

Original

ATTESTATION PAPER.

No. 838588

147th GREY O. S. BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Weir
- 1a. What are your Christian names? JOHN JAMES VARNEY
- 1b. What is your present address? R. R. No. 1 ~~BARRY~~ ONT
- 2. In what Town, Township or Parish, and in what Country were you born? EGERMONT, ONT. GREY CO. CANADA
- 3. What is the name of your next-of-kin? AGNES WEIR
- 4. What is the address of your next-of-kin? R. R. No. 1 Varnoy EGERMONT ONT.
- 4a. What is the relationship of your next-of-kin? MOTHER GREY CO. ONT.
- 5. What is the date of your birth? Aug. 28-1888
- 6. What is your Trade or Calling? FARMER
- 7. Are you married? NO
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? YES
- 9. Do you now belong to the Active Militia? NO
- 10. Have you ever served in any Military Force? NO
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? YES
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } YES

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, JOHN JAMES WEIR, 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.

J. James Weir (Signature of Recruit)

Date Jan 6 1916 *Abner Dobi* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, JOHN JAMES WEIR, 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.

J. James Weir (Signature of Recruit)

Date JAN 6 1916 *Abner Dobi* (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 OWEN SOUND this 6 day of Jan 1916

J. J. Carter Major (Signature of Justice)

H. M. Harland Lieut Col/
O. C. 147th Grey O. S. Bn. C. E. F.

Description of JOHN JAMES WEIR on Enlistment.

Apparent Age 27 years 4 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5ft. 10 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Fair

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

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

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

Scar between thumb and first finger on left hand.

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 declares that he is not subject to fits of any description.

I consider him* **F. IT** for the **Canadian Over-Seas Expeditionary Force.**

Date **Jan 6 1916**

Place **OVEN SOUND**

W. E. Howes
 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.

. **J. OHN JAMES WEIR** 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.

G. M. Farland Lieut. Col.

. **O. C. 147th Grey O. S. Bn., C. E. F.** (Signature of Officer)

Date **Jan 6 1916**

REGIMENTAL DOCUMENTS

NAME

Weir John James

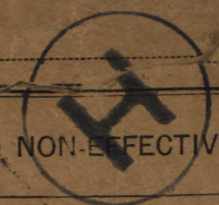
REGT. NO.

838,588

UNIT

147th Bn

H. Q. FILE NO.



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TO WHOM FORWARDED

DATE FORWARDED

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NON-EFFECTIVE BY

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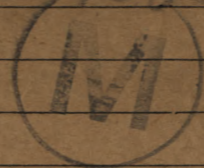
Misc

717 W 67

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P122

~~RECEIVED~~



12654

DEATH

Category

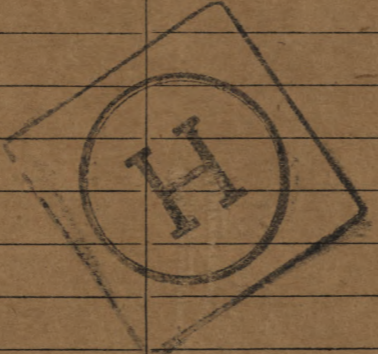
DISCHARGE

Category

Demobilization

DESERTION

Alt. Cont.



10206

1422
Number 8395-88

Rank

Pte- ~~P~~

Surname

WEIR

Christian Name

John James

Units

46 on R

Theatre of War

France *

Date of Service

7-3-17

Remarks

Proton Station

Latest Address

R. R. #1

Jarney Calif.

Roll No.

B Page 13104

200m-2-21.M.

DESP. MAY 31 1922
REGN. NO. *W 18430*

33

SURNAME.

Weir

CARD NO.

dep area
D. 7

CHRISTIAN NAMES

John James

FOLL.

REGL. NO.

838588

RANK

Pte.

UNIT

147th

Bn.

FORMER CORPS

nil

also notify

~~NEXT OF KIN.~~

CHANGE OF ADDRESS

NAMES IN FULL

Weir Mrs Agnes

notified

Mrs. Mary Ann Weir

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

R.R. no. 1. Varney, Egremont Tp. Grey Co. Ont.

R.R. 1 Varney Ont

8 a.m. 1/19/19

COUNTRY OF BIRTH

Canada, Egremont Tp Grey Co, Ont

DATE

Aug 28th 1888.

PLACE OF ATTESTATION

Owen Sound, Ont

DATE

Jan. 6th 1916.

Sailed from Halifax per S.S. "Olympic."

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

14-11-16.

M. F. W. 22. 250M. -2-16. H. Q. 1772-39-330.

M/C 5-4-19 299/14-Pte

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

27

YEARS

4

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Scar between thumb and first finger on left hand.

MEDICAL EXAMINATION.

PLACE

Owen Sound, Ont.

DATE

Jan. 6^d 1916.

Present Address. R.R. no 1. Varney, Ont.

