DUPLICATE

#2 M. D. 1st Depot Battalion 2nd C.O. Regiment

M.S.A. Regtl. No. 3033560

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname White,
2. Christian name William John
3. Present address Wisa Wasa, Ontario/
4. Military Service Act letter and number 799918
5. Date of birth Dec/ 13th/, 1893 /
6. Place of birth Callander, Ontario/
   (town, township or county and country)
7. Married, widower or single Sihgle/
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin Jane White,
11. Relationship of next-of-kin Mother,
12. Address of next-of-kin Wisa Wasa, Ontario.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—
    (a) Place North Bay (b) Date Nov. 6th, 1918 (c) Category A-2,

DECLARATION OF RECRUIT

I, William John White, do solemnly declare that the above particulars refer to me, and are true.

William John White (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 11 mths.

Height 5 ft. 6 ins.

Chest measurement: fully expanded 37 1/2 ins.; range of expansion 2 1/2 ins.

Complexion Medium

Eyes Blue

Hair Fair

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

John McLaurenne

O. C. 1st Depot Btln.

1st C.C. Regt.

Place Toronto Date Feb. 18th/18/

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M. D. ..... Depot Battalion ..... Regiment

Regt. No. .....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether a present or former member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act—

(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

I, ... do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit) .....

DESCRIPTION ON CALLING UP

Apparent age	Yrs.	Distinctive marks, and marks indicating congenital peculiarities or previous disease
Height	ft. in.	
Chest measurement	Fully expanded ..... ins.	
	range of expansion ..... ins.	
Complexion		
Eyes		
Hair		

O. C. ..... Depot Bn.

Regt.

Place ..... Date .....

M. & W. 1.8
30-8-17
17-8-30—11K

REGIMENTAL DOCUMENTS

NAME WHITE William John REGT. NO. 303 3560 UNIT 1st COR N. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
	DENTAL HISTORY SHEET (M.F.B. 465)					
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			18265		
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Misc				24 - 23	
1	Card. Soldiers				14 - 24	
1	M7W67				1	25
1	Cert 8					
1	7R149				1	
	Leave					
1	P122					

W 2589
100M-11-18
1772-39-1372

KR

Number 3033560 Rank Pte

Surname WHITE

Christian Name William John

Units 19th Bn. Can. Inf. Theatre of War France

Date of Service 12-8-18

Remarks

Latest Address Callander P.O. Ont.

Roll No. P.B. Page 22724

200m.-6-21.

C

SURNAME. White

CARD NO. 'g' No 3 4

CHRISTIAN NAMES William John

SOSDus. 25-4-192 Demob

FOLL. 00.119 of 29-4-19 200

REGL. No. 3033560 RANK Pte. T. O. S. 19.15

UNIT 1st. Ben. Ont. Regt. 1st. Ngs. Bn, D.O. Part II No 52

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL White Mrs. Jane

RELATIONSHIP TO SOLDIER Mother

ADDRESS Wisawasa, P.O., Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Callander, Ont. DATE Dec. 13th. 1893

PLACE OF ATTESTATION Toronto, Ont. DATE Feb. 18th. 1918.

P/S 25-3-18 1125/12

R/C. 23-4-19 311/82 Pte 1

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17:2-39-339.

MARRIED SINGLE 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

REGT'L. No. 3033560

NAME White William John H. Q. FILE No 649

RANK AND CORPS Pte 19th Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
G 756 6-8	23-11-18	adm 26 Gen Hos Etaples Nov 14th 1918
112237 5		GSW hand
G 775	30-11-18	Re your Tel Nov 29th
Nof K.		Mrs Jane White mother
		Wasawasa Ont.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	1st C O R. REMARKS
B3384	Spec Mil Surgical Edmonton	26 11. 18	B & Hand Slt-
B401	Mil Conv Sod Co & Pk.	13 12-18	G S W 1st & 2nd Fingers left-
B 436-3	Discharged	27-1-19	" " " " "Amp."

