

ATTESTATION PAPER.

No. 13175, A

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 1031

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John H. Welsh*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Madawaska Dist. Canada*
  3. What is the name of your next-of-kin?..... *Mr. H. S. Taylor*
  4. What is the address of your next-of-kin?..... *40 St. John St. South*
  5. What is the date of your birth?..... *October 15<sup>th</sup> 1897*
  6. What is your Trade or Calling?..... *Steam Fitter*
  7. Are you married?..... *No*
  8. Are you willing to be vaccinated or re-vaccinated?..... *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*
- J. Welsh*..... (Signature of Man).  
*F. Hines*..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *J. Welsh*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date. *Sept 2<sup>nd</sup>* 1914. *J. Welsh*..... (Signature of Recruit)  
*F. Hines*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *J. Welsh*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date. *Sept 2<sup>nd</sup>* 1914. *J. Welsh*..... (Signature of Recruit)  
*F. Hines*..... (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 *Val Cartier* this *2<sup>nd</sup>* day of *September* 1914.

*J. R. Innes Hopkin Esq.* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*J. R. Innes Hopkin* (Approving Officer)  
*Capt.*

D. Co  
4 Bn

D13175

Description of John H. Welsh on Enlistment.

Apparent Age 27 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. 5 1/4 ins.

Chest measurement { Girth when fully expanded ..... 35 ins.  
Range of expansion ..... 2 1/2 ins.

Complexion ..... medium

Eyes ..... Blue

Hair ..... Dark

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

body hairy  
mole back of head

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 ..... aug 31 1914.

W.P. Dillon

Place ..... Val Cartier

My acc  
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.

John H. Welsh ..... 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.

J.R. James Hopkin (Signature of Officer)  
Capt.

Date Sept. 21st 1914.

REGIMENTAL DOCUMENTS

NAME

*Welsh John Hans*

REGT. NO.

*13175*

UNIT

*5<sup>th</sup> Bn.*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

*2/2*

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)

*Misc*

*Form 403*

*log book*

*R 122*

*7/10/19*

*noted*

*Deceased 29-1-53*

*M*

*1919*  
*mae*

*DEATH*

Category

Category

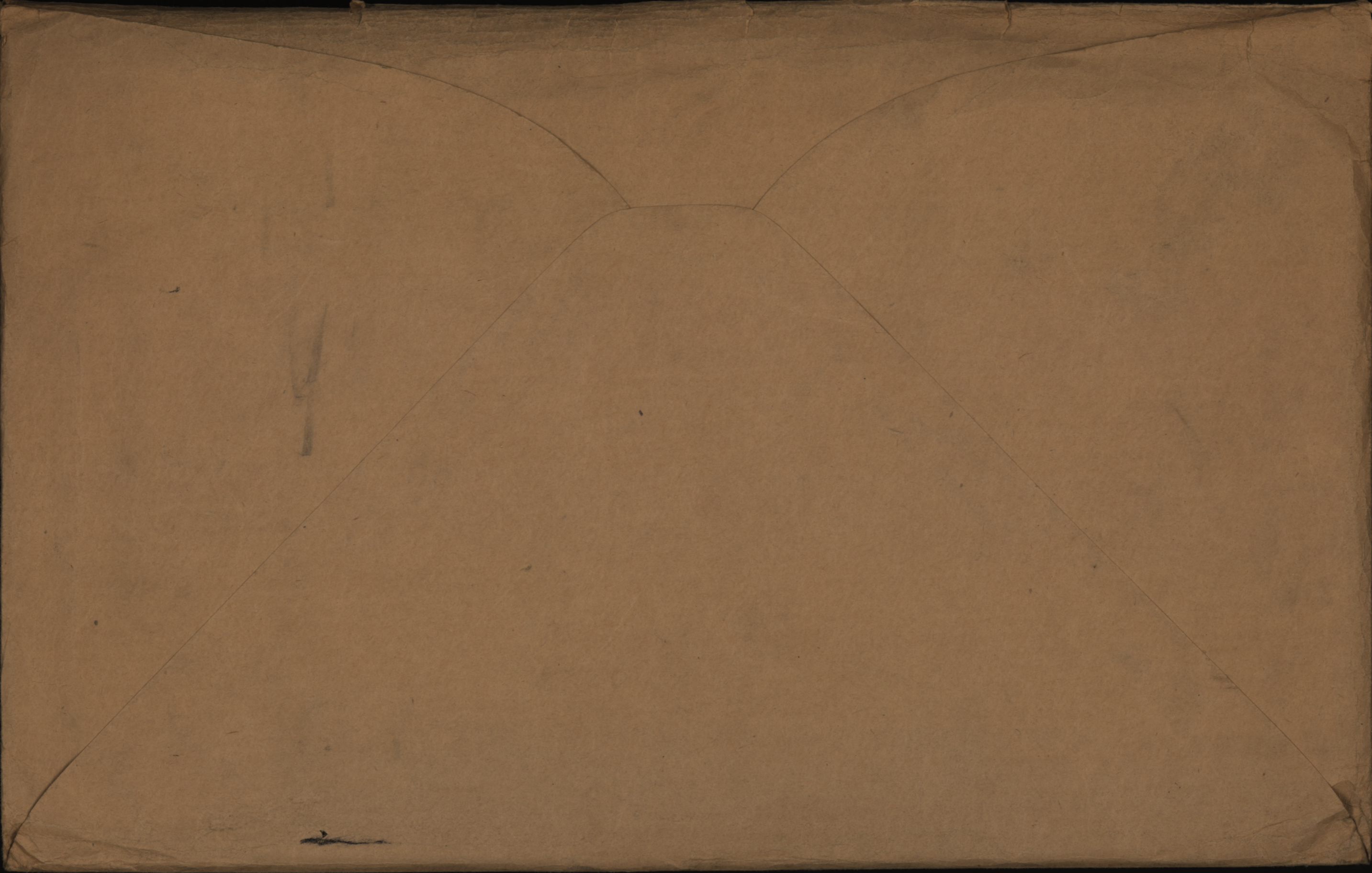
*Demob.*

DESERTION

**13864**

*H*

*30-10*  
*17-16*  
*8-17*



R3

Number... 13175... Rank... *L/Cpl* ~~1~~

Surname... *WELSH* G. 781 *Disp* FEB 25 1921

Christian Names... *John Hans* ~~X~~

Unit... *4th Ba. Can. Inf.* Theatre of War... *France*

Dates of Service... *2-10-14 / 15-2-15 / 5-5-19*

Remarks.....

