

ORIGINAL

M. D. Depot Battalion 1st Depot Battn., W. O. R. Regiment

Regtl. No. 3135961

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname FRANKISH
2. Christian name Frank George
3. Present address Elora, Ont.
4. Military Service Act letter and number 710453 AC
5. Date of birth November 5th. 1894
6. Place of birth Elora, Ont.
7. Married, widower or single Single
8. Religion Anglican
9. Trade or calling Upholsterer
10. Name of next-of-kin Mary Jane Frankish
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Elora, Ont.
13. Whether at present a member of the Active Militia NO
14. Particulars of previous military or naval service, if any NONE
15. Medical Examination under Military Service Act:—
(a) Place Elora, Ont. (b) Date Oct. 11/17 (c) Category 4

DECLARATION OF RECRUIT

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

May 20th. 1918. Frank George Frankish (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 5 mths.
Height 5 ft. 5 ins.
Chest measurement fully expanded 33 ins.
range of expansion 30 1/2 ins.
Complexion Medium
Eyes Hazel
Hair D. Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Scar right abdomen

Right Eye D 20 Left Eye D 30
20 20

Hearing R. 10 L. 21

John Lawrence Lieut. Colonel
1st Depot Battalion, W. O. R.
Depot Btl.

MAY 20 1918 Regt.

Place LONDON, ONT. Date

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class of 1917)

Form with fields for: 1. Surname, 2. Christian name, 3. Present address, 4. Military service, 5. Date of birth, 6. Place of birth, 7. Married, widow or single, 8. Religion, 9. Trade or calling, 10. Name of last employer, 11. Relationship of next of kin, 12. Address of next of kin, 13. Whether married a member of the Army, 14. Particulars of previous military or naval service, 15. Medical examination under Military Service Act, 1917.

DECLARATION OF RECRUIT

I, [Name], do hereby declare that the above particulars are true and are true to the best of my knowledge and belief.

DESCRIPTION OF CALLING UP

Table with columns for: Distinctive marks and marks indicating congenital peculiarities or previous disease, Height, Weight, Colour of eyes, Colour of hair, Colour of skin, Colour of nose, Colour of lips, Colour of ears, Colour of fingers and toes, Colour of nails, Colour of hair on head, Colour of hair on face, Colour of hair on chest, Colour of hair on arms, Colour of hair on legs, Colour of hair on feet, Colour of hair on hands, Colour of hair on feet, Colour of hair on fingers, Colour of hair on toes, Colour of hair on nails.

Bottom section with fields for: Date of calling up, Name of recruiting officer, and other administrative details.

m 9 6-2-19

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

Attestation Papers..... *Poff R 2*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

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..... *1*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

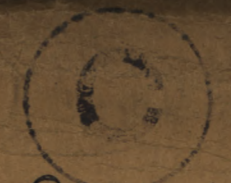
Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

<i>m J W</i>	<i>178</i>	<i>1</i>
<i>m H B</i>	<i>469</i>	<i>1</i>
<i>m J W</i>	<i>129</i>	<i>1</i>
<i>m J W</i>	<i>39.00</i>	<i>1</i>

