Bal. Cr. on discharge or transfer.....	<u>20</u>	<u>40</u>		<u>from 178th O.S. Bn.</u>		<u>14 90</u>
	<b>TOTAL.....</b>	<b>20</b>	<b>40</b>		Bal. Dr. on discharge or transfer.....		
					<b>TOTAL.....</b>		<b>20 50</b>

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is....., and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 27/7/16

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

(3) cause of discharge and authority Medically unfit Camp Order 941 DO A-191

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 September 14, 1916

Place Valcartier Camp, P.Q.

*[Signature]*  
Paymaster.







# MEDICAL HISTORY SHEET.



Surname *Joseph*

Christian Name *Brossillon*

Examined { on *27* day of *July* 191*6*

Approved by *[Signature]*

at *Montreal*

Rank *[Signature]*

M.O.

Birthplace { City or Town *Montreal*

County *Prov. Que.*

Apparent age *39*

Trade or occupation *Labourer*

Height *5* feet *7* Inches

Weight *150* lbs.

Chest measurement { Minimum *34* inches

Maximum expansion *38* inches

Physical development *Good*

Small-pox Marks *None*

Vaccination Marks { Arm Right Left

Number *2*

When Vaccinated last *1916*

(a) Marks indicating congenital peculiarities or previous disease *One testicle missing*

(b) Slight defects but not sufficient to cause rejection

*Right: orihle inske years ago. Good junction*

Enlisted on *27* day of *July* 191*6* at *Montreal*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>17806 Batt</i>	<i>88612</i>		<i>27-7-16</i>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Valcartier</i>	<i>Sept 4/16</i>	<i>Tuberculosis testicle &amp; bones</i>	<i>[Signature] Lieut. Colonel</i>

*A. D. M. S. Valcartier Camp, P. Q.*

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.



Surname

*Joseph*

Christian Name

*Besallon*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>1st Station</i>	<i>10/10/1917</i>	<i>10</i>	<i>10</i>	<i>1917</i>	<i>10</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>2nd Station</i>	<i>11/10/1917</i>	<i>11</i>	<i>10</i>	<i>1917</i>	<i>11</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>3rd Station</i>	<i>12/10/1917</i>	<i>12</i>	<i>10</i>	<i>1917</i>	<i>12</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>4th Station</i>	<i>13/10/1917</i>	<i>13</i>	<i>10</i>	<i>1917</i>	<i>13</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>5th Station</i>	<i>14/10/1917</i>	<i>14</i>	<i>10</i>	<i>1917</i>	<i>14</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>6th Station</i>	<i>15/10/1917</i>	<i>15</i>	<i>10</i>	<i>1917</i>	<i>15</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>7th Station</i>	<i>16/10/1917</i>	<i>16</i>	<i>10</i>	<i>1917</i>	<i>16</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>8th Station</i>	<i>17/10/1917</i>	<i>17</i>	<i>10</i>	<i>1917</i>	<i>17</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>9th Station</i>	<i>18/10/1917</i>	<i>18</i>	<i>10</i>	<i>1917</i>	<i>18</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>10th Station</i>	<i>19/10/1917</i>	<i>19</i>	<i>10</i>	<i>1917</i>	<i>19</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>11th Station</i>	<i>20/10/1917</i>	<i>20</i>	<i>10</i>	<i>1917</i>	<i>20</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>12th Station</i>	<i>21/10/1917</i>	<i>21</i>	<i>10</i>	<i>1917</i>	<i>21</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>13th Station</i>	<i>22/10/1917</i>	<i>22</i>	<i>10</i>	<i>1917</i>	<i>22</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>14th Station</i>	<i>23/10/1917</i>	<i>23</i>	<i>10</i>	<i>1917</i>	<i>23</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>15th Station</i>	<i>24/10/1917</i>	<i>24</i>	<i>10</i>	<i>1917</i>	<i>24</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>16th Station</i>	<i>25/10/1917</i>	<i>25</i>	<i>10</i>	<i>1917</i>	<i>25</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>17th Station</i>	<i>26/10/1917</i>	<i>26</i>	<i>10</i>	<i>1917</i>	<i>26</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>18th Station</i>	<i>27/10/1917</i>	<i>27</i>	<i>10</i>	<i>1917</i>	<i>27</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>19th Station</i>	<i>28/10/1917</i>	<i>28</i>	<i>10</i>	<i>1917</i>	<i>28</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>20th Station</i>	<i>29/10/1917</i>	<i>29</i>	<i>10</i>	<i>1917</i>	<i>29</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>21st Station</i>	<i>30/10/1917</i>	<i>30</i>	<i>10</i>	<i>1917</i>	<i>30</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	
<i>22nd Station</i>	<i>31/10/1917</i>	<i>31</i>	<i>10</i>	<i>1917</i>	<i>31</i>	<i>10</i>	<i>1917</i>	<i>Scarlet fever</i>	<i>10</i>	<i>Scarlet fever, mild, recovered from.</i>	



