No. 838588

RANK *Plt.*

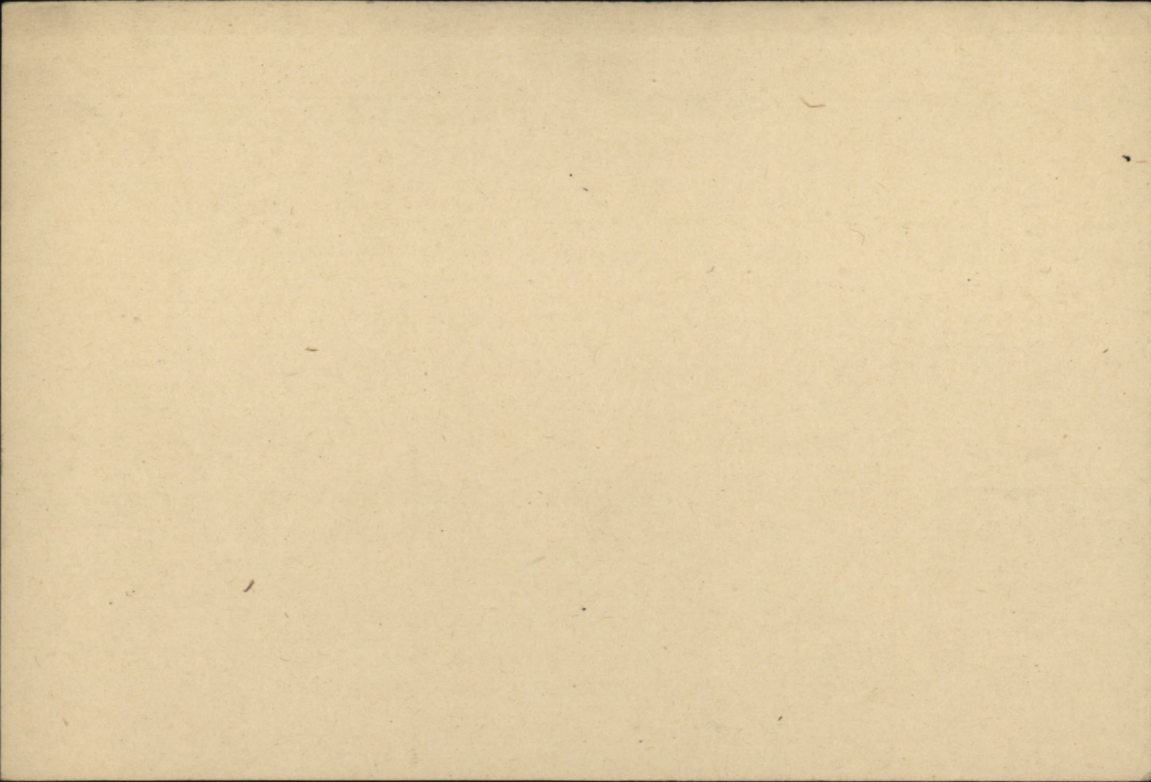
NAME

*Weir, Geo. J.*T. O. S. 5-1-16 D. O. S. 7-1-16 UNIT *147th (Cey) Battalion, C. E. F.*M. D. *2.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 5</i>	<i>1916 Jan. 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		

UNIT SAILED

NOV 13 1916



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

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WEIR J. J.
REGIMENT 8th Reserve RANK Pvt No. 888588

Date of Examination in England 22. 2. 19 Date of Examination in France _____

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 _____
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper repair
 - (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 yes
 - (b) In England _____
 - (c) In France lv

Signature of Dental Officer J. N. Rosobert

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

100-100000-1000

MEMORANDUM FOR THE DIRECTOR
DATE: 10/15/54

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]



ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

838588

147th GREY O. S. BATTALION C. E. F.

Surname Weir Christian Name James

Examined { on 6th day of January 1916
 at Owen Sound Ont.

Birthplace { City or Town Egermont
 County Grey

Apparent age 27

Trade or occupation Farmer

Height 5 Feet 10 Inches

Weight 155 Lbs.

Chest measurement { Minimum 24 inches
 Maximum expansion 27 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left
 Number none

When Vaccinated last In childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

EXAMINED FOR RE-ENGAGEMENT,		
Date	Fit or Unfit	
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
VACCINATIONS.		
Date	Result	
<u>20.6.16</u>	<u>+</u>	<u>J. E. Howes</u> M.O.
		M.O.
		M.O.
ANTI-TYPHOID INOCULATIONS, ETC.		
Date	Result	
<u>22/3/16</u>	<u>+</u>	<u>J. E. Howes</u> M.O.
<u>31/3/16</u>	<u>+</u>	<u>J. E. Howes</u> M.O.
<u>20/1/17</u>		<u>Para J. E. Howes</u> M.O.

Enlisted on 5th day of January 1916 at Priceville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>147th Os Bttm</u> <u>C. E. F</u>	<u>838588</u>		<u>5/1/16</u>
Transferred to.....	<u>8th Can.</u> <u>Res. Div.</u> <u>4th CMB</u>	<u>838588</u>		<u>1/1/17</u> <u>6/3/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISKASE.	RESULT.
<u>Witley</u>	<u>11/2/19</u>	<u>Goiter.</u>	<u>BII</u> <u>Jas. L. Hammons</u> <u>Cap. C.M.S.</u>

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.

