

ATTESTATION PAPER.

No. 278

Folio. 85394

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name? *John Robert White*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dublin, Ireland*
- 3. What is the name of your next-of-kin? *~~John White~~ Mrs. J. R. White (father)*
- 4. What is the address of your next-of-kin? *~~Captn. White~~ Dublin*
- 5. What is the date of your birth? *15th Jan'y 1881 Millford, Surrey.*
- 6. What is your Trade or Calling? *Police Constable*
- 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? *6 yrs 110 dys. Irish Guards*
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*

John R White (Signature of Man).
H. A. Keizer (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,, 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 *5 February* 191*5* *John R White* (Signature of Recruit)
H. A. Keizer (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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 *5 February* 191*5* *John R White* (Signature of Recruit)
H. A. Keizer (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 *Montreal* this *5* day of *February* 191*5*.

W. Southey (Signature of Justice)

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

..... (Approving Officer)

Description of J. R. White on Enlistment.

Apparent Age 33 years 1 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 6 ft. 1 ins.

Chest measurement { Girth when fully expanded 39 1/4 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

scar on right groin

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 5 February 1914

Place Montreal

H. E. Pavey Capt.
 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. R. 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)
 Captain,
 Comd'g. 6th BDE. AMN CO. A.C.E.F.

Date FEB 14 1915 1914.

REGIMENTAL DOCUMENTS

NAME

White John Robert

REGT. NO.

218-85394

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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. 129)

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)