Form R. 149.

William John

Name WHITE Rank pte Reg. No. 3033560

Unit 19th Bn.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-11	No 26 G.H.B. Dapless	Guy's Hand		A37	Q-36	3695-11
26-11	Spec. M.L. Surgical	Edmonton		B384		2048
		B.W. Hand Lth				
13-12	M.C. & Epson.	G.S. Wellingt. 1st & 2nd		B406		3168
		Finger Lth.		B436		
27-1-19.	Dis					1363

Dis 27-1-19. Sent 8-2-19. Return with

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

Surname	Christian Name or Names	Reg. No.
WHITE.	W.J.	3033560.
Rank	Unit	
Pte.	1st.C.O. 19.	

Cas. List.	
	26. G.H. Etaples. 14-11-18.
21-11-18. A377/2.	G.S.W. Hand. Rw.
29-11-18 B384	Spec. Mil. Surg. Edmonton 26-11-18
19-12-18 B401	"M" Dep Wandsworth 13-12-18
1-2-19 B436	6.3 Discd 27-1-19
	C.S.W. Camp 1st & 2nd Fusiliers Lt. also arty

Cas. List.

War Service Badge.
Class a
No. 281799
issued.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 303360 (Rank) Pte

Name (in full) White William J. enlisted in

the 1st Bn. C O R

CANADIAN EXPEDITIONARY FORCE at Toronto on the 18th

day of Feb 1918

HE served in France Belgium

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

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

Age 26

Height 5 ft 6 in

Complexion Medium

Eyes Blue

Hair Fair

Marks or Scars G.S.W. left hand 12/12/18

William John White
Signature of Soldier

H Sargent Capt
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
APR 25 1919
TORONTO

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

Date APR 25 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19..

HE served in .....

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

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

		Marks or Scars
Age		
Height		
Complexion		
Eyes		
Hair		

Signature of Soldier

Issuing Officer

Rank

Date 19

Date of Discharge

N.B.—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.

W. S. B. Class A
J. W. L.
1st C.O.R.

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

M. E. W. 54. (A
500M 3-16
H. Q. 172-39-920.

M.S.A.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn. 1st C.O.R.

Regimental No. 3033560 Rank Pte. Name William John White.

Enlisted (a) 18.2.16 Terms of Service (a) C. E. F. Service reckons from (a) 18. 2. 16.

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada		25-3-18.	
		Arrived England		3-4-18.	
5-4-18.	O.C. 3rd. res. BN.	T.O.S. from Canada.	Witley.	4-4-18.	PT.11D.O.95.
12.8.18	O.C. 3rd Res. Bn. C.E.F.	Transferred to 19TH	Witley	12.8.18	Pt. 11 Bn. O. 224 A B Harris Lt. Col. O.C. 3rd RESERVE BN. C.E.F.
13 AOU 18	C. I. B. D.	Arrived & T. O. S. 19th Bn.		13 AOU 18	NR Part 11 Ord. 83 26 AOU 18
15 AOU 18	CIBD	Left for Unit	Field	15 AOU 18	NR
25 AOU 18	19th Bn.	Arrived	Field	17 AOU 18	B213

CERTIFIED CORRECT. 12 AUG. 1918 CAN. RECORDS LONDON.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
10 NOV 1918	6 CFA	GSW Hand L. Adm & Trans	CCS	10 NOV 1918	M5806
14.11.18	26 Gen	—"— Adm	26 Gen	14.11.18	M6124
26.11.18	—"—	—"— Trans	Eng.	26.11.18	M4872
26.11.18	"AT Brighton"	INVALIDED (Wounded) TO ENGLAND AND POSTED TO 1ST CENTRAL ONTARIO REGIMENTAL DEPOT:; WITLEY.	ENGLAND	26.11.18	W3083/1558
			Wohrogan	Major	P.O. 127 of 1918 for Lt.-Col., A.A.G. Canadian Section. G. H. O. 3rd Echelon B.E.F.
2.12.18	1 CORD	TOS from 19 Btn	Witley	26.11.18	— 334
					LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.R.
11-3-19.		Ceases to be attached on proceeding to 3rd Res.			D.O.No. 69
					for Adjutant, Canadian Command Depôt,
11-3-19	OC 3rd. Res.	T.O.S. from 1st. C.O.R.D.	Witley	11-3-19	D.O.70
1-4-19	3rd Res	SOS to Mil. Hosp No 2 Kinmel Park Rhyl	Witley	1-4-19	D 91
					A. O. Swanby Lt Col.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)*

