162

160th O. S. Battalion, C. E. F.

Original

ATTESTATION PAPER.

No. 652086

~~160th O. S. Battalion, C. E. F.~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... John
1a. What are your Christian names? ..... William Savage
1b. What is your present address? ..... Chippewa Hill, Ont. Can
2. In what Town, Township or Parish, and in what Country were you born? ..... Saugeen Reserve, Ont. Can
3. What is the name of your next-of-kin? ..... Lilian ~~Savage~~ John
4. What is the address of your next-of-kin? ..... Chippewa Hill, Ont. Can
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 16 February 1889
6. What is your Trade or Calling? ..... Farmer
7. Are you married? ..... Yes
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Savage John, 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.

Wm S John (Signature of Recruit)

Date 28 March 1916. D D McLeod (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Savage John, 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.

Wm S John (Signature of Recruit)

Date 28 March 1916. D D McLeod (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 Southampton, Ontario. this 28 day of March 1916.

J C Scafford (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-39-841.

162

Description of William Savage John on Enlistment.

Apparent Age 27 years ..... 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 11 ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Dark
Eyes	Brown
Hair	Black
Religious denominations. Church of England	
Presbyterian	
Methodist	X
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 28th 1916

Place Southampton Ont.

C. J. Laird M.D.
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.

William Savage John 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.

A. Bell
(Signature of Officer)

Date March 28 1916. Lt. Col

C.E.F. DEPARTMENTAL DOCUMENT
WAR SERVICE RECORDS D.N.A.

JOHN WILLIAM SAVAGE 652086 160TH BRUCE BN

06259

M.U.

PERSONNEL
RECORDS OFFICE
DEPARTMENT OF NATIONAL DEFENCE
CANADA

Box #
48
343

H

406765

G52086	[redacted] JOHN	[redacted] William Savage
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

OPEN

DIED 7 July 1962

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

DOCUMENTS DU PERSONNEL
RECORDS CENTRE
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 4843

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048(86/06)

162

R—122
8,401—50,000—21-10-16.

J.P.

Rank | Name JOHN, William Savage. | Reg'l No. 652086.

Unit 160th Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Southampton. 28th March.1916. | Place of Birth Saugeen Reserve. Ont.Canada.

Name and Address, Next-of-Kin Lilian John

Chippewa. Hill.Ont.Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 5174
File R.L.
Category CAN.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.
		ARRIVED IN ENGLAND "S.S. LETAGAMA 28-10-16			
3.8.17	160 Bn	Adm. Can. Mil. Hosp	Bsllett	31.7.17	Sgt.
17.8.17	"	Dis. " " "	"	11.8.17	—97. Herpes.
3.11.17	W.O.R.	adm no 12 can Gen Hsp	"	1.11.17	CLC 51 n.y.d.Q.
17.11.17	"	Disc " 12 " " "	"	13.11.17	— 63 bont. face
23.2.18	160 Bn	S.O.S. to 4th Res Bn	Witley	23.2.18	Rx 28. 4th Res. 48 d 26/18
29.8.18	4 Res.	SOS to WORD	" "	28.8.18	" 204 & WORD 205 d/31/8/18
29.8.18	266 D	att to boy	Bsllett "	" "	" 203 " " ——
28.9.18	WORD	leaves 9/10 to 266 D	Witley "	27.9.18	" 229 & 266 D 229 d 27/9/18
8.10.18	"	SOS to 4 Res Bn WORD	Witley field	" 7.10.18	" 237 & 4 Res. 238 d 8/10/18

Report. Date:	Report. 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.
26.10.18	4 Res	SOS to WORD	Witley Pk	26.10.18	ft III 0254 D.O. 254 dps 22/18 W.O. RD
21.11.18	WORD	on boun to CDD Buscot	" "	21.11.18	" 275.
7/12/18	"	Off boun " and SOS to CEF in boun	" "	7.12.18	" 303.

DEPARTMENT OF VETERANS AFFAIRS

War Service Records
JUL 19 1962
Referred to
Charged to

To Copy for H.O. file

OTTAWA 4, Ont.,
Date July 18, 1962

Attention of

NAME JOHN, William Savage

SERVICE NUMBER 652086 C.E.F.

C.P.C. No. 62062
W.V.A. No. 52178

~~NAVY~~
ARMY
~~R.C.A.F.~~

The DEPARTMENT has received information from

P.M.E., Canadian Pension Commission London, Ont., Tel. Memo d/17-7-62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 7, 1962
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~D.A.V.~~
~~D.C.~~
H.O.

Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

122 10. J. 31

LAST PAY CERTIFICATE

Jo 21. Jan

Regt. No 652086 Rank Pte Name John William Savage

Corps 160 Bn. who was Discharged.

on 9-1-19 to

The following is a statement of the account of the above named

from 1-12-16 to 9-1-19

Bal Dr from mon. of from L.P.C.		39	76	Bal Cr from mon. of from L.P.C.	
ASSIGNED PAY;				Regt Pay 40 days at $ 1	40
to 9-1-19	✓	4	50.	F'ld All 40 days at $ 10c	4	00.
SEPARATION ALLOWANCE:				SEPARATION ALLOWANCE:	
to 9-1-19	✓	9	.	to 9-1-19	9	.
OTHER CHARGES:				OTHER CREDITS:	
victory Bond.		15	39.	Clothing Allowance	35	.
PAYMENTS:	✓	35		Subsistence, 17-12-16.	
				3-1-19.	14	40
				x Xmas Gift.		25
Bal Cr (to be paid)		102	65	Bal Dr (to be deducted)	192	65
				(from soldier $		
				" Dependant $)		

SEPARATION ALLOWANCE

at $ 30 per month has been paid to 9-1-19 by this Unit

Acct closed.

ASSIGNED PAY

at $ 15 per month has been paid to 9-1-19 by this Unit

Acc. closed.

VICTORY BOND $50

Subscribed $ 50.

