

ATTESTATION PAPER.

Div. Signal Co.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... W E I R
- 1a. What are your Christian names?..... John MacLean
- 1b. What is your present address?..... 80 Somerset Ave. Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born?..... Paisley, Scotland.
3. What is the name of your next-of-kin?..... Margaret Weir
4. What is the address of your next-of-kin?..... 80 Somerset Ave. Toronto, Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... Jan 3rd. 1894.
6. What is your Trade or Calling?..... Clerk
7. Are you married?..... Single
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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John MacLean 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.

John M Weir (Signature of Recruit)
M. H. Flood (Signature of Witness)

Date November 24th 1916 191

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John MacLean 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.

John M. Weir (Signature of Recruit)
M. H. Flood (Signature of Witness)

Date November 24th 1916 191

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 Toronto, Canada. this 24th day of November. 1916. 191

M. H. Flood (Signature of Justice)

Description of John MacLean Weir on Enlistment.

Apparent Age 22 years 10 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.

Small scar inside R knee.
Linear scar L shin.

Chest measurement: (Girth when fully expanded) 36½ ins.
 Range of expansion 5½ ins.

Complexion Med

Eyes Blue

Hair D. Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date November 24th 1916 191

W. MacLaurin Carr

Place Toronto Canada.

for Board
 Medical Officer.

Toronto Recruiting Depot.

*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.

John MacLean 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.

[Signature]

(Signature of Officer)

G. G. SIGNAL TRAINING DEPOT.

Date JAN 31 1917 191

507585

SIN/NAS

WEIR

Surname/Nom

JOHN M^cLEAN

Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Box

483929

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

**COMPONENT
ÉLÉMENT**

CEF

SURNAME.

Weir

CARD NO. *72*
Sgt. Demob. 8/6/14.
FOIL
100164.13/6/19 10102

CHRISTIAN NAMES

John Mac Lean

REGL. NO.

507585

RANK

Spr

UNIT

Signal Training Dept (11th. P. D.)

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Weir, Mrs Margaret

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

80 Somerset Ave, Toronto, Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Scotland, Paisley

DATE

Jan. 3rd 1894

PLACE OF ATTESTATION

Toronto, Ont

DATE

Nov. 24, 1916

R/C. 6-6-19 ³⁴³/₉₆ Apr.

Sailed per S. S. Canada 11-4-17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

22.

YEARS

10.

MONTHS

HEIGHT

5.

FEET

6.

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

5 1/2

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

D. Brown

DISTINGUISHING MARKS

Small scar inside R. Knee.
Linear scar L. shin.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Nov. 24th 1916.

Present Address, 80 Somerset Ave., Toronto, Ont.