REG. NO. .... NAME *Bessillon Jos.*  
(SURNAME FIRST)

RANK *Pte* ..... CORPS *5th Pioneers*

AGE *41* ..... SERVICE .....

NAME OF HOSPITAL *General Hospital* PLACE *Montreal*

DATE OF ADMISSION *16-12-16* .....

DISEASE *Addison Disease* .....

~~DISCHARGE~~ *12-16* *Death* .....

OPERATION .....

DISCHARGED TO DUTY *Yes* .....

TRANSFERRED TO .....

DISCHARGED BY MEDICAL BOARD .....







No. 856612 RANK Pte

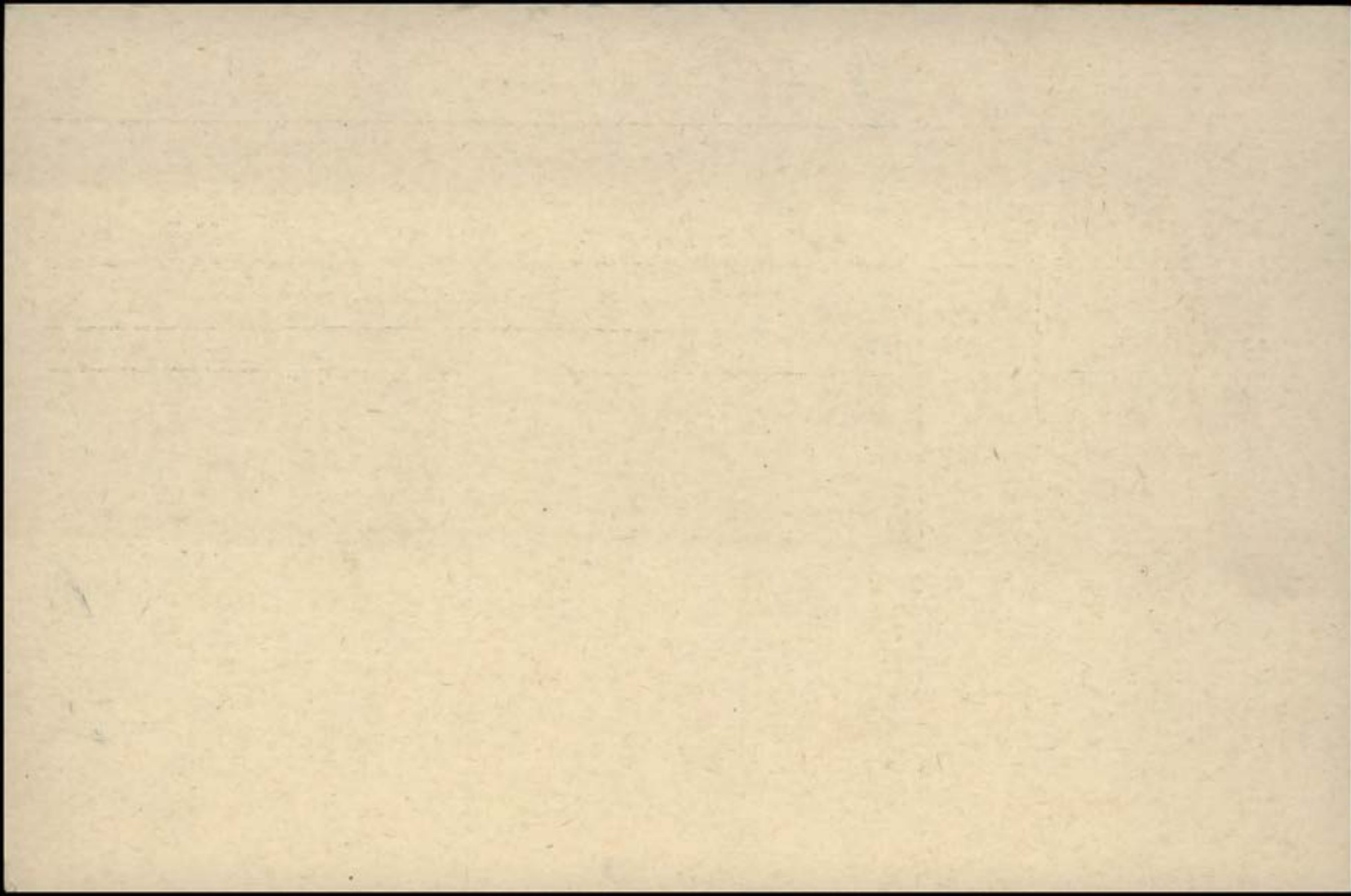
NAME Bisailon, J.