Paid by Other Units $ 5

Paid by this Unit $ 15.39

10.39

Bal 29.61

Interest 58

Dependant or Beneficiary; James Johns Bro.

Address; Chippawa Hill, ont

REMARKS; Discharged 9-1-19 Dom. Med. Unfit.

Date of Enlistment 28-3-16.

If married and if Separation Allowance card submitted No.

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit

date; 9/1/19

London, Ont.

J. D. Patterson Captain,

Paymaster, District Depot No. 1

PAYMASTER
District Depot No. 1
JAN 9 1919
LONDON, ONT.

Duplicate

To be made out in 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.

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(1) Name of Overseas Unit which Soldier joins ..... 160th Bruce Battalion

(2) Regimental Number 652086

(3) Full Name of Soldier ..... JOHN,, William Savage

(4) Place of Birth ..... Saugeen Reserve, Ont.

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

(6) If married, state,
(a) Full name of your wife ..... Lillian John

(b) Present Postal Address ..... Saugeen Reserve, Ont.

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

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

If so, give number of boys and girls ..... 1 Boy

Also their names and ages ..... Earl Arthur, age 9 months

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address James John, Chippewa Hill, Ont.

(10) Is your Mother alive ? No

If so, state name and address

(11) If your Mother is a widow

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.

Yes

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

C. Mac Lt.Col.
Officer Commanding.

Date June 6th 1916.

160th Os. B'n. C.E.F.

Number 652086 Rank Pte

Surname JOHN

Christian Name William Savage

Units 160 Bn C Inf Theatre of War England

Date of Service ~~3-4-19~~ 28-10-16

Remarks

JUN 5 1990
JUIN

Latest Address Chippewa Hill
Ontario

Roll No. A Page 2717

200m.-2-21.M.

BUC 484

4-04-90

DESP. MAY 23 1928
REGN. NO. 329

No. 652086 RANK Pte. NAME John Wm. B.

T. O. S. 28/3/16 UNIT 160th Battalion
(D.O. 77) of 30/3/16

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar. 28	Apr. 30	✓
May		✓
June		✓
July		N.
Aug.		✓
Sept.		✓
Oct.		N.

PROMOTIONS, TRANSFERS, DISCHARGES. ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 17 1916

NAME John W. S.

RANK AND CORPS Pte. 160th Bn.

REGT'L No. 652086

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

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LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
91.	Can. Mil. Bramshott	31-7-17	Infection leg
97.	Discharged	11-8-17	Herpes
C51	#12 Can. Gen. Bramshott	1-11-17	N.Y.D.D.
663	Discharged	13-11-17	Cont. face (Wegt Int R)
C. 151.	12 Can. Gen. Bramshott	3-3-18	Neuritis L. Shldr.
C. 177.	Granville Can. Spec. Buxton	5-4-18	Neuritis Lt. shldr
C291	Discharged	27-8-18	" " "

FORM R. 149.
7106—250m—7/2/17.

162

Name William Savage JOHN. *Rank* Pte. *Reg. No.* 652086

Unit 160th.Bn

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-7	Can Mil Bramshott.		Infection Leg	91		
11-8.	Discharged.		Herpes.	97.		

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

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

162

LEAVE THIS BLANK.

Place:- 2nd C.C.D.

Regt.No. 652086 Rank Pte Name John Mc L

Unit 4th Res Age 29 (Adm. 31-5-18

Division Hut Date of (Disch.

DISABILITY. Neuritis

Date. 31 Oct/17.

CLASS. General

MACHINES.

Hours of Attendance
a.m.
p.m.

REMARKS. Lft shoulder
all movements normal. Pain about insertion Supraspinatus & in muscle about joint. Lame.

R.T.G.1.

P.T.O.

LEAVE THIS BLANK.

162

PROGRESS, Notes.

12-9-18- Severe Condition nervous about moving arm & says he feels pain in. ex. Dam.

16-9-18- for discharge

DISPOSITION.

H. Macfarlane Capt.
Officer i/c Gymnasium.

Form R. 149.

William Savage 162

Name John Rank Pte Reg. No. 652086

Unit 4th Res.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
3-3	To 12 D Bsholt	Hewrite Le Sklds		C1351		13587
5-4	Granville Can Sfes	Buston	do	C177		15745
27.8.	Discharged		"	C2291		76333

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

Form DMS 1401.
8289 100M 9/3/17.

162

12 Cand: General HOSPITAL.

A. & D. CARD

AT Braunshott.

A. & D. No. 6478 PL. OF ACTION 652086

RANK Pr UNIT 160 Cands SICK OR WOUNDED

NAME John W S AGE 28 RELIGION Meth

PLACE IN HOSPITAL Wd 20

DIAGNOSIS Contusion Face

ADMITTED 31. 10. 17 FROM

DISCHARGED 13. 11. 17 TO Lines

TRANSFERRED

SERVICE AT HOME 19/12. IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

SURNAME. John

CHRISTIAN NAMES William Savage

REGL. No. 65-2086 RANK Pte.

UNIT 60th. #14.20.

FORMER CORPS Nil

I CARD No.
S.D.S. Dir 9.1.19
M.U.A.D. FOLL. 8.8.1.19
#190

NEXT OF KIN.

NAMES IN FULL John, Mrs. Lillian

RELATIONSHIP TO SOLDIER Wife

ADDRESS Chippewa Hill, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Saugeen Reserve Ont. DATE Feb. 16, 1889

PLACE OF ATTESTATION Southampton Ont. DATE Mar. 28, 1916

9/B 14-12-18 232/16.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 27 YEARS MONTHS

HEIGHT 5 FEET 11 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3½ INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION. PLACE Southampton, Ont DATE Mar. 28, 1916

Form DMS 1401
8289 100M 9/3,17.

Granville Can. Spl. Hospital, 162 HOSPITAL.

A. & D. CARD

BI - T.D.I.

