

ORIGINAL

#2 M. D. 2nd. Depot Battalion 2nd. C.O. Regt. Regiment

Regtl. No. D 3314654.

M.S.A.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname..... W A R R E N .

2. Christian name..... George John.

3. Present address..... 309 Mary St, Hamilton, Ont.

4. Military Service Act letter and number..... Hamilton, Ont. Feb. 19th, 1918.

5. Date of birth..... February 13th, 1894. #.812073.

6. Place of birth..... Woolwich, England.  
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... Pres.

9. Trade or calling..... Labourer.

10. Name of next-of-kin..... Rose Warren.

11. Relationship of next-of-kin..... ~~Partner~~ 29 Ontario Bldgs. Preston Ra.  
Poplar E.14. London.

12. Address of next-of-kin..... (Mother) England.

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..... Hamilton, Ont. (b) Date..... 1917 October 18th. (c) Category..... A-2.

DECLARATION OF RECRUIT

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

*Geo. J. Warren* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... ~~22~~ 23 yrs..... mths.

Height..... 5 ft..... 6 ins.

Chest measurement } fully expanded..... 37½ ins.  
range of expansion..... 2 ins.

Complexion..... Dark.

Eyes..... Blue.

Hair..... Dark.

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

*H. Reynolds Major*  
for O. C. 2nd. Depot Btln.  
2nd C. O. Regt. Regt.

Place..... Niagara Falls, Ont. Date..... February 19th, 1918.

ORIGINAL

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name of recruit

2. Relationship of recruit to the person who has drafted him

3. Address of recruit

4. Whether he is present a member of the Forces

5. Particulars of previous military or naval service, if any

6. Medical Examination under Military Service Act

7. Place of birth

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 he is present a member of the Forces

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age

Height

Weight

Build

Complexion

Hair

Stature

Other

CANADA

Place of birth

Place of residence

Place of birth of father

Place of birth of mother

Place of birth of next of kin

NAME

*Warren George John*

REGT. NO.

*3314.654*

*9th Bn. C.M.C.*

H. Q. FILE NO.

*81*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

*W*

DEATH

Category

DISCHARGE

Category

*Demobilization*

DESERTION

*07224*

*TH*

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

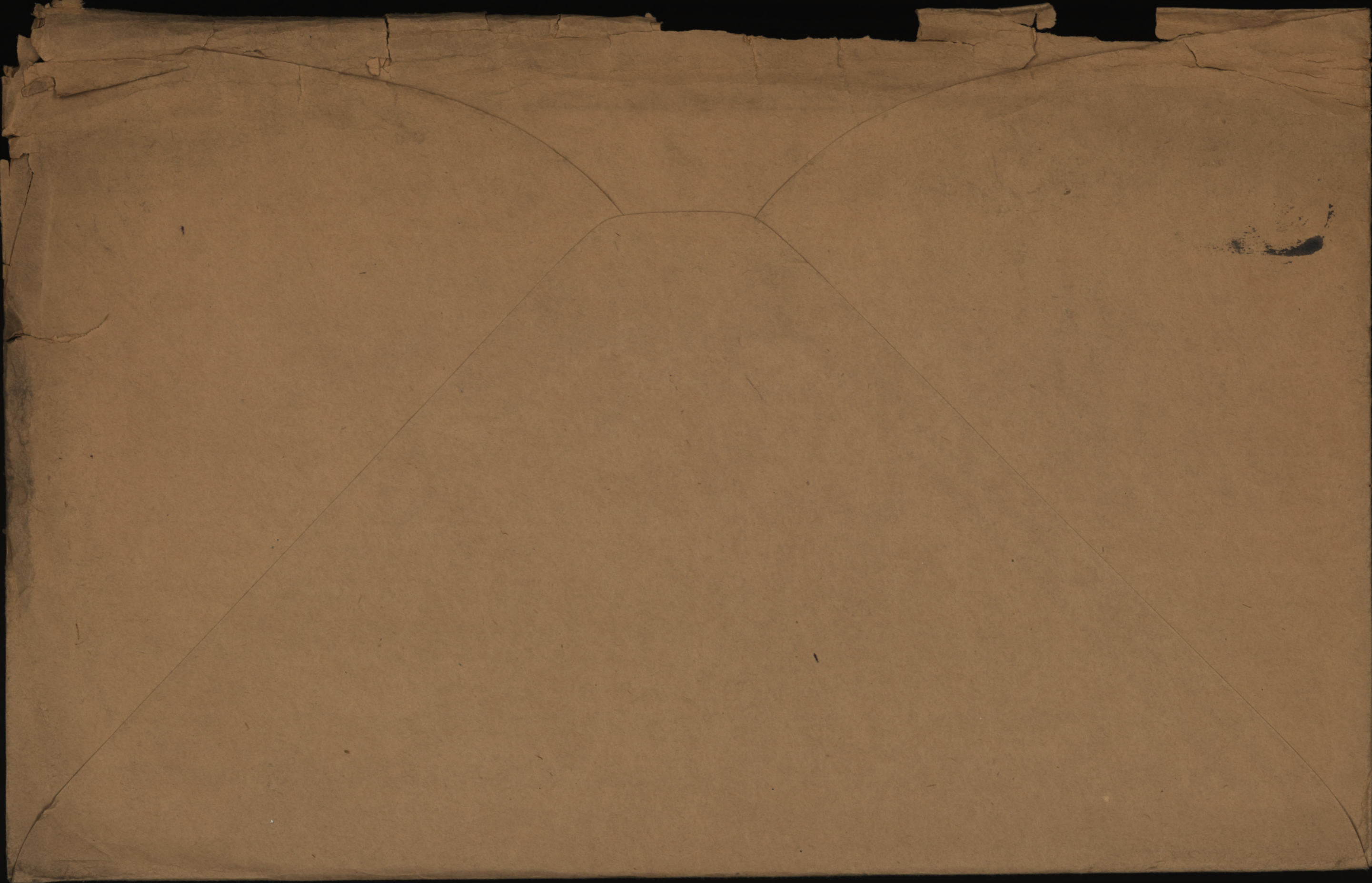
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*M.F.W. 17.*