cas. card

1 hospital

1 R122

1 2nd Field

Category

DISCHARGE

Category

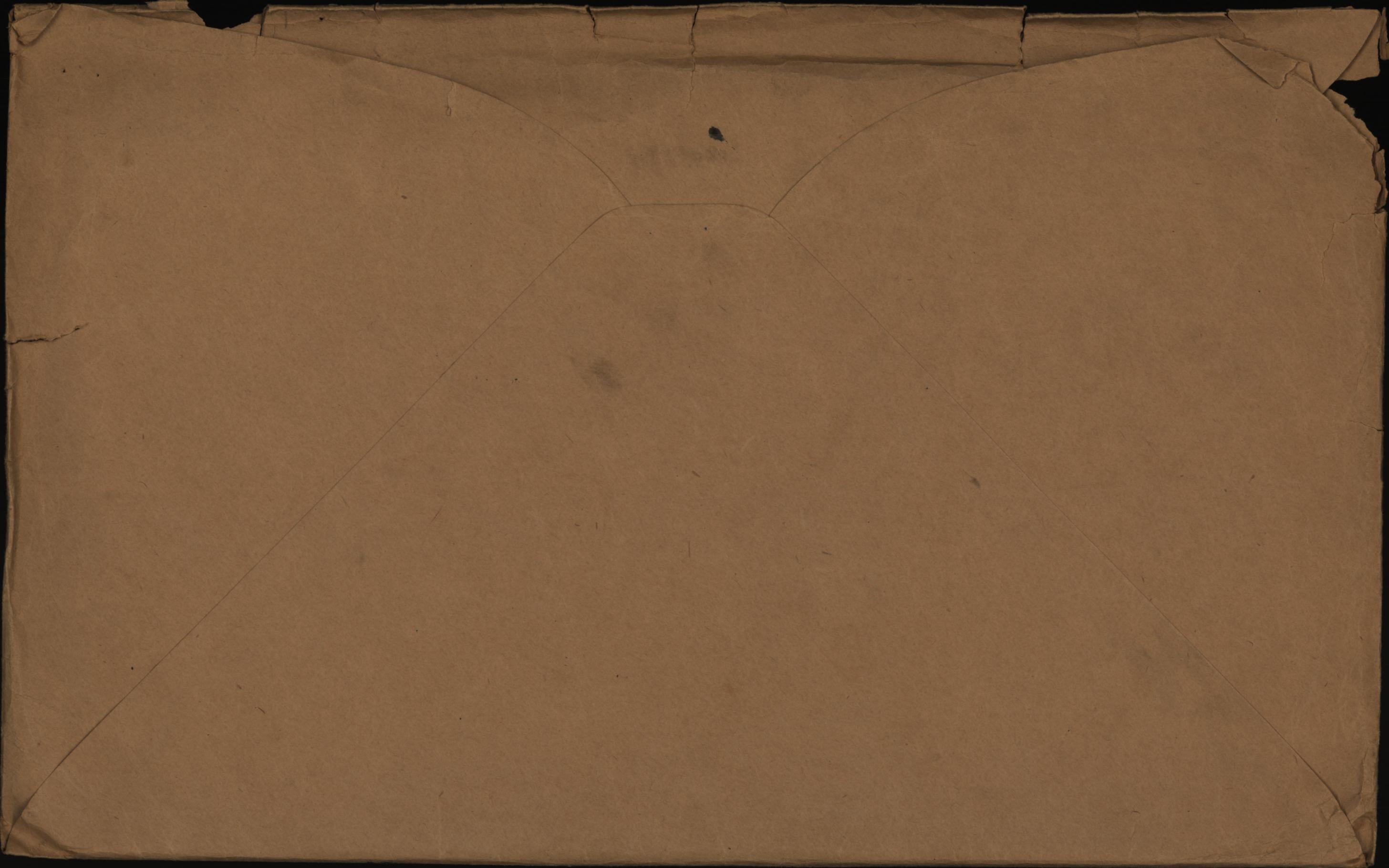
DESERTION

17703

26-23
4-23
6-23

2

Received - 13-11-48
649-427017



Number 85394 Rank *1st Lt*

Surname WHITE

Christian Names John Robert

Unit C. F. A Theatre of War France

Dates of Service 14/3/18

Remarks

Latest Address 18 Connaught Mansions
Coldharbour Lane

Roll No. *B*
Page 1865
Brixton, London S.W. 9. Eng.
At

2181 Corp

AUG 56

1921

745963000

SEP

3 1921

NAME

White . J. R.

REGT. NO.

85394

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Co. 74.

New Lond. Mil. Hosp.

29/20

Influenza
Discharged

SURNAME.

White

CHRISTIAN NAMES

John Robert

REGL. No.

85296.80394.

RANK

Ev.

UNIT

21st. Bty. 6th. Bde. Armm. Col.

FORMER CORPS

Irish Guards.

"also notify"

~~NEXT OF KIN.~~

NAMES IN FULL

White John

RELATIONSHIP TO SOLDIER

ADDRESS

*Castle Kelock. Dublin
Ire.*

"New Next of Kin"
CHANGE OF ADDRESS

Mrs. M. White (Wife)

*Bank of Montreal
300 St. Jacques
Montreal
Que.*

*(Card 54-21-37) London. S.W. 4
6-3-15.*

COUNTRY OF BIRTH

Ireland, Dublin

DATE

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Feb. 5th. 1915.

o/s. 23-2-15 ⁴⁹/₁₄

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

White J.

P.

REGT'L. No.

85-394

H. Q. FILE NO 649

RANK AND CORPS

gmc 3

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B333	1 st Southern Gen Hospital Ft. Belvoir, Birmingham	19 23-8-18	ulceration stomach sev
B363	Int'l Convul Col. H	1-10-18	.
B384	Discharged	21-10-18	.
C70	New Mil; Hampstead	20-1-20	"influenza"

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

WHITE.
RANK

UNIT

J.R.

Co.

TROOP

85394.
BATTY.

Gnr.
HOSPITAL

C.A. 3B.

DATE OF ADMISSION

1st. S.G.H. King's Heath B'ham.

23-8-18.

1.

Woodcote Rd. Epsom.

HOSP.

1-10-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

Ulceration Stomach Sev. *a*

2.

3.

DISPOSITION

C.L. 29-8-18. B333.

DATE

Dis 21-10-18

REMARKS

3.10.18 B363 (2)
28-10-18 B384 (2)

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.

22nd May

10

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	85394	Pte	White	John Robert
Year	Unit.	Age.	Service.	
	10th B.Y. a	35		
Station and Date.	Disease			
1 - OCT 1918	Ulcerative Stomatitis	20-8-18		
	Recovered	fully fit		
	P.T.	Mouth wash		
8 - OCT 1918	Recovered	fully fit		
	DT	M. W. Bradley, Maj		
	(Labourer)	Castle Knock.		
		Co. Dublin		

TAB 11.10.18
16.10.18

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

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WHITE

REGIMENT B.F.A.

RANK Smr.

No. 85394

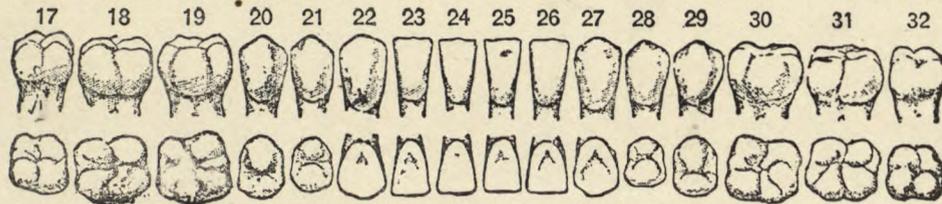
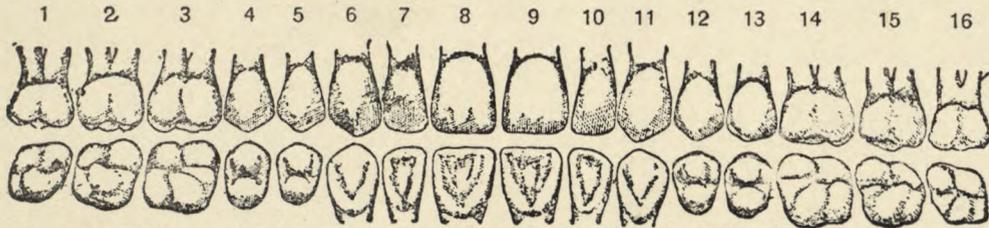
Date of Examination in England 6/8/19

Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

Replacing Original not available

Casualty Form - Active Service.