AT

A. & D. No. T102 PL. OF ACTION 652086

RANK Pte UNIT 4 Res Bn SICK OR WOUNDED

NAME John. W. S. AGE 29 RELIGION Meth

PLACE IN HOSPITAL P 149/646

DIAGNOSIS Neurasthenia R1 shoulder

ADMITTED 4 APR 1918 FROM 12 HG Gen Bramshott

DISCHARGED 27 AUG 1918 TO 2nd C.C.D. Bramshott

TRANSFERRED

SERVICE AT HOME 22/12 IN FIELD —

RESULTS

146 days

(See Document Card for M.H. Sheet and other Documents.)
(P.T.O.)

REMARKS.

FORM R. 149.
7106—250m—7/2/17.

William Savage 162

Name JOHN Rank Pte Reg. No. 652086

Unit 160th BN

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-11	12 CAN. GEN. HOSP.	BRAMSHOTT	N.Y.D. Q	C51		4871
13-11	Discharged		Cont. Face	C63		1359

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

Form DMS 1401.

162

12 Base Tens HOSPITAL.

A. & D. CARD

AT

A. & D. No. 1589 PL. OF ACTION

RANK Pvt REG. No. 652086 UNIT 4th Res Bn 20 Coy SICK OR WOUNDED

NAME John W. S. AGE 29 RELIGION Meth

PLACE IN HOSPITAL Med E

DIAGNOSIS Neuritis left Shoulder

ADMITTED 2-3-18 FROM

DISCHARGED TO

TRANSFERRED Granville & Buxton

SERVICE AT HOME APR 4 1918 IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

*Name JOHN, William Savage Rank Pte Regtl. No. 652086

Fyle Depot 10-J-71

Original unit 160thBn. Present unit 160thBn. M. or S. XX Age 27 Religion Meth. Ref. H.Q. ID 30-J-318.

Port, ship and date of arrival Olympic Halifax 14-12-18

Next of kin Lilian John Chippewa Hill Ont Cam

Address on leave Same

Address on discharge Chippewa Hill. Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Southampton 28-3-16

Diagnosis Tattoo Marks. Date of Medical Boards London, Ont. 4-1-19.

Date. T.O.S.	Remarks.	Pt. 2 Order No.
7-12-18	# 1, D.D.	
17-12-18	Posted to Cas coy	246
17-12-18	Grahted subsistence allowance of 80¢ per diem from 17-12-18 to 13-1-19. Home coming furlough.	8

*—Name will be given in full; surname first.

(over)

Date.	Remarks	Pt. 2 Order No.
9-1-19	Discharged from H.M.S. Medically unfit (P.D.P.)	8
10-1-19	D.O.Pt. 2. No. 8. Appendix para (1) is hereby cancelled d/8/1/19.	10.
17-12-18	Granted subsistence allowance of 80/- per diem from 17-12-18 to 3-1-19.	6

M. F. W. 192
150m.—5-18
1772-39-1243

162

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
John	W. S.	652086

Rank	Unit	Co.	Troop	Batty.
Pte	160th. Batt.	W.O.	4.R	

Hospital — Date of Admission

Transferred Bramshott Can. Mil. Hosp. 31-7-17
12. Can. Gen. Bramshott. Hosp. 1-11-17
12. " " " Hosp. 3. 3. 18
Granville Buxton Hosp. 5-4-18

Diagnosis Infection leg (Rw)
(1) Later Diagnosis (if changed) Herpes. (Rw) (dd)
(2) ~~N.Y.D. "C"~~ Cont. Face (Ho)
(3)

Additional Diagnosis: if more than one state present Neuritis. L. Shldr (b)

DISPOSITION — Date

91
R.A. 3-8-17
17.8.17. 97
5-11-17 C. 51.
19.11.14 b63
5.3.18, b151
8-4-18 b177
30.8.18 C291.

Wis 11.8.17.
REMARKS
" 13.11.14
" 27.8.18.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

162.

Ward 8 Bed 12 No.12 Can. General Hospital. Date 26/3/18 191

Reg.No.	Rank & Name	Corps	Part to be X-Rayed.
652086	Pte. John W.S.	4th Res.	Left shoulder.

Requisition for X-Ray Examination

(1) Condition suspected:

Possible fracture neck of scapula

(2) Synopsis of other methods of examination pointing to the above suspicion.

Has shoulder injured in a fight Nov. 1917. There is limited movement and muscles of arm somewhat atrophied

Signed J.M. Mcdonald Capt. M.O.

Recommended C. Ex Cooper Cole Capt. C.A.M.C.

Approved _____ Lt.Col.
Officer Commanding.

REPORT OF RADIOGRAPHER:-

1921

No apparent bone lesion

Signed H Hamilton Capn
Radiographer

Date 27/3/18 191

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

162

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 160th C.S. Battn

Regimental No. 452086 Rank Pte Name John Wm Savage

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

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				
22 NOV/918		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 277 Ceases to be attached C.D.D. Buxton on embarking for Canada. F.W. Lock. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
7.12.18		Sailed for Canada			
7.12.18	Form 1/S	Taken on strength No. 1 District Depot London D.O. 246 F.G. Herman Lieut for O.C. NO. 1 DISTRICT DEPOT			
DISCHARGED		LONDON, ONT. JAN 9 - 1919 MEDICALLY UNFIT			Hamm. m. Livingstone Lt. O.C. Discharge Section, No. 1 D.D.

(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				

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

Casualty Form—Active Service.