DISCHARGE DOCUMENTS



R. O. No.....

H. Q. No.....

Name *FRANKISH. FRANK. GEORGE.*

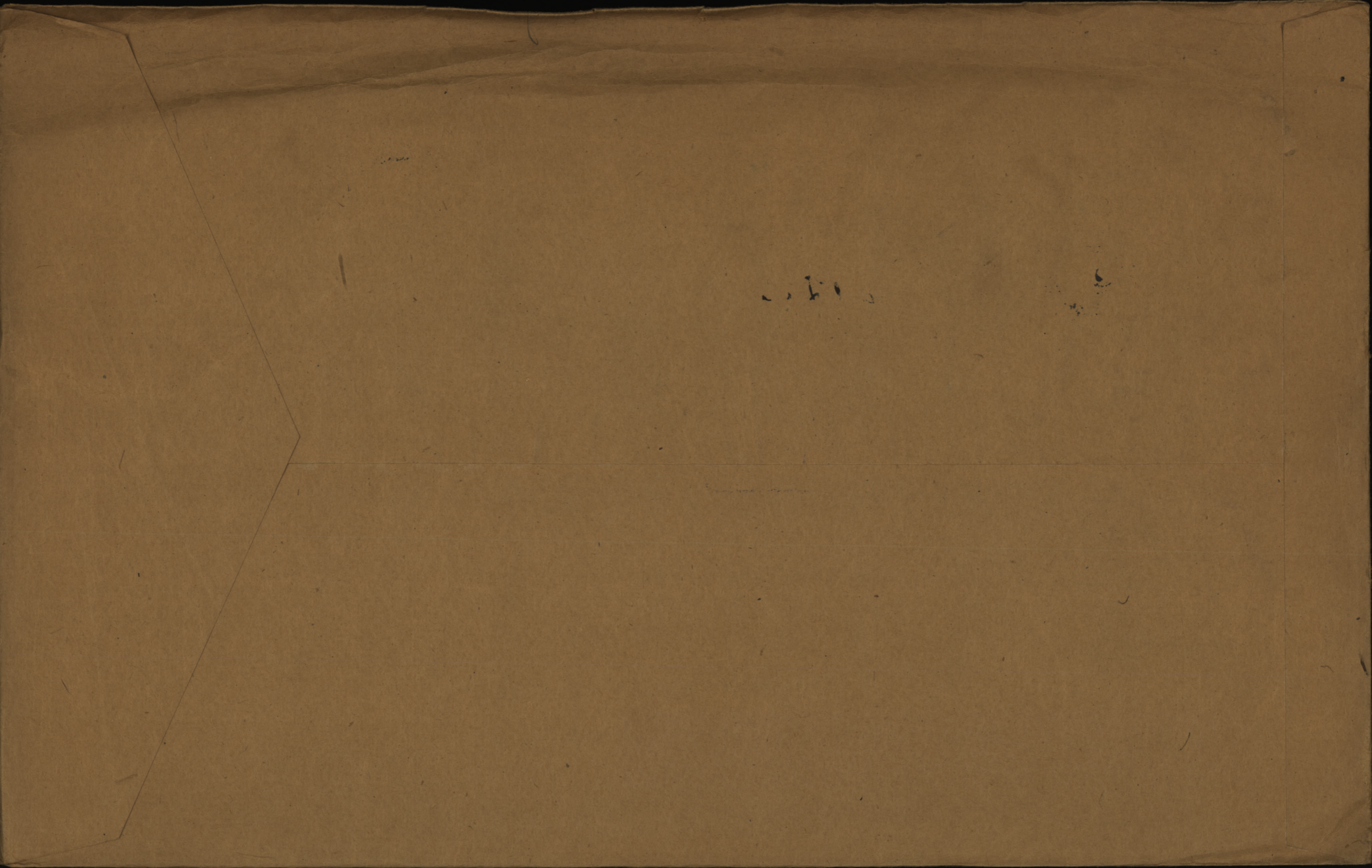
Regt. No. *3135961* Rank *Pte*

Corps *1st Dep Bn W O R. m D 1*

Demobilization

17314





CANADIAN CONTINGENT EXPEDITIONARY FORCE

Jan. P/L/

LAST PAY CERTIFICATE

10-12

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

Regimental No. 3135961..Rank..Pte.....Name..FRANKISH..Frank, George.....
1ST DEPOT BATTALION
Corps..W.O. REGIMENT..who was ..Discharged
On.....7-1-19.....191.... xx in accordance with R.O.# 1357
xInsert "discharged" or "transferred."

The following is a statement of the account of the above named from
....6-1-19..191...., to ...7-1-19.....191...., the inclusive date of transfer or discharge.

Table with columns DR. and CR. containing financial entries such as Bal.dr. from prev. mo., Advances, Cheques, A.P. and S.A. No., Other Charges, Pym't. on disc. No., Bal. Cr. (to be pd. by new unit), Total, and Kit Clear.