10892

6th Bde C.F.A. N. 2. S. C.A.R. Bde

Regimental No. 85394 Rank Sr Name White John Robert

Enlisted (a) 2:16 Terms of Service (a) Duration 6 months of W Service reckons from (a) 5:21:16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.O.s (below)

Extended _____ Re-engaged _____ Qualification (ii) Police Constable

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				
5.12.16	O.C.R.B.	T.O.S. 2nd Bde	Shorncliffe	5.12.16	Bo. 313 part I
23-6:17	O.C. Res Bde C.F.A.	S.O.S. from Res Bde. C.F.A. 2nd Bde C.F.A. on absorption	do	22.6.17	Bo 174 part II
23/6/17	O.C. Res Bde C.F.A.	T.O.S. 2nd Bde C.F.A.	Schiff	22/6/17	Bo. 1 part II.
21/9/17	13th C.S.B.	T.O.S. from 2nd Bde C.F.A.	Witley	20/9/17	13th C.S.B. Part II 31
21/9/17	2nd Bde C.F.A.	S.O.S. to 13th C.S.B. Siege Bde	Witley	20/9/17	2nd Bde C.F.A. D.O. Part II 92.
10.1.18	OC 13 Siege	S.O.S. 13th Can Siege S.O.S. 10th Can Siege on absorption	Lydd	10.1.18	Bopt II 9

(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.)

85394 G^R WHITE. J. R.

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				
9.2.18	OC. 10 th CSB	Awarded 14 days F.P. No. 2. for awl. 1/18 to 1/18 + making a false statement to his Co.	Lydd	9.2.18 2/9/18	Copt. II 36.
MAR 14 1918	OC. 10 th CSB.	Embkd. for France DO Pt II. 64.	Goodford	MAR 14 1918	W. A. G. L. MAJOR, O.C. 10th CANADIAN BATTERY. Pt II 2065
18.5.15	OC R. Bde	While emp. as Butcher is entitled to 3rd Class W. Pay	S'cliffe	17.5.15	Pt II D055 para 159
4.6.15	do.	Trans. to HQ Staff	do.	4.6.15	Para 200
23.1.18	13 th SB.	Now known as 10 th SB.	Lydd		20 awls
16 th 18	M.H.O.	Arrived in France	Havre	15 th 18	88561/2/233
21 st 17	W.O.	Absorbed into 3rd Brigade C&A	Field	24 th 18	Part II O. 65
20 th 8/18	1147A	Ullus stomach	47/48940	19 th 18	H 1119
22 nd 9/18	probably Gushie.	Insolided (sick) + posted to Col R. D. Witley		22 nd 9/18	W 3083 Pt II. 39

CERTIFIED CORRECT
 CAN. RECORDS, OTTAWA

Lt. Col. G. H. O. 3rd Echelon, B. E. F.
 G. H. O. 3rd Echelon, B. E. F.
 for Lt.-Col., A. A. G.
 G. H. O. 3rd Echelon, B. E. F.

C58

White

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				
27-11-18	C.A.R.D	ceases to be o/c to 1st C.C.D. S.O.S. to Comp Bde. C.R.A.	Bordon	27-11-18	BO P# 7331 H. E. ... Lt. for O.C., C.A.R.D.
25-11-18	Comp Bde C.R.A.	T.O.S. from C.A.R.D	Bordon	17-11-18	BO P# 187
6-12-18	Comp Bde C.R.A.	o/c to C.A.R.D for duty	Bordon	5-12-18	B.O. Pt. H 198
18-1-19	do	S.O.S. to C.A.R.D	do	5-12-18	BO P# 118 Lieut. H. H. ... Lt. Jn. COMPOSITE BRIGADE, CANADIAN RESERVE ARTILLERY
14-8-19	A.S. Can Salvage Corps	T.O.S. from "R" wing + posted to London	London	12-8-19	Pt. H.O. No. 29. W. Burg ... Lieut. for o.c. Can. Salvage Corps
29-2-20	"	S.O.S. to 2nd C.A.R.D London	London	29-2-20	Pt. H.O. No. 4. ... Lieut. for o.c. Can. Salvage Corps

XXV Sec. XXV
C.O. Para. 750
London

ORIGINAL.

P. 851

LAST PAY CERTIFICATE.

No. 85394 Rank Lieut Name WHITE, J.R. Unit 2 Cdn
 Nominated for embarkation to Canada: Is in England Date 6-4-20 Ina Authy 2 Cdn 4/20