Latest Address... ~~379 Army Ave~~  
~~56 Merrill St~~

~~Detroit Mich~~

Roll No. *B* ~~Sault Ste Marie U.S.A.~~  
*Page 174* ~~Ontario~~

9.

26378

Resp

JUN 9 1921

No. 13175

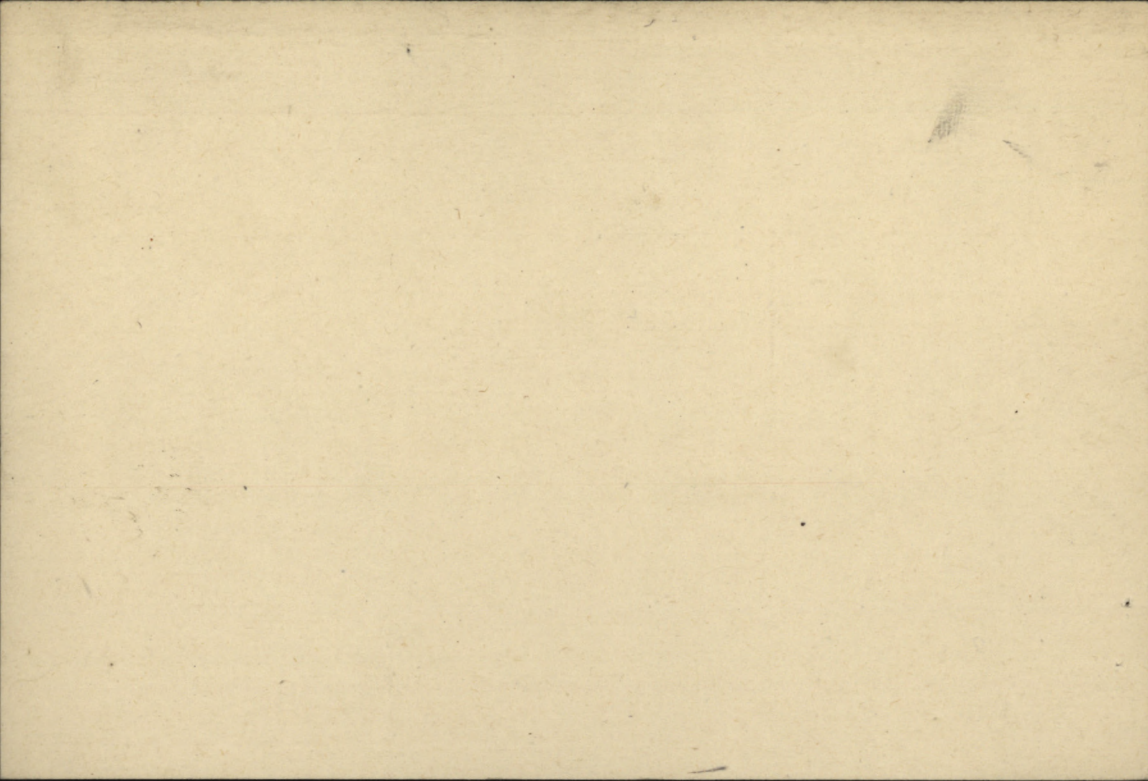
RANK *Trp.*NAME *Welsch J.**A.*

T. O. S.

UNIT *29th. Light Horse  
Expeditionary Force.*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914. Aug. 22nd.</i>	<i>1914 Aug. 26th.</i>	<i>✓</i>	<i>now on 5<sup>th</sup> Bn. payroll</i>	<i>Sept. payroll.</i>
<i>Aug. 27</i>	<i>Sept. 21</i>	<i>✓</i>		
<i>Sept. 22</i>	<i>Oct. 31</i>	<i>✓</i>		

**UNIT SAILED**  
OCT 3 1914





Name Welsh J.H.

Rank Pte.

Reg. No. 13715

175

Unit 5th Battalion Canadians.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915 July 26	2 Can Fd. Amb.		No Duty	69 133		

Date	Movement	Place	Casualty	List No.	Notified	N/K O.	W.O. List

NAME

*Welsh, J.*

*H.*

H. Q. FILE No. 649-

*13 175*

RANK AND CORPS

*Pte.*

*5th Batt.*

REGT'L. No.

*13715*

NO.

*979*

CABLE

NO.

DATE

NATURE OF CASUALTY

*FOLL.†*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

69. No. 2 Can. 7d. Amb.

Trans. to No. 2 Cas. Co. Stat. 9-5-15.

Dental

133. No. 2 Can. 7d. Amb.

26-7-15

To duty, Influenza

649-W-11100

SURNAME.

Welsh

Card No. 2  
SOS 17.5.11  
SOS 1400 for 54  
2  
Br.

CHRISTIAN NAMES

John. Hans

REGL. No. 13175

RANK

Pte.

UNIT 5th

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Logan Mrs. H. S.

RELATIONSHIP TO SOLDIER

Not stated

ADDRESS

C/o Mrs. St. Johnston

405 Ave. J., S. Saskatoon, Sask

CHANGE OF ADDRESS

H. H. Welch (Brother)  
2040 E. Grand Blvd.  
Detroit, Mich.  
Auth. L. 7.9.17.

COUNTRY OF BIRTH

Canada Goderich, Ont

DATE

Oct 15th 1887

PLACE OF ATTESTATION

Valcartier P.Q.