A monthly stoppage of \$20.00 has Not (##) been pd. on acct. of A.P.
(for mo. of... Jan. 191.9.) (and S.A. for mo. of Jan. 191.9.) (to) Assignee Mrs. Mary Frankish
(Address) (. S.A. Card submitted not yet approved.) Elora Ont.
(#) Insert amount to be assignd. whether it has been paid or not
(##) Insert "not" if amt. has not been pd. for period of account.

On Transfer of an Officer
Outfit Allice. of \$..... has been pd. by Paymaster, Military District No....

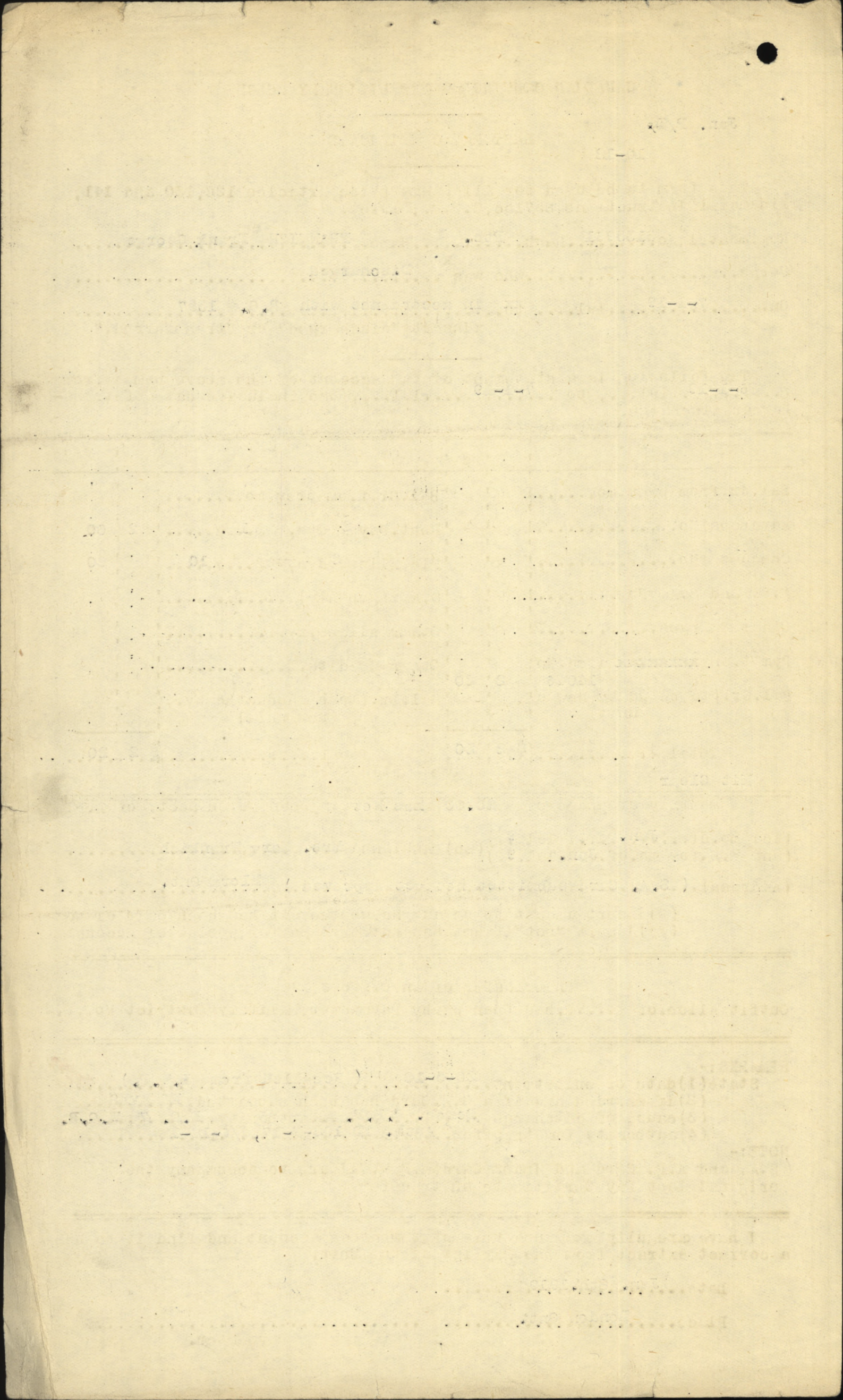
REMARKS:-
State (1) date of enlistment. 20-5-18 (Recalled from L.W.P.)
(2) if married and if a S.A. Card has been submitted. NQ YES
(3) cause of discharge. Demob. C.E.F. authority, D.O. 7. W.O.R.
(4) authority for transfer. Auth. 1D 102-F-17, d/6-12-18

