

Capt. G.E.F.

Original

ATTESTATION PAPER.

No. *127506*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *White*
- 1a. What are your Christian names? *James Christopher John*
- 1b. What is your present address? *Dunlop R.R. #2*
2. In what Town, Township or Parish, and in what Country were you born? *Westminish Eexp*
3. What is the name of your next-of-kin? *Charles Baker*
4. What is the address of your next-of-kin? *Dunlop R.R. #2*
- 4a. What is the relationship of your next-of-kin? *Friend*
5. What is the date of your birth? *Dec 26th 1896*
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*

Canada

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *J.C.J. White*, 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.

Date *Nov 7th* 191*8* *J.C.J. White* (Signature of Recruit)
C.W. Beattie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *J.C.J. White*, 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 *Nov 7th* 191*8* *J.C.J. White* (Signature of Recruit)
C.W. Beattie (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 *London Ont* this *7* day of *Nov* 191*8*.
Fred O. Burgess (Signature of Justice)

Description of J. C. J. White on Enlistment.

Apparent Age 19 years 11 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. 8 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 3 ins.

none

Complexion med.

Eyes brown

Hair brown

Religious denominations { Church of England ✓
 Presbyterian
 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 declares that he is not subject to fits of any description.

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

Date Nov 12 1915

Place London Ont

[Signature]
 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. C. J. White 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)

Lt. Col.

Date Nov 2nd 1915 Commanding 21st Batt'n C.E.F.

REGIMENTAL DOCUMENTS

NAME

WHITE James Christopher

REGT. NO.

12 7506

UNIT

C. I. S. B.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

S

M

DEATH

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)

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

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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)

*8. Mrs
1. Bd-3
1. FR 449
1. [unclear]*

H

17542

484019

*23 - 21
15 - 21
11 - 21*



No. 127506 RANK Pte.

NAME White J. C.

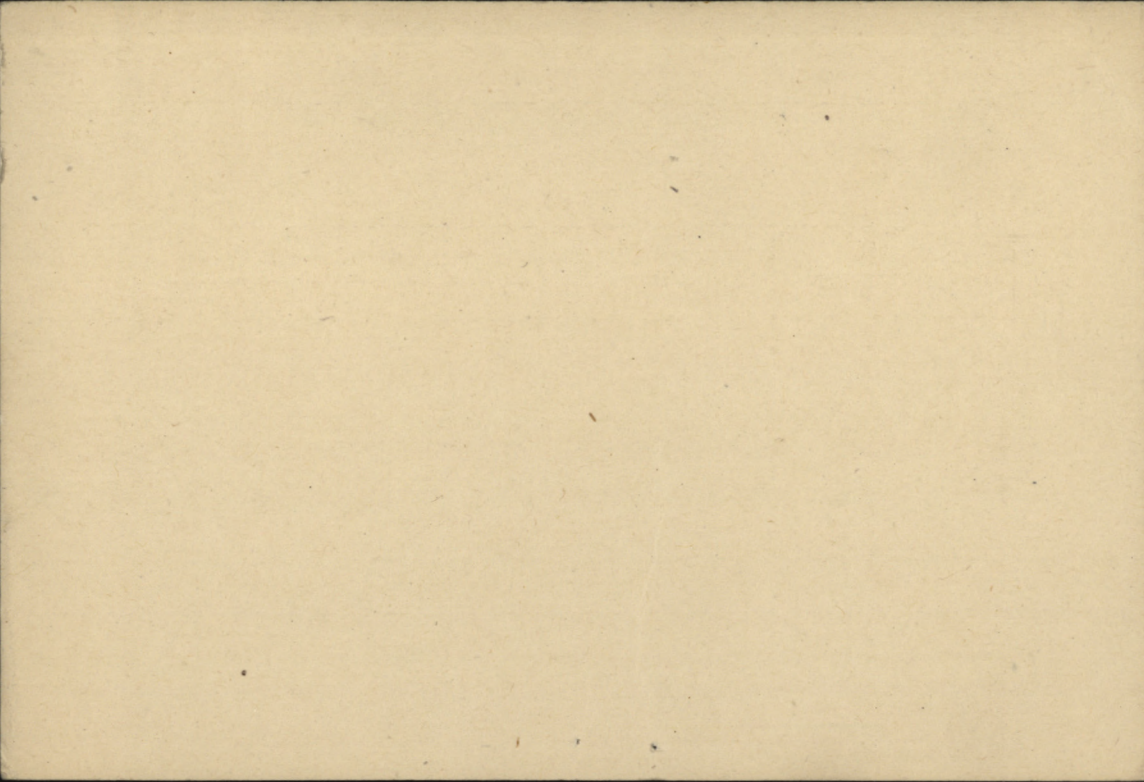
T. O. S. 29-10-18 UNIT 71st Battalion C. C. F.
(D.O. no 57 of 3-11-15)

M. D. /

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct 29	1915 Nov 30	✓		
1916 Dec	1916 Jan	✓		
Feb.		✓	a.w.L. Feb 13 to Feb 16	D.O. no 4 245 Feb. payroll.
Mar		✓	a.w.L. Mar 14 to 16 - 16	D.O. no. 55465 Mar. payroll
Apr		✓		

UNIT SAILED

APR 2 1918





Number 127506 Rank Spr

Surname WHITE

Christian Name James C. J.