DATE

Sept 21st 1914

ops. 7.10.14 <sup>5</sup>/<sub>12</sub>

R/15-5-19 <sup>321</sup>/<sub>36</sub> Pte

*From Quebec*

*Per J. S. Lapland. Oct. 4. 1914*

MARRIED

SINGLE

WIDOWER

*Yes.*

TRADE OR CALLING

*fitter.*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*27*

YEARS

*10*

MONTHS

HEIGHT

*5*

FEET

*5 1/4*

INCHES

CHEST MEASUREMENT

*35*

INCHES

EXPANSION

*2 1/2*

INCHES

COMPLEXION

*Medium*

EYES

*Blue*

HAIR

*Dark*

DISTINGUISHING MARKS

*Body hairy. Mole back of head.*

MEDICAL EXAMINATION.

PLACE

*Valcartier P.Q.*

DATE

*Aug 31st 1914*

*Present Address. Not stated.*

Surname

Christian Name or Names

Reg. No. 175

13715

Welsh  
Rank  
SFC

Unit

J. H.  
5th Batt

Co.

Troop

Batty.

Hospital

# 2 Can Fld Ambl

Date of Admission

Transferred

# 2 bas. blg. Stat.

Hosp.

9-5-15

Hosp.

Hosp.

Hosp.

Diagnosis

Influenza

(1) Later Diagnosis (if changed)

Dental.

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

BL 13, P 14

Date

26-7-15

To Lenny

REMARKS

b.L 29-5-15 #133  
69

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WELSH J H  
REGIMENT 5 Bn RANK Pte No. 13175

Date of Examination in England 31-3-19. 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.

18  
I

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3. 4. 7. 13. 16. 17.

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS 11

4. DENTURES

- (a) Full Upper \_\_\_\_\_
- (b) Part Upper \_\_\_\_\_
- (c) Full Lower \_\_\_\_\_
- (d) Part Lower 18 19. 29 30. 31

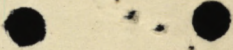
HAS HE EVER REFUSED DENTAL TREATMENT ? \_\_\_\_\_

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 yes

BRAMSHOTT CAMP  
HANTS.

Signature of Dental Officer [Signature]



W. M. ...  
1872

...

...

...

...

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" 1916 841

THIS IS TO CERTIFY that No. 13175 (Rank) Pt  
 Name (in full) Welsh John Hans enlisted in  
 the 5 Bn Can  
 CANADIAN EXPEDITIONARY FORCE at Val Cartier on the 21<sup>st</sup>  
 day of September 19 14  
 HE served in 5 Bn Can France  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

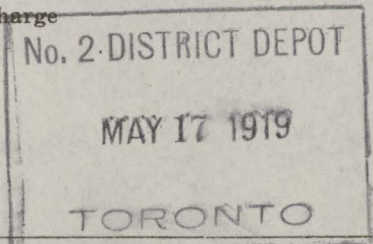
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 31  
 Height 5 5 1/4 in  
 Complexion Medium  
 Eyes Blue  
 Hair Dark

Marks or Scars  
Body very hairy  
mole on forehead.

J. H. Welsh  
 Signature of Soldier

H. Sergeant  
 Issuing Officer

Date of Discharge  


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

Date MAY 17 1919 19 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.

entered in

CANADIAN EXPEDITIONARY FORCE at

and is now discharged from the service by reason of

Medical Certificate

THE REGULATION OF THIS SERVICE OF THE CANADIAN EXPEDITIONARY FORCE

is hereby

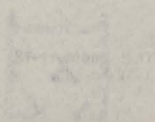
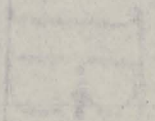
Signature of Officer

Signature of Officer

Date of Discharge

MAY 17 1919

MAY 17 1919



2

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

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

350M.—5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 13175 Rank Pte Name Welsh, John ~~W~~  
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
MAY 6 1919	O. S.	T. O. S. No. 2	DISTRICT DEPOT, TORONTO.	1919	PART II D. O. 140
MAY 17 1919	S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D. O. 140

*W. C. Roberts*

Lieut.  
For O. C. No. 2 District Depot.

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



Genl. Corroch  
Ked. 101/Inf/5/19  
Army Form B. 103.

## Casualty Form—Active Service.

Regiment or Corps 5<sup>th</sup> Batt. 2<sup>nd</sup> Inf. Brig. C. O. E. F.Regimental No. 13175 Rank Pte. Name Welsh, John H.Enlisted (a) 19/8/14 Terms of Service (a) duration of war Service reckons from (a) 19 Aug. 1914

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				
		<i>Arrived in France</i>	<i>St Nazaire</i>	<i>15/2/15</i>	<i>OC 5<sup>th</sup> Bn</i>
<i>20/5/15</i>	<i>2-Coy</i>	<i>Dental barier</i>	<i>Field</i>	<i>9/5/15</i>	<i>a36</i>
<i>16/5/15</i>	<i>2 Can &amp; damb.</i>	<i>do</i>	<i>do</i>	<i>9/5/15</i>	<i>a36</i>
<i>1/8/15</i>	<i>"</i>	<i>Influenza</i>	<i>do</i>	<i>26/7/15</i>	<i>a36</i>
<i>7/8/15</i>	<i>OC 5<sup>th</sup> Bn</i>	<i>at unit</i>	<i>do</i>	<i>31/7/15</i>	<i>B213</i>
<i>18/12/15</i>	<i>"</i>	<i>Granted 8 days leave</i>	<i>do</i>	<i>15/12/15</i>	<i>B213</i>
<i>1/1/16</i>	<i>"</i>	<i>retd from leave</i>	<i>do</i>	<i>27/12/15</i>	<i>B213</i>
<i>#</i>		<i>Appld Lance Corporal.</i>		<i>17.7.16</i>	<i>K.P. 98/373. P.O. 3<sup>rd</sup> 14.8.16.</i>
<i>15.11.16</i>	<i>OC 5<sup>th</sup> Bn</i>	<i>Granted 1 Co Badge.</i>		<i>19.9.16</i>	<i>K.P. 11/2087. 8<sup>th</sup> 27.11.16</i>
<i>14.12.16</i>	<i>"</i>	<i>Reverts to the Ranks at own Request.</i>		<i>14/12.16</i>	<i>K.P. 98/463 " 94<sup>th</sup> 23/12/16</i>
<i>20.1.17</i>	<i>"</i>	<i>Granted 10 days leave</i>		<i>19.1.17</i>	<i>B213- P.O. No 104. 26/1/17</i>
<i>3.2.17</i>	<i>"</i>	<i>Retd from leave</i>		<i>2.2.17</i>	<i>"</i>
<i>29.12.17</i>	<i>"</i>	<i>GRANTED 14 DAYS LEAVE to UK.</i>		<i>7.12.17</i>	<i>" P.O. 3<sup>rd</sup> 8.1.18</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.