LTR

Rank Name WEIR, John James -

Reg'l No. 838588 -

Unit 147th, Bn. If in perm. Corps, } Married or Single Single. -
What Unit? }

Place and Date of Enlistment Owen Sound, Jan, 6th, 1916. Place of Birth Egermont, Ont, -

Name and Address, Next-of-Kin Mrs Mary Ann Weir. } Grey Co, Canada.
Agnes Weir. - }
St Martins Gate, Haddington, Scotland. *Auth. R. 29. B.*

R.R. No. 1. Varney, Egermont. Grey Co, Ontario - Relationship Mother. - *Wife.*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 12943
File R.L.
Category ORCau

Discharge, Date and Place Reason Character

Labor

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. S S Olympic		20-11-16	
1-1-17	147th Bn.	S. O. S. to 8th Res. Bn.	Shoreham	1-1-17	D. O. Ia
1-1-17	8th Res. Bn.	T. O. S. FROM 147th. Bn.	Shoreham	1-1-17	Pt, 2, D. O. 1
6-3-17	8th Res. Bn	S. O. S to 4th, C. M. B.	Shorncliffe	6/3/17	Pt 2 D. O. 65
15-3-17	4 CMB	Taken on strength.	Field	7-3-17	Pt II O. 21
25. 5. 17	"	Class. Term Base & add to Can. Corps Composite.	"	12. 5. 17	53 & P. II D. 057
27-2-18	"	ceases to be att'd 6.6.6. by Pte.	"	19-2-18	of 27/5/17 of C.C.C. P. 50 25. & C. C. H. P. II 10 4/23-18
		& S. O. S. to Can. Lab. Pool.			Sub Post P. II 29 4/6-3-18
11-3-18	4 th Bn.	Granted permission to marry	Pt.	4-2-18	Pt. 29 d/
11-5-18	11-5-18	S. O. S. to 2 nd C. I. W. Bn	Pte	5-5-18	P. II 064 & P. II 043 4/18-5-18. 2 nd C. I. W. B.

*1000
210*

*A.F.B. 103 CHECKED
12 MAR 1917*

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.				
25-9-18	2nd Lt. Wm. S. S.	SOS. to 2nd Lt. Wm. S. S.	Pt. Field	13-9-18	1st Lt. 99. 80510.1725 9/18 2nd Lt. Wm. S. S.
15-1-19	2nd Lt. Wm. S. S.	SOS. to 2nd Lt. Wm. S. S.	Pt. Field	10-1-19	1st Lt. 4.
27-1-19	Gu. S. S.	S.O.S. from 2 c. d. WCs.	Pt. Witley	10-1-19	DO 21 am com 1 c. d. Witley
8-2-19	Gu. S. S.	cross com 1 c. d. Witley	Pt. Witley	6-2-19	DO 32
1-3-19	Gu. S. S.	am com 1 c. d. Witley	Pt. Witley	26-2-19	DO 50
15.7.19	Gu. S. S.	D8-I-15 cross com 1 c. d. Witley	Pt. " "	Sailing 28-3-19 28.3.19	DO 114
		to G. S. S. (and Gen. S. S. after order 14/24-7-19)			

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

Casualty Form—Active Service.

Unit, Regiment or Corps 147th Bn.Regimental No. 838588 Rank Ote Name Wier John James
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
24-7-19	Ken. Dep. Pers	S.O.S. of om. F.b. to Canada		28-3-19 ap 1	<u>J. C. Langman</u> for D of B

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

[P.T.O]

Casualty Form - Active Service

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				

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 130873

THIS IS TO CERTIFY that No. 838588 (Rank) Pte

Name (in full) John James WEIR enlisted in
the 14th Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at OWEN, POUNT on the 5th
day of January 19 16

HE served in 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 30 years

Height 5 ft 11 1/2 inches

Complexion fair

Eyes Blue

Hair fair

Marks or Scars

slight scar on back
of hand between thumb
& first finger

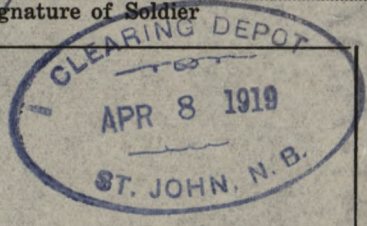
John James Weir
Signature of Soldier

H. H. Smith
Issuing Officer

MAJOR

O. C. Clearing Depot, St. John, N. B.

Date of Discharge



Rank

Date APR 8 - 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.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 388288 (Rank) Private

Name (in full) John P. WEIR

enlisted in the

Canadian Expeditionary Force at FRANCOIS

on the 19 day of January

HE served in

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:

<p>Age <u>20</u></p> <p>Height <u>5' 11 1/2"</u></p> <p>Complexion <u>Light</u></p> <p>Hair <u>Dark</u></p> <p>Build <u>Slender</u></p> <p>Scars <u>None</u></p>	<p>Signature of Soldier <u>[Signature]</u></p> <p>Date of Discharge <u>1919</u></p> <p>Rank <u>Private</u></p> <p>Date <u>1919</u></p>
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NOTE: As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 147th GREY OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE.