Units C. P. T. Theatre of War France

Date of Service 11-6-18

Remarks _____

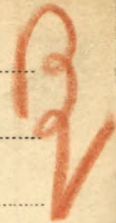
Latest Address N. S. 3 Van Sittart ave

18-10-21 Woodstock

Roll No. B. Page 22627 Ont.

2m-10-21.M.243.

13.3.23



DESP. APR 19 1926

REGN. No. 22206

CARD NO. *dis. no. 1*

SURNAME. *White*

CHRISTIAN NAMES *James Christopher John*

REGL. No. *127506*

RANK *Pte.*

UNIT *71st.*

Batt.

FORMER CORPS *Nil.*

NEXT OF KIN.

NAMES IN FULL *Baker Charles.*

RELATIONSHIP TO SOLDIER *Friend.*

ADDRESS *R. R. No. 2, Innerkip, Ont.*

also notify
CHANGE OF ADDRESS

*Mrs F A White
3 Vauvilland Ave.
Woodstock
Ont.*

Sacr. 14/10/19.

COUNTRY OF BIRTH *England, Westminster*

DATE *Dec. 26th - 1896.*

PLACE OF ATTESTATION *London, Ont.*

DATE *Nov. 2nd. 1915.*

o/s. 1-4-16 $\frac{375}{24}$

M/B 2-5-19 312. Apr M D 1

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

19

YEARS

11

MONTHS

HEIGHT

5'

FEET

8 1/2

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

medium

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Nov. 2nd. 1915.

NAME

White J. C. J.

REGT. No.

127506.

RANK AND UNIT

Spt. (7) Can. Ply Spt.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 455-1	Cambridge Aldershot	16-2-19	I.C.F. L. Heel
B 545	Discharged	24-2-19	I.C.F. L. Heel

James Christopher John

Name **WHITE** Rank *Str.* Reg. No. 127506Unit *7th C.A.T.*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1919</i>						
<i>16-2</i>	<i>Gammarge Stp</i>	<i>Aldershot</i>		<i>B 455</i>		
		<i>1st 2nd</i>				<i>1226</i>
<i>24-2-19</i>	<i>Disch</i>		<i>do</i>	<i>B 343</i>		<i>4298</i>
<i>31+</i>	<i>2615719</i>					

Surname

Christian Name or Names

Reg. No.

WHITE.
Rank
Spr.

J.C.J.
Unit
C.R.T.7.

127506.

Cas. List.

Cambridge Aldershot. 16-2-19.

24-2-19.B455.

I.C.T. L. Heel. *rs*

17.6.19 B455

Sub

24.2.19

A.M.D. 2 DEPT.

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE March 3, 1971

NAME WHITE, James Christopher Service No. 127506 WW1 CPC No. 215012
NOM WHITE, James Christopher Matricule No 127506 WW1 CCP No 215012

WVA No. 24403
AAC No 24403

Information Received from:

Information reçue de: S.T.M.O. London, Ont. Tel Memo d/Feb.26, 1971

Date of Death Feb.26, 1971
Date du Décès Feb.26, 1971

Place Westminster Hospital
Endroit Westminster Hospital

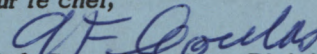
Distribution: WSR-DASG

VI - ASS

~~DO XXX~~

HO - BC

Pour le chef,

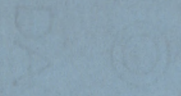


for Chief, Central Registry Division.

Dépôt central des dossiers.

DEPARTMENT OF VETERAN AFFAIRS
MINISTRE DES VETERANES ET COMBATTANTS

DEATH NOTIFICATION
AVIS DE DECES



DATE: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

Service No. _____
Member No. _____

Place of death: _____

Time of death: _____
Cause of death: _____

Place: _____
Country: _____

To: _____
Chief, Central Registry Division
Department of Veterans Affairs

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 53000

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 127506 (Rank) Sapper

Name (in full) James Christopher John White enlisted in

the 41st Battalion C. E. F.

CANADIAN EXPEDITIONARY FORCE at London Ont on the 2nd

day of November 19 15

HE served 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 23 years

Height 5-9-

Complexion Fair

Eyes Brown

Hair Dark

Marks or Scars

NIL

J. C. J. White

Signature of Soldier

Date of Discharge



Issuing Officer

Rank

Date May 5th 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. 127505 (Rank) *Private*

Name (in full) *James Christopher John White* enlisted in
the *1st Battalion*
CANADIAN EXPEDITIONARY FORCE at *London* on the *1st*
day of *November* 1915

HE served in *France*

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

Demobilization

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

Age	<i>23 years</i>
Height	<i>5' 7"</i>
Complexion	<i>Fair</i>
Eyes	<i>Blue</i>
Hair	<i>Dark</i>
Markings or Scars	<i>None</i>

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date

N.B.—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, White Council, Ottawa, Canada.

Replacing Original

Temporary Casualty Form

Army Form B. 103

Regimental Number... 127506

War Service Badge

Casualty Form—Active Service.

Class "A" No.

Regiment or Corps... 71st Bn

Rank... Plt Surname... White Christian Name... James Christopher John

Religion... Age on Enlistment... years... months

Enlisted (a) Nov 2nd 1915 Terms of Service (a) 2 of 5 Service reckons from (a) Nov 2nd 1915

Date of promotion to present rank... Date of appointment to lance rank...

Extended { } Re-engaged { } Qualification (b) ... or Corps Trade and Rate...