NOTE:-
S.A. and A.P. Card and Index Card (M.P.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the Unit.

Date... Jan. 8th. 1919
Place.... London Ont.

Handwritten signature and stamp: Paymaster, 1st Depot Bn., C.E.F., No. 1



MILITARY SERVICE ACT, 1917.

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 on the receipt he 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 FRANKISH Christian name Frank George
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any)..... Elora, Wellington Co., Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of October 1917, by the undersigned medical board sitting at Guelph, Ont.

5. Age as stated 22 Years 11 Months. 6. Apparent age 22 Years 11 Months

7. Height 5 Feet 5 Inches. 8. Weight 119 Pounds.

9. Chest measurement { Minimum 30½ Ins. Maximum 33 Ins. 10. Complexion Medium { Eyes Hazel Hair Dk. Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm..... Left arm 1 14. When vaccinated last 1911

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

Scar right abdomen

16. Slight defects but not sufficient to cause rejection.....

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

A

absolute

J.P. Smith Capt. A.M.C. Member. *W. Barnes* Lieut. A.M.C. Member. President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
25/5/18		M.O.	25/5/18	Eyes R.D. 20	L.D. 30 M.O.
		M.O.	30/5/18	Hearing R. 10	L. 21. M.O.
		M.O.	3/6/18		M.O.

MAY 20 1918

LONDON, ONT.

Joined..... day of..... 191 at.....

CORPS	REG'TL NUMBER	HABITS	DATE
1st Depot Battrn., W. O. R.	3135961		MAY 20 1918
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	RESULT
London Ont.	May 20th. 1918	<u>Cat. Aii</u>
<i>Rondeau</i>	<i>6-1-19</i>	<i>W. M. Dint...</i> <u>Cat. Aii</u>

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 *Frank George Frankish*

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 Battn., W. O. R.
 Regimental No. 3135961 Rank Pte Name Grandish, Frank George
 Enlisted (a) M.A.A. Terms of Service (a) 4 Service reckons from (a) 20/5/18
 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) upholsterer.

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				
London, Ont.		Discharged-- Demobilization of C.E.F. Authority 1.D. 102-F-17. Last entry made.		R.O.# 1357	w/e 7-1- 19. d/6-12-18.

Robert Mackay Major

For O.C. 1st Depot Battalion W. O. R.

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

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1

M.F.B. 466,
150M, -1-18,
177-58-850.

NAME OF SOLDIER Frankish Frank L. Geo.