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (ff.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P2 1150 1M 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			Attached O.C.C. Kinmel Park for Return to Canada. Part II Orders No _____. Ceases to be attached O.C.C. Kinmel Park on embarking for Canada, Part II Order No: 91. 17.4.19			
			Commanding _____ W.S. Kinmel Park Camp.			
			Embarked Liverpool SS BELGIC April 16th 1919			
			Disembarked Halifax Apl 23/19			
			Capt & Adj.			

APR 16 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT. TORONTO PART II D. O. 119

APR 25 1919 S.O.S. No. 2 District Depot

Part II, D.O. No. 119

Lieut.

For O. C. No. 2 District Depot.

Nothing to be written in this margin.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

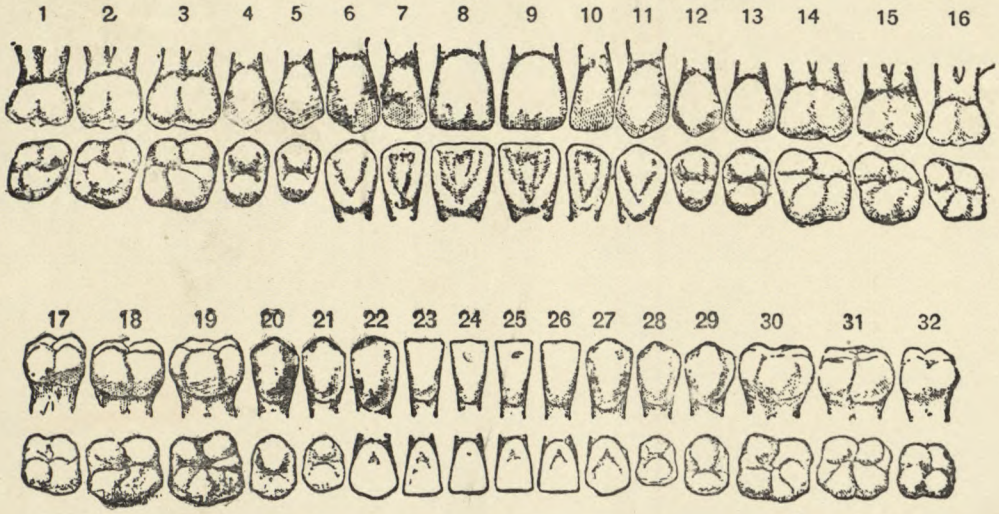
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) WHITE William John

REGIMENT 2nd Kts Bn RANK Pte No. 533560

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



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 R Ross Capt

Form R 122.
10287—65M—28-7-17.

CR. Rank Name WHITE, William John. Reg'l No. 3033560.

Unit 9th Dft 1st Bn IstCen Ont If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto, Feb.18th. 1918. Place of Birth Callander, Ont.