Occupation... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked... England	11-4-16		
		Arrived in England S. Olympic	11 th April 1916		
9.6.16	OC 71st Bn	AWL 9.30pm 5-6-16 to Osney Camp	6-6-16	Plt 139	
12-6-16		Trans to Base Coy Osney Camp	12-6-16		142
22-9-16		To S on trans to 51 st Bn			244
29.9.16	51 st Bn	To S on trans from 71 st Bn	Branshott	19.9.16	216
14-10-16		To S on trans to CCAC		27.5.16	229
8-5-17	CCAC	4 gals 105 th Bn for B.C.A. H.C.C. H. Remains on com 51 st Bn	Hastings	10.3.17	175 + 100 P.D. 140 60.
8-6-17	51 st Bn	Decases to be attached as B' shot		8-6-17	175 + 100 P.D. 140 60. 122 d/c 9.7.17 of 7 th Coy 137 + 10000 140 147 d/c 27.8.17
14-11-17	2 nd COR. D	ceases on com at Mytchett Camp	S. Sandling	13.11.17	140 50 250. H. J. Moody

(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) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B 213, Army Form A.36, or other official documents
Date	From whom received				
12.2.18	2 nd CORD	A to 1 st CORD 7.8.18 Dated to	E Sandling	12.2.18	DO 56 + 4.3 of 14/2/18 of 1 st C.C.D.
—	—	2 nd COI. Depot Coy <i>because att. 1st C.C.D.</i> 4.8.18 D.O. 56 ✓	Shorncliffe		
13.3.18	—	Permission to Marry	Shorncliffe	13.3.18	DO 61 ✓
23.5.18	—	S.O.S. Trans C. Railway Troops	Witley	23.5.18	DO 122 ✓ <i>f. 1st CORD Lieut Record Officer 2nd CORD</i>
23/5/18	C.R.T. Depot	<i>Taken on strength.</i>	Purfleet	23/5/18	DO 142 ✓
12-6-18	C.R.T. Depot.	S.O.S. on proceeding overseas to the 4 th Bn. Can. Rly. Troops.	Purfleet.	11-6-18	Part 2 D.O. 132.
<p><i>S. Spruce</i> Lieut. for C.O. Canadian Railway Troops Depot.</p>					
14-7-18	2 nd CORD	Leaves on leave at Haystack Camp	C. Simelling	13-11-17	PT II 0250
20-3-18	1 st C.C.D.	Att for Pay Clothing Etc	M. Martins Plain	4-3-18	— " — 62
14-4-18	2 nd CORD	Leaves att to 1 st C.C.D.	Witley	10-4-18	— " — 86 + 103 of 15/4/18 C.C.D.
17-4-18	"	Att to 8 th Res	"	10-4-18	— " — 86 + 102 of 12/4/18 8 th Res
<p><i>act. record</i></p>					
<p>LIEUT. FOR LT. COL. MC RECORDS, C.O.M.F.</p>					

CORRECT.
 14-7-18
 JUN 1918
 CAN. RECORDS, LONDON.

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname..... Christian Name.....

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ... Disembarked... T.O.S. 7 CRT on Arrival in FRANCE 13-6-18 Pt II DO No. 72 dated 18.6.18			
4/7/18	7 CRT	Reported	Field	13/6/18	15/11/1918-1
2/1/19	O.C. Unit	Forfeited 1 days pay 28/12/18 for W.O.A.P. (1) Being in possession of a "Crown Anchor" Board (2) Using same for purposes of gambling.			132069 P.W.D. 4 8/1919

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
1919	C.D.D.	Had to buy for purpose of demob & booked to C.R.Y.D. Knolly Ash near Liverpool		1 30/9	W 20/12/1919
					B. Chaffwell.
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
-5 FEB 1919	C.R.T.D. Taken On Strength	Knolly Ash		-5 FEB 1919	Pt 2 31
		Attached C.D.D. Buxton for return to Canada, Part II Order No. Ceases to be attached C.D.D. Buxton on embarking for Canada.			
26.3.19		Attached C.D.D. Buxton for return to Canada, Part II Order No. Ceases to be attached C.D.D. Buxton on embarking for Canada.			72
23 APR 1919		A. R. M. Surgeon Lt. for Lt. Col. Commanding Canadian Discharge Depot, O. S. Quebec Depot Clearing Services Command			
		Part II, Order No. 123 Dated			
MAY 5 - 1919		O. S. Quebec Depot Clearing Services Command			Lt. Col. O. S. Clearing Services Command
		Part II, Order No. 123 Dated			

A.O. Rank **Unit** **71st. Bn.** Name **WHITE, James Christopher John.** Reg'l No. **127506**
 If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **London, Ont., Nov 2nd, 1915.** Place of Birth **Westminster, Eng.**

Name and Address, Next-of-Kin **Charles Baker,**
Innerkip, R.R. 2, Ont., Canada. Relationship **Friend.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 16904
 File R.L.
 Category **Can OR**