T. O. S. 27-7-16 UNIT 178th. Battalion, (607)  
DD 153 of 31-7-16.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 27.	Aug 31.	✓		
Sept 1.	Sept 9	n	Trans to 150th. Bn.	DD 192 of 9-9-16
Sept 10	Sept 14	✓	LOS 14-9-16	DD 191.
enclosed by Payment S.				







No. 1078649 RANK *Pvt*

NAME *Biscaillon J.*  
*Biscaillon Joseph*

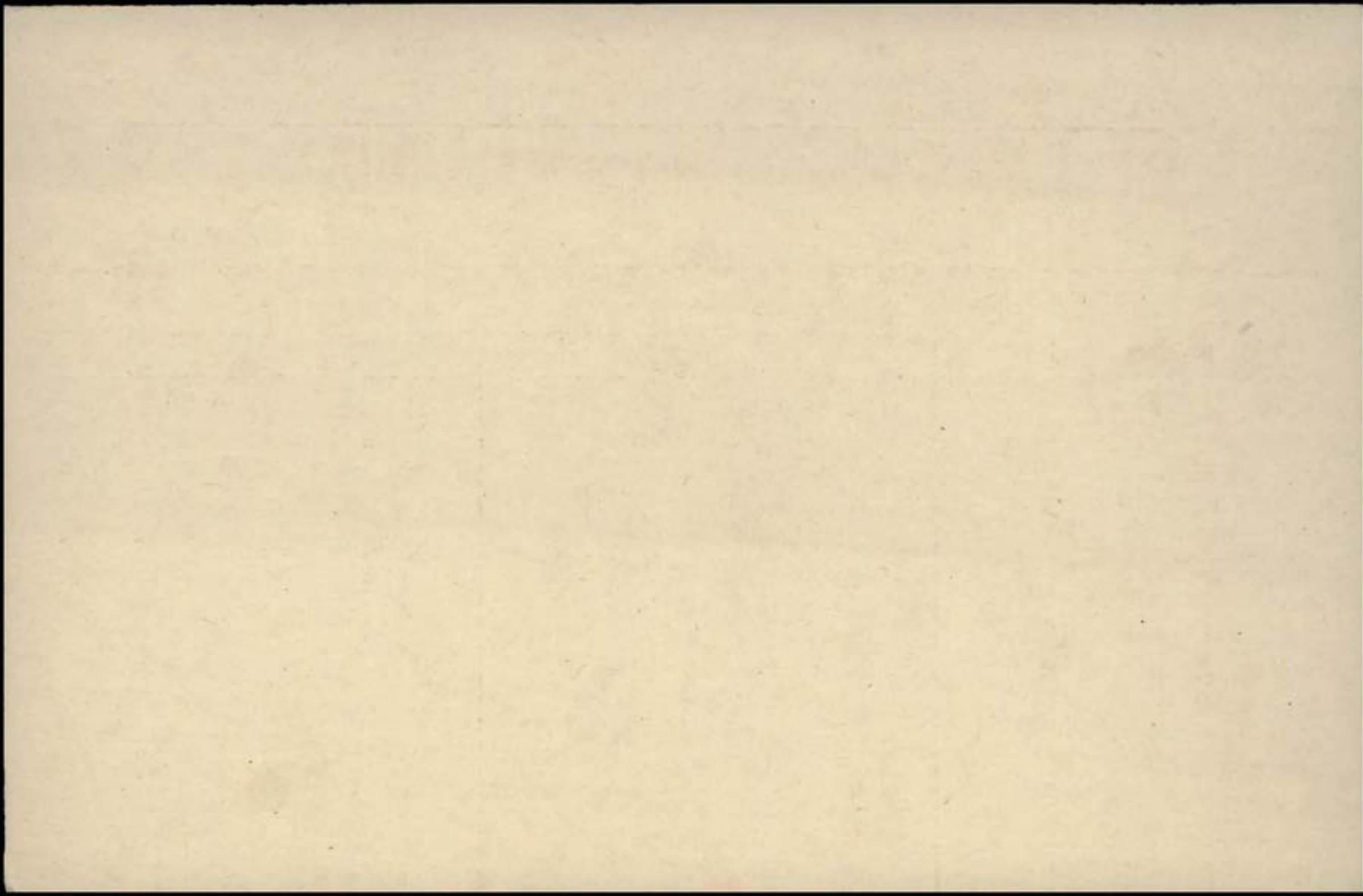
T. O. S. 22-9-16 UNIT *5<sup>th</sup>* of *Pioneer Battalion C. F. F.*