(2) Regimental Number 838588

(3) Full Name of Soldier JOHN JAMES WEIR

(4) Place of Birth VARNEY ONT.

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

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

 (b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

DUPLICATE

(9) Is your Father alive?.....YES.....

If so, state name and address.....JOHN WEIR VARNEY ONT.....

(10) Is your Mother alive?.....YES.....

If so, state name and address.....AGNES WEIR VARNEY ONT.....

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

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

(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.

G. O. Farland Lieut. Col.
O. O. 147th Gray O. Officer Commanding.

Date.....CAMP BORDEN AUGUST 30th 1916.....

~~SEPARATION CHECK~~

Name Mrs. Agnes Weir
Address Varney Ont

Name of Soldier Weir John James
Regtl. No. 838588

Rank Pte
Corps 147th Bn.

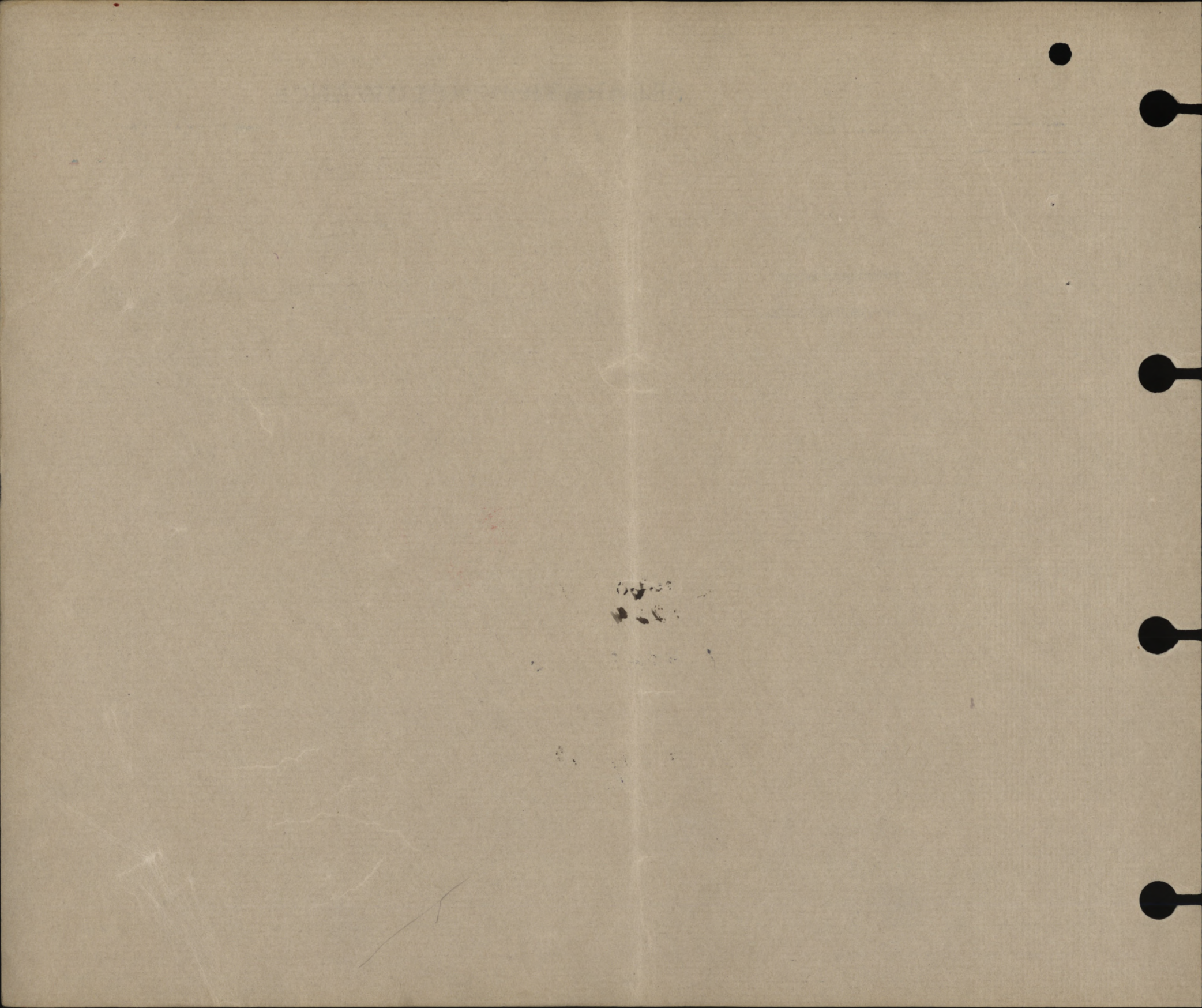
To what Corps belonging }
when called out }

Rate }
\$15⁰⁰ Mar 1st 17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 M 3 ³ / ₇ M B 20 ⁴ / ₁₇
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs Agnes Weir

Name of Soldier

Weir John James

PAYMENTS.