L.C. 113

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.				
		<i>Arrived in England</i>	<i>S. I. Olympic</i>	<i>11 APR 1916</i>	
<i>9.6.16</i>	<i>OC 71st Bn</i>	<i>a.w.k. 9.30. Am. 5-6.16 to Troop 66/6 Okey Camp</i>	<i>Okey Camp</i>	<i>6.6.16</i>	<i>RVI 139</i>
<i>12.6.16.</i>	<i>-</i>	<i>Trans. to Base Coy.</i>	<i>Okey Camp</i>	<i>12/6/16.</i>	<i>142.</i>
<i>22.9.16</i>	<i>-</i>	<i>SOT on leave to 51st Bn</i>	<i>" "</i>	<i>written</i>	<i>244.</i>
<i>29.9.16.</i>	<i>51st Bn.</i>	<i>TOS on transfer from 71st Bn.</i>	<i>Bramshott.</i>	<i>19.9.16</i>	<i>216.</i>
<i>14-10-16</i>	<i>-</i>	<i>SOS on transfer to C.C.A.C. and att. to 51st Bn for B.D.S.R.C.G.P.</i>	<i>-</i>	<i>27-5-16</i>	<i>229</i>
<i>8.5.17.</i>	<i>ccac</i>	<i>SOT to West. Aub. Regt. + remains on Com. G.D. Bn.</i>	<i>Hast.</i>	<i>10.3.17.</i>	<i>P.T. 175-40.R.D. P. 11.00</i>
<i>8.6.17</i>	<i>G.D. Bn.</i>	<i>became to be attach, on trans to 2nd C.O.R.D for Com. Mythe Hill, Aldershot, B. Shatt</i>	<i>-</i>	<i>8.6.17</i>	<i>P.T. 157 + D.O. 122 d/29/17/175-40.R.D. P. 11.00 + W.O.R.D. P. 11.00 d/29/17/175-40.R.D. P. 11.00</i>

Ref

sub for

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.				
14-11-17	2 nd CORP	leaves on com at mytchett camp	E. Slingshe	13-11-17	At 2.50.250 ^x
12-2-18	2 nd CORP	attached to 1st CCD	"	13-2-18	At 2.50.36 + 1000 D.O. = 43 dt 11/2/18.
7-3-18	2 nd CORP	leaves att'd to 1st CCD	Sliffle	4-3-18	D.O. = 56
13-3-18	2 nd CORP	Granted perm to marry	"	13-3-18	D.O. = 61
5-3-18	1st CCD	att'd for pay clothing etc	Markham	4-3-18	D.O. = 62 ^x
11-4-18	2 nd CORP	leaves att'd to 1st CCD	Witley	10-4-18	Do 86 ^x + 4 1st CCD Do 103 dt 15-4-18
11-4-18	"	att'd to 8 th Res Bw	"	10-4-18	Do 86 ^x + 8 th Res Do 102 + dt 12-4-18
23-5-18	"	S.O.S to Gen Rly Troops	"	23-5-18	" 122
12-6-18	Dep BATT	of 8 th Res Bw	7 BATT	11-6-18	Do 162
15-1-19	7 th C.R.S.	entered to forfeit 1 day's pay 25.12.18. for W.O.A.S. (1) being in possession of a Crown Charter board (2) using same for the purpose of gambling	Fuld	25.12.18	Do 104
2-2-19	do	Posted to C.R. 20 depot.	do.	20-1-19	do 12. C.R.T.D. Do 31 dt 5/2/19
25.2.19	C.R.T.D.	A.W.L. from 2200	Knottysash	8.2.19	D.O. No 51
		II-11-K-14		23.4.19.	
3-5-19	"	S.O.S. to Canada	"	13-4-19	At 116
26-5-19	"	On Command to C.R.P. Buxton.	"	25/5/19	" 90

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

WHITE J.C.V.

REGIMENT

C.R.T.D.

RANK

Spr.

No.

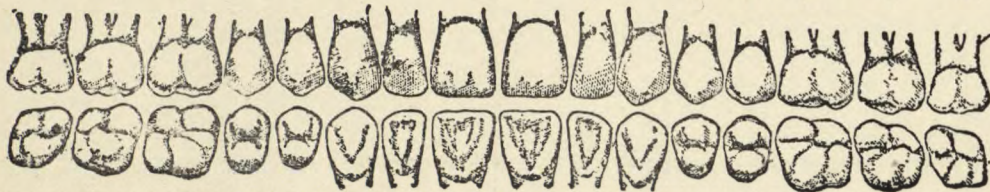
127506

Date of Examination in England

15/3/19.

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

13.

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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

KNOTTY ASH CAMP,
LIVERPOOL

Signature of Dental Officer

W. B. Hurst 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.

FEDERAL BUREAU OF INVESTIGATION

WHITE, J. C.

12/3/19

MEMORANDUM
TO : SAC, NEW YORK
FROM : SAC, NEW YORK

RE : JAMES EARL RAY
ALLEGED ATTEMPT TO OBTAIN
PASSPORT

NY 100-100000

100-100000

James Earl Ray

2nd Original created June 10th 1918. G.R.T. Depot
 Purfleet Essex

MEDICAL HISTORY SHEET

Surname White Christian Name James Christopher John

Examined on 10th day of June 1918
 at Purfleet, Essex

Approved by E. J. French
 Rank Capt came M.O.

Birthplace { City or Town Westminster
 County London, England

Apparent age 22
 Trade or occupation Farmer

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
10/6/18	A	E. J. French came	

Height 5 feet 8 1/2 Inches

Weight 147 lbs.

Chest measurement { Minimum 33 1/2 inches
 Maximum expansion 3 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left
 Number ✓ 3

Date	Result	VACCINATIONS	M.O.
20/11/15			

When Vaccinated last 20th Nov. 1915

(a) Marks indicating congenital peculiarities or previous disease Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
30/11/15	TU	Frank Bay Book	
2/3/16			
3/3/16			
14/3-24/5/18			

(b) Slight defects but not sufficient to cause rejection

Enlisted on 2nd day of November 1915 at London, Ontario

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>7th Bn</u>	<u>124506</u>		
Transferred to	<u>7th Bn C.R. Troops</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Shuryashah</u>	<u>1-3-14</u>	<u>Varicella capit leg</u>	<u>3; No wastage</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.