<u>CREDIT.</u>		\$	C	<u>DEBIT.</u>				\$	C
BALANCE FORWARD				<u>CASH PAYMENTS:—</u>					
as at <u>31. 3. 1920</u>		<u>2</u>	<u>81</u>	Date	A.R. No.	Paying Unit.	Amount.		
<u>EARNINGS:—</u>									
From <u>1-4-20</u> to <u>6-4-20</u>									
<u>6</u> days at \$ <u>1.10</u>		<u>6</u>	<u>60</u>						
<u>6</u> days at \$ <u>50c @ 50</u>		<u>9</u>	<u>00</u>						
days at \$									
<u>ANY OTHER CREDITS:—</u>				<u>OTHER CHARGES:—</u>					
Interest on Deferred Pay <u>6/4/20</u>		<u>6</u>	<u>56</u>						
				<u>WAR LOAN INSTALMENTS CHARGED:—</u>					
"VICTORY" WAR LOAN				<input checked="" type="checkbox"/> <u>ASSIGNED PAY</u> for period					
Amount Subscribed - \$				from <u>1-4-20</u> to <u>30-4-20</u> at \$ <u>20.00</u>					
Amount Paid -				per month in favour of:—					
Balance due -				Name <u>Mrs White</u>					
				Address <u>Bank of Montreal</u>					
				<u>Chapman Sq.</u>					
				Relationship <u>Wife</u> <u>Ch.</u>				<u>20</u>	<u>00</u>
				<input checked="" type="checkbox"/> <u>SEPARATION ALLOWANCE</u> , if any, in favour					
				of same party as Assignment at					
				\$ <u>30.00</u> per month					
				<u>Stopped off 6/4/20</u>				<u>4</u>	<u>97</u>
<input checked="" type="checkbox"/> <u>BALANCE DEBIT</u>				<input checked="" type="checkbox"/> <u>BALANCE CREDIT</u>					
		<u>24</u>	<u>97</u>					<u>24</u>	<u>97</u>

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— (Strike out whichever inapplicable).

Have been stopped. Effective 1-5-20 and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

OR
 (Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa)

COMPILED BY [Signature]

CERTIFIED CORRECT [Signature] Capt. Lieut

CHECKED BY [Signature]

Date 6-4-20 19 20

FOR BRIGADIER GENERAL
 PAYMASTER GENERAL, O.M.F.C.

ENDORSEMENTS.

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L.P.C.

PRIOR TO COMPILATION OF STATEMENT BELOW.

DATE	UNIT.	A.R. No. or OTHER PARTICULARS.	AMOUNT.		PAYMASTER'S SIGNATURE.
			CR.	DR.	

EXPLANATION OF DEBIT BALANCE :—

X DEBIT BALANCE
 X BALANCE CREDIT

STATEMENT OF ACCOUNT.

DATE	PARTICULARS.	DR.	CR.
	Balance on proceeding to Canada		
	Pay and Allowance from..... to.....		
	Civilian Clothing Allowance - - - - -		35 00
	Advance on account of War Service Gratuity - - - - -		70 00
	Assigned Pay for month of.....		
	Boat Expense Money - - - - -	4 87	
	Train Expense Money - - - - -	5 00	
	Cheque No..... Balance -		

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT OF ACCOUNT.

DATE	PARTICULARS.	Ac. Roll No.	AMOUNT		SIGNATURE OF PAYING OFFICER
			Dr.	Cr.	

PLACE OF EMBARKATION.....

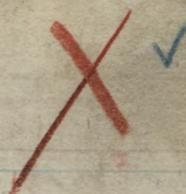
DATE OF EMBARKATION.....

PLACE OF DISEMBARKATION.....

DATE OF DISEMBARKATION.....

H. M. TRANSPORT.....

NAME WHITE, John Robert



Regimental No. 85394 Name and address of next-of-kin
 Unit 6th, Bde. C.F.A. John White
 Date of enlistment 5th. Feb. 1915 Castle Knock, Dublin, Ireland.
 Place of " Dublin, Ireland
 Married (yes or no) No Date and place discharged
 Amount of pay assigned monthly \$ Reason for discharge
 To whom payable Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1 ³ / ₁₅	31 ³ / ₁₅	31	1 ⁰⁰	31	31	10	3 10		34 10			32 50		45	32 95	1 15	
1 ⁴ / ₁₅	30 ⁴ / ₁₅	30	1 ⁰⁰	30	30	10	3		33			32 50		60	33 10	1 05	
1 ⁵ / ₁₅	31 ⁵ / ₁₅	31	1	31	31	10	3 10										
1 ⁵ / ₁₅	31 ⁵ / ₁₅	31	.50	15 50					49 60			47 50		50	48	2 65	
1 ⁶ / ₁₅	30 ⁶ / ₁₅	30	1 50	45	30	.	3		48			45			45	5 65	
	July	30	1 50	45	31	.	3 10		49 60			50			50	5 25	
		31	1 00	31	31	.	3 10		5 53	Doff in Exch. 7 50						10 78	
												207 50					
1 Aug.	31	31	1 24 50	31	31	10	3 10		49 60			24 33			24 33	36 05	
1 Sept.	30	30	1 50	45	30	.	3		48			38 94			38 94	45 11	
1 Oct.	31	31	1	31	31	.	3 10		34 10			68 13			68 13	11 08	
1 Nov.	30	30	.	30	30	.	3		33			24 33			24 33	19 75	
1 Dec.	31	31	.	31	31	.	3 10		34 10			70 50			70 50	16 71	
1/1/16	31/1/16	31	1	31	31	10	3 10		34 10			19 47			19 47	2 08	
	Feb.	29	.	29	29	.	2 90		31 90			14 60			14 60	15 22	
1 Mar.	31	31	.	31	31	.	3 70		34 10			31 63			31 63	17 69	
				473 50			3970	5 53 51873				49949			155 50104		