M. F. W. 54. (A[illegible]. 103.)
250M.—1-16.
H. Q. 1772-39-929.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 652086 Rank Pte. Name John. Wm. Savage

Enlisted (a) 28-3-16 Terms of Service (a) ~~C. E. F.~~ Duration of War. Service reckons from (a) 28-3-16

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) (Farmer)

Report Date	Report From whom received	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.
		Embarked-Canada	Halifax	17/10/16	
		Arrived-England	Liverpool	28/10/16	
22-2-18	O.C. 160th Bn	S.O.S. on transfer to 4th Reserve Battalion	Witley	22/2/18	D.O. part 2 # 28 R B Whitehead CAPTAIN, ADJUTANT, FOR O.C. 160th CANADIAN INFANTRY BATTALION
26-2-18	O.C. 4th Res. Bn.	I.O.S. 4th Res. Battalion	Bramshott	24-2-18	Pt. 2. Order No. 48.
29-8-18	do.	S.O.S on posting to W.O.R.D having been discharged from hospital to 2nd C.D.D.	Witley	28-8-18	Pt 2 order No 204 A B Zoffle Lieut ADJUTANT 4th CANADIAN RESERVE BATTALION
31-8-18	W.O.R.D	T.O.S. from 4th Res Bn on loan 2nd C. L. D	Witley	28-8-18	D.O. 205 [illegible] Lieut i/c Records. West Ont. Regtl. Depot.

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

[P.T.O.

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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				
29-8-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	28-8-18	Pt. II No. 204
27 SEP 1918	OC. 2ndCCD	Ceases to be attached to 2nd C. C. D. on return to W.O.R.D.	Bramshott	27 SEP 1918	Pt. 2 D. O. No. 229. J. B. Lamb Lt. for OC. 2nd CCD.
28-9-18	W.O.R.D	Ceases to be shown on bom. 2CCD) att Depot Coy	Witley	27-9-18	D.O. 229
8-10-18	W.O.R.D	S.O.S. on posting 4th Res Bn	Witley	7-10-18	D.O. 237 J. W. Jackson Lieut. i/c Records. West Ont. Regtl. Depot.
8-10-18	4th Can: Res: Bn:	T.O.S. on posting from W.O.R.D.	Witley	7-10-18	Pt 2 D.O. No 238
26-10-18	4th Can Res. Bn.	S.O.S. on posting to W.O.R.D having been boarded B.II.	Witley	26-10-18	Part 2 D.O. No. D. B. Lobb Lieut. ADJUTANT 4TH CANADIAN RESERVE BATTALION
28-10-18	W.O.R.D	Re T.O.S. from 4th Res Bn & attd Depot Coy	Witley	26/10/18	D.O. 254
21-11-18	do	On Can. Ctf. Buyton	do	21-11-18	Do. 275 G. W. Church. Lieut. i/c Records. West Ont. Regtl. Depot.

10 A.M. Monday

162

Ward 10 Bed 31 No.12 Can. General Hospital. Date Nov 4 1917

Reg.No.	Rank & Name	Corps	Part to be X-Rayed.
687056	John Pte	160th	L. Shoulder.

Requisition for X-Ray Examination

(1) Condition suspected:

Ex for Fracture in region of Scapula

(2) Synopsis of other methods of examination pointing to the above suspicion.

Spine of scapula & outer end of clavicle

REPORT OF RADIOGRAPHER:-

1921

no apparent bone lesion.

Signed C.K. Macquarrie M.O.

Recommended J. Forbes C.M.O.

Approved G.G. Burkholder Lt.Col.
Officer Commanding.

Signed A.E. Walker Capt
Radiographer

Date 6/11/17 191

D.M.S. 130 20M.
3958-19-10-17.

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PROCEEDINGS OF A MEDICAL BOARD.

EXAM. MED. BOARD
19 AUG. 1918
G. C. S. H.

Dated at ..... 191 .

No. 652086 Rank PTE Name JOHN W. S.

Local Unit 4th RES. BATT. CAN. Overseas Unit — Age 29

Examination held at GRANVILLE CANADIAN SPECIAL HOSPITAL. BUXTON.

DISABILITY.
~~Overseas~~-Local
- SCRATCH ONE OUT. -

Neuritis

PRESENT CONDITION.

was kicked in left shoulder in Oct 1917. Since then pain & weakness of shoulder.
Never any swelling of joint.
At present. Examn of shoulder is negative. all movements can be easily & fully carried out. No atrophy of arm or shoulder muscles. No pain.
XRay shows normal shoulder joint
all other systems are normal.

BOARD RECOMMENDS:-

1. Fit for Duty B1. Dental D1.
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.

Members ..... Chas. R. Graham Major Can. C.

....

EXAM. MED. BOARD
19 AUG. 1918
G. C. S.

APPROVED. W. G. Turner Maj Can C

Dated ..... 191 . ..... For A.D.M.S.

20 AUG. 1918
CANADIANS, BUXTON AREA, BUXTON.

3

16-7-18 - 3T enfermed. Down

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name John, William
Surname Christian Name

Regimental Number 652086 Rank Pte. Address (in full) Chippewa Hill, Ont.

Unit 160thBn.

Original Unit

District where paid M.D. 1.

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
50m—6 17.
1779-39-1140.

Remarks: Account opened 9-1-19.

File No. 9579-W-8

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Name

Address

Pay Soldier $

Clerk

Dependent

Address

Pay Dependent $

Dec'n No..... W. S. G. File No.....
Award.....days at $ per day $
S. A.....months at $ per mo. $..... $
Less P, D. P. Credited $.....
$
Less further debit balance $.....
Net due paid as above

TO SOLDIER				TO DEPENDENT			
	Ag. No	Ch No	Amount		No	Ch No	Amount
1							
2							
3							
4							
5							
6							

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Total

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1				W S G paid	1			
2				Pay Mk. 1,	2			
3				26/20	3			
4				WG	4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Lillian John (Wife)

Address Chippawa Hill Ont

Rate 15.00

OCT 1 1916

By Whom Assigned John W. S.

Regtl. No. 652086

Rank Pte

Corps 160 Bn Base

PAYMENTS

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

CONSOLIDATED 4 COUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Lillian John (Assignee) Wife

Name of Soldier John W. S.