122697

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

[Handwritten scribble]

Bramshott 2/12 1916.
No. *127506* Rank *Pte* Name *White J.C.J.*
Local Unit *4th York Onto* Overseas Unit _____ Age *21*

Examination held at Bramshott, Hants.

DISABILITY.

varicose veins

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Reboard

Board recommends :

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty. *(iii)*
5. Discharge.

Signatures :

Members { *C.S. Coyne* Pres.
H. MacLaren

Approved.

Bramshott *2/12* 1916.

for A.D.M.S.
Canadian Troops, Bramshott.

[Handwritten initials/signature]

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT

No. _____ Name _____ Rank _____

Local Unit _____ Overseas Unit _____

Examination held at _____

DISABILITY _____
Overseas - Local _____
(circle one only)

PRESENT CONDITION

1. General appearance
2. History
3. Physical examination
4. Laboratory examination
5. Diagnosis

Signature _____
Date _____

Members _____
Approved _____
Signature _____
Date _____

G. G. n. Railway. Troops Depot
Knotty ash C. Liverpool

No 127506

Date 28/2/19

Name and number

White James C. J.

Unit

7th C.R.I.

Visual Acuity

R. E.

6/40

L. E.

6/12

do with glasses

R. E.

6/12

L. E.

6/12

Hearing

do

Category recommended

A

Remarks

This condition was _____ present before enlistment
and has not been aggravated by service.

D. J. Walsh

Captain C.A.M.E.

Wm. H. White
No. 1000

1/15/18
1/15/18

1000

Wm. H. White

2
A. A.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.
FOLKESTONE.....1917.

Jan 28/18

SPECIAL REPORT
ON EYES.

No. 129506

Rank.....

Name White, J. C.

IN OR OUT PATIENT.....

Unit 2nd CORP. (71st).

From Officer Commanding.....

To 2nd CORP.

W225

RIGHT VISION - 6/60 cor 6/24
LEFT VISION - 6/24 cor 6/19 PL3

REMARKS: Myopic astigmatism R.V.K.

He is.....fit for overseas service. Glasses have.....been ordered. Condition was.....present previous to enlistment and was.....caused by service.

Recommend patient for category.....

J. Amoray

.....Captain.C.A.M.C.

for O.C. West Cliff Canadian Eye & Ear Hospital.

V.

[Handwritten signature]

1189

S. M. C. 2nd Co. Shorncliffe

WEST CLIFF CANADIAN CY 29. 1. 18 - A

304

38

WEST CLIFF CANADIAN CY 29. 1. 18 - A
29 JAN 1918
HOSPITAL

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-18		EFFECTIVE DATE:- 16/3/18	
AMOUNT:- 20 ⁰⁰		AMOUNT:- \$ 25 ⁰⁰	

NAME:- **WHITE James Christopher John**

NUMBER:- **127506**

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.

*James C. White 4214 4th St
28 York Rd Wife
South. Lamborough
Hants. Eng.*

*Same 13/1-19
3016
Knott's Ash Rd
7th D.*

Stopped 1/4/19

Sailed to Canada (1/5/19)

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Pte.</i>	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>1st Bn</i>			
DATE ACCOUNT FIRST OPENED:- <i>1-4-16</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			<i>2 CORP.</i>
<i>50142</i>	<i>1/6/18</i>	<i>20/6/18</i>	<i>6 R J D</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>1/1/19</i>	<i>1888</i>	<i>7 CRD</i>	<i>373</i>				
<i>15/1/19</i>	<i>1991</i>		<i>373</i>				
<i>7/2/19</i>	<i>5528</i>		<i>3467</i>				
			<i>4153</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Trans to Canada 28/1/19 m 3016 13/2/19 Wash to Rly Wash. Md. PFC 3.45*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>Bal Forward</i>								<i>6 30</i>		
<i>Apr.</i>	<i>P. Pay</i>	<i>33</i>		<i>APSA. Apr. 6 by A 44517 11.18</i>			<i>20</i>				<i>37 91</i>
				<i>AR 401. 16.4.18 8 Dec.</i>	<i>2 43</i>						
				<i>- 608. 25.4.18</i>	<i>2 43</i>				<i>14 44</i>		
<i>May</i>		<i>33</i>		<i>APSA. 4.7.0 A 64719 1 9.4.11</i>	<i>4 86</i>		<i>20</i>				<i>37 91</i>
		<i>34 10</i>		<i>WOAS. (1) absent from duty from 6 am. to 7.25 am. 9.5.18. (2) Neglecting to obey an order awarded 4 days P.P. No. 9. Forfeited 4 days pay by D.W.D.O. 111. 10.5.18 200000</i>			<i>20</i>				<i>25</i>
				<i>AR 1265. 14.5.18 8 Dec.</i>	<i>2 43</i>						
				<i>- 1533 23.5.18</i>	<i>2 43</i>						
				<i>DNA R 320 29 5 18 CRJD</i>	<i>9 73</i>				<i>9 55</i>		
		<i>34 10</i>									<i>25</i>
<i>June</i>	<i>P Pay</i>	<i>33</i>		<i>CR 6 216.90 9.4.11</i>			<i>20</i>				<i>25</i>
				<i>466- 10/6/18. (2) CRJD</i>	<i>7 30</i>						
				<i>SPR P. 6. 28/6/18 (5) "</i>	<i>.42</i>						
				<i>" P. 8. 25/6/18 (5) "</i>	<i>2.92</i>				<i>11 91</i>		
		<i>33</i>			<i>1064</i>		<i>20</i>				<i>25 00</i>
<i>July</i>	<i>P.P.</i>	<i>34 10</i>		<i>C 5292 July.</i>			<i>20</i>				<i>25</i>
				<i>743- 16/7/18. (5) 7 CRD</i>	<i>3 57</i>				<i>22 44</i>		
		<i>34 10</i>			<i>3 57</i>		<i>20</i>				<i>25</i>
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>C 63491. 9.4.11</i>			<i>20</i>				<i>25</i>
				<i>783. 2/8/18. (1) 7 CRD</i>	<i>3 57</i>						
				<i>866- 14/8/18. (10) "</i>	<i>3 57</i>						
				<i>623- 2/7/18. (13) "</i>	<i>3 57</i>				<i>25 83</i>		
		<i>34 10</i>			<i>1071</i>		<i>20</i>		<i>28 83</i>		<i>25</i>
<i>Sep</i>	<i>P.P.</i>	<i>33 00</i>		<i>A 28502 9.4.11</i>			<i>20</i>				<i>25</i>
				<i>1001- 2/9/18. (1) 7 CRD</i>	<i>3 57</i>						
				<i>1106 16/9/18 (5) "</i>	<i>3 57</i>				<i>131 69</i>		
		<i>33</i>		<i>Forward.</i>	<i>7 14</i>		<i>20</i>		<i>131 69</i>		<i>25</i>