P.T.O.

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				
19.1.18	sm hr	RETURNED FROM LEAVE	Fls	12.1.18	B713.
4.1.19	"	14 days leave to UK		7.1.19	B713 P 004
1.7.19	"	From "		26.1.19	"
	A.A.G.	Transferred to Cdn. Record List.		15 MAR 1919	Pt. 2.O. No. d/
	Emb. Camp.	Proceeded to England.		NO 5.18	N.R. Pt. 2 O.No. d/.....
26/4/19	S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA.		Part II 19		FOR LIST LICOL A.A.G.
			30/4/19 6 5 19		
			<i>[Signature]</i>		
		"F" WING CDN. CORPS CAMP.			
					Embarked R.M.S. Scotian Liverpool I May 6 1919



13175

# MEDICAL HISTORY SHEET.

1031A

Surname Welsh Christian Name John H.

Examined { on 7 day of Sept. 1914

at St. Raphael

Birthplace { City or Town Godrich

County Ont.

Apparent age 28

Trade or occupation Steamfitter

Height 5 Feet 6 1/2 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right Left 0

Number 1

When Vaccinated last 1890

(a) Marks indicating congenital peculiarities or previous

disease nil

Body hairy. Mole back of head.

(b) Slight defects but not sufficient to cause rejection

nil

Approved by \_\_\_\_\_

Rank \_\_\_\_\_ M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>1890</u>		M.O.
<u>7/10/14</u>		<u>Magn Langril</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 19 day of August 1914 at Saskatoon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>29th L.H.</u>	<u>D. 13175</u>	<u>Temperate</u>	<u>19/8/14</u>
Transferred to.....	<u>Det. 5 Batt.</u> <u>Det. 5 Batt.</u>		<u>Smoker</u>	<u>3/2/14</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Grandholt</u>	<u>April 7, 1914</u>	<u>Weped Virus</u>	<u>cat (A)</u> <u>Red mumps</u> <u>cat/came</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.

Entries in Red Ink made from Attestation Sheets.

JUN 2 1915

for D. D. M. S.



2-7A

M. F. W. 12.  
10m. 11 14.  
H. Q. 1772 39-819.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Ms. Hugh Johnston* By Whom Assigned *Welsh, J. H.*  
 Address *405 Avenue F. South* Regtl. No. *19175*  
*Saskatoon,* Rank *Pte.*  
*Sask.* Corps *5<sup>th</sup> Prov. Battn. P.Co.*  
 Rate *\$15<sup>00</sup> per M. from Feb. 1/15*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		H6014	30	
April		97413	15	
May		76847	15	
June		88254	15	
July		B 10673	15	
Aug.		C 11234	15	
Sept.		B 12406	15	
Oct.		A 13765	15	
Nov.		88992	15	
Dec.		910714	15	
Jan.	1915	116675	15	
Feb.		917478	15	
March		16 17785	15	



15/210

27  
J.S. Willis  
stopped

g. 15625 -- 60 - case.

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 60m. + 12-15.  
 1772-39-819.

Sheet No. 2.

L. L. Job 89002. - Req. 8213.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Mrs Hugh Johnston*

*Welsh, J. H. He*

*13175*

Month.	Year.	Cheque No.	<del>Am</del> <i>210</i>	<del>\$</del> <i>\$15</i>	Remarks.
April	1916	H 726	15		<i>5<sup>th</sup> B.A.R.</i>
May		A 1928	15		
June		G 4793	15		
July		T 11770	15		
Aug.		Q 15892	15		
Sept.		W 20170	15		
Oct.		U 25574	15		
Nov.		M 27483	15		
Dec.		K 35986	15		
Jan.	1917	F 41201	15		
Feb.		G 48055	15		
March		J 53848	15		
April		K 5411	15	<i>15</i>	<i>(CW)</i>
May		K 11944	15		
June		J 19335	15	<i>15</i>	<i>Cu</i>
July		B 25479	15		
Aug.		R 33159	15		
Sept.		H 40466	15		
Oct.		Q 45577	15		
Nov.		T 54243	15		
Dec.		N 63404	15		
Jan.	1918				
Feb.					
March				<i>525</i>	
April					
May					
June					
July					

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.				

NAME WELSH, John H.

Regimental No. 13175

Name and address of next-of-kin

Unit 5th Bn.

Mrs H.S. Logan,  
c/o Mrs H. Johnstone,  
405 Avenue F.

Date of enlistment 21st Sept., 1914.

Place of "birth" Ontario.