*Photo of Mill*

*P. 22*

*M.E.B. 19-6-19.*



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.

14

(1) Name of Overseas Unit which Soldier joins..... 2nd. Depot Battalion 2nd. C.O.R.  
Niagara Falls Ont.

(2) Regimental Number..... D3314654

(3) Full Name of Soldier..... George John Warren

(4) Place of Birth..... Woolich, England

(5) Are you married, or not?..... No.

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address..... No.

(7) Are you a widower?..... No.

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive?.....**No.**.....

If so, state name and address.....

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

If so, state name and address.....**Mrs. R. Warren**.....

**29 Ontario Buildings Preston Road, Poplar e14 London, England**

(11) If your Mother is a widow.....**Yes.**.....

Are you her sole support, or not?.....**Part support.**.....

(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.

*Elgin Wilson Lieut*  
for Officer Commanding. "E" Co.

Date.....**March 1st. 1918.**.....

*Handwritten:* 3314604  
Number 3314604 Rank PLC - B

*Handwritten:* P

Surname WARREN

Christian Name George John

Units Com - M. G. Bde Theatre of War France

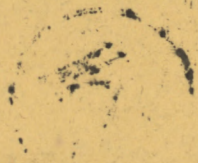
Date of Service 21-8-18

Remarks

Latest Address 309 Mary Street  
Hamilton

Roll No. Page 16623 Dut.

200m-2-21.M.





914

# 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. 03314654 Rank Plc Surname WARREN  
 (Given name in full)  
George John  
 Unit or Corps 2nd BATTN. CANADIAN MACHINE GUN CORPS. Birthplace Woodick Eng

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

### 1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5-7 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 70 Regular  
 Condition of arteries Soft  
 Vision Rt. 6/12 Left 6/12 +  
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

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

Mole in epigastrium

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 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.

no  
no  
 Proceeding Medical Board  
 (M G D R 2 B 3 - 15 Jan)  
 another man

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Widley.....(Overseas)

Date 11/4/49.....

Signed B.H. Frank 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 G. J. Warren.....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

Widley

[OVER]

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WARREN Joseph  
2nd BATTN.

REGIMENT CANADIAN MACHINE GUN CORPS RANK pt NO. 203314654

Date of Examination in England 17/4/19 Date of Examination in France \_\_\_\_\_



### DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 20
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer W. H. Rushford Capt.