COMPILED BY *J. M. H. M. H.*

CHECKED BY *M. H. M. H.*

NUMBER 127506. RANK Spr

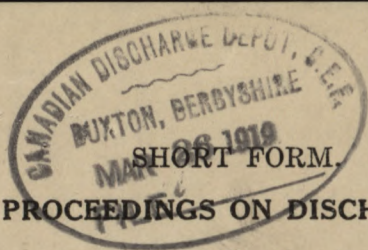
NAME White, J. J.

20⁰⁰ 30⁰⁰ Sep

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Dalford					31 69	Armed	
Oct	P.P.	34 10		257901. 9.4.11			20		48 79		20
				1429- 2/10/18. (5) 7CRD	746				38 33		
		34 10			746		20		7 10		25
Nov	P.P.	33 -		81499. Nov. 12.6.7			20				40
				1434- 2/11/18. (10) 7CRD	373						
				661493. Dec. 10.5.6.			20				30
Dec	P.P.	34 10		1531- 16/11/18. (17) 7CRD	373						
Jan	P.P.	34 10		824720 Jan. - 10.5.6.			20				30
				1664- 2/12/18. (43) 7CRD	1306						
				1760- 15/12/18. (58)	373				55 28		
Feb	P.P.	10 20			2425		60				100
		30 80		Forfeited days pay 28/1/18 2504		110					
				CK 29926 Feb 10.5.6			20				30
				CK 29927 Mar. 10.5.6.			20		44 98		30
				1888 4CR 4. 1/11 24	3 43						
				1998 15/11 30	3 43						
				528 CR 4 7/11 44 34 07							
				7203- 2/2/14. (97) - CR 4	1944				16 07		
		30 80			61 06	110 40					
				6286- 28/3/19. (1) CR 4 Juxton	973				25 75		Env
				1025- 18/4/19. (3)	973				35 48		
				CK 1951- April. Pd by Juxton 10.5.6			20		55 48		30
					1946		20				30

Sailed 25/4/19. S.L. 2011 CR 4.

NUMBER OF DEPENDENTS. 1



Disposal Area 1 K

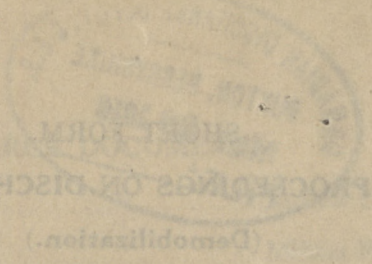
RELIGION. C. of E

SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)

War Service Badge Class "A" No. 33000
21-12-38
NEXT OF KIN. WIFE

1. No.	<u>124506</u>	
2. Rank.	<u>Sapper</u>	
3. Name.	<u>WHITE James Christopher</u>	
4. Unit.	<u>C.R.T.D 4th Batt John</u>	
5. Date of Discharge	<u>5-5-19</u>	
6. Reason for Discharge	Cat. <u>B.1.</u>	
Trade	<u>FARMER</u>	Occupational Group. <u>1</u>
Service in France.	<u>11 Months</u>	
7. Authority.		
8. Proposed Residence after Discharge	<u>LONDON ONT</u>	
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.?	
	<u>J.P.P. White</u> Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
Place	<u>QUEBEC</u>	<u>LIVERPOOL</u>
Date	<u>MAY 2 - 1919</u>	<u>APRIL 23 19 S.S. METAGAMA</u>
		<u>QUEBEC</u>
		<u>May 1 19</u>
Signature	<u>[Signature]</u> Lt. Col. O. C. Clearing Services Command. (O. C. Discharging Unit.)	

E.R.J.