S. Saskatoon, Sask.

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 15 1 <sup>2</sup>/<sub>15</sub>

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					No.	Date
1914															
22/9	31/10	40	1	40	40	10	4					26	26		
11/11	30/11	30	1	30	30	10	3	19				45	45		
11/12/14	31/12/14	31	1	31	31	10	3	10	7			41	110		
1/1/15	31/1/15	31	1	31	31	10	3	110	35	20		35	35		
1/2/15	28/2/15	28	1	28	28	10	2	80	20	31		15	18		
1/3/15	31/3/15	31	1	31	31	10	3	10	13			15	22		
1/4/15	30/4/15	30	1	30	30	10	3	25	10	58		15	18		
1/5/15	31/5/15	31	1	31	31	10	3	10	10	7		15	24		
1/6/15	30/6/15	30	1	30	30	10	3	50	20	83		15	18		
1/7/15	31/7/15	31	1	31	31	10	3	10	65	20	99	30	339		
								80	30						
Adjustment of Exchange								4	65						
1/8/15	31/8/15	31	1	31	31	10	3	108	4	95	119	05	257		
1/9/15	30/9/15	30	1	30	30	10	3	98	07	131	57		381		
													506		
													412		
													470		
													Remitt		
													570		
1/10/15	31/10/15	31	1	31	31	10	3	10	62	07	96	17	628		
1/11/15	30/11/15	30	1	30	30	10	3	75	93	108	93		686		
1/12/15	31/12/15	31	1	31	31	10	3	10	88	63			720		
ld fwd													Cash 22/12		
													702		
													769		
													836		
													504		
													38		
													93		
													43		
													80		
													2		
													68		
													2		
													62		
													11		
													34		
								4	66	4	65	5	72	5	65
														508	
														89	

Date		PAY			Field Allowance			Other Credits		Total Credits		Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
				466			4660	4	65	57	25				165		508.89	
1/1/16	31/1/16	31	1	31	31	10	310	8	36	42	46	916	2	62				
1/2/16	29/2/16	29	1	29	29	10	290	22	23	54	13	942	2	61	15		20.23	
												1007	2	62	15		20.24	
1.3	31.3	31		31	31		310	33	89	67	99	1088	4	36	15		21.98	
							4601					1118	2	62	15			
				667			5570	4	65	67	35				210		571.34	

\$46 01



\* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.				
EFFECTIVE DATE:-	1/2/15	EFFECTIVE DATE:-					
AMOUNT:-	15.00	AMOUNT:-					
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 J L Logan c/o Mrs H Johnston 405 Ave F Saskatoon							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Private					
UNIT AND TRANSFERS							
ORIGINAL UNIT:-							
DATE ACCOUNT FIRST OPENED:-							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F D	UNIT TRANSFERRED TO				
			5 <sup>th</sup> Bn Can Sec.				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/4/19	F226	H.W. J. G. G.	287.19	30/4/19	L.P. Balance		4.98
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE			
	1	10					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 30/4/19 2.6233. 2nd 2. Branshott to Branshott 8/4/19*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal Forward								3381		
Apr	P.P.	33		DR 53. 5 <sup>th</sup> Bn 4/4/18.	446						
				n103 15/4 "	357						
				RP Can.				15	4378		
		33			803			15			
May	RP	3410		DR 169. 5 <sup>th</sup> Bn 4/5/18.	714						
				RP.				15			
				DR 227. 5 <sup>th</sup> Bn 17/5/18.	892				4682		
		3410			1606			15			
June		33.00		E.A.P.				15.00			
				F.R. 31. 5.18. London #10	30.00						
				DR 98. 1.6.18. Det: 1 div:	446						
				- 371. 15.6.18. 5 Bn.	357						
				✓ 215. 29.6.18	446				2233		
		33.00			4249			15.00			
July		3410		E.A.P.				15.00			
				✓ 73. 15.7.18.	357				3786		
		3410			357			15.00			
Aug		3410		E.A.P.				15.00			
		33.17		F.R. 13. 30.7.18 London	1460						
				DR 202. 1.8.18 2 Bn.	357				3879		
		3410			1817			15			
Sep		33.00		14 E.A.P.				15.00			
				✓ 412. 5.9.18	714						
		33		✓ 503. 14.9.18	357			15.00	4608		
					1077						

*alc ledger 7/14/19*

NUMBER 13175 RANK *P 1/2* NAME WELSH John. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Sal. Port. Ford								46.08		
Oct.	P.P.T.A.	34	10	AR				15	65.18		
				AR 754 20/10/18 v. C.D.P.	373						
				✓ 1011 20/10/18 5Pa	373				59.72		
		34	10		7.46			15			
Nov/Dec	✓	67	10	O.A.P.				30	94.82		
				✓ 1242 10/11/18 ✓	373						
				✓ 1438 19/11/18 ✓	373						
				✓ 1615 16/12/18 ✓	9.08				78.28		
Jan	✓	34	10	C.C.P.				15	97.38		
		101	20		16.54			45			
Feb/Mar	✓	64	90					30	132.28		
				AR 2035 20/2/18 ✓	7.79						
				✓ 2229 3/1/19 ✓	7.54						
				✓ 199 7/1/19 ✓	68.13						
				✓ 7918 15/1/19 C.P.D.	4.66						
				✓ 10558 28/1/19 London 8812	4.87						
				AR 2046 1/2/19 5Pa.	3.73						
				✓ 2867 9/2/19 ✓	9.33						
				✓ 2956 17/2/19 ✓ 10605	3.73				22.50		
				✓ 3190 1/3/19 ✓ 10478	3.73				18.77		
				✓ 2447 13/4/19 ✓	3.73				15.64		
April	P.P.A.	33		2594 20.3.19 ✓ 117.24	3.73						
				C.A.P. April				15	29.31		
		97	90		120.97			45			
				AR Feb 4/4/19 F.W. 666	24.33						
				✓ 1502 19/4/19 ✓ ✓ ✓ (End.)	9.73						
				✓ 2161 29/4/19 ✓ ✓ ✓ (End.)	4.87				9.62		
				(38.73)	38.73						