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15⁰⁰ / mch 1/17</i>
				<i># 838588</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>X 35989</i>	<i>30</i>	<i>30 w.</i>
May		<i>L 9660</i>	<i>15</i>	<i>15. Cu</i>
June		<i>I 19224</i>	<i>15</i>	<i>w.</i>
July		<i>Z 28449</i>	<i>15</i>	
Aug.		<i>P 33257</i>	<i>15</i>	
Sept.		<i>E 40534</i>	<i>15</i>	<i>gmo</i>
Oct.		<i>P 45710</i>	<i>15</i>	<i>150</i>
Nov.		<i>S 54317</i>	<i>15</i>	
Dec.		<i>M 64572</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA
EFFECTIVE DATE: 20⁰⁰ <i>Apr 2/18</i>		EFFECTIVE DATE: 4/2/18 <i>1.9.18</i>	
AMOUNT: 20⁰⁰ <i>20⁰⁰</i>		AMOUNT: 25⁰⁰ <i>30⁰⁰</i>	

NAME: **WEIR J.J.**
NUMBER: **838588**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

*Mary Ann Weir, (wife)
St Martins Gate
Haddington, Scot.
Trans. to Gen 6-1/4/19*

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

SAME

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT: <i>147 Pm</i>			
DATE ACCOUNT FIRST OPENED: <i>Dec 1/17</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<i>5029. 5/3/18</i>	<i>1/4/18</i>	<i>25/4/18</i>	<i>44 Cmk</i>
<i>43. 18.5.18</i>	<i>1.6.18</i>	<i>19.6.18</i>	<i>Calc Pool, 26/1/19 "N"</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>6-2-19</i>		<i>1st CCN</i>	12.17				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

28/2/19 APC Bal Credit ^{62.17} ~~57.30~~ (Compiled 12/2/19)

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis Canada 1/3/19 amk nr D2880 8/2/19 truly & wholly Disposal (no 2)*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March	<i>Balance Forward.</i>								<i>73 58</i>	<i>45-</i>	
April	<i>DP</i>	<i>33</i>		<i>CR. 0034 £9.11.6 S.A. 3/3/18</i>							<i>47 35</i>
				<i>MP3a CR 28908 £9.4.11</i>			<i>20</i>		<i>86 58</i>		<i>25</i>
				<i>CR 714 SSCCHA 19.4.18</i>	<i>3 57</i>		<i>20</i>		<i>83 01</i>	<i>45-</i>	<i>7 2 33</i>
May	<i>DP</i>	<i>34 10</i>		<i>CR. 461357 £9.4.11</i>			<i>20</i>		<i>97 11</i>		<i>25-</i>
				<i>AR 1188 SS CCND 3.5.18</i>	<i>4 46</i>				<i>92 65</i>		
				<i>DR 298 " " 3.4.18</i>	<i>4 46</i>				<i>88 19</i>		
				<i>AR 182 26/1/19 15.5.15</i>	<i>3 57</i>		<i>20</i>		<i>84 67</i>	<i>45</i>	<i>25</i>
					<i>12 49</i>						
JUN 1918	<i>"</i>	<i>33</i>		<i>bk B67360 £9.4.11</i>			<i>20</i>		<i>97 62</i>		<i>25</i>
				<i>2 LNW. AR. 249 6/6</i>	<i>3 57</i>				<i>94 05</i>	<i>45</i>	
				<i>" " 328 30/6</i>	<i>4 46</i>				<i>89 59</i>		
					<i>8 03</i>		<i>20</i>				<i>25</i>
July	<i>✓</i>	<i>34 10</i>		<i>bk 62000 £9.4.11</i>			<i>20</i>		<i>103 69</i>		<i>25</i>
				<i>2 LNW AR 347 9/7</i>	<i>3 57</i>				<i>100 12</i>	<i>45</i>	
				<i>" " 410 31/7</i>	<i>4 46</i>				<i>95 66</i>		
					<i>8 03</i>		<i>20</i>				<i>25</i>
AUG	<i>✓</i>	<i>34 10</i>		<i>bk 636783 £9.4.11</i>			<i>20</i>		<i>109 76</i>	<i>45</i>	<i>25</i>
							<i>20</i>				<i>25</i>
SEP	<i>! ✓</i>	<i>33</i>		<i>bk D10385 £9.4.11</i>			<i>20</i>		<i>122 76</i>		<i>25</i>
				<i>2 LNW 12808 15/8</i>	<i>4 46</i>				<i>118 30</i>		
				<i>" AR 515 15/9</i>	<i>3 57</i>				<i>114 73</i>	<i>45</i>	
				<i>bk 65 30/9</i>	<i>4 46</i>				<i>110 27</i>		
					<i>12 49</i>		<i>20</i>				<i>25</i>
Oct 1918	<i>pp.</i>	<i>34 10</i>		<i>bk 63456 £9.4.11</i>			<i>20</i>		<i>124 37</i>		<i>25</i>
				<i>AR 2056 31.10.18</i>	<i>8 39</i>				<i>115 98</i>		
					<i>8 39</i>		<i>20</i>				<i>25</i>