SERVING SOLDIER

FILE NO. 20473

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to White John R. ^{85394.} Dependent White Mrs Mary.
 Address 18 Connaught Mansions Address 4 Bank of Montreal
Gold Harbour Lane 9 Waterloo Place
Brixton SW9. SW.1

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
Jan 21	Grat	86 6 0			
21	"	36 19 9		123 5 9	
21	160152		28 15 4		152
21	160153		12 6 6	82 3 11	152
Feb 13	167722		57 10 8	0	3457 final
13	167723		24 13 3	0	
		123 5 9	123 5 9		

BE VING SODIER

WAR SERVICE GRATUITY AND SEPARATION ALLOWANCE

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:- 1.2.18		EFFECTIVE DATE:- 1.2.18	11/9/18				
AMOUNT:- 20 ⁰⁰		AMOUNT:- 25 ⁰⁰	30 ⁰⁰				
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.							
Mary White (wife)		Same					
Bank of Montreal,							
Trafalgar Square, E.C.							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Jm.					
UNIT AND TRANSFERS							
ORIGINAL UNIT:-							
DATE ACCOUNT FIRST OPENED:-							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO				
			CRA				
	1.4.18		10 CSB				
245	23.8.18	Aug	CRA				
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
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1 00	10					
D029-656 Ldm	14/9/19			1 50			

New A.S.P.A.K issued 26/9/18. # 93580

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/3/18	Balf								1 44	210 00	
April	Sp	33		A 37577. £9-4-11.			20				25
				AR 79. 1CSA 5/4	4 46						
				456 19/4	3 57				6 41		
		33			8 03		70				25
May	Sp	3410		B 2780 £9-4-11			20				25
				AR 68 3CSA 6/5	4 46						
				111 " 19/5	3 54				12 48		
		3410			8 03		70				25
June	Sp	33		B 25861. £9-4-11			70		25 48		25
				AR 139 3CSA 8/6	3 57						
				" 376 " 20/6	3 57				18 34	210	
		33			7 14		70				25
July	Sp	3410		B 89052 £9-4-11			20				25
				AR 374 3CSA 2/7	4 46						
				449 " 15/7	3 57				24 41		
		3410			8 03		70				25
Aug	Sp	3410		C 41368 £9-4-11			20		38 51		25
				AR 531 3CSA 18	3 57						
				579 " 18/8	3 57				31 37	710	
				AR 76471. Birmingham 30/8	9 73				21 64		
		3410			16 87		70				25
Sept.	Sp.	33		C 86168. £9-4-11			20		34 64		25
				WAR 37439 B. Ldm. 9/18	9 73				24 91		
		33			9 73		20				25
Oct	"	3410		D 14176 £9-4-11			20				25
				AR 5045 W. Comg 21/10/18	38 93				04		
		3410			38 93		20				25

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1915											08		
Nov	700	Sgt	2/10/18-2/11/18 12 Days	876		283887 £12-6-7			20				40
				33		£420 89 10-5-6			20				30
Dec	Pay	SP		34 10		985 CRA 28/11	4 87						
Jan				34 10		748 Borden 16/12/18	9 73						
				109 90		£85481 £10-5-6 Jan'y	14 60		20		35 44		30
Feb	Pay			109 96			14 60		60				100
Mar				30 80		1947 Borden 9/1/19	4 87						
				34 10		£89480 £10-5-6			20				30
						£2574 Borden 23/1/19	7 30						
						£785673 £10-5-6			20				30
						5209 2572	4 87						
						5138 " 12/3/19	4 87						
						4292 " 14/2/19	4 87				33 56		
				64 90			26 78		40		67 10		60
Apr	SP			33 -		A40213 £10-5-6			20		100 66		30
May	SP			34 10		496391 CRA 20/3	19 71				81 61		
						✓ 86 Ripon 7/4	9 73				19 05		
						A81309 £10-5-6			20				30
						✓ 2473 2 Reg. Dep. 23/4	4 87						
						✓ 5840 " " 9/5	7 30				19 05		
				67 10			41 61		40				60
June				33 -		£24100 June CRA 10-5-6			20				30
						£49015 1466 20-5-19	4 87						
						11421 " 11-6-19	9 73						
July				34 10		£24100 July CRA 10-5-6			20				30
						14241 " 25-6-19	9 73				21 82		
				67 10			24 33		40				60
						941, 5/7, Hibing	24 33				2 51		
						A.R. 24/7 Hibing	9 73						
						✓ 10400 2/8 Hibing	9 73						
						B140138 £10-5-6 Aug			20				30 -
Aug				34 10		C.P. 83801 1/8 Lon.	24 33				32 20		
				34 10			48 79		20				30
				33		A82054. Sept £10-5-6			20		19 20		30
Sept						A285443 21/8 K.B. Rao	29 20				48 40		
						✓ 87631 24-9 ✓	29 20						
						CP 87574 ✓ ✓	19 47				97 07		
				33			77 87		20				30
Oct				34 10		B. 9257 Oct £10-5-6			20		82 97		30
						D1245a Rao 14/10	29 20				112 17		
						02235 ✓ 29/10	24 33				136 50		
				34 10			53 53		20				30
Nov				33		B149387 Nov £10-5-6			20		123 50		30
						Sub allow 12/8/19-30/11/19 111 days @ 1-50					43 -		
						3270 ban sal loop 13/11	19 46				23 54		
						4109 " 26/11	24 33				79		
Dec				80 60		B151267 Dec £10-5-6			20		59 81		30
						4563 Rao 5/12	29 20				30 61		
						5236 ✓ 17/12	29 20				1 41		
				289 10		Sheet # 2	102 19		40				60