*S. O. S. Can. 6/5/19 S.L. 57.*



13175. Pte Welsh. J.H.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT											
			\$	C.			\$	C.			\$	C.														NO.	DATE				NO.	DATE				NO.
Mar 31	34	10																																		
Apr 30	33																																			
May 31	34	10																																		
June 30	33																																			
July 31	34	10																																		
Aug 31	34	10																																		
Sept 30	33																																			
MONTH PARTICULARS																MONTH PARTICULARS				ARTICULARS		DR.1		DR.2												
Dec to down 3263																3263				1918		Mar Pte Pay 3410		fund		2631										
Oct. pte pay 3410																A.P. 15						a.s.		15												
Nov pte pay 3410																AR 879 5Pa. 16/9/17 268						AR 1587 5Pa. 17/2/18 357														
" " Dec 3410																AR 1093 " 15/10/17 357						" 1685 " 3/3/18 446 803														
" " " 3410																AR 983 " 4/10/17 446						" 1725 " 16/3/18 357 1166				15										
" " " 3410																AR 1188 " 1/11/17 446																				
1918																A.P. Dec 15 7366																				
Jan pte pay 3410																A.P. 15																				
" " " 3410																AR 1211 5Pa. 16/11/17 357																				
" " " 3410																AR 1227 " 3/12/17 1338																				
" " " 3410																AR 1352 " 20/12/17 446																				
" " " 3410																AR 1579 " 25/12/17 3407																				
" " " 3410																AR 1362 " 25/12/17 446																				
Feb Pte pay 3080																A.P. 15 3287																				
" " " 3080																A.P. 15																				
" " " 3080																AR 1523 5Pa. 2/2/18 803																				
" " " 3080																" 1516 " 3.1.18 1428																				
" " " 3080																A.P. 15 2631																				

Remittance to Mrs M Robinson Northampton Sq.

DEFER SER  
RED. ALLGE  
PAY ENG.

*P.A. I*

*24/7/39*

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

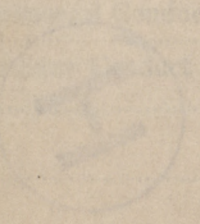
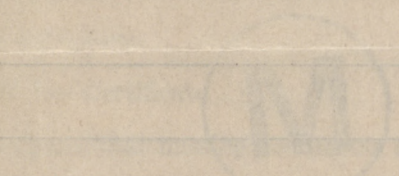
(Demobilization.)

1. No. <i>131751</i>	
2. Rank. <i>Pte</i>	<b>M</b>
3. Name. <i>Welsh John Hans</i>	
4. Unit. <i>5th Batt.</i>	
5. Date of Discharge	Place
<i>MAY 17 1919</i>	<i>Toronto I</i>
6. Reason for Discharge <i>Demobilization</i>	
<b>H</b>	
7. Authority. <i>No. 2 District Depot, Part II, D.O. No. 140</i>	
8. Proposed Residence after Discharge <i>Detroit Mich</i> <i>56 Merrill St</i>	
9. <b>CERTIFICATE TO BE SIGNED BY SOLDIER.</b> <i>Received 29-1-53</i> I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?  <i>John H. Welsh</i> Signature of Soldier.	
10. <b>CONFIRMATION.</b> The discharge of the above named man is hereby confirmed. Place <i>No. 2 DISTRICT DEPOT</i> Date <i>MAY 17 1919</i> <b>TORONTO</b> <i>Star 20/10/19</i> <i>H. J. [Signature]</i> Capt. Signature <i>H. J. [Signature]</i> O. C. No. 2 D. D. (O. C. Discharging Unit.)	

PROCEEDING ON DISCHARGE

Demobilization

1. Name	[Handwritten Name]	
2. Rank	[Handwritten Rank]	
3. Service No.	[Handwritten Service No.]	
4. Unit	[Handwritten Unit]	
5. Date of Discharge	Place	[Handwritten Date and Place]
6. Person for Discharge	[Handwritten Name]	
7. Authority	[Handwritten Authority]	
8. Proposed Discharge after Discharge	[Handwritten Discharge Type]	
9. Certificate to be signed by Soldier	[Handwritten Signature]	
10. The discharge of the above named man is hereby confirmed.	[Handwritten Signature]	



[Handwritten signature and text in the signature line]

[Handwritten signature and text in the confirmation line]

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical Form W. 23
Physical Examination Report	Medical Form W. 23
Psychiatric History Sheet	Medical Form W. 23
Psychiatric Examination Report	Medical Form W. 23
Summary of Medical Board	Medical Form W. 23
Summary of Physical Board	Medical Form W. 23
Summary of Psychiatric Board	Medical Form W. 23
Summary of Medical Board	Medical Form W. 23
Summary of Physical Board	Medical Form W. 23
Summary of Psychiatric Board	Medical Form W. 23
Summary of Medical Board	Medical Form W. 23
Summary of Physical Board	Medical Form W. 23
Summary of Psychiatric Board	Medical Form W. 23

1. Medical History Sheet  
 2. Physical Examination Report  
 3. Psychiatric History Sheet  
 4. Psychiatric Examination Report  
 5. Summary of Medical Board  
 6. Summary of Physical Board  
 7. Summary of Psychiatric Board  
 8. Summary of Medical Board  
 9. Summary of Physical Board  
 10. Summary of Psychiatric Board

RECEIVED  
 1945





Doc. 1.

CHANGE OF ADDRESS

No. 3175 Rank

Pte.

Surname

Welsh

Christian Names

John Evans

Address

379 Army Ave.

Detroit Mich.,

U. S. A.

*AA*

Section

Card OK SR  
28-7-21

H.A.

D-19.  
LHP.

11-1-21.

M

Research by.....Date.....

App't., Pro. Awards.....

Transfer.....

Struck off Strength.....

**CASUALTY**

Research by.....Date.....

Casualty.....

Nature.....Date Reported.....

Hospital.....

Date Admitted.....Date Discharged.....

**RECEIVED BY**

Date.....

"SCOTIAN" 14-5-19

DISPERSAL "I"

AUDITOR PAYMASTER

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

REGT. No. 13175

RANK Pte. NAME (IN FULL)

W E L S H

J.H.