Name and Address, Next-of-Kin Jane White,

Wisa Wasa, Ont., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No.
File R.L. 26351
Category GAN.OR

Discharge, Date and Place Reason Character

Report. Date.	From whom received.	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
C		Arrived in England		3-4-18	S/S MISSANABIE
5-4-18	3rd Res	To T from Canada	Bt. Witley	4-4-18	Pt 4 095 19th Btn DO
12-8-18	✓	S.O.S. to 19th Btn	" "	12-8-18	—2.24. 839/26.8.18
21-11-18	19 Bn	Wounded	Guefd	14-11-18	62 a 377
6-12-18	"	Inv (W) posted 1st CORD	"	26-11-18	Pt 127 (1st CORD DO. 334d 2.12.18)
30-1-19	1 CORD	On com 1 CCO	" Witley	27-1-19	DO 24
11-3-19	3 Res	T.O.S. from 1 CORD	" "	11-3-19	-70 589/13.3.19 1 CORD
5-4-19	M.D2	T.O.S. ✓ 3rd Res	✓ Rhyl	1-4-19	-81
17-4-19	MD2	S.O.S. to Canada.	✓ Rhyl	16-4-19.	-91 S.L. 4.4.1.15 16.4.19

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.					

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
536.	3033560	Pte.	White	William J.
Year 1918.	Unit. 19th Ban.		Age. 25	Service. 9/12

Station and Date.

Disease G S W. Hand.

Finchley 1st. b. b S 16/11/18

26. 11. 18

Two fingers split up badly partial amputation & suture.

26 Gen. Hosp. 14/11/18

Fingers nearly well when amputated.

A. T S 1500 units 16. 11. 18.

" " 500 " 27-11-18

Lobs discharged with recat. lot 9. 12. 18

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins G Coy. 1st DEPOT BATTALION 1st C.O.R.

(2) Regimental Number 303356 0

(3) Full Name of Soldier White William John

(4) Place of Birt Wasewasa Ont

(5) Are you married, or not? no

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

(b) Present Postal Address ✓

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls ✓

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes - James White

If so, state name and address Wiseewasa, Ont

(10) Is your Mother alive? Yes: Mrs Jane White

If so, state name and address Wiseewasa, Ont

(11) If your Mother is a widow no

Are you her sole support, or not? ✓

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

✓

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

✓

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

✓

(15) Are you insured? Yes

If so, in what Company? Manufacturers Life Assc Co

Have you made arrangements for payment of your Insurance premium no

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

FEB 19 1918

~~JAN 24 1918~~

Date

John Smith Lieut

Officer Commanding.

M.S.A. 15.

ORIGINAL.

ORIGINAL

W.S.4.6 Copy

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname White Christian name William John

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 20/1/19 Dr. F. L. Thompson

2 - DEC 1918

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Wisa Wasa, Ont. Capt. Carter

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of November 1917, by the undersigned medical board sitting at North Bay, Ont.

5. Age as stated 24 Years 11 Months. 6. Apparent age 24 Years 11 Months

7. Height 5 Feet 6 Inches. 8. Weight 154 Pounds.

9. Chest measurement { Minimum 35 Ins. Maximum 37½ Ins. 10. Complexion Medium { Eyes Blue Hair Fair

11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm Left arm 1 14. When vaccinated last 1905

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2 Right eye D/ Left eye D/ 20/20 hearing normal

Signature of Man W. J. White

Orie Henderson President.

A. E. Ramsay Member. G. Smith Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
25/2/18	Good	S. Shoulder Capt M.O.	12/2/18	S. Shoulder Capt	M.O.
		M.O.	25/2/18		M.O.
		M.O.	6/3/18		M.O.

Joined 18th day of ~~November~~ February 1918 at Toronto.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn 1st C.O.R.	3033560		
Transferred to	Bd Regr 19th Bn			4/4/18 12/8/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Orillia	8-6-18	Enlarged Thyroid	W. M. Carter Capt. Cmdg
Orillia	21-2-19	Amputation 1st & 2nd fingers left hand	B. H. Jack Hammond Capt Cmdg

A ~~copy of this document which is delivered to the man examined will be~~ attached by him to the "Report for Service" or "claim for exemption" made by him or on his behalf after the proclamation under the Military Service Act calling out Class 1. has been issued.

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective, the date and cause being stated on next page.