No. 507585 RANK

Plt

NAME Weir J M

T. O. S. 30-1-17

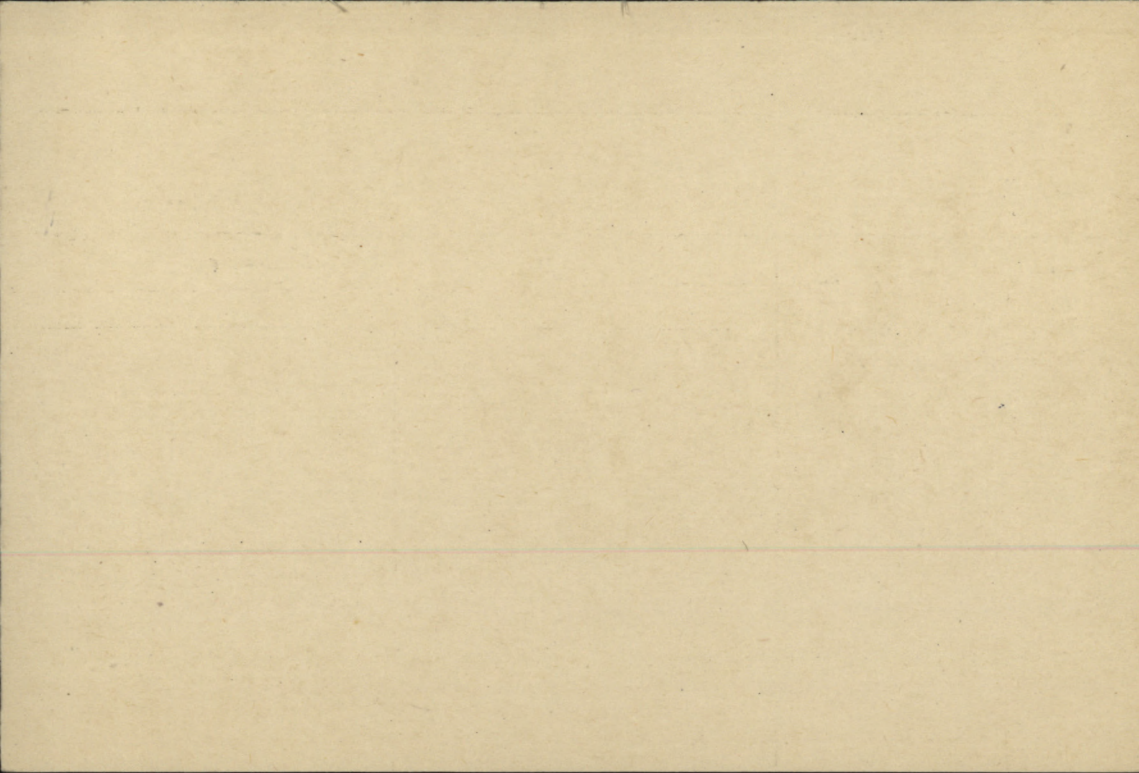
UNIT

4th Divisional Co Signal Training
Depot

20 26 30-1-17

M. D. 760

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 30	1917 Jan 31 Feb Mar	72	Q. Secar 56-3-17	007226-3-17



Number 5-075-85-

Rank spr.

~~13~~

Surname WEIR

Christian Name John MacLean

Units C.E. Theatre of War France

Date of Service 2-11-17

Remarks 443 Margueretta St.

Latest Address ~~80 Somerset Ave~~
Toronto Ont.

Roll No. B Page 13104

MAY 31 1922

REGN. NO.

1618423

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS


M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs M Weir*
Address *80 Somerset Ave*
Toronto. Ont

By Whom Assigned *Weir J. M*
Regtl. No. *517585*
Rank *Sgt*
Corps *Sig Dept*

Rate *20.* APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

UNITED STATES DEPARTMENT OF THE ARMY
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Assigned

Serial No.

Rank

Component

To Whom

Address

Date

PAYMENTS

REMARKS

Amnt

Classific
No.

Year

Month

Aug

Sept

Oct

Nov

Dec

Jan

Feb

March

April

May

June

July

Aug

Sept

Oct

Nov

Dec

Jan

Feb

March

1918

1918

1918

1. 100.00

2. 100.00

3. 100.00

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2 Mrs M Weir
 (Assignee)

Name of Soldier Weir J. M

PAYMENTS.

L. L. Job 5470—Req. 6888.

507585. Pap. Pig Dept
20.

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		A6041	20	
May		J 12306	20	
June		H 19216	20	cu
July		Z 28440	20	
Aug.		P 33248	20	
Sept.		E 40525	20	
Oct.		P 45701	20	
Nov.		S 54309	20	
Dec.		M 64564	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

gmo

180

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

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.....

DIVISIONAL SIGNAL COMPANY

(2) Regimental Number.....

507585

(3) Full Name of Soldier.....

John MacLean Weir

(4) Place of Birth.....

Faisy Scotland

(5) Are you married, or not?.....

Nil No

(6) If married, state,

(a) Full name of your wife.....

Nil

(b) Present Postal Address.....

Nil

(7) Are you a widower?.....

Nil

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

Nil

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

Nil

Also their names and ages.....

Nil

(9) Is your Father alive? *Yes*
If so, state name and address *George Weir 80 Somerset Av Toronto*

(10) Is your Mother alive? *Yes*
If so, state name and address *Margaret Weir*
Same Address

(11) If your Mother is a widow *no*
Are you her sole support, or not? *nil*

(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.
nil

(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.
nil

(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.
nil

(15) Are you insured? *Yes*
If so, in what Company? *Canada Life & Sun Life Co.*
Have you made arrangements for payment of your Insurance premium? *yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[Signature] Lieut. A/Adjt,
SIGNAL TRAINING DEPT. C.E.F.
Officer Commanding.

Date *1 JAN 31 1917*

18

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps

Draft DIVISIONAL SIGNAL COMPANY

Maclean

Regimental No. 507585

Rank

Spr

Name

Weir J M John Maclean M.