652086 - 160 Bn — Pte

L. L. Job 5470—Req. 6888.

OCT 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				$15.
May					
June					
July					
Aug.					
Sept.					
Oct.		W 26830	15		
Nov.		29454	15		
Dec.		K 36530	15		
Jan.	1917	X 37544	15		
Feb.		X 44214	15		
March		U 46741	15		15-2-
April		O 2771	15		15 L5.
May		O 8840	15		
June		B 45-979	15		25
July		O 23203	15		93a
Aug.		X 28349	15		
Sept.		N 365-99	15	2/10	B
Oct.		Y 42711	15		
Nov.		5-0152	15		
Dec.		U 56328	15		225
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

28-3-16

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Lillian John

Address Chippawa Hill
Ont

Relation to Soldier
wife, child or mother } Wife

Name of Soldier John, Wm S

Regtl. No. 652086

Rank Pte

Corps 160 Batt

To what Corps belonging
when called out }

PAYMENTS

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

CONSOLIDATED 6 ADOC

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—813.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Lillian John Wife — John, Wm S Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		W2810	42	42
June		U41844	20	20
July		D10225	20	20
Aug.		913097	20	20
Sept.		M16131	20	20
Oct.		H19175	20	20
Nov.		D21882	20	20
Dec.		D25847	20	20
Jan.	1917	I38801	20	20
Feb.		J31915	20	20
March		I35004	20	20
April		K14557	20	20
May		J41386	20	20
June		L7832	20	20
July		J11094	20	20
Aug.		V14482	20	A
Sept.		U17353	20	A
Oct.		D22312	20	A
Nov.		J23441	20	T
Dec.		M26030	20	F
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

NAME:- JOHN Wm Savage

NUMBER:- 652086

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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 John (Snr) (Guardian Children)
Chippawa Hill. Ont.

Stopped Effective 1.12.18

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Battn

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.4.18.	26.4.18.	4th Res.
	1/4/19		Can Set

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
13/11/18	9934	~~Witley Lr.~~	9 73				
8/4/18		~~Victory Loan $50 1st payt~~	~~5 00~~ -				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disposal. ~~4/4/18~~ 9/12/18 Gen Dep. N.R. 16/11/18 Cr Bala L.F.C. ~~8 16 11~~ 8 5 21 11

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 Mch	Bal Fwd								19 8		
Apr.	30 P.P.	33 -		Cand.				15			
				A/R. 670. 10/4/18. (1) Lg S.H. Busc.	4 87						
				✓ 99 3/4/18. (1) 12 Can. Gym.	4 87						
				5th 16th Inst. War Loan 50 00 B1681 (8a)	20 00				8 13		
May	31 P.P.	33 34 10 ✓		A/R 1927 9/5 (1) G & H Burton	29 14 4 87 ✓			15			
				Cand.				15 ✓	22 36		
June	30 PP	34 10 33 - ✓		✓	4 87			15 15 ✓			
				A/R. 3227. 11/6/18. (25) ✓	4 87				35 49		
July	31 PP	33 34 10 ✓		Cap	4 87			15 15 ✓			
				A/R 4021. 13/7 (17) ✓	4 87				49 72		
		34 10 ✓			487			15			
Aug	31 P.P.	34 10 ✓		Cap				15			
				A/R. 5423 8/8 (17) ✓	487						
				✓ 6176. 27/8 (18) ✓	487				59 08		✓
		34 10 ✓			974			15			
Sept.	30 ✓	33 ✓		Cap.				15			
				A/R 768. 12/9/18 (5) L 6610	9 97						
				4518 26/9/18 (21) ✓	4891				182		
		33			5888			15			
Oct	✓	34 10 ✓		Cap				15			
				A/R. 7659 16/10/18 4 Rs 3	973						
				✓ 9060 28/10/18 Gen Rep 8	973						
		34 10 ✓			1946			15	17 84		
Nov.	✓	33 ✓		C.A.P.				15			
				A/R. 9934. 13/11/18 HRs 1	973						
				1 V.V. Install C.V.W.L. 1918 4	10 -			(1/- L/C)			
				Forward	14 73						

Victory War Loan 1918 $50 00 Own Bal + 9 Monthly instalments

Checked ASafe
20.11.18

NUMBER 65086 RANK NAME JOHN, W. S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Ford	33			19 53			15	17 8d		
				AM 3384. 31.7.16. Reunion A.P.C. End. 5	4 87						
		33			52 60			15	~~7 8~~		
									11 52		

P. 559.
MARRIED OR SINGLE: M
PLACE OF BIRTH: Sturgeon Pt Bruce Co Ont
NAME AND ADDRESS OF NEXT OF KIN: Mrs Lillian John Chippawa Hill Ont
RELATIONSHIP OF NEXT OF KIN: wife
NAME AND ADDRESS OF NEXT OF KIN:
RELATIONSHIP OF NEXT OF KIN:
SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)
PAYABLE TO:
RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 652086 RANK Private NAME John William Savage
IF IN PERMT. CORPS } WHAT UNIT
UNIT 160th Bn
PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION Southampton Ont
DATE OF ATTESTATION 28/3/16

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE ~~1-10-16~~ 8/11
PAYABLE TO ~~Mrs Lillian John Chippawa Hill Ont~~ RELATIONSHIP ~~wife~~
James John. Sr. Chippawa Hill, Ontario. Guardian-Children Allotment adv. P.2.B.7.2.18.
ASSIGNED PAY MONTHLY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C. C/

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Nov														14 10	14 10															14 10				Bal'ce Pay paid by C Branch for act'ns incurred on Oct Pay list (Canada)
30/16	30	1.00	30		30	10	3									33		228	11/6	1930	11/6			1947	486			15			3933	777		750	27
Dec 31-16	31	1.00	31		31	10	3	10								34 10		113	15/12/16	1270	15/12/16			2464	730			15			2794	1714		1550	163
1917 Jan	31	1.00	31		31	10	3	10								34 10				2430	17/1/17			~~973~~				15			15	3623		1600	2023
Feb	28	1.15	30	80												30	80	238	16/2/17					1947				15			3447	3256		1600	1656
			32	00										14 10		146	10							1738	14 16						1154				
Mch	11	1.10	14	10												34	10					1308	27/3/17				243	15			1745	4923		Nil	4923
Apl	30		33													33												15			15	6723			25 Rs Rm.
May	31		34	10												34	10	18	30/4			1		1947				15			5394	4739			
																		60	30/4					1947											
June	30		33													33		107	16/5					487				15			3933	4106			
																		150	31/5					1946											
July	31		34	10												34	10											15			15	6016			
																		220	7/6					730											
Aug	31		34	10												34	10	289	30/6					1703				15			3933	5493			
																		270	19/7	567	31/7			730	1460										
Sept	30		33	-												33	-	437	31/7	499	14/8			974	730			15	67		5461	3332			OH005-257-22.