ASSIGNED PAY ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: **WHITE J. R**

EFFECTIVE DATE: EFFECTIVE DATE: NUMBER: **85394**

AMOUNT: AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

UNIT AND TRANSFERS

ORIGINAL UNIT: DATE ACCOUNT FIRST OPENED: AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

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 CHARGE	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				19/1/20	29/1/20	New Lond. M.H. D.O. 45 S.C. 21/1/20	202 C.S.B. 31.7.20

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE

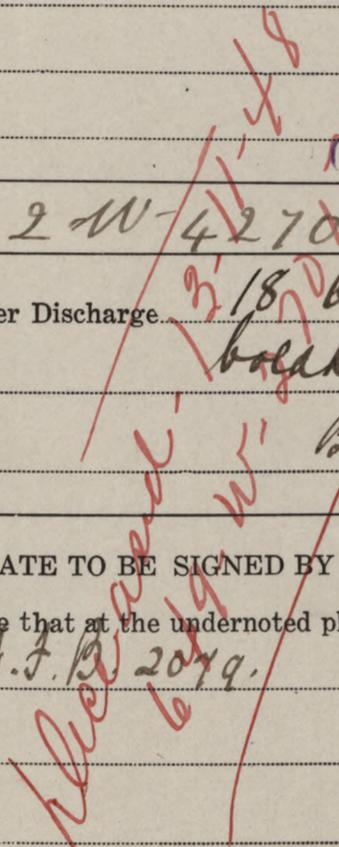
#2 Sheet.

PARTICULARS OF RENDERING NON-EFFECTIVE: *See w. Eng. 64/20. UPC Cr Bal. 497*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
	B. J.								141		
<i>War Service Gratuity now in pay</i>											
Jan	2.60.	8060		Jan L 10-5-6 B151339			20		62.01		30
				6100 Salv. Corps.	13/1	29.20			32.81		
				6543 ✓	27/1	29.20			3.61		
		8060				58.40	20				30
Feb	2.60	7540		Feb B155016 £10-5-6			20		59.01		30
				6940 S.C.		29.20			29.81		
				7381 ✓	23/2	29.20			-61		
		7540				58.40	20				30
March		8060		G.P. 235	8/3	29.20					
				760 Sub AR.		29.20					
				558 , 10.5.6			20		2.81		30
Apr	Mar 1st Pay 6.50	2216		AR 1004			497				
						5610	20		10		6



SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. <i>85394</i>	
2. Rank <i>Private</i>	
3. Name <i>White, John Robert</i>	
4. Unit <i>3rd Regt B.Y.A. 102 B.A.A.</i>	
5. Date of Discharge <i>6-4-20</i>	Place <i>102 B.A.A.</i>
6. Reason for Discharge	
 K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O. 5222) 850	
7. Authority <i>DB. 2 W 4270 21/3/20 9-9-19</i>	
8. Proposed Residence after Discharge <i>18 Bonington Mansions, Whitechapel Lane, Brickton, London E.W. 9.</i>	
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. ? <i>A. J. B. 2049.</i>	
 <i>J. R. White</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.	
Place	Date
	
Signature <i>A. J. B. 2049</i> (O.C. Discharging Unit.)	

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

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^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname WHITE Christian Name John Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Dublin County Ireland

Examined ... { on 5th day of February 191 5,
at Montreal

Declared Age ... 33 years 1 month days.

Trade or Occupation ... Police Constable

Height ... 6 feet 1 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 39 inches.
Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Scar on Rt. Groin

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

Approved by (Signature) H. L. Pavey
(Rank) Capt. Medical Officer.

Enlisted ... { at Montreal
on 5th day of February 191 5.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Amm. Col. 6th Brig.</u>	<u>85394</u>
Transferred to ...		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
(Signature) _____ day of _____ 191 .

W. R. WARD (Rank)
Colonel in Charge of Records,

129698

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 21 1916.

No. 85394 Rank 2nd Name WHITE JR

Local Unit B7a Overseas Unit Age 33

Examination held at Hon Barracks

DISABILITY. Overseas—Local. (scratch one out)

Varicose Veins

PRESENT CONDITION.

Mild condition. No disability.

Fit otherwise.



Police Constable

BOARD RECOMMENDS:—

A II

- 1. Fit for Duty
2. Fit for duty after...weeks' physical training.
3. Fit for Temporary Base Duty...weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

K. Henderson Capt. President.

Members

M. M. Schmitt Capt.

APPROVED

21 DEC 1916

Dated at...1916.