Enlisted (a) *Nov 24 16*

Terms of Service (a)

D. of W.

Service reckons from (a)

24-11-16

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)

Electric

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..... 11-4-17.....

Disembarked England..... 22-4-17.....

Taken on strength of C.E.T.D. *Canada* CROWBOROUGH 22-4-17

Part II Order No. *96*

23.
24 APR. 1917
- NOV 1917
NOV 1917

O.E.T.

C.E.T.D.

Struck off Strength of C.E.T.D. having proceeded to Sig Pool Seafront France

Part II Order No. *236*

Lieut. C.E. Adjutant, C.E.T.D.

12 1/2

AAE

Arrived - 2 in 1 Sig Pool

3 1/2

Ref 77

P. 87

OC Pool

"

5 1/2

14 1/2

BBRB

Joined

CCRB

10 1/2

" 51

10 1/2

a

2nd & 4th Sig Coy

20 1/2

" 97

P. 93

"

Do.

TOS 4th CD Signal Coy

26-11-17

Do. P82. 1917

1-2-17

OC 4th Sig

Joined from CCRB

28-11-17

BMB.

23 1/2

Do.

Sp. 14 days leave to UK

22 1/2

BMB. P59. 1918

14-12-18

Do.

Rejd. Unit

8 1/2

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

WWJ. Rank Name WEIR, John MacLean. Reg'l No. 507585
 Dft. Div. Sig. Co to CETD. If in perm. Corps, }
 Unit What Unit? } Married or Single Single.
 Place and Date of Enlistment Toronto Canada. 24th. Nov. 1916. Place of Birth Paisley Scotland.
 Name and Address, Next-of-Kin Margaret Weir.
 80 Somerset Ave. Toronto, Canada. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 18909
 File R.L.
 CAN. OR

Discharge, Date and Place Reason Character

H. W. Y., 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 22 4 17 S.S. CANADA.					
23-4-17	C.E.T.D.	T.O.S.	Crowthorn	22-4-17	P.M.D. 96
2-11-17	—	300. Proc 9000 to Sig Pool	Stn Seaford	2-11-17	— T.O.S. C.S. Pool 256. P.M.D. 0. 87 d 17. 11. 17.
15-12-17	C.S. Pool	S.O.S. 4 Div Sig Co.	" Fries	25-11-17	— 98 T.O.S. 4 Div Sig Co P.M.D. 82 d 17. 12. 17.
11-5-19	4 Div Sig M wing	Proc to England	Mrs de Harne	9-5-19	M.P.D. 2
12. 5 19	C.C.C.	T.O.S. pending return Canada	Witley	10 5 19	10032
		68-I-y			31.5.19
31.5.19	M Wing	S.O.S. to Canada.			31.5.19 00.51.

F.B. 1703 CHECKED
 24
 7 NOV 1917

"M" WING, C.O.G.

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. 507586 Rank Spr Surname Weir
(Given name in full)
John McLean
Unit or Corps 4 Div C.E. Sig Co Birthplace Paisley Scot

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

1. GENERAL DESCRIPTION: Spr
- Physique Good Weight 138 lbs. Height 5.7 ft. Colour of Eyes Blue
- Nutrition Good
- Pulse 70 Regular
- Condition of arteries Soft
- Vision Rt. 6/12 Left 6/12
- Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Scar on forehead from childhood, one race scar left arm before enlist.

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 Yes

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.

Measles } In childhood
Mumps }

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 13/5/19

Signed [Signature] 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 [Signature]

(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 Medical Board.)

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

[Signature]

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Weir J. McL.

REGIMENT 4th C.D.S. Coy C.E. RANK Spr No. 3507585

Date of Examination in England 12.5.19 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18.

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 Yes

(c) In France _____

Signature of Dental Officer J. Summers Capt.

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

1872
The D. S. Co. of C. E. J. P. S.
W. H. W. J. P. S.

1872

1872

1872

1872

MEDICAL HISTORY SHEET

507585

Surname

Weir

Christian Name

John MacLean

Examined on 24th day of Nov. 1916. 191 at Paisley, Toronto.

Approved by W. MacLennan

Birthplace City or Town Paisley, County Scotland.

Rank Capt Toronto Recruiting Depot for Board

Apparent age 22yrs 10mths

EXAMINED FOR RE-ENGAGEMENT

Trade or occupation Clerk

M.O.