652086. Pte John Wm S

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS		CR. 1		CR. 2		PARTICULARS							DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE.	ENG.													
Sept	Bal Fwd		~~33 32~~																															
																		33 32																
Oct	31 dy PB Pay @ 1.10		34 10				Can C/P											15																
							aR 6HH. 160 Bn		17/9					730																					
							aR 715. 160 Bn		25/9					973																					
			34 10											1703				38 39																
Nov	30.	P.P.	33 -															15																
							aR 859. 160 Bn		31/10					1217																					
							aR 791 do		16/10					730																					
							From Increase in Pay Book																												
							Cpl 672. 12 276 160 Bn		9/11/17					2H3																					
														3190																				
Dec	31		34 10				Can C/P											15																
							Pmoos 9120		6/10					61																					
							a 3907		24/8					26																					
							dw 3819		27/8					32																					
							War Loan Dec 2nd		B 1681					5 -				HH H O																
			67 10											2809																				
1918 Jan		PP	34 10				C/P											15																
							aR 994		160 Bn		30/11			1403																					
							dn B 1681		War Loan Jan					500																					
							aR 1098		Do		17-1-4			1663																					
			34 10															15	3687															
Feb	28	P P	30 80				C/P											15																
							1161		9/1/18		160 Bn		(A)	730																					
							1220		28/1		"		(B)	730																					
														1460																				
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							1772		28/2		H. Res		(36)	243																					
			34 10											243				1987																

162

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. 652086 (Rank) Private

Name (in full) JOHN, William Savage enlisted in

the 160th "Bruce" Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at SOUTHAMPTON, ONT. on the TWENTY-EIGHTH

day of MARCH 1916.

HE served in ENGLAND

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 30

Height 5' 11"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Tattoo - Right Forearm
Clasped hands & Soldier,
"Lillian" - Left Forearm

Signature of Soldier

Issuing Officer

LIEUT.
Rank

O. C. Discharge Section, No. 1 D. D.
Appointment

DISCHARGE SECTION
JAN 9 1919
No. 1 District Depot

Date of Discharge

Signed at LONDON, ONT. this NINTH day of JANUARY 1919.

in Military District No. ONE

File Reference No. 1 D.D. 10-J-71

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the Particulars called for on the back of this certificate will not be completed.

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E. 1631.

Polish 162

Q. C. D. C. Hospital.

Army Form W. 3172.
(In pads of 50.)

Ward F 142 No. of Bed 646 Date 24/11/15

Regt. No.	Rank and Name.	Corps.	Part to be X-Rayed.
65088	Pte. John	29 Div. C.	Left shoulder

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Shoulder injury in
trenches last fall.
Tenderness and
limitation of movement
~~Shorter~~ & Pain
clav. acromial
joint especially
X. 10 X 12

Signature of M.O. Dgt Wkd
Capt. R.A.M.C.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

vice 29

No. of Plate 6538

L Acromio Clavicular inter space wider
than normal. shoulder left

Signature of Radiographer W. H. Haga 2nd Lieut
~~Major~~ R.A.M.C.

Date

162

Original 652086

MEDICAL HISTORY SHEET.

Surname John Christian Name William Savage

Examined on 28 day of March 1916 at Southampton Ont.

Approved by [signature]

Birthplace City or Town Saugeen Indian Reserve County Bruce Ont.

Rank Captain M.O.

Apparent age 27

Trade or occupation Farmer

Height 5 Feet 11 Inches.

Weight 154 Lbs.

Chest measurement Minimum 32½ inches. Maximum expansion 36 inches.

Physical development Normal

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 1

When Vaccinated last 1901

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	Examined for Re-engagement.
5/10/18	A	Geo. F. L. Fuller M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
7/7/16	Vac.	[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		[signature] M.O.
30/8/16		[signature] M.O.
6/9/16		[signature] M.O.
24/9/17		[signature] M.O.

T.A.B. 16-H.16 Prop. T.A.B. 23.4.18 W.D.

Enlisted on 28 day of March 1916 at Southampton Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th Co. B'n C.O.F.	652086		
Transferred to	4th Res. B'n			FEB 23 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	5/10/16	Ex by Board	Fit D. J. Mc Gillicuddy Capt. A.M.C.
Scott Barracks	Aug 15-18.	Neuritis	B.i. Temp. unfit Discharge
Whitby	22-10-18	Pamphl. Rept Rheumatism Neuritis Rt arm	B.ii Rheumatism
do	14/11/18.		B.ii Not Incapacitated Cause

Approved MAJOR, D.A.G.M.S. M.D. MILITARY

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.

M. F. B. 313.
200M—11-15.
H. Q. 1772 39-439.

London Ont. 6-1-19 Injury to left shoulder. Cat Cll. C C Richardson Capt Res Units

Surname Lapp Christian Name Wm Lapp 162

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Brantford		30	7	17	11	8	19	Herpes	13	Vesicles on front of left thigh surrounded by area of inflamed skin Quite typical fully recovered	Allen Hodgkins Capt-Camc
2012 Can Gen Brantford		31	10	17	13	11	17	Contusion Face	14	Received in a struggle with comrades. Has black eye (R) & bruise over L. shoulder 200 left for duty	Spencer Capt Camc
12. Can'd. General Brantford		2	3	18	4	4	18	Neuritis Left Shoulder	34	Has pain and stiffness in left shoulder. Has not improved. Discharge to Granville, Buxton for special treatment	J Hodgkins Capt CAMC
		4.	4.	18.	27	8	18	Neuritis	136	Some lateral movement at acromio clavicular joint left. Not all movements are full and strong. abduction of arm does not cause pain. no atrophy of shoulder muscles B+	E Macpherson Capt

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 6 APR 1918 BUXTON

162

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 London, Ont. DATE 4-1-19

1. 1 (a) Unit #1D.A.D. (b) Regimental No. 652086 (c) Rank Pte.