CANADIAN

Surname

Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				
SPECIAL MILITARY SURGICAL HOSPITAL. ITON. LONDON, N. 18.		26	11	18	12	12	18	Gun L. Hand	17	two fingers split up badly partial amputation & suture in place - fingers healing where amputated - Transferred to Epsom	J. [illegible] MAJOR R.A.M.C. FOR M.O I/C CASE.
[illegible]		12	12	18	27 JAN 1919			D.	47	[illegible] leave [illegible] - [illegible]	H. [illegible] Capt. [illegible]

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.	NAME:- WHITE William John
EFFECTIVE DATE:- 1. 4. 18		EFFECTIVE DATE:-		NUMBER:- 303356
AMOUNT:- 15.00		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.
Mrs Jane White N.R.	
RR#1 Clander	
Ont Mother	
AP. stopped 1/4/19.	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
G.O.G.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 9th Dfl. 1st Bn 1st C.O.R.

DATE ACCOUNT FIRST OPENED:- 1. 4. 18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			3rd Res
83. 26/8/18.	1/9/18.		19th Bn (a)

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
12/3/19.	4791	3rd Res. £1.	~~1 00~~				
14/3/19.	4958.	✓ £8.	~~30 00~~				
24/3/19	5161.	✓ £4.	~~19 40~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
G.O.G.	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Disch Can 1/4/19. Auth. NR 5392. Witley 24/3/19. Witley. MD2. DA I. LRC Bal. Ct# 18.49

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal from Canada								30 45		
April	Ptes Pay	33 -		AR 246 1/4 3rd Res	2 45						
				6 AP				15 -			
				AR 358 26/4 3rd Res.	4 87						
		33 -			7 30			15 -	41 15		
May	P Pay.	34 10		Can A Pay.				15			
				AR 575. 14/5/18. 3rd Res.	4 87						
				AR 732. 31/5/18 do.	38 93						
		34 10			43 80			15 -	16 45		
June	P Pay.	33 .		Can a Pay.				15			
				AR 897. 12/6/18 do.	4 87						
				AR 1028. 25/6/18 do.	12 17						
		33 -			17 04			15	17 41		
July	P. Pay.	34 10		Can a Pay.				15			
				AR 1183. 12/7/18. do.	4 87						
				AR 1244. 22/7/18 do.	14 60						
		34 10			19 47			15	17 04		
Aug.	P Pay.	34 10		Can a Pay				15			
				AR 1557 14/8 do	4 87						
		34 10			4 84			15	31 27		
Sept	P. P.	33 -		C.A.P.				15			
				1199 25/9 19 Bn	357				45 70		
		33 -			357			15			
Oct	Pay	34 10		CAP				15			
				AR 1443. - 23/10/18 19 Bn	3 73						
				- 1728 - 29/10/18 - -	3 73				57 34		
		34 10			7 46			15	Carried		

Compiled by [illegible]
Checked [illegible]

DISCH. NUMBER 3033860 RANK PTE NAME WHITE, W.J. ~~CAP 15~~ H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct									87 24		
Nov	Pay	33		Cap				15			
Dec	Pay	34 10		Cap				15			
1919				AR 3766 - 13/12/18 - CCH Epsom	4 87						
Jan	Pay	34 10		Cap				15	108 67		
		101 20			4 87			45			
Feb	~~AR~~ 27/1/19 - 8/2/19 - 12 days - ICCS 00 33 - 4/2/19	8 76		Cap				15			
	Pay	30 80		AR 3637 - 13/1/19 - CCH Epsom	9 73						
				" 6249 - 23/1/19 - "	48 67						
				" 11286 - 13/2/19 - ICCD	4 87						
				" 11721 - 25/2/19 - "	7 30						
March	Pay	34 10		Cap				15			
				AR 4794 - 17/3/19 - 3 Res	4 87						
				" 4958 - 18/3/19 - "	38 93				37 96		
		73 66			114 37			30			
Apr				AR 5161 - 26/3/19 - 7 Res.	19 47						
				" 2295 - 14/4/19 - Kennel (Eng on LAC)	9 73				8 76		
					29 20						
				S.O.S. CANADA SL 44 - 14/4/19 - MD2							