Height 5 feet 6 Inches

M.O.

Weight 127 1/2 lbs.

M.O.

Chest measurement Minimum 31 inches Maximum expansion 36 1/2 inches

M.O.

M.O.

Physical development Good

M.O.

Small-pox Marks nil

M.O.

Vaccination Marks Arm Right Left 1 Number 1

VACCINATIONS

When Vaccinated last Childhood

19.3.17 W. Shillington M.O.

(a) Marks indicating congenital peculiarities or previous disease

M.O.

M.O.

nil

(b) Slight defects but not sufficient to cause rejection

ANTI-TYPHOID INOCULATIONS, ETC.

TAB 26.5.1917 W.G.

2/2/17 W. Shillington M.O.

nil

9/2/17 W. Shillington M.O.

16/2/17 W. Shillington M.O.

Enlisted on 24th day of November 1916. 191 at Toronto, Canada.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	Div. Signal Co	507585		24-11-16
Transferred to	Slg Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

J. Mc

ASSIGNED PAY ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.
 NAME: WEIR John MacLean
 EFFECTIVE DATE: 1.4.1917 EFFECTIVE DATE:
 AMOUNT: 20.00 AMOUNT:
 NUMBER: 504585 **K**
 PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
 Mrs. M. Weir
 80 Somerset Ave.
 Toronto
 Can.
 Authority: Lapper

UNIT AND TRANSFERS
 ORIGINAL UNIT: C 8 T D. 4th Div Sig Co.
 DATE ACCOUNT FIRST OPENED: 11.4.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
N.A.	Apr 1918		4th Div Sig Co.

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
13/11		Belo	20 3 19				
11/5	2555	Pr. Weir	25 24 33				
			27 82				
						Pr. Bal. Cr.	1 15
						Pr. Bal. Cr.	28 97

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Pr. Bal. Cr. 11/5 2555 Pr. Weir~~

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Balance Fwd.								41 27		
Apr	Apr Pay.	33		c a d				20			
				AR 78 54th Bn. 9.4.18	8 03						
				AR 180 " 23.4.18	3 57				43 67		
		33			11 60			20			
May	May Pay.	34		c a d				20			
				AR 265 54th Bn. 15.18	4 46						
				AR 471 4th Div Sig Co 18.5.18	3 57				48 74		
		34			8 03			20			
June	June Pay	33		c a d				20			
				AR 459 4th Div Sig Co. 19.6.18	3 57						
				AR 614 " 4.6.18	4 46				53 71		
		33			8 03			20			
July	July Pay	34		c a d				20			
				AR 433 54th Bn. 1.7.18	4 46						
				AR 1231 4th Div Sig Co 20.7.18	3 57				59 78		
		34			8 03			20			
Aug		34		Can				20	73 88		
		34						20			
SEP		33		Can				20	86 88		
				AR 807 8/9/18 11 Bn. C.S.	7 14				79 74		
		33			7 14			20			
Oct		34		Can				20	93 84		
				AR 1364 3/10/18 #1-11 B. S.D.	7 46				86 38		
		34			7 46			20			