(d) Surname JOHN (e) Christian name William Savage.

(f) Home address Chippewa Hill Bruce County Ont.

(g) Next of Kin Mrs. Lillian John (h) Relationship Wife.

(i) Address of Next of Kin Chippewa Hill, Bruce County, Ont.

2. Age last birthday 30 Date of birth 16-2-1888

3. Enlistment, or Appointment (if an Officer) (a) Place South Hampton Ont (b) Date 28-3-16

4. Personal description:

(a) Height 5' 11" (b) Weight 150 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Tattoo right forearm, hand clasp and soldier. -Lillian- left forearm.

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
	2	272

	Periods	
	From	To
Canada	7-12-18 28-3-16	Date 17-10-16
England	28-10-16	7-12-18
France or other theatres of War		

7. Original disease, or injury Injury to left shoulder.

(a) Date of origin 28-10-17 (b) Place of origin England.

(c) Cause Accident.

M. F. B. 227.

300M.—8-18.
1772-39-117.

9

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.)

Weakness Moderate of left arm due to neuritis. Cocured on Service.

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.)

Objective :- Movements of left arm normal but slowly performed owing to pain on motion of shoulder. There is slight atrophy of Pectoral s trapezius deltoid and biceps. Tenderness on pressure over shoulder area. Muscular power 25% lessened.

Subjective:- Complains of pain in left shoulder on moving arm It radiates to neck. Worse in wet weather, also weakness of left arm.

(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

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

Was strugling with a comrade 28-10-17 received blows in eye and was kicked several times in left shoulder. Was sent to Hospital and has been in Hospitals practically ever since.

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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*).)

Herpes - Bramshot 20-7-17.

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

Nil

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

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? 1 year

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

#12 Bramshot 31-10-17; 13-11-17; Massage.

#12 Bramshot 2-3-18; 4-4-18 Massage.

Buxton 4-4-18 27-8-18 Massage electrical. and P.T.

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? Yes.

(If not, briefly state why)

17. Recommendations

C 1.

G Whitt 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 Savage John 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 S John Rank.

Signature of invalid examined.

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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.

Board Agrees :- Except considers this a case of Luxation Left Clavicule Acromial Joint.

Only very slight tenderness in any portion of Bruchial Plexus that can be pressed.

No papers to show "Court of Inquiry" being held. Soldier is an Indian and cannot tell about such.

#17 Category C 11.

19. Is the invalid fit for

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

Placed in Category C 11.

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.

C.C. Richardson *President.*

PLACE London, Ont. J.C. Eakins Capt. } Members

DATE Jan. 6th-1919.

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

G C Brock Capt
Assistant Director of Medical Services.

DATE 6-1-19

APPROVED BY

Director-General of Medical Services.

DATE.....

PART 1. 162 A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 687086 Rank STE. Surname JOHN Christian Name WILLIAM SAVAGE

Unit or Corps—(a) Overseas from United Kingdom NOT OVERSEAS (b) in United Kingdom W.D.R.D.

Born at—Town SAUGEEN RESERVE County or Province BRUCE Country CANADA

Date of Birth—Day 16 Month FEBRUARY Year 1888 Age 30 yrs. 9 months.

Joined at SOUTHAMPTON ONT. CANADA Date MARCH 28 1916

Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 11 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) William S. John

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) NEURITIS, Rt. Arm

Disabilities Group (*b*) ✓

Disabilities Group (*c*) ✓

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Injury (Kick) to LEFT SHOULDER REGION	Witley Camp.	Oct. 28th 1917
(*ii.*) As to Group (*b*) above.	✓		
(*iii.*) As to Group (*c*) above.	✓		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? no If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? no If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? yes

(*ii.*) As to Group (*b*) above ? —

(*iii.*) As to Group (*c*) above ? —

6

PART I. (continued).

5. MEDICAL HISTORY. Pte John states that on Oct 25/17 he was assaulted by a comrade in camp. Knocked down and kicked several times in the region of the left shoulder. He was suffering greatly from bruises and pain. Sent to No. 12 Hospital Bramshott. Did not improve much and was sent later to Hospital, Newton, for special treatment. Had massage and electrical treatment. Pain & inability to move arm well persisted. Was put on light duty, on return to unit. Has acted as dishwasher mainly. Can't carry on with training.

6. PRESENT CONDITION. Healthy physique. No swelling or point of tenderness around shoulder joint. Complains of pain on elevation of arm. Bony structures normal. Movement slightly limited. Slight atrophy of left trapezius & left pectorals. X-Ray shows normal joint. All other systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II (b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report... Nov. 13 ... 1917. Signed... Jas Kent Capt.
Officer in medical charge of case.

Station... Witley Camp.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Sgd F. L Fallis Capt
Officer i/c Hospital / S.M.O. / Brigade — Strike out one of these

Dated at ... Camp. Witley ... Station, on ... 13 / 11 / ... 1917.

*Delete if inapplicable.

PART II. 162

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) twenty percent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? No
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? see

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? na

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Some atrophy of arm muscles (left) ~~from~~ ~~less~~ circumference (at middle), than left. Emp. week

19. RECOMMENDATION:— (a) Fit for duty? (*state category*) B II (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

Date of Board 14/11/18 Signatures of the Board { Chas Everett Major Can. Gr. President. / Jas. L. Hammond Capt. Can. }

Station Witley

Approved W. Fitzpatrick MAJOR, A.D.M.S. CANADIAN TROOPS, WITLEY.