(N.O. 174. 29-9-16)

M. D. *Val.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>sept 22</i>	<i>sept 30</i>	<i>"</i>		
<i>Oct 1</i>	<i>Oct 27</i>	<i>"</i>	<i>absentee 3-10-16</i> <i>absentee 29-9-16</i> <i>Disch'd, 27-10-16</i>	<i>N.O. 183. Oct 1914</i> <i>N.O. 195. Oct 1916</i> <i>N.O. 201. 27-10-16</i>
			<i>% closed by charges "</i>	







**SURNAME.** *Bissillon*

*26.12.16*

**CHRISTIAN NAMES**

*Joseph*

**REGL. No** *1078649*

**RANK**

*Pioneer*

**UNIT**

*5<sup>th</sup> Pioneer*

**FORMER CORPS**

*4<sup>th</sup> Field Co Can Eng 3<sup>rd</sup> Field Co Art Monka*

*12*  
*died 26/12/16*  
*DD 387*

**FOLL.**

*auth. - Docs*

**NEXT OF KIN.**

**CHANGE OF ADDRESS**

**NAMES IN FULL**

*Bissillon Eugene*

**RELATIONSHIP TO SOLDIER**

*Brother*

**ADDRESS**

*731 Fabre St, Montreal, P.Q.*

**COUNTRY OF BIRTH**

*Canada Montreal, P.Q.*

**DATE**

*Sept-17<sup>th</sup> 1877*

**PLACE OF ATTESTATION**

*Montreal, P.Q.*

**DATE**

*Sept 22 1916*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Hot Worker

RELIGION

Roman Catholic <sup>yes</sup>

DESCRIPTION.

APPARENT AGE

39

YEARS

MONTHS

HEIGHT

3.

FEET

8 1/2

INCHES

CHEST MEASUREMENT

39 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar right buttock, Scar  
R Sheri, R leg and R groin

MEDICAL EXAMINATION.

PLACE

Montreal P.Q.

DATE

Sept 22<sup>nd</sup> 1916

Present address

731 Fabre St., Montreal, P.Q.



CARD NO.

SURNAME.

*Bisailony*

CHRISTIAN NAMES

*Joseph*

REGL. No.

*856612*

RANK

*Pte*

UNIT

*178<sup>th</sup>*

FORMER CORPS

*Nil**S.O.S. Div. 14/9/14**Bw.*

NEXT OF KIN.

NAMES IN FULL

*St. George, Mrs. Arthur*

RELATIONSHIP TO SOLDIER

*Sister*

ADDRESS

*1969 Clark, Montreal, P. Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Montreal, P. Q.*

DATE

*Sept. 7th. 1877*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*July 27th 1916*



MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

39 YEARS Not stated MONTHS

HEIGHT

5 FEET 7 INCHES

CHEST MEASUREMENT

34 INCHES EXPANSION 4 INCHES

COMPLEXION

Brown.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

July 27th 1916.

Present Address.

1969 Lark, Montreal, P. Q.



## 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	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(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.	1078649		
Rank	Pioneer		
Name	Bisailon Jos.		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	5 <sup>th</sup> Pioneer		
Date of Discharge	Dec 26-16		
Place of Discharge	Montreal		
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>			
	Age.....years.....months.	Descriptive Marks	
	Height.....feet.....inches.		
	Complexion		
	Eyes		
	Hair		
	Trade		
	Intended place of residence		
	<small>(To be given as fully as practicable.)</small>		
<b>2. The above-named man is discharged in consequence of</b>			
Death.			
Do. 387.			
<small>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.</small>			
<b>3. Conduct and character while in the service have been, according to the records, etc.</b>			
<small>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:</small>			
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>			

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113.

(OVER)

Carded  
11-1-17  
Bt



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

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

6. Medals and Decorations.....

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).....