COMPILED BY: *W. Kelly*
 CHECKED BY: *W. Kelly*

NUMBER 507585

RANK

Spr

NAME

WEIR John McLean

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>October Balance Brought For</i>								<i>86.38</i>		
<i>December</i>	<i>Nov - December & January</i>	<i>101.20</i>		<i>AR 60 19/11/19 June Clg 4th Div Sigs</i>	<i>77.87</i>						
				<i>KO AR 3050 19/11/19 4th Div Sigs</i>	<i>9.33</i>						
				<i>KO A 1471 8/11/19</i>	<i>9.33</i>					<i>At At</i>	
				<i>Nov - Dec & Jan Pay</i>	<i>11.18</i>			<i>60.00</i>	<i>31.05</i>		
		<i>101.20</i>			<i>96.53</i>			<i>60.00</i>			
<i>Feb</i>	<i>P.F.</i>	<i>30.50</i>		<i>Car Fuel cap.</i>				<i>20</i>			
				<i>1414. 20 17/18 11 CLR.</i>	<i>7.46</i>						
				<i>1587. 6/19</i>	<i>3.73</i>						
				<i>1940. 28/19</i>	<i>3.73</i>						
				<i>1807. 16-1-19</i>	<i>3.73</i>						
				<i>1858. 28/19</i>	<i>9.33</i>						
				<i>2055. 1-2-19</i>	<i>3.73</i>				<i>95.95</i>		
				<i>243. 15/2/19</i>	<i>3.73</i>						
				<i>2354. 2³/19</i>	<i>3.65</i>						
				<i>2439. 13²/19</i>	<i>3.65</i>						
<i>Mar</i>		<i>34.10</i>		<i>Car</i>				<i>20</i>	<i>13.21</i>		
		<i>64.90</i>			<i>42.74</i>			<i>40</i>			
				<i>110. 2/19</i>	<i>7.88</i>				<i>5.36</i>		
<i>Apr</i>		<i>33.00</i>		<i>Cap</i>				<i>20</i>	<i>18.36</i>		
<i>May</i>		<i>34.10</i>		<i>Cap</i>				<i>20</i>	<i>32.46</i>		
				<i>560. 29⁷/19</i>	<i>3.49</i>				<i>28.97</i>		
				<i>2533. 14⁵/19 m Wang</i>	<i>24.33</i>				<i>4.64</i>		
		<i>67.10</i>			<i>35.67</i>			<i>40</i>			

col 31-5-19 sh 6

WAR SERVICE BADGE
CLASS "A" No. 133407

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Dr. I
Oce Gp 3
M

1. No.	507585	
2. Rank.	Sapper	
3. Name.	Weir, John Maclean	
4. Unit.	4th Div. Signal Coy	
5. Date of Discharge	JUN 8 - 1919	Place TORONTO



6. Reason for Discharge... *Demobilization*

DEMobilIZATION
DEMobilIZATION

7. Authority. No. 2 District Depot, Part II, D.O. No. 164

8. Proposed Residence after Discharge...
80 Somerset Avenue
Toronto Ont

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.?

John Weir

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place	No. 2 DISTRICT DEPOT
Date	JUN 8 - 1919

W. M. T. S. G. Gausman
Embarked 31-5-19

TORONTO

[Signature]

For
O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

R.F.R.I.

LIST OF DISCHARGE DOCUMENTS

Association Paper, Tribune	1888
in Yearbook of Health	1888
First Discharge Form	1888
Second Discharge Form	1888
Third Discharge Form	1888
Fourth Discharge Form	1888
Medical History Report	1888
Proceedings of Medical Board	1888
Dental History Report	1888
Medical Report	1888
Neurological Examination	1888
Company Discharge Form	1888

NOTATILIBRE

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 (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. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *4 dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B.....

(Checked by No. 18.....

Date 20/5/19 *gub*

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

"ALBERTA" 6.6.19 *W 4130* **DISPERSAL "I"** 8

M. OR S. _____ REGT. No. **507585** RANK **Spr** NAME (IN FULL) **WEIR, J.M.**

ORIGINAL UNIT C.E.F. *4130 Sig* IF IN P.F. WHAT UNIT? **80** (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION **25-11-16** TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY **30** DATE EFFECTIVE **30.6.19** *Closed by Ottawa*

PAYABLE TO *Mrs. M Weir* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *80 Summer St Toronto*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED PLACE **Toronto** DATE **8.6.19** REASON **Demob** AUTHORITY **D.O.164** IF ENTITLED TO POST DISCHARGE YES PAY

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				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>31.5.19</i>					<i>1 15</i>	<i>1 15</i>												<i>1 15</i>	<i>credit on P.P.</i>
<i>16.6.19</i>	<i>16</i>	<i>100</i>	<i>1760</i>																<i>1.6.19 16.6.19 p.p. credit W.S.G.</i>
				<i>35</i>					<i>4 87 1/2</i>										<i>June</i>
				<i>70</i>					<i>43 88</i>										<i>Post & Dear's Cheque</i>
																			<i>W.S.G.</i>
<i>153 days</i>				<i>350</i>		<i>350</i>								<i>8-6-19 70</i>			<i>78 80</i>	<i>271 20</i>	<i>W.S.G. paid by 72 D.D.</i>
									<i>July 3 736 155</i>				<i>61 20</i>			<i>140</i>	<i>210</i>		<i>at 10</i>
									<i>July 30 742 512</i>				<i>70</i>			<i>210</i>	<i>140</i>		<i>at 10</i>
									<i>Aug 30 1036 107</i>				<i>70</i>			<i>280</i>	<i>70</i>		<i>at 10</i>
									<i>Sept 29 1042 114</i>				<i>70</i>			<i>350</i>			<i>W.S.G. PAID IN FULL</i>
				<i>350</i>		<i>350</i>							<i>271 20</i>	<i>78 80</i>		<i>350</i>			<i>at 10</i>

BALANCE FROM PREVIOUS ACCOUNT

Handwritten text, possibly a date or reference number, located in the upper left quadrant of the page.