REGIMENT M.O.R. RANK Pte

No. 3135916



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

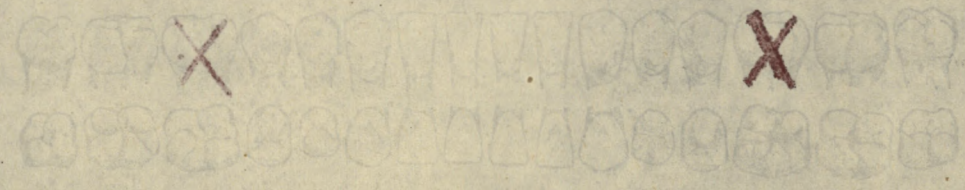
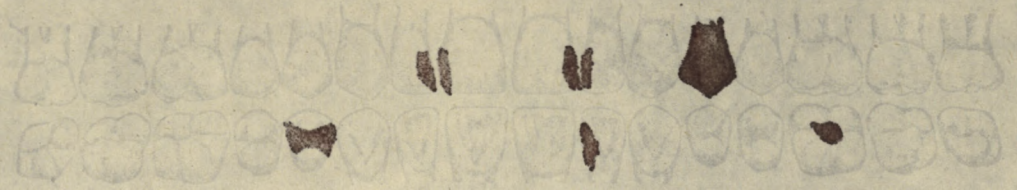
Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<u>Jan 7 2 1919.</u>	<u>3.12.</u>								<u>2.</u> <u>19.30.</u>				<u>4</u> <u>7.8.9</u> <u>10.</u>	<u>1</u> <u>5.</u>				<u>Capt</u> <u>L. S. Atkinson</u>		<u>Car 15.</u>
	<u>7/1/19.</u>																		<u>G. S. Atkinson</u>	<u>I</u>	<u>On Discharge</u> <u>Car. 15.</u>

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.
3. Only such entries to be made on this sheet as will show:
4. Condition on examination (in red)
5. Condition on leaving Canada
6. Condition on discharge



REMARKS

EXAMINER

CROWN

BRIDGE

DATE

Handwritten notes in the Remarks section, including a signature and date.

Handwritten notes in the Crown and Bridge sections, including measurements like 1/2 cc.

Handwritten notes in the Date section, including a date and initials.

11

Vertical handwritten notes on the right side of the page.

CANADIAN DENTAL BOARD

TEETH HISTORY SHEET

O.P. card

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. *31.35961* Rank *Pte* Surname *FRANKISH*
(Given name in full)
Frank George
Unit or Corps *W.O.R.* Birthplace *Clora Ont.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *119* lbs. Height *5* ft. *5* in. Colour of Eyes *Hazel*
Nutrition *Good*
Pulse *86*
Condition of arteries *Good*
Vision Rt. *20/20* Left *20/20*
Hearing (conversational voice) Rt. *20* ft. Left *20* ft.

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

Opinion as to general health and physical condition *Good*

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 Sytem *No* Cardio-Vascular System *No*
Special Senses *No* Integumentary System *No* Respiratory System *Yes*
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.

Pneumonia when a child. Drugs clear.

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 *London Ont* (Canada)

Date *6-1-19* Signed *W. M. Dutoit Capt* 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 *Frank Frankis*

(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.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3135961 (Rank) Private
 Name (in full) Frank George Frankish enlisted in
 the 1st. Depot Battalion W.O.R.
 CANADIAN EXPEDITIONARY FORCE at London, Ont. on the twentieth
 day of May 1918.
 HE served in Canada
 and is now discharged from the service by reason of Demobilization of Canadian
Expeditionary Forces. R.O.# 1357.

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

Age 24 years 2 months
 Height 5 feet 5 inches.
 Complexion Medium
 Eyes Hazel
 Hair Dark Brown.

Marks or Scars
Nil.

Frank George Frankish
 Signature of Soldier

R. W. ...
 Issuing Officer Major
For O.C. 1st Depot Battalion W. O. R.
 Rank

Date of Discharge 7-1-19.

Appointment

Signed at London, Ont. this seventh day of January 1919.
 in Military District No. One.

File Reference No. 1.D. 102-F-17 d/ 6-12-18.

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

Frankish Frank George

RANK.

Pte

REC. FILE.

T.O.

S. May 20. 1918

No. 23135961

CORPS.

D.O.

Part II No ... 1.30

W. D. Regt. 1st Depo Bn

ENLISTMENT, PLACE.

London Ont.

DATE.

May 20 d. 1918.

DISCHARGE, PLACE,

Birth
Canada, Elora Ont.