S. L. Walker Capt.

PROCEEDINGS OF A MEDICAL BOARD

Dated at London 1918
 Name WHITE Rank Major
 Local Unit 1st Overseas Unit 1st Age 39
 Examination held at London

DISABILITY
 Overseas—Local
 (attach one out)

PRESENT CONDITION

[Faint handwritten notes, possibly describing the patient's condition]

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

President *[Signature]*
 Members *[Signature]*

APPROVED

21 DEC 1918

*Admitted
2 2/8/18*

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>C85</i>	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
<i>1918</i>	<i>85394</i>	<i>Gunner</i>	<i>White</i>	<i>J R.</i>
	<i>10 Com. S. Bate.</i>		<i>45.</i>	<i>3-7 months</i>
Station and Date.	Disease <i>Ulcerative Stomatitis</i>			
<i>Aug. 24. 18</i>	<i>Duration about 3 months,</i>			
	<i>Has large white patches with swelling on tongue & right corner of mouth</i>			
<i>Sept 3/18.</i>	<i>Marlesome Hall. Ebb</i>			
<i>7. 9. 18</i>	<i>Induration & superficial ulceration at corners of mouth - Tongue flayed & fissured</i>			
<i>24. 9. 18</i>	<i>Much improved - with K.I. & A.P.H.O. local</i>			
	<i>In Command Dept</i>			
	<i>Ch Dale</i>			
<i>30-9-18</i>	<i>Epsom</i>			
	<i>Rip Heath</i>			

NT

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.

REPLIED TO

STATION London DATE 23rd 79 Dec 19

1. 1 (a) Unit Salvage, C. (b) Regimental No. 85394 (c) Rank Cumman
 (d) Surname White (e) Christian name J. R.
 (f) Home address 78 Montreal
 (g) Next of Kin Mary White (h) Relationship wife
 (i) Address of Next of Kin as above

2. Age last birthday 36 Date of birth 15 Jan 1872

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Feb 5 - 1915

4. Personal description:
 (a) Height 6 1/4 (b) Weight 168 (c) Complexion Fair
(stripped)
 (d) Colour of hair Dark (e) Colour of eyes Greyish blue (f) Identification marks, Scars, etc. None
Gallic man

5. Former trade or occupation Gallic man

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</u>	<u>824</u>

	PERIODS	
	From	To
Canada	<u>Feb 20 1915</u>	<u>Feb. 1915</u>
England	<u>Feb 1915</u>	<u>March 1918</u>
France or other theatres of War	<u>March 1918</u>	<u>Aug 1918</u>

7. Original disease, or injury n.d.s

(a) Date of origin Prior to enlistment (b) Place of origin England
 (c) Cause Infection

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.)

No apparent disability
Wasserman positive

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.)

All other systems normal
but Wasserman positive
No objective or subjective
Symptoms

(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).)

Attack 16 yr. ago contracted
T.B. in England returned
Quarantined treatment
while in Imperial Army
Wasserman Dec 5 - 1919
shows positive strong

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).)

none

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

none

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 yes 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?

6. m. or so.

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

Was special treatment while in hospital

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)

To be dealt with on arrival in Canada with accommodations P.C. 47 dated 20-1-19

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

yes

17. Recommendations

[Signature]

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, *White J. R.* 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. R. White

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

19. Is the invalid fit for

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

See Question 15

- (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.)

Bounded for R. to C. Auth. at Tel 9083 of 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 *London*
DATE *Dec 22, 1918*

J. G. ... President.
R. C. Wilson Capt Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

CERTIFIED TRUE COPY

PLACE, DATE, APPROVED BY

APPROVED BY *Captain, C. A. M. C.* for *D. M. S., Canadians London* Director-General of Medical Services. *22 DEC 1918*

DATE, Assistant Director of Medical Services.

DATE

ORIGINAL W184
MEDICAL HISTORY OF

Surname White Christian Name JR John Robert

92
P111

Examined on 2 day of February 1915
 at Montreal
 Birthplace { City or Town Dublin
 County Ireland
 Apparent Age 33
 Trade or Occupation Police Constable
 Height 6 Feet 1 Inches
 Weight 175 Lbs.
 Chest measurement { Minimum 35 1/2 Inches.
 Maximum expansion 39 1/4 Inches.
 Physical Development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right Left
 Number 1 2
 When Vaccinated last 1906

Approved by H. L. Pavey
 (Rank) Cap Medical Officer.

27 AUG 1918

Examined for re-engagement
8-10-18 - D.I. 2118
 day of _____ 191____
 *Considered _____
 (Signature) _____ Medical Officer.
 *If unfit, state disability.

(a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None
 TAB 11.10.18 1/16
 2 16.10.18

Re-vaccinated on 22 day of March 1915
 Arm left Number 4
 Result _____
 (Signature) W. L. Maclean Cap
 Medical Officer.

Enlisted on 5 day of February 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	AMMUNITION COLUMN 6th BRIGADE F.A.C.E.F.	85394	Good	5 February 15
Transferred to.....	<u>artillery ops</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ross Barracks</u>	<u>Dec 21/16</u>	<u>Vaccine Sensitivity</u> <u>poor condition</u>	<u>A. H. Ross</u> <u>Cap</u>

CANADIAN

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.