NUMBER 838588 RANK Pte NAME Keir J.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
3.10.18	Balders								11598	45	
	M. J. P. P.	33		Ch. Tomm. P. 14.6.7			20		12898		40
				20 at 370/19 18.11.8	1679				11219		
10.1.19	P. P.	6870		Dec 24/54 £10.5.6			20		16039		30
				28.2.867 £10.5.6			20		14039	45	30
		10140			1679		60				100
Feb				Apr 27 2112.18 20.1.19	839						
				1633 10.1.19 CDD	466						
				10151 17.1.19 19.1.19	4867				7867		
	P. P.	3080		F81099 Feb £10.5.6			20		8947		30
	Interest on deposits pay	487		F81100 Mar £10.5.6			20		6947		30
				Apr 10/978 6.2.19 19.1.19	1217				7166		
				Apr 30/47 4/3/19 CDD Buxton	973				5244		
		3564			8362		40				
April		-		Apr 4980 18/3/19 CDD Buxton end	973				4271		
					973						

Dr. Keir 28/3/19 52 08 9 END

L.F.C.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION WITLEY DATE 8-2-19.

1. 1 (a) Unit 2nd inf (b) Regimental No. 838 558 (c) Rank PTE
 (d) Surname WEIR (e) Christian name JAMES
 (f) Home address VARNEY ONT.
 (g) Next of Kin WIFE (h) Relationship WIFE
 (i) Address of Next of Kin ST MARTINS GATE HADDINGTON SCOT

2. Age last birthday 30 Date of birth 28-7-88

3. Enlistment, or Appointment (if an Officer) (a) Place PRICEVILLE (b) Date 5-1-16

4. Personal description:
 (a) Height 5' 10" (b) Weight 155 estimate (c) Complexion FAIR
 (d) Colour of hair FAIR (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. 3 VACCINATION. NIL

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	<u>3</u>	<u>2 MONTHS</u>

	PERIODS	
	From	To
Canada	<u>5-1-16</u>	<u>13-11-16</u>
England	<u>20-11-16</u>	<u>3-3-17</u>
France or other theatres of War	<u>3-3-17</u>	<u>15-1-19</u>

7. Original disease, or injury Gastric

(a) Date of origin prior to enlistment (b) Place of origin Canada
 (c) Cause unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Goutre) ~~Altered~~ Altered function thyroid gland

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective signs: Large cystic swelling left lobe and isthmus thyroid gland extending from clavicle to level of cricoid cartilage about size of half a grapefruit - elastic in consistency - moves on swallowing heart sounds normal - no tumor - no exophthalmos - no Von Graefe's sign
Subjective symptoms: Pulse normal - Choking sensation on exercise or walking at brisk pace up slight gradient - breathing is labored on such occasions -

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition.....

Wine examⁿ - 10/1/9 - 10 2 2 - Acid - No albumen - No sugar
S. B. P. 135
D. B. P. 95

10. (a) History (of the condition referred to in Section 9 (a).)

States that enlargement in neck was present to a slight degree at time of enlistment but since then enlargement has markedly increased to its present size. States that swelling is larger at some times than others.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

(c) (Here give a description of wounds, scars and deformities.)

nil

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

yes - swelling was not so marked at time of enlistment

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *no*

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *permanent*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *yes*
(If not, briefly state why)

17. Recommendations

[Signature]

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *John James Weir*, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J. H.

John James Weir

Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

yes

Para 10 (a) states: His mother and one of his three sisters had thick neck. The sister went to a different part of Ontario to live and the goitre disappeared.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.) *Bit*
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment. *yes*
- (c) ~~Should pass under his own control~~
- (d) ~~Should not pass under his own control~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged.

(When not for discharge add special recommendation.)

return to Canada. Auth AG, 1 9083 11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

Witley

[Signature] President.

DATE

11/2/19

[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

APPROVED BY

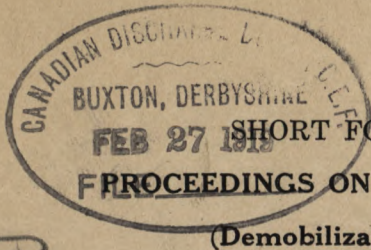
Assistant Director of Medical Services

Director-General of Medical Services

For A.S.M.S. CANADIAN TROOPS, WITLEY



5940



2
I
Dispersal Area.....

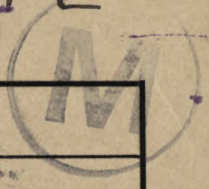
FUTBLR
OF
DEPENDENTS

M.L.
Paw

Next of Kin **WIFE**

1. No. **838588**
2. Rank. **Pte**
3. Name. **John James WEIR.**
4. Unit. **G. I. 147th Battalion**

Service Badge
Class "A" No. 130872



5. Date of Discharge **APR 8 - 1919** Place **ST. JOHN, N. B.**

6. Reason for Discharge.....

Trade. **FARMER** Occupational Group. **I**

Service in France. **23 Months**

7. Authority.....

8. Proposed Residence after Discharge.....

Toronto

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**

John James Weir
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... **Received 24-Oct-1938**

Date..... **649-W-28281**



Signature..... **H H Smith**

(O. C. Discharging Unit.) MAJOR
O. C. Clearing Depot, St. John, N. B.