A horizontal line of red ink markings, possibly a signature or a specific code, spanning across the middle of the page.

Handwritten text, possibly a date or reference number, located in the lower left quadrant of the page.

A horizontal line of black ink markings, possibly a signature or a specific code, spanning across the lower middle of the page.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

April 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

W

3995

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 5-07585-
 Rank Sap. Promoted Reverted Discharge
 Soldier's Name J. M. Weir
 Battalion Sig. Dft.
 Beneficiary
 Relationship
 Address

Name Mrs M. Weir
 Address 80 Somerset st
Toronto, Change of Address Out
 1
 2
 3
 4

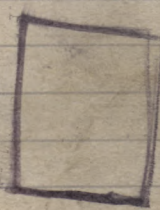
9213014

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
			180	180	
Jan. 918	W 70874		20	20	
Feb	T 70872		20	20	D
Mar	X 91601	✓	20	20	BV
Apr	W 13732		20	20	BV
May	W 19565		20	20	✓
June	R 29349		20	20	✓
July	B 22659		20	20	✓
Aug	V 36798		20	20	
Sept	V 47066		20	20	✓
Oct	K 50898		20	20	
Nov	O 56869		20	20	
Dec	W 64467		20	20	
Jan	H 73609		20	20	
Feb	V 78760		20	20	
Mar	H 88796		20	20	
April	V 1013		20	20	
May	T 7128		20	20	✓
June	W 10001		20	20	✓
			<u>540</u>	<u>540</u>	

019026-J-53

A/c Closed 30/6/19.
 Ret'd per... mauretania
 Date left... 6/19 (M.F.W. 187)
 Closed 12/6/19 St. Michael's way.
 R.W. MARHP. 111739 Destroy.

M. F. W. 128.
 400M. 6-17-1772 39-1141
 L. L. 22320-M. & D. 7993.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

1	2	3	4
---	---	---	---

RATE OF ASSIGNMENT

1	2	3	4
---	---	---	---

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank Promoted Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
 400mc-17-1772 53-1141
 L. L. 22220-M. & D. 7993.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A"

THIS IS TO CERTIFY that No. 507585 (Rank) Lapper
Name (in full) Weir, John MacLean enlisted in
the Divisional Signal Company
CANADIAN EXPEDITIONARY FORCE at Toronto on the 12th
day of November 19 16.

HE served in 4th Div Signal Coy in France

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 25 years 5 months

Height 5 ft 6 inches

Complexion Medium

Eyes Blue

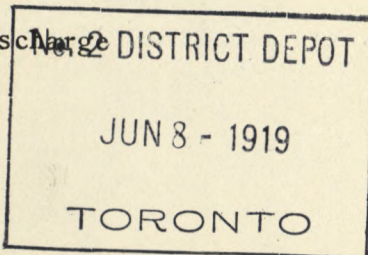
Hair dk. Brown

John Weir
Signature of Soldier.

Marks or Scars.....

Scar on forehead

Date of Discharge



R. W. Hutcheon
Issuing Officer.

For

O.C. No. 2 District Depot.
Rank

Date JUN 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 EXPERIMENTAL

DISCHARGE CERTIFICATE



<p>1. Name of the person discharged</p>	<p>2. Name of the vessel</p>
<p>3. Rank or position held</p>	<p>4. Date of discharge</p>
<p>5. Name of the commanding officer</p>	<p>6. Name of the commanding officer</p>
<p>7. Name of the commanding officer</p>	<p>8. Name of the commanding officer</p>
<p>9. Name of the commanding officer</p>	<p>10. Name of the commanding officer</p>
<p>11. Name of the commanding officer</p>	<p>12. Name of the commanding officer</p>
<p>13. Name of the commanding officer</p>	<p>14. Name of the commanding officer</p>

Issued at

For the District