*Faint, illegible handwriting or markings at the bottom left corner.*

# M.S.A. FORM OF WILL

1388

I, George John Warren Name in full  
 Regimental Number D 3314654 serving in 2 Depot Bn 2 COR  
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and  
 declare this to be my last Will.

I devise all my real estate unto

Mrs Rose Warren  
29 Ontario Buildings  
Preston Rd Poplar E 14 London  
Eng.

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

absolutely, and my personal estate I bequeath to

Mrs Rose Warren (mother)  
29 Ontario Buildings  
Preston Rd Poplar E 14  
London Eng

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

### NOTE

This space for the  
 appointment of  
 Executor if  
 necessary.

### IMPORTANT NOTE

this 22 day of February A.D. 1918  
George John Warren Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurances, etc., and all movable property of every kind.

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 herunto subscribed our names as Witnesses.

Signature of First Witness Robert Mansell Gardiner  
 Address of Witness Mount Stephen one corner  
Wood Inceptor  
 Occupation of Witness  
 THE TWO WITNESSES  
 MUST SIGN HERE  
 Signature of Second Witness Rufus Sellers  
 Address of Witness Brussels end  
 Occupation of Witness Locomotive Fireman

ESTATES BRANCH

JUN 17 1918

MILITIA DEPT.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. *324302*

THIS IS TO CERTIFY that No. *03314654* (Rank) *Private*

Name (in full) *George John Warren* enlisted in  
the *2nd C.O.R.*

CANADIAN EXPEDITIONARY FORCE at *Hamilton* on the *19th*  
day of *February* ~~October~~ *1918*

HE served in *2nd Battalion C.M.G.C. France*

and is now discharged from the service by reason of *Demobilization.*  
*Medical Unfitness.*

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

Age *24*  
Height *5 ft 6 in*  
Complexion *Dark*  
Eyes *Blue*  
Hair *Dark*

Marks or Scars *Nil.*

*G. J. Warren*  
Signature of Soldier.

*H. Sergeant*  
Issuing Officer.

Date of Discharge

No. 2 DISTRICT DEPOT  
MAY 25 1919  
TORONTO

*Capt.*  
FOR O. C. No. 2 D. D.  
Rank

Date *MAY 25 1919* 19....

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

REPUBLICAN EXPEDITIONARY FORCE  
BUREAU OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

THIS IS TO CERTIFY THAT  
[Faint text, possibly a name and rank]

[Faint text, possibly a date and location]

Adjutant General  
[Faint text]

[Faint text]

MAY 25 1918  
DISTRICT OF COLUMBIA



# M.S.A.

## W.S.B. class "A" Fill in only.—Unit, Number, Rank and Name. Casualty Form—Active Service.

M. O. W. 54. (A. F. B. 103.  
500M.—9-16  
I. Q. 1772-59-920.

Unit, Regiment or Corps *2nd Depot Bn. 2nd C.O. Regt.*

Regimental No. *3314654*

Rank *Pte.*

Name *George John Warren.*

Enlisted (a) *FEB 19 1918*

Terms of Service (a) *C.E.F. 10/10*

Service reckons from (a) *19 2 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) *Laborer*

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				
		Embarked Canada Arrived England	<i>Halifax Liverpool</i>	<i>9/4/18 19/4/18</i>	<i>H.M. S. Metagonia</i>
<i>21-5-18</i>	<i>8th Res.</i>	T.O.S. from Canada	Witley	19-4-18	D.O. #141
<i>26-5-18</i>	<i>8th Res.</i>	S.O.S. to C.M.G.D.	Witley	25-5-18	D.O. # <del>141</del> 146 ✓
<i>27-5-18</i>	<i>Com. G.D.</i>	Taken on Strength, <i>8th Res.</i>	SEAFORD.	<i>26.5.18.</i>	Auth. Depot Order Pt. II No. <i>147</i>
<i>23-8-18</i>	<i>Com. C.M.G.D.</i>	Transferred to <i>CMG Pool</i>	SEAFORD.	<i>21.8.18</i>	Depot Order Pt. II No. <i>229</i> <i>Swatson</i> Lieut. A/Adjutant, C.M.G. Depot. <i>W.S.H.</i>
<i>22/8/18</i>	<i>66 BA</i>	ARRIVED in France and TOS SMG Corps (CMG Pool)::		<i>22/8/18</i>	<i>R.V.R. 737</i> <i>9th O. 1st 8/1918.</i>

(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.