WIFE

M	124506
	Rank
	Name
	Unit
	Date of Discharge
	Reason for Discharge
	Authority
	Proposed Residence after Discharge
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p>	
<p>I hereby acknowledge that at the undersigned place and date I received my discharge Certificate</p>	
<p>Signature of Soldier</p>	<p>11 Months</p>
<p style="text-align: center;">CONFIRMATION</p>	
<p>The discharge of the above named man is hereby confirmed.</p>	
<p>Signature</p>	<p>11 Months</p>
<p>Signature of Discharge Unit</p>	<p>11 Months</p>

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphora	Minutes Form W. 22
or Particulars of Receipt	Minutes Form W. 23
Field Contact Sheet	Minutes Form W. 24 or A.R. 122
Company Form	Minutes Form W. 24 or A.R. 102
Last Pay Certificate	Minutes Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	Minutes Form B. 212 or A.R. 122
Proceedings of Medical Board	M.F.B. 222, A.R. 122 or A.R. 122
Dental History Sheet	Minutes Form B. 222
Medical Report	M.F.W. 122 or D.M. 2 122
Regimental Contact Sheet	Minutes Form B. 222
Company Contact Sheet	Minutes Form B. 222

11 Months

Attestation Paper (M.F.W. 222 or
 M.F.W. 122)
 B. 212 or A.R. 122
 M.F.W. 122 or D.M. 2 122

11 Months
 11 Months
 11 Months

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 Medical Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (D.S.D. 1, 4669a).
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 (D.S.D.).
11. Equipment Statement (M.I.G. Form (D.O.S. 2) and Clothing).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form 1).
15. Sundry Documents.

Group
 Checked by No.
 Date 22-4-19

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 initialed 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 Knatty Ash Riverport DATE 1/2/19

1. 1 (a) Unit C.B.T.D. (b) Regimental No. 127506 (c) Rank SAPPER
 (d) Surname WHITE (e) Christian name JAMES C. J.
 (f) Home address R.R. #2 JAMESKIP, ONTARIO
 (g) Next of Kin MRS FLORENE ADA WHITE (h) Relationship WIFE
 (i) Address of Next of Kin AS ABOVE

2. Age last birthday 23 Date of birth 26 Dec 1895
 3. Enlistment, or Appointment (if an Officer) (a) Place Randow, Ont (b) Date 2 Nov 1915

4. Personal description:
 (a) Height 5' 8 3/4" (b) Weight 154 lbs estimated (c) Complexion fair
 (d) Colour of hair blonde (e) Colour of eyes brown Identification marks, Scars, etc. none

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>3 mos</u>

	PERIODS	
	From	To
Canada <u>71st</u>	<u>2-11-15</u>	<u>29-3-16</u>
England <u>71st</u>	<u>29-3-16</u>	<u>11-6-18</u>
France or other theatres of War <u>C.F.R.</u>	<u>11-6-18</u>	<u>10-2-19</u>

7. Original disease, or injury Varicose Veins

(a) Date of origin June 1915 (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.)

Disability is due to painful condition of both legs after marching over 1 1/2 miles.

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.)

Soldier states he can't march more than 1 1/2 miles without suffering from throbbing pain in both legs.

This soldier has had condition of varicose veins inner side of both legs from thigh to ankle.

(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.....	yes	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		

Eye Report 28-2-19 P. G. Welch
 Visual acuity R.E. 6/12 L.E. 6/12
 with glasses 1/2 1/2
 Cat. Rec. A

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

States he did not notice he had varicose veins before June 1915. After enlisting condition gradually became worse.

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.)

na

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. States he only

had slight condition of varicose veins when he enlisted. no mention on M.H.S.

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?

Probably permanent

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

none

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

I recommend that he be placed into category Bii

R Wagner R. C. A. M. E.
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, *James C. White* 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. C. White *Lepper* 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.

We concur except...
 Q. (a) Objective - Vision in right eye are not uniform. They are - dictated only. No signs of any vascularity above knees. No signs of ...
 No ... - 137

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or ~~No~~) 137
- (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.
- (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.)

*Boarded for return to Canada.
 Auth. A.G. Feb. 1/9083-11/1/18*

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.

ru.

PLACE *Wootton Bassett Liverpool* *Dr. F. L. Fuller Capt. C.M.C. President.*
Dr. Hayward Capt. C.M.C. } Members
 DATE *7/2/19*

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..... } Members
 DATE.....

APPROVED BY *Wey Cook Capt. C.M.C.* APPROVED BY
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *3-3-19* DATE.....

2022

Medical Report on an Invalid.

[Large handwritten signature]

Station Bramsholt

Date May 11th 1916

1. Unit. 71st Am. I. E. F.

5. Age last birthday 20

2. Regimental No. 127506

6. Enlisted { on Sep 29th 1915
at Summers, Ont.

3. Rank Private

4. Name White, James Christopher John

7. Former Trade or Occupation { Farmer

8. Disability.

Varicose Veins of left leg.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability June 15th 1915

10. Place of origin of disability. Summers, Ont

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Since June of 1915 this man's veins of left leg have been gradually enlarging until now if on a long route march the leg swells and becomes painful.

12. (a) Give your opinion as to the causation of the disability. Weakness of vein walls

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Cardiac System - Heart

rapid and increases on exertion.

Respiratory System - Normal

Digestive System - Normal

Nervous System - Normal

Moderate varicosity of veins of left leg.