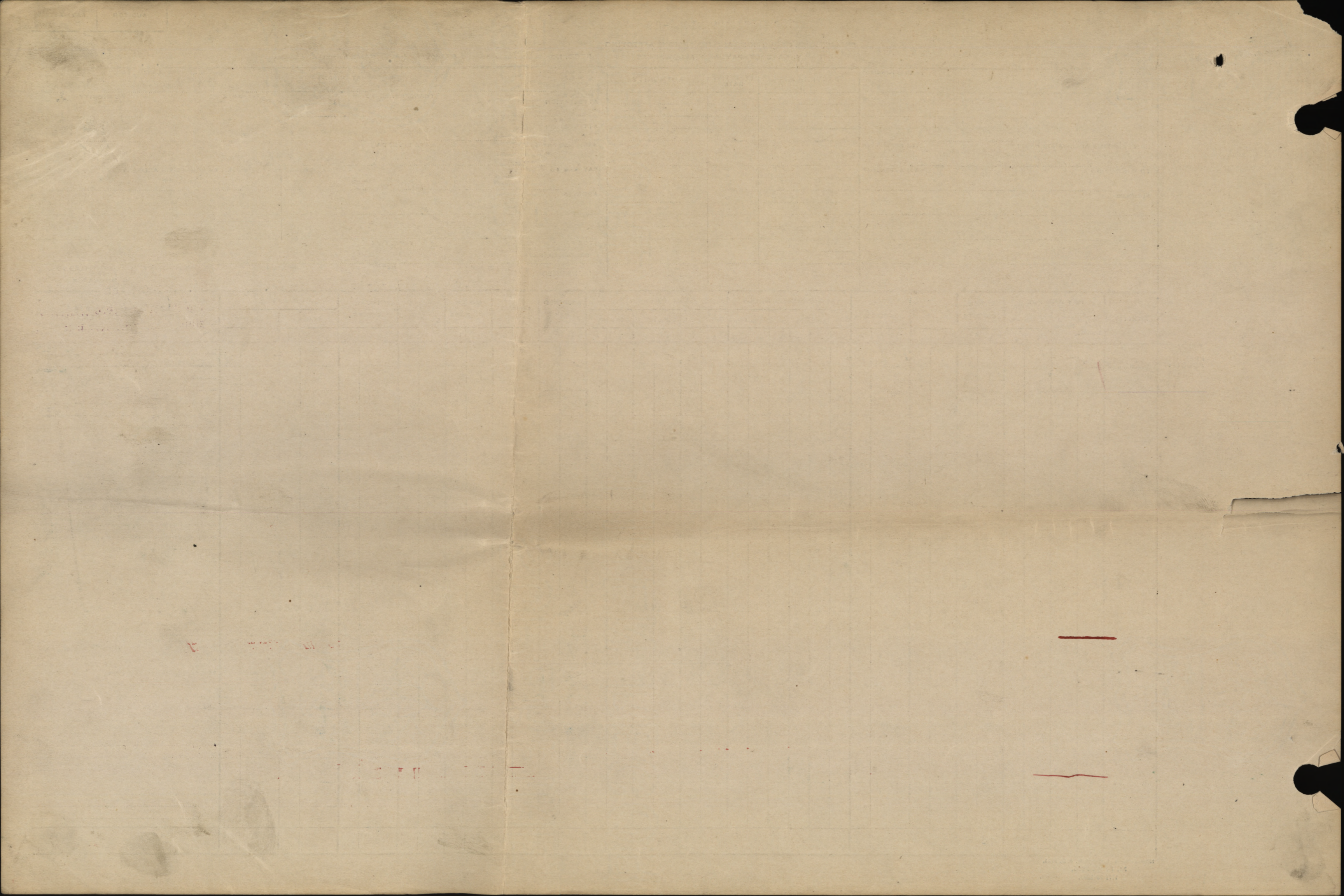
W 3381

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. SRD.	IF IN P.F. WHAT UNIT? 1st National Bk, Detroit, Mich. USA.
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION 21/9/14.	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ 15.00	DATE EFFECTIVE 31.5.19
ADDRESS					PAYABLE TO Mrs H. Johnston	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS 405 Avenue F.	
					Saskatoon Sask.	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE 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	
30.1.19				4 98													4 98 Bal. Evg. L.P.O.
31.5.19	21	1.10	23 10	35 00 70 00						14 60							15.19 to 31.5.19 P.O. clothing U.S. to May a P. Boat - Train
								1 87	5 00								
				128 10				133 08									
193 days				420													AMOUNT DUE SOLDIER DEPENDENT W.S.G. as above 4 days P.O. once per 1st W.S.G. Paid by 72 D.O.
										65 60							
										70							at 83
										70							at 106
										70							at 134
										70							at 160
				420						345 60							W.S.G. PAID IN FULL

BALANCE FROM PREVIOUS ACCOUNT



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Feb. 1/915*

OVERSEAS CONTINGENTS

4368

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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# W

### PARTICULARS OF SEPARATION ALLOWANCE

No. *13175*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *J. H. Welsh*  
 Battalion *5" Prov. Battrn "D" Coy*  
 Beneficiary  
 Relationship  
 Address

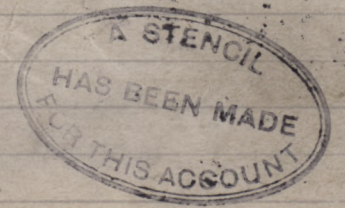
### PARTICULARS OF ASSIGNMENT

Name *Mrs. Hugh Johnston*  
 Address *405 Avenue F. South*  
 Change of Address *Saskatoon Sask.*  
 1  
 2  
 3  
 4

1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>525</i>	<i>525</i>	<i>Q 57218. Remailed 6-1-19.</i>
<i>Jan</i>	<i>X 72093</i>		<i>15</i>	<i>15</i>	<i>LO</i>
<i>Feb</i>	<i>W 71757</i>		<i>15</i>	<i>15</i>	<i>QEN</i>
<i>March</i>	<i>X 91920</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>April</i>	<i>W 14059</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>W 19903</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>R 27688</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>B 23004</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>V 39139</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>V 49416</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>K 51243</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>Q 57218</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>W 64698</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>1919</i>					
<i>Jan</i>	<i>N 73941</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>V 79057</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>M 89068</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>V 1224</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>J 7300</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>780</i>	<i>780</i>	

M. F. W. 128.  
 40 MC 6-7-172-58-1141  
 L. L. 22220-M & D. 7992

A/c Closed  
 Ret'd per *Section*  
 Date *16-5-19* M. F. W. 187 *21-5-19* M. F. W. #2  
 Closed *M. F. W. 83672* *Dist. J. M. B. RW*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.  
40M. 6-7-17239-1141  
L. L. 22320-M. & D. 1993.