DISPATCHED BY AIR MAIL 23 MAY 1918

CERTIFIED CORRECT.  
5 AUG. 1918  
C.M.G.D. RECORDS, LONDON.

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				
3-10-18	6686	Sos. 6m8R Pool on Transfer to	Ed	2-10-18	ROK 1792 PHO. 182/1918
3-10-18	26	2nd Co. 6m86 Tos. 6m8R Pool on transfer from 6m8 Pool		3-10-18	no 108-16.
12-10-18	Unit	Joined unit Proceeded to England	Field		13219 J. J. Kelton Lieut. Lt. Col. A.A.G. Canadian Section
<p>S.O.S. ON PROCEEDING TO CANADA. PART II. "H" WING, C.C.C. 16-5-19</p>					
<p>MAY 14 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 158</p>					
<p>MAY 25 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 158</p>					
					<p><i>W. C. Roberts</i> Lieut. For C. C. No. 2 District Depot.</p>

ET.

Rank \_\_\_\_\_ Name **WARREN, George John** Reg'l No. **3314654**

Unit **2nd Dft. 2nd Bn. 2nd C.O.R.** If in perm. Corps, }  
What Unit? } **Single.** Married or Single

Place and Date of Enlistment **Niagara Falls. February 19th. 1918** Place of Birth **Woolwich, Eng.**

Name and Address, Next-of-Kin **Ross Warren,**  
**29. Ontario Bldgs, Preston Rd, Poplar E.14. London. England.** Relationship **Mother**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship **etc**

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

10943  
7442  
N/E. R.B. No.  
File R.L.  
Category **OR CAN**

Discharge, Date and Place Reason Character

H. W. & V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
			Arrived in England	19-4-18	S/S METAGAMA
21-5-18	8th Res T, O, S, from Canada	Witley	Witley	18 100 141	
26-5-18	8th Res Bn	SOS to 6th M.S. Depot	Witley	25-5-18	Post No. 146 & 147/27-5-18. <b>Embld</b>
23-8-18	6. m. l. n. d.	SOS to m. l. school. officer	leaford	21-8-18	N.O. 229. 881 <b>4/9-9-18 MGRP</b>
14-10-18	MGRP	SOS to 2 Bn. MGC	Frederic	2-10-18	Plt 102 & 105 <b>2/18-10-18 2 Bn MGC</b>
17-4-19	2nd Bn C.M.G.C.	Proc to Eng	Le Havre	13-4-19	Plt 102 & 105 <b>2/18-10-18 2 Bn MGC</b>
20-4-19	<sup>H Wing</sup> 6th Bn Witley	Sol from 2nd Bn Embld.	Witley	13-4-19	-29
18-5-19	6th Bn	Plt to Canada	"	14-5-19	-44

CHECKED  
 30 AUG 1918



\* Strike out whichever is applicable.