DATE.

Nov. 5 d. 1894.

REASON.

SOS Dis 7-1-19 I Demol

W O 7-7-1-19 I/WOR.

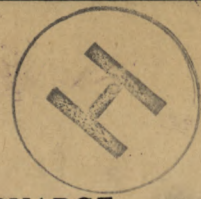
ADDRESS ON DISCHARGE.

DOCUMENTS.

N.O.K. Frankish Mrs. Mary Jane (mother)
Elora Ont.

CHARGED OUT**RETURNED****CHARGED OUT****RETURNED****TO****DATE****BY****RECEIVED
BY****DATE****TO****DATE****BY****RECEIVED
BY****DATE**

mob
RO-1357
demob.



28.3/2/19

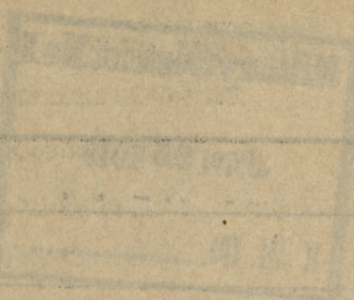
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Military District No. 1
JAN 25 1919
102-71-17
M. I. D.

1. No. 3135961		
2 Rank. Private		
3. Name. FRANKISH Frank George,		
4. Unit. 1st. Depot Battalion W.O.R.		
5 Date of Discharge	7-1-19.	Place London, Ont.
6 Reason for Discharge Demobilization of Canadian Expeditionary Forces. R.O.# 1357. Daily Orders # 7. d-7-1-19.		
7. Authority. 1.D. 102-F-17 d/6-12-18.		
8. Proposed Residence after Discharge. Elora Ontario		
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.? Frank George Frankish Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place London, Ont. Date 7-1-19. Signature [Signature] Major (O. C. Discharging Unit.) For O.C. 1st Depot Battalion W. O. R.		

Handwritten initials or signature in the bottom right corner.

REPORT FORM
PROCEEDINGS ON DISCHARGE
Demobilization



1	No.	115555
2	Rank	Private
3	Name	WALTER W. WOOD
4	Unit	1st. Depot Battalion A.C.F.
5	Date of Discharge	1-1-19
6	Place	London, Ont.
7	Reason for Discharge	Demobilization of Canadian Expeditionary Force
8	Authority	1-1-19
9	Proposed Residence after Discharge	
10	CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the undersigned place and date I received my discharge Certificate	
	M. W. W.	
	Signature of Soldier	
11	CONFIRMATION The discharge of the above named man is hereby confirmed.	
	Place	London, Ont.
	Date	1-1-19
	Signature of Official	
	O. C. Discharge Unit	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 28	Attestation Paper, Triplicate
Medical Form W. 138	or Particulars of Record
Medical Form W. 137 or A. R. 137	Final Discharge Report
Medical Form W. 137 or A. R. 137	Casualty Form
Medical Form W. 41	Last Day Certificate
	Indicates that missing documents are available
Medical Form H. 118 or A. P. H. 118	Medical History Sheet
Medical Form W. 137 or A. R. 137	Progress of Medical Record
Medical Form H. 162	Final History Sheet
Medical Form W. 137 or A. R. 137	Medical Report
Medical Form H. 202	Regimental Discharge Sheet
Medical Form H. 202	Company Discharge Sheet

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

102-F-17

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

REGT. No. 3135961 RANK Pl. NAME (IN FULL) FRANKISH.

AUDITOR PAYMASTER Frank George

M. OR S.

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F. W O R.

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION 20-5-18. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 7. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ DATE EFFECTIVE

PAYABLE TO Nil. RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE EFFECTIVE

DISCHARGED PLACE DATE (Recalled from Pl. R. Demob. RO 1357. 507. No.)

District Depot No. 1

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		DEBIT
					18	10	18	10												18	10			18 ¹⁰ br. Bal found from fine Pl. W.O.R. ✓
																								L.P.C. on file ✓