Robert

John

Christian Name

White

Same



STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day.	Month.	Year.	Day.	Month.	Year.				
		23	P.	18	30	9	18	Ulcerative Stomatitis.	39.	Aug. 24 /18. Duration about 3 months. Has large white patches with swelling on tongue & right corner of mouth. Transferred to Woodcote Park Epsom for further treatment 30 9-18	A. Muir CAPT. R.A.M.C. FOR ADMINISTRATOR, SOUTHERN GENERAL HOSP
Mole Epsom		30	9	18	21	OCT	1918	"do"	27 as adv. Healed, feels fit. Has had P.I.2. <u>kins</u> recovered, fit. D.I.	M.P. Brading Kerajor Camp	

Em. 47148.

Rank and Name *your* WHITE, John Robert

Regimental No. 85394

Name and Address of Next-of-kin
John White, Mrs M White

Unit 6th Bgde C.F.A

Castle Nock, Dublin, Ireland

Date of enlistment Feb 5th 1915

Place of birth Dublin, Ireland,

~~29 Station Road~~ ~~of Major Gellies~~
The Vicarage

Married (Yes or No) NO

Date and place of discharge

If in Permanent Force

N/K - Mrs M. White
Bank of Montreal

Reason for discharge

Milford Heath
Sussex

Trafalgar Square
London S.W (Auth: R.L. 29.N - 20.2.18)

Character on discharge

Promotions or appointments

R.L. 29. of 19-11-17
X 090
X 198

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				
18-8-15	O.C.R. Bde	White employed as Butcher is entitled to 3rd Class Working pay	Chorncliffe	17-5-15	Pt I C #55 Para 159
4-6-15	O.C.R. Bde	Transf to HQ Staff		4-6-15	" 203
23-6-17	Res Bde	S.O.S. to 2nd Res Arty		22-6-17	Pt 174 + 2 2nd Res Arty
21-9-17	13th S. Bty	S.O.S. from 2nd Res Arty	Ind Milley	20-9-17	Pt 31 (P.S.D. 92 d/24-9-17)
21-11-17	✓	Marriage Approved with effect from		8-7-17	Pt 91
23-1-18	✓	Now known as 10th S. Bty	gvr Lydd		Pt II - 20
14-3-18	10th S. Bty	Proceeded overseas	Cford	14-3-18	64 55
30-4-18	"	Now known 3rd Bde	Jield	3-4-18	Ptn. 65 9 3rd Bde Ptn. 1/30-4-18
3-9-18	3rd Bde cpa	Inv: (3K) 4 SOS to C.A.R.D	gvr	22-8-18	- 39 Reg Depot Ptn. 245/2-9-18
25-10-18	C.A.R.D.	On command 5th C.C.D	Witley	11-10-18	- 298. 1st C.C.D. 302-1-11-18. 4. 1st C.C.D. Pt II 30. 319. D 18-11-18.
25-11-18	C. Bde C.R.A.	T.O.S. on Posting From C.A.R.D. 41 C.C.D.	gvr Borders.	17-11-18	Pt II 187. 4 C.A.R.D. Pt II 30. 331. D 27-11-18
18-1-19	"	S.O. to C.A.R.D.	"	5-12-18	Pt II - 18 HARD 39. 48. 2. 19

CHECKED
22-MAR-1918

CANADIAN ARTILLERY

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					
8-12-18	1 st COO	Leavey Attended on proceeding for Bordon to C. H. Bordon			7-12-18	P11-339
12.6.19	H wing COO	TOS from CARD	Witley		26.5.19	" 55"
8.8.19	H Wing	SOS to R Wing	"		28.7.19	- 71.
CANADIAN ARTILLERY.						
21.7.19	CARD	Leavey to be on Sick Leave	Witley		26.5.19	- 260.
		SOS to H Wing	Witley			
14/8/19	C.S.C. Sdr.	T.O.S. "R" Wing	Pto London		12/8/19	W029.
14/8/19	C.S.C. Sdr.	entitled to Sub. Allowance	Pto London		12/8/19	W029.
12.8.19	R Wing	SOS to Can Salvage Corps London	Witley		12.8.19	W0156
29.2.20	C.S.C.	S.O.S. to 2 nd C.D.D.	London		29.2.20	- 4 & 20.49 d/3-3-20
6.4.20	2 nd COO	SOS on display in British Isles			6.4.20	0.0.67

2nd C.D.D.
 NR981
 CR05850

MILITIA AND DEFENCE
ASSIGNED PAY.

*As per SA
checked & found correct
AW Puffham*

To whom Mary White, (Wife)
Address 4, Collinge Lane,
Folkestone, West,
Kent.

By whom assigned White, John Robert.
Regtl. No. 85394
Rank Gnr.
Corps, &c. C.F.A. Res. Bde.

Rate \$ 20.00

Date to commence 1st March, 1917

PAYMENTS.

Month	Year	Cheque No.	Amt.	Pay Sheet Deduction	REMARKS
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
Mar.		436287	20		
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month	Year	Cheque No.	Amount	Pay Sheet	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					