ASSIGNED PAY: ENGLAND OR CANADA	SEPARATION ALLOWANCE: ENGLAND OR CANADA	NAME: <i>Warren George John</i>
EFFECTIVE DATE: <i>1.24.18</i>	EFFECTIVE DATE: -	NUMBER: <i>3314654</i>
AMOUNT: <i>1500</i>	AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Mrs Rose Warren LAC Mother Home Hill 29 Ontario Bldgs Preston Rd London &amp; Engd Poplar 614</i>	<i>LAC from Can</i>	-	<i>LAC</i>
UNIT AND TRANSFERS #25M			
ORIGINAL UNIT: <i>2nd Depot Bn - 2nd Cdn</i>			
DATE ACCOUNT FIRST OPENED: <i>1.5.18</i>			
	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S/D
	<i>LAC from Canada</i>	<i>1/6/18</i>	<i>20/6/18</i>
			UNIT TRANSFERRED TO
			<i>8 Res Bn</i>
	<i>50 147</i>		<i>C.M. 3 Depot</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>2/3/18</i>	<i>2164</i>	<i>2/15/18</i>	<i>269</i>				
<i>3/4/18</i>	<i>69</i>		<i>272</i>				
<i>10/4/18</i>	<i>1014</i>	<i>10/1/18</i>	<i>1300</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transfer to Canada 1/5/19 Authority Ref No. 9750 10/4/18*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>30.4.18</i>	<i>Pay from Canada</i>								<i>28 58</i>		
<i>April</i>	<i>Q.P. for Apr. 1918 charged on L.P.B. but not paid by Lt. D. O'Meara a/c 1893. a/c B.</i>		<i>15</i>	<i>Supp ch: A0380: Apr AP. #3-18</i>			<i>15</i>		<i>28 58</i>		
<i>May</i>	<i>P. Pay</i>	<i>24 10</i>	<i>15</i>	<i>AR 414715. 23-18</i>			<i>15</i>		<i>28 58</i>		
				<i>AR 1475. 18-8-18. 80rs.</i>	<i>4 87</i>				<i>42 73</i>		
		<i>34 10</i>			<i>4 87</i>						
<i>June</i>	<i>Ste Pay</i>	<i>33</i>		<i>B #1115</i>			<i>15</i>				
				<i>a.R. 156H 13 1/8 lmyd</i>	<i>4 87</i>						
				<i>" 1296 28 5/8</i>	<i>4 87</i>						
				<i>DR. " 1379 15 5/8 8 1/2 Mes.</i>	<i>4 87</i>						
				<i>" 2019 26 1/8 lmyd.</i>	<i>9 73</i>				<i>36 39</i>		
		<i>33</i>			<i>24 34</i>		<i>15</i>				
<i>July</i>		<i>34 10</i>		<i>C 16393</i>			<i>15</i>				
				<i>a.R. 222H 11 7/8 lmyd.</i>	<i>34 07</i>						
				<i>" 25H 26 7/8</i>	<i>4 87</i>				<i>16 55</i>		
		<i>34 10</i>			<i>38 94</i>		<i>15</i>				
<i>Aug</i>		<i>34 10</i>		<i>C 55638</i>			<i>15</i>				
				<i>AR 9311. 14-8-18</i>	<i>9 73</i>						
				<i>" 3619 28/8</i>	<i>4 87</i>						
		<i>34 10</i>			<i>14 60</i>		<i>15</i>		<i>21 05</i>		
<i>Sept</i>		<i>33</i>		<i>C 44237</i>			<i>15</i>				
				<i>" 295. 5-9-18. C.M.G.C.R.D.</i>	<i>3 57</i>						
				<i>" 25 15-9</i>	<i>3 57</i>				<i>31 91</i>		
		<i>33</i>			<i>7 44</i>		<i>15</i>				
<i>Oct</i>		<i>34 10</i>		<i>D 46055</i>			<i>15</i>				
				<i>" 1345. 15-10 2nd Cdn</i>	<i>3 73</i>						
				<i>DR 28382. new 3069. Knife Razor</i>	<i>33</i>				<i>46 95</i>		
		<i>34 10</i>			<i>4 06</i>		<i>15</i>				

NUMBER 3314654 RANK

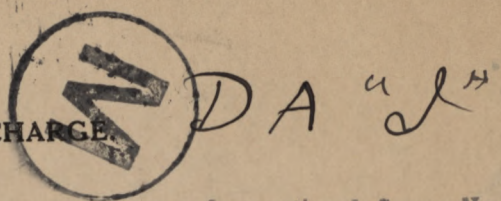
NAME WARREN 42

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec 3	Wm Ford								46.95		
Nov	Wm Ford	33		630837			15				
Dec	Wm Ford	34 10		AR 1594-3/11/18 2 <sup>nd</sup> Com 96	7.46						
Jan	Wm Ford	34 10		855280. 2-3-1-8			15				
				AR 1904-28/11 2 <sup>nd</sup> Com 96	13.06						
				21834 2-3-1-8			15		82.63		
Feb	Wm Ford	30.80		AR 2026-15/1/18 2 <sup>nd</sup> Com 96	6.49		45				
Mar		34 10		AR 2429-9/1/19 .. ..	3.77						
				.. 2526-5/1/19 .. ..	3.33						
				261645 2-3-1-8	13.99		15				
				AR 2662-10/1/19 2 <sup>nd</sup> Com 96	3.93						
				459029 2-3-1-8			15				
				AR 2871-1/2/19 .. ..	18.35						
				.. 3048 .. 11/3 .. ..	3.65						
		64.90		A. 48508 Apr 2-3-1-8	43.35		30		74.18		
Apr	Wm Ford	33		A. 48509 May 2-3-1-8			15				
				AR 69-3/4 2 <sup>nd</sup> Com 96	3.65						
				.. 3164 5/3 .. ..	3.65						
				.. 1044 19/4 18666	7.3						
				.. 365-18/3 18666	9.43						
		33		(60000?)	9.00		30		12.85		

Lo of 14/5/19 #55 MR 7

War Service Badge  
Class "A" No.