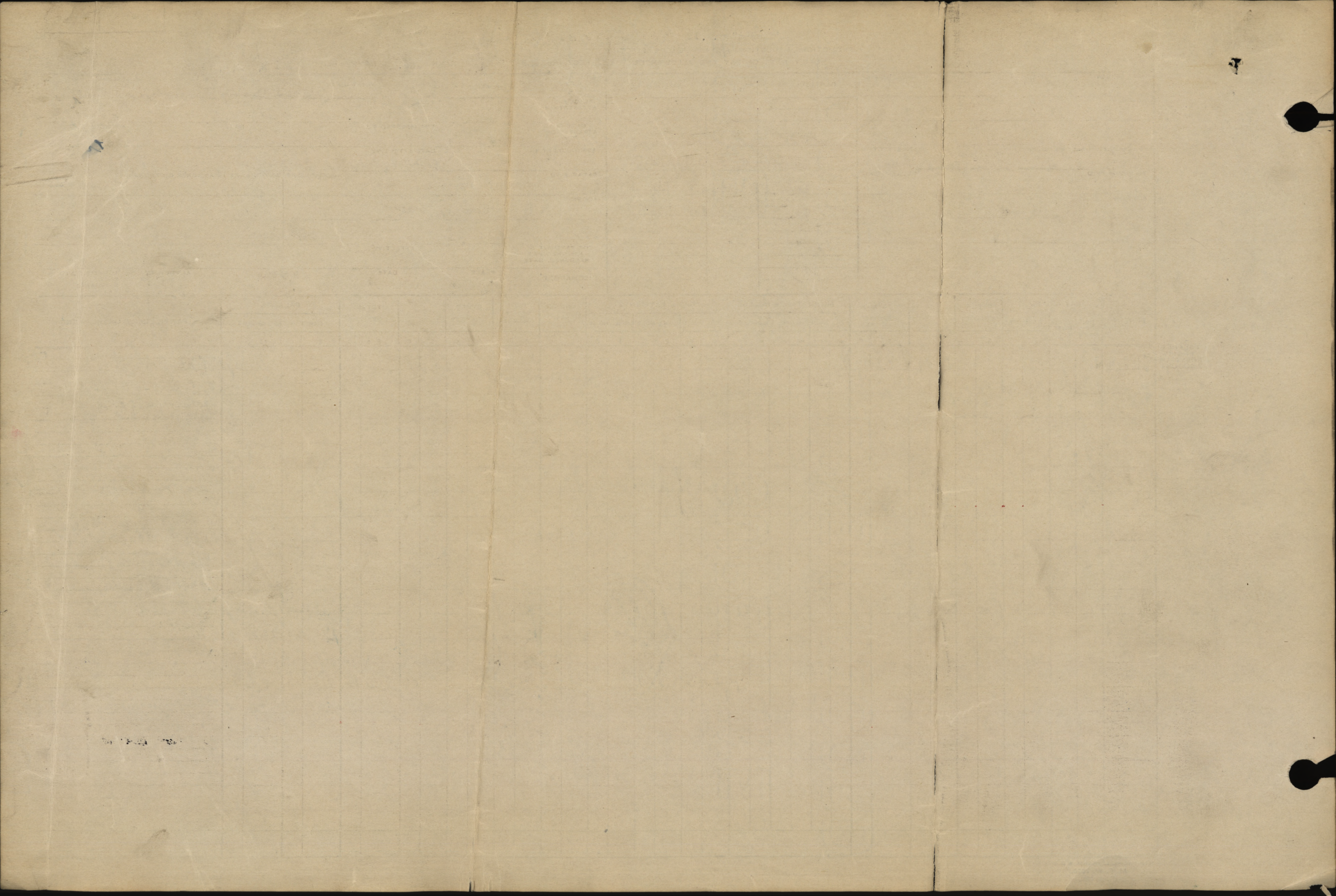
LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W. 28
of Particulars of Receipt	Medical Form W. 133
Field Conduct Sheet	Medical Form W. 118 or A. F. H. 122
Causality Form	Medical Form W. 52 or A. F. H. 102
Last Day Certificate	Medical Form W. 44
Certificate that military documents are unobtainable	
Medical History Sheet	Medical Form H. 319 or A. F. H. 179
Proceedings of Medical Board	M. V. B. 207, A. F. B. 179 or A. F. B. 21
Dental History Sheet	Medical Form W. 403
Medical Report	M. R. A. 1234-1235 or W. 1001
Regimental Conduct Sheet	Medical Form H. 283
Company Conduct Sheet	Medical Form H. 283a