WAR SERVICE BADGE CLASS A 28/7/19

M.D.2

SERVICE GROUP 27

OCCUPATIONAL GROUP 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B 2

M

Toronto
Mother
Farmer

1. No. 3033560
2. Rank. Pte
3. Name. White William John
4. Unit. 3rd Res 1st C.O.R
5. Date of Discharge APR 25 1919 Place Tamworth
6. Reason for Discharge **DEMOBILIZATION**
7. Authority. No. 2. D.D., Part II, D.O. No. 119
8. Proposed Residence after Discharge Callender P.O. Ont.

Embarked Liverpool as BELGIC
April 16th 1919
Disembarked Halifax April 23/19
Capt & Adj.

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. ?

William John White
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date APR 25 1919 TORONTO

Signature H. Sargent Capt
(O. C. Discharging Unit.)
For
O.C. No. 2 District Depot.

Pers 12, 3, 20

M.F.B. 218a—300M.-11-18—1772-39-113.

C

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruits	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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE 19 Feby 1919.

1. 1 (a) Unit 19th - attd to CCD (b) Regimental No. 3033560 (c) Rank PTE

(d) Surname WHITE (e) Christian name WILLIAM JOHN

(f) Home address Callander Ontario.

(g) Next of Kin Mrs Jane White. (h) Relationship Mother.

(i) Address of Next of Kin Callander Ontario.

2. Age last birthday 25. Date of birth 13th Decr 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 18 Feby 18.

4. Personal description:

(a) Height 5' 6" (b) Weight 140 (stripped) (c) Complexion Dark.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 1 & 2nd left fingers off.

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
	1	—

	Periods	
	From	To
Canada	18-2-18	25-3-18
England	3-4-18	15-8-18
France or other theatres of War	15-8-18	26-11-18

7. Original disease, or injury 1 Laceration 1st & 2nd fingers L. hand

(a) Date of origin 10th Nov. 1918. (b) Place of origin France

(c) Cause G. S.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

1. Amputation - partial 1st + 2nd fingers left hand.

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.)

Well developed, well nourished young man who appears about stated age.

Left hand shows amputation of middle finger proximal to 1st phalangeal joint. Scar over end of stump not tender. Middle finger amputated middle of 2nd phalanx - Scar over end of stump not tender. Loss of power in grip left hand.

~~Exophthalmic goitre~~ Hyperthyroid - hyperpyrexia

Other systems apparently normal -

(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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No (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

Albuminuria 10/8 - acid - no alb - no sugar

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

Man states he was wounded by sniper's bullet 16th Nov. 1918 - wounds healed well - no injest.

Complaining now of loss of power in grip of left hand due to wounds - No other complaints

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).)

no

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

see 9.

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

n.a.

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

The regimental documents will be referred to.

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

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

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

Spec. Unit. Surg. Hosp. London - 11.18 - 26-11-18 - 12-12-18 G.S.W. L. hand - two fingers split and body - partial amputat. & suture in frames. M.C.H. Epsom - 12-12-18 - 29-1-19 - Do.

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) partially

17. Recommendations

Jack Ayslee Capt

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 William John White 303556 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

William John White 303556 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.

Para 9 (b) Has a small simple goitre which gives him no trouble. Has had it for years.

Para 16. He should be able to carry-on as a farmer fully.

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes~~ or No.)
(b) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) B2
(c) Home service (Canada only),	(" C)	(Yes or No.)
(d) Temporarily unfit.	(" D)	(Yes or No.)
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for Canada
Authority A.G. Telegram 1,9083 d 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.

President.

PLACE Wiley

DATE 21-2-19

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.

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Forms I. 1237 / 12

France

Army Form I. 1237.

Ded

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	303356	Pte	White	W. J.

Year	Unit.	Age.	Service.
	19 Batt.	25.	