Rank and Name WELSH, John H.

Regimental No. 13175

Name and Address of Next-of-kin

Unit 5th Battalion

Mrs. H. S. Logan

Date of enlistment Sep. 21st, 1914

c/o Mrs. H. Johnstone,

Place of birth Ont., Canada.

405 Avenue F., S. Saskatoon, Canada

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

N/E. R.B. No. 12541  
File No. C.B. Can  
Category

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				
29-5-15	W.O.	Adm. No 2 (Can. Co. Ambr.) (Dental)			Cas. Rep. 69.
17-8-15		Trans to No 2 (as Chgo. Siphon To Duty from No 2 Can. Co. Ambr. (Influenza)		26-7-15	133
1-1-16	O.C. 5 <sup>th</sup>	Granted 8 days Leave to Eng.		15-12-15	M2AD. 1 (21)
14-8-16	O.C. 5 <sup>th</sup>	Appointed Lance/Corpl.	Field.	14-4-16	Part II O. 82.
27-11-16	do	Granted 1 G.C. Badge.	do.	19-8-16	Pt. II O. 81.
23-12-16	do	Reverts to ranks at. O. R.	do.	14-12-16	Pt. II O. 94.
20/3/19	5 <sup>th</sup> Bn C.O.	SOS on leave to Rehist	do	15/3/19	Pt. II O. 24 CRK No 50-30 3/19
9-4-19	C.O.	Re to Eng	"Bellett	29-3-19	100 36
30/3/19	C.C.C.	T.O.S. pending return to Canada.	"	30/3/19	1011
8/5/19	"	SOS. to Canada.	"	5/5/19	1019.

To Canada 59- I-35. 6.5.19

REMARKS  
Taken from Official Documents

Date of enlistment

Place of birth

Married (Yes or No)

If in Permanent Force

Promotions or appointments

Report

From whom received

Date

Place

Date

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Name and address of next of kin

Report

From whom received

Date

REMARKS  
Taken from Official Documents

Date

Place

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Character on discharge

Reason for discharge

Date and place of discharge



(18)

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.

1. 1 (a) Unit..... 5th Bn (b) Regimental No. 13175 (c) Rank Pte  
 (d) Surname Welsh (e) Christian name John Hans  
 (f) Home address Detroit, Mich.  
 (g) Next of Kin Mrs. A. Lögen (h) Relationship Sister  
 (i) Address of Next of Kin 11 Mrs. A. Johnston 405 1/2 St. South Saskatoon  
 2. Age last birthday 31 Date of birth 15-10-1887  
 3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier (b) Date Sept 21-14  
 4. Personal description:  
 (a) Height 5'4" (b) Weight 120 (c) Complexion dark  
 (d) Colour of hair dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. male - R parietal region

5. Former trade or occupation mechanic

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>4 yrs.</u>	<u>197 days.</u>

	PERIODS	
	From	To
Canada .....	<u>21-9-14</u>	
England.....		<u>15-2-15</u>
France or other theatres of War.....	<u>15-2-15</u>	<u>29-3-18</u>

7. Original disease, or injury.....  
Comp. myopic astigmatism. R.

(a) Date of origin Childhood (b) Place of origin Canada  
 (c) Cause Congenital

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.)

Defective Vision R.

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.)

Spec. report Bramshatt 5.4.19.

Vision - R. 6/24 with glasses 6/9.  
L. 6/6

Sgd Macmullen Maj

(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.....	no		

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

never noticed poor vision until board for demobilization

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).)

Dental Caries May 1915 } Good recovery  
Influenza Aug 1915 }

(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.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a + b - 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.)

Spec report attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations

na

Hamikell Capt Camc  
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 J.H. Weloh 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 nothing

BB

J.H. Weloh Pto 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*

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- ( " B) (Yes or No.)
- ( " C) (Yes or No.)
- ( " D) (Yes or No.)
- ( " E) (Yes or No.)

*yes A*

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.
- (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.)

*Authority A. G. 90837 11.11.18*

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

*Brumshott*

DATE

*April 7. 1919*

*[Signature]* President.

Members

*[Signature]* Capt

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.

President.

PLACE

DATE

Members

APPROVED BY

APPROVED BY

*James C. Lyche*  
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

*7.4.19*

DATE

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
 Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname WELSH Christian Name John H.

TABLE I.—GENERAL TABLE.

Birthplace Godrich Parish Godrich County Ontario

Examined ... { on 7th day of Sept 1914,  
 at Valcartier

Declared Age ... 28 years ... days.

Trade or Occupation ... Steamfitter

Height ... 5 feet 6½ inches.

Weight ... 130 lbs.

Chest Measurement { Girth when fully Expanded 35 inches.  
 Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left  
 Number 1

When Vaccinated ... 1890

Vision ... { R.E.—V=  
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Body hairy. Mole back of head

(b) Slight defects but not sufficient to cause rejection ... { (b)

Approved by (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_  
 Medical Officer.

Enlisted ... { at Saskatoon  
 on 19th day of August 1914.

Corps.	Regtl. No.
<u>29th L.H.</u>	<u>D.13175</u>
<u>D. Co., 5th Battln</u>	

Became non-effective by ...

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
 (Signature) \_\_\_\_\_  
 (Rank) \_\_\_\_\_