374302 SHORT FORM.  
PROCEEDINGS ON DISCHARGE  
(Demobilization.)



Occupational Group No. 7

1. No. D3314654.

2. Rank. Private

3. Name. WARREN George John.

4. Unit. 2nd BATTN. CANADIAN MACHINE GUN CORPS.

5. Date of Discharge MAY 25 1919 Place Toronto

6. Reason for Discharge Demobilization

7. Authority. No. 2, D.D., Part II, D.O. No. 156.

8. Proposed Residence after Discharge. Hamilton - Ont.  
309 Mary St.

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. ?

G. J. Warner Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

H. August Capt.  
FOR O. C. No. 2 D. D.  
(O. C. Discharging Unit.)



PROCEEDINGS ON RECEIPTS

Continuation



Blank lined form area with horizontal ruling lines.



TESTIMONY TO BE SHOWN BY JURY

The witness shall be sworn and shall testify to the truth of the facts as stated in the following

CERTIFICATION

The contents of the above pages are true and correct.

MAY 28 1942

By: [Signature]



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**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (U.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B  
 Checked by No. 11  
 Date 11 MAY 1919

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE  
CLASS 'A' No.

324302

THIS IS TO CERTIFY that No. D 3314654 (Rank) Private

Name (in full) George John Warren enlisted in  
the 2nd C O A

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 19th  
day of February 1918

HE served in 2nd Bn Cmpc France

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 24 Marks or Scars

Height 5'6" Nil

Complexion Dark

Eyes Blue

Hair Dark

G. J. Warren  
Signature of Soldier

H. Sargeant  
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

MAY 25 1919

TORONTO

Capt.  
FOR O. C. No Rank. D.

Date MAY 25 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

Uniform is not to be worn after  
expiration of one month from date of  
discharge, except by special permission

"MINEKAHDA" 18-5-19

W3589

DISPERSAL "I" AUDITOR G.J. PAYMASTER

M. OR S.

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

REGT. No. 3314654 RANK

Pte. NAME (IN FULL) WARREN

G.J.

Form with fields for NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY.

Table with columns: MONTH, NO. OF DAYS, RATE, AMOUNT, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.

DISPENSARY

RECEIVED

DATE OF RECEIPT

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# ORIGINAL MILITARY SERVICE ACT, 1917.

# M.S.A. No. 2

## M.S.A. 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 Warren Christian name George John.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 812073

3. Consecutive number on schedule of men reporting for service (if he appears on it) Class 11

4. Address (including street and number, if any) 309 Mary St., Hamilton, Ontario.

DEPT. OF JUSTICE  
M.S.A. REG. STRAR.  
DEC 14 1917  
M.S.A. 1917

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of October. 1917, by the undersigned medical board sitting at Hamilton, Ontario.

5. Age as stated 22 Years 14 Months. 6. Apparent age 14 Years 14 Months

7. Height 5 Feet 6 Inches. 8. Weight 134 Pounds.

9. Chest measurement { Minimum 35½ Ins. 10. Complexion Dark. { Eyes Blue.  
Maximum 37½ Ins. { Hair Dark.

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

13. Number of vaccination marks { Right arm \_\_\_\_\_ 14. When vaccinated last In infancy.  
Left arm Four.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Hearing normal, Visual acuity both eyes D-20.

Signature of Man Geo J. Warren

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

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-2

J. J. Morris President. A. Schartus Member.

J. J. Morris Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
3/1/18		<u>Smallpox</u>	2/26/18	<u>TAB 2</u>	
			4/5/18	<u>TAB 1</u>	
			1/3/18		

**DUPLICATE**  
**MEDICAL BOARD**

Joined 19th day of February, 1918 at Niagara Falls, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn.</u>			
Transferred to.....	<u>2nd C.O. Regt.</u>	<u>3314654</u>		
	<u>CMG, P.L.</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.