Station and Date.	Disease
MCHosp Epsom 13-12-18	Gun. Sh. hand. Amputation 1st & 2nd fingers. ~~Fresh phalanx of index finger remains and 1st & 2nd phalanges of the next finger. Stumps healed. Movement in stumps very good. Massage & R & G.~~
3. 1. 19	Massage & R G. 78. Board.
20. 1. 19	Wound healed no disability. J. H. Jones Dr. H. Thompson
6. 3. 19	Fit for 3. (ABCD) Capt. Davies

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

W.2980

DISPERSAL "I"

AUDITOR | PAYMASTER

"BELGIC" 23.4.19

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

M. & R. S.

REGT. No. 3033560 RANK Pte. NAME (IN FULL) WHITE, Wm. J. (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 1st C.O.R.D. IF IN P.F. WHAT UNIT? P.O., Callanders, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 18.2.18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $15.00 Closed DATE EFFECTIVE 30/4/19 By Ottawa

PAYABLE TO Mrs. Jane White. RELATIONSHIP (Mother) ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R. #1. Callander, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto DATE 25.4.19 REASON Demob. AUTHORITY D.O. 119 IF ENTITLED TO POST DISCHARGE PAY yes

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS | EFFECTIVE DATE | AUTHORITY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							18	49	18	49																									18	49	C. Bal. E.P.C.
31/3/19.																																					Pay 14/4/19 - 1/5/19.
1/5/19	31	1.10	34	10																																	Clothing allce.
					35	00																															1st Payment W.S.G.
					70	00																															Endorsed on P.M.C.
																					9	73															apr. May '19
																							30	00													
																	4	87	5	00																	Bonus on war money.
																	107	99																			
									139	10																					157	59					
																							70	00			6	60									W.S.G. Balance
		W.S.G.	15	00																																	660 Gen. Pay 11 days.
																																					15 Cap. May 1st chgd. in error
																																					Due Soldier
122 days		W.S.G.	280	00					295	00																					76	60	218	40			1st W.S.G. Paid by #2 D.D.
																	May 21	289667					78	40							145	00	140	00			
																	June 20	382244					70	00							225	00	70	00			a.r.l.y.
																	July 16	744052					70	00							295	00	Closed.				a.R 89
			280	-	15	-			295	-													288	40			6	60			295	-					

T.O.S. 16/4/19 D.O. 119
SUBS. ..... TO ..... D.O. .....

W.S.G. PAID IN FULL

CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment 18-2-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment apr. 1/18

RATE OF SEPARATION ALLOWANCE

W

10843

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3033560.

Rank Pte Promoted Reverted Discharge

Soldier's Name Wm J. White.

Battalion 1st Depot Battn 1st C.O.R. Dft 9.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.JANE WHITE,

2 R.R.#1, CALANDER,ONT. 15 15.00

3 % 3033560 PTE WM.J.WHITE FIFTEEN DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
Apr	Y 7898		15	15	✓
May	Y 21245		15	15	✓
June	J 24132		15	15	✓
July	B 24273		15	15	✓
Aug	V 38444		15	15	✓
Sept	V 48761		15	15	✓
Oct	K 52586		15	15	✓
Nov.	Q 58547		15	15	✓
Dec.	W 65605		15	15	✓
Jan. 1919	N 75147		15	15	✓
Feb	V 80161		15	15	✓
Mch	N 90103		15	15	✓
April	V. 2077		15	15	✓
			195	195	

019259-W-210 REMARKS

A/c Closed 20/4/19.

Ret'd per Belgic.

Date 23/4/19 M.F.W.187 M.D. 2.

Closed 1/5/19 J.McEvoy

M.R.O.L.P. 80710 Destroy. R.N.

AUTHORITY FOR NEW ACC'T. N.D. M.D. 2-B-1 G. Raymond 20.4.18

AUTHORITY FOR NEW ACC'T.

M. F. W. 128.
4'OM. 6-7—1772-39-1141
L. L. 222320—M. & D. 7982.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—17—1772 39-1141
L. L. 22320—M. & D. 1993.