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) and 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 (C.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. 5).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 1, 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15-</i>		
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8385-88
83

PARTICULARS OF SEPARATION ALLOWANCE

No. *8385-88.*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *John James Weir.*
 Battalion *147 Battr.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Agnes Weir.*
 Address *Darney, Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>150</i>	<i>150</i>	<i>19026-2-18.</i>
<i>Jan 1918</i>	<i>W 70873</i>		<i>15</i>	<i>15</i>	<i>B.F. file for 10th 18. for S.A.</i>
<i>Feb</i>	<i>T 70871</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>X 91600</i>		<i>15</i>	<i>15</i>	<i>a/c closed. 31-3-18. per 2M.</i>
<i>Apr</i>					<i>assigning in favor of wife in England</i>
<i>May</i>	<i>W 79564</i>		<i>15</i>	<i>15</i>	<i>B.L.O. P. 890 Rend. 17-5-18 M.R.O. 2nd Rend. 17-5-18</i>
					<i>W 19564 cancelled</i>



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

M. F. W. 54.
150M. 10-15
H.Q. 1772-39-920.

War Service Badge
Class "A"

Casualty Form—Active Service.

Unit, Regiment or Corps 147th Grey O. S. Bn., C. E. F.

Regimental No. 8385 88 Rank pte Name Weir John James

Enlisted (a) 6/1/16 Terms of Service (a) end of war Service reckons from (a) 6/1/16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) (F. A. S. I. C. E. R.)

CERTIFIED CORRECT
13 MAR 1918
CAN. RECORDS, LONDON.

Report Date	From whom received	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.
		Embarked Arrived	Canada England	13-10-16 20-11-16	
1-1-17	147th Bn	Transferred to 8th Res. Bn	Shoreham	1-1-17	D.O. Pt 2 # 1 <i>R. W. Ken</i>
1-1-17	8th Res. Bn	Taken on strength 8th Res.	Shoreham	1-1-17	D.O. Pt 2 # 1 <i>R. W. Ken</i>
6-3-17	8th Res. Batt.	Trans. to 4th C.M.R. Batt. (Overseas)	Shorncliffe	6-3-17	D.O. PT 2 <i>R. W. Ken</i>
	O. C. C. B. D.	Landed in France. Taken on strength 4th C.M.R. Bn.		7-3-17	Nom. Roll d/ 9-3-17. Pt II D.O. 21/ 15-3-17.
	O.C. 52nd Bn.	Left for Unit. Arrived Unit for duty			Nom. Roll d/ B. 213 d/
13-5-17.	GOC Cdn. Corps.	Class. "P.B." and attached to Can. Corps Composite Coy.			B. 213 12-5-17. Pt. II. 53 d/25-5-17.
19-2-18	do	Ceases to be attached to Composite Coy.	Cdn. Corps	19-2-18	Let. A. 68. 1. Cdn. Sect. files K.A. 1277/1 & K.R. 16376 Part. II. O. No. 25 d/27-2-18.

(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 to be given.
(b) e.g. Signaller, Shoeing 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				
19-2-18	G.O.C. Cdn Corps	Struck off strength 4th CMR on transfer to Cdn. Lab. Pool		19-2-18	Let. A. 68.1. Cdn. Sect 3rd Ech. files K.A. 1277/1 and K.R. 16276. Pt. 11 O. No. 25 d/27-2-18.
20-2-18	do	T.O.S. Cdn. Labour Pool		20-2-18	P.O. No. 572/18
28-2-18	CCRC A.A.G.	Employed at army dumps Trans. to 2nd B. & Mts. Bn.		28-2-18	NR 66
	aa.g.	205 of 2nd Can. Inf. Wks. Bn		5-5-18	Pt. II. 64 d/11-5-18
21.6.18	a 25	Class B2. - 2nd S.O.S. of 2 Cdn. Inf. Wks. Bn. on Transfer to 2 Cdn Inf. Works Coy T.O.S. of 2 Cdn. Inf. Works. Coy.		6.5.18 21.6.18	Pt. II. No 43 d/18.5.18 W 3339/578 D.O. 99 d/ } 25.9.18.
		(Authy. War Office 121/O'seas/5940. (S.D. 2) d/27-8-18. & O.B./1139/3 d/3-9-18. Ref. Cdn. Sec., K. R. 29995.		13-9-18	D.O. 1 d/
9-1-19	6382	Had to be booked to by Depot Witley		10 1/2	nr Do 4/1919 (has) B Chapman Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E.
27-1-19	See Depot	T. J. S.		MAJOR Witley St. John, N. B. 19	Do 22
27-2-19		Attached C.D.D. Buxton for return to Canada, Part II Order No. 49 Ceases to be attached on embarking for Canada.			
28 MAR 1919	ST. JOHN, N. B.				
8. 4. 19	DISCHARGED	CEF			Lt. for Lt. Col. Commanding Canadian Discharge Depot.