(Date)..... Commanding .....

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

(Date)..... (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).....

(Signature) .....

(Date).....

**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.)



9/1/17  
 1917  
 A-100-9/1/17

8-98-9.1.17.

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

Date	Disability	Name	Regimental No.	Corps	Station



DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
 150 m-5-16.  
 H. Q. 1772-39-117.

MEDICAL HISTORY OF AN INVALID.

- Station. *Valcartier*
- Regiment or Corps. *178 Bataillon C.B.F.*
- Regimental No. and Rank. *856612*
- Name. *Bisaillon Joseph.*
- Age last Birthday. *39*
- Enlisted on *July 27<sup>th</sup> 1916.* at *Montreal*
- Former Trade or Occupation. *Labourer*
- General remarks on his:—  
 (a) Conduct. *Good.*  
 (b) Habits. *Good.*  
 (c) Temperance. *Good.*

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

Date. *Sep 4/16.*

9. Service.	Years.	
	FROM.	TO.
<i>178 Bataillon C.B.F.</i>	<i>July 27/16.</i>	<i>Sep 4/16</i>

- (a) Disease or disability. *Tuberculosis, testicles & Bones.*  
 (b) Date of origin. *5 years ago*  
 (c) Place of origin.  
 (d) Cause. *Tubercle bacilli*

11. Present Condition. (Most Important). *Scar scars of operations on scrotum for tuberculosis epididymus, & testes. In Montreal General Hospital, for this and for abscess right fibula. while serving in the 21<sup>st</sup> of Battery C.F.A June 20/15, again enlisted in 119<sup>th</sup> Bn, 20 Jan 1916. Discharged at Niagara on July 22, again enlisted in 178<sup>th</sup> Bn. 25 July*  
*Scar of operations right fibula*

- (a) Is the disability the result of service or climate? *no*  
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*



OPINION OF THE MEDICAL BOARD.

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

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

10. *Yes*

11. *Yes*

(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.*

12. *Yes*

15. *Yes*

(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.*

16. *Yes*

17. *Yes*

14. Treatment

*None.*

18. Is he unfit for Military Service. *Yes.*

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

*No*

Recommendations: *That he be discharged. He should never have been enlisted & the examining officer should have detected the cause of rejection.*

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

*Permanent*

Signatures:—

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

*nil*

*Edmarcellus Capt. Am.*  
President.

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

*Yes*

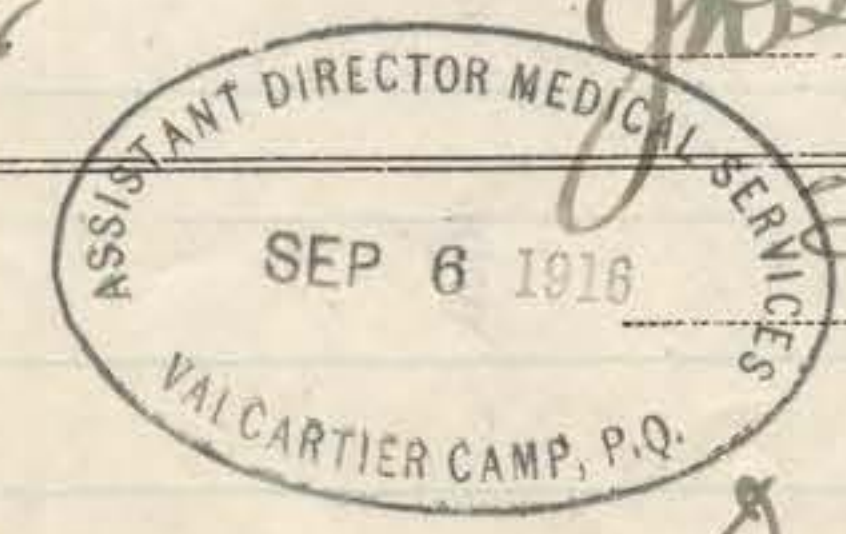
*L. C. Reed Capt. Am.*

*John Stewart Capt. Am.*  
Members.

*C. D. Mollan*

Station. *Valcartier*

Date. *Sept 4/16*



Date. \_\_\_\_\_

*R. S. Mullen*  
Asst. Director of Medical Services.

Approved. \_\_\_\_\_

Date. *13/17*

*D. J. McKay Capt.*  
Director-General of Medical Services.

*Capt. Mullen*  
Medical Officer by whom the case is brought forward.