14. If the disability is an injury, was caused

Not applicable

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

No

17. If not, was an operation advised and declined?

No

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

19. Do you recommend

- (a) Fit for duty? *No*
- (b) Fit for light duty? *Yes*
- (c) Invalided to Canada? *No*
- (d) Discharge as permanently unfit? *No*

D. J. M. Kay Capt. Conced
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. *1. no 2. no but slightly aggravated by active service*

(b) If due to one of these causes, to what specific condition do the Board attribute it? *not applicable*

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

22. Is the disability permanent? *yes for full service*

23. If not permanent, what is its probable minimum duration? *not applicable*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? *none compared with capacity on enlistment*

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? *not applicable*

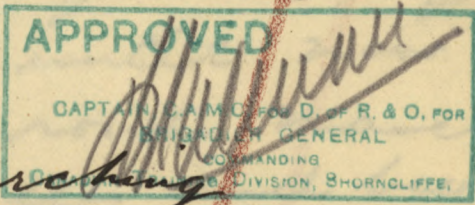
26. Do the Board recommend

(a) Fit for duty? *no*

(b) Fit for ^{base} light duty? *yes without marching*

(c) Invalided to Canada? *no*

(d) Discharge as permanently unfit? *no*



Signatures:—

[Signature] President.

Station Bramshott *H. Macharen Capt. came* Members.

Date 17/5/16

Approved.

Station Bramshott

Date 17 MAY 1916

[Signature] Major,
Administrative Medical Officer,
D.A.D.M.S. for A.D.M.S.,
Canadian Troops, Bramshott Camp.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the _____ day of _____ 191_____

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.

LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER, *Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

not applicable

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
(b) If due to one of these causes to what specific condition do the Board attribute it?

not applicable

21. Has the disability been aggravated by (a) Intemperance? (b) Misconduct?

not applicable

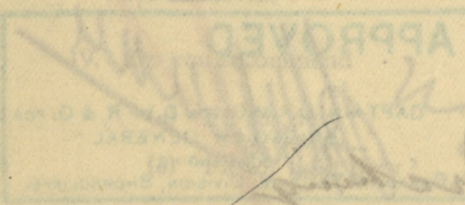
22. Is the disability permanent?
23. If not permanent, what is its probable minimum duration?

not applicable

To be stated in months.
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
In defining the extent of his inability to earn a livelihood, estimate it at f. s. or total incapacity.

not applicable

25. If an operation was advised and declined, was the refusal unreasonable?



not applicable

26. Do the Board recommend (a) Fit for duty? (b) Fit for light duty? (c) Invalided to Canada? (d) Discharge as permanently unfit?

President: _____

Members: _____

Date: 17/2/16

Lt.-Col. _____ Major.

Lt.-Col. _____ Major.

1 P.M. 10-Wh-83

AUDITOR PAYMASTER

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

M. OR S. *M.*

REGT. NO. *127506* RANK *Pte* NAME (IN FULL) *White Jas. Christopher*

ORIGINAL UNIT C.E.F. *71st Bn* IF IN P.F. WHAT UNIT? *Oakville, Ont*

PLACE OF ATTESTATION *T-O-S Quebec* TRANSFERRED TO *Oakville P.O. Ont* DATE *2-3-19* AUTHORITY *1 P.M. 45*

DATE OF ATTESTATION *2-11-15* TRANSFERRED TO *Oakville P.O. Ont* DATE *3-7-19* AUTHORITY *3-7-19*

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *3-7-19* ANY CHANGE IN ASSIGNEE OR ADDRESS *3-7-19*

PAYABLE TO *Mrs F. A. White* RELATIONSHIP *Wife*

ADDRESS *3 Vansollat Ave Woodstock Ont*

STOP PAYMENT FORM RENDERED, DATE *2-11-15* EFFECTIVE *3-7-19*

DISCHARGED *Zuebec P.Q.* PLACE *Zuebec P.Q.* DATE *5-5-19* REASON *Remot* AUTHORITY *1 P.M. 45* IF ENTITLED TO POST DISCHARGE PAY *1 P.M. 45*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
28-2-19																							<i>Steph Metagama 1 5/19</i>
1-3-19																							<i>28-2-19</i>
8-5-19	69	1.10	75	90	35	70				110	37	487	5	95	55	20			58	93	184	35	<i>PAY TO ESTIMATED DATE OF DISCHARGE 8-5-19</i>
																							<i>CLD. ALLG. 1ST PAYMENT OF W.S.G.</i>
																							<i>BOAT MONEY, TRAIN MONEY</i>
																							<i>Advanced C.P.D. 19.17-7.19</i>
																							<i>Buxton 9.12 = 28.10.19</i>
																							<i>Do 20.00 19.14</i>
																							<i>War Service Gratuity</i>
																							<i>Soldier Dependents</i>
	18.3	days			142.00	180.00				6.00	00				70					350.00	180.00		<i>with pay till 9-1-19</i>
										6.05											185.00		<i>to date of discharge</i>
										6.25	00									370	150.00		<i>check for pay and pay</i>
																				FF 366	70		<i>16.16.19 12.916.45</i>
																				280.00	120.00		<i>right to adjust to date of discharge</i>
																							<i>3 days 2.12</i>
																							<i>16.16.19 12.916.45</i>
																							<i>on 30.30 for apil</i>
																							<i>150.00</i>
																							<i>120.00</i>
																							<i>12.30 - 30 apil misty</i>
																							<i>England and A.P.D. 43</i>
																							<i>31.19.19 100.685.6</i>
																							<i>140.60</i>
																							<i>11.40.66-7</i>
																							<i>SEP 2 1919</i>
																							<i>116.37.60</i>
																							<i>OCT 1 1919</i>
																							<i>117.33.19-8</i>
																							<i>Capt.</i>

BALANCE FROM PREVIOUS ACCOUNT