Dated at A.D.M.S. Station 14 NOV 1918 WITLEY, SURREY. 191

2

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

1538
L

GRANVILLE CANADIAN
SPECIAL HOSPITAL

Forms
I. 1237
11

162

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4478	65206	Pte	Johns	W.G.
Year 1917	Unit. 160th Batty	Age. 28	Service. 1912	

Station and Date.

Disease Contusion Face

Braunston.
31.10.17.

Injured in a struggle with two of his comrades to-day.

Ex Large black eye (L) and bruise over L. shoulder - truncal.

Treatment - Cold bracic formulations & eye.

5.11.17 Very much better

12.11.17. Fit for duty

Macmillan
Capt
RAMC

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

Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station and Date.	

Forms
I. 1237
11

MILITARY HOSP
RAMSHOTT, [illegible]

162

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	652066	Pte	John	W.

Unit.	Age.	Service.
16th Canada	28	1 yr 12

Station and Date.

Disease Herpes

Family History

Mother died at age of 49 tuberculosis. Father living & well
Three sisters living & well; one died at age of 8 yrs

Past History

Never was in hospital before was never attended by doctor but says that he has been troubled with Cough and has coughed up about half a spoonful of blood on one occasion

History of present illness

On July 26/17 felt sore spot on front of left thigh followed next day by Vesicles, Could not "Carry on," on July 29th on account of pain

Condition on Admission

Heart & Lungs Negative
Lymphatic glands in groin palpable complains of frequent micturition

Vesicles & Middle & front of left thigh surrounded by area of inflamed skin

Aug 10 Recovered, Jul. & Return to Ballaclare

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Forms
I. 1237
12

Love P/62 149/646 Army Form I. 1237.

MEDICAL CASE SHEET.*

3 PM

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1102	65-2086	pte.	John	W. S.
Year 1918	Unit.		Age.	Service.
	4th Res. Canadian		29	2 2/12 —

Station and Date.

GRANVILLE CANADIAN SPECIAL REGISTRARS OFFICE 4 APR 1918 Halifax

Disease Neuritis

Occupation — Farmer

Enlisted — Mar. 28. 1916

England — Oct 28. 1916

France — nil.

History — Injured in shoulder. — Oct 1917 — Says about ten years ago had "herpes"? — also last August. Patient says last of October 1917 was kicked in left shoulder. Shoulder became sore and weak. Says shoulder has not improved.

Present Condition — Complains of pain in shoulder and weakness. On examination.

Left shoulder

Abduction - 40°

Backward and forward very little. Complains of some slight pain on pressure around shoulder and clavicle.

X Ray No 12 Can. Gen. No bone lesion

Aches worse in wet weather —

Heart normal — Lungs normal

Digestive system normal

Genito-urinary normal

Nervous system normal

R B Harris Capt

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

Wt. W 6604/M 2870—1,500,000—8/17—H & Sr. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
10 APR 1918	no evidence of any nerve injury marked limitation of all movements of shoulder both on account of pain in acro-clavic jt. no paresis atrophy or sensory loss.
	To report to Maj Turner for xam of shoulder.
11 APR 1918	Subacromial Bursitis Homestrong
	Abduction splint left W.T.
13.4.18.	Says his left leg pained him Yesterday from hip to foot — To day he has a spot of herpes on left thigh. R B Hand Capt
25.4.18	Herpes gone - Still complains of pain in leg - R B H.
	Some flattening of left deltoid - Active movements limited abduction 40° - extention 45° - Passive movement at pet limited - Later got almost complete movement in all direction - with apparently little pain: Tenderness & pressure over tip of acromion right, over tip of coracoid sicon. — atrophy of deltoid probably due to disuse as has not used arm much since oct 17. — Light massage, passive movements and Radiant Heat to L. Shoulder
9 MAY 1918	Some improvement: Carry on W.W. Barraclough Capt
	Return 1/52 W.W.B.
16 MAY 1918	Movement improving - Shoulders clear at gym. Return 1/52 W.W.B.
23 MAY 1918	This man complains of pain in movement in shoulder: which prevents him from raising arm: He can do a great deal better, is not trying. Full passive movements in shoulder, active movements limited: Return 1/52
Gym Report 23-5-18	abd of shld to nearly Right to Carry on W.W.B.
30 MAY 1918	Movements in shoulder improving - Full passive movements - Active abduction to the level of the shoulder - Return 1/52 W.W. Barraclough

Forms
I. 1237
11

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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1589	452086	Pte	Jolin	W. S.
Year 1918	Unit. 4th Res. D.		Age. 29	Service. 2 2/12

Station and Date. No 12 Can Gen Hospital Bramshott. Feb 2

Disease Neuritis L. Shoulder.

Symptoms:- Pain & Stiffness in L. Shoulder. Existing Nov 1917. (Was injured then)

Past history. Was injured by being kicked on Shoulder Nov 1917 was laid up 3 weeks at that time. Never was quite well ever since

Present Condition:- Well nourished & Well in every way except that. Patient has pain and tenderness over area noted. There is Enlargement & Malposition of Outer End of L. Clavicle. with Tenderness & Some Limitation of movement with loss of power Respiratory Cardio Vascular & Nervous System Negative.

5-3-18 Comfortable. Limb is Stiff and Sore on moving Shoulder Area. Prog. O.K.

25/3/18 Very little improvement in left Shoulder. Some loss of Muscular Tone of left arm.

26/3/18 X ray report shows no bone lesion in left Shoulder.

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

3/3/18. No improvement in shoulder. Seen by Major Johnson who advised that he be sent to Buxton for special Treatment

2/4/18 no improvement.

3/4/18. Has not improved. Still limited movement of left shoulder. Discharge to Granville special Buxton for further treatment

J. McLeod
Capt Cams

Station and Date.

Forms
I. 1237
12

162

Army Form I. 1237.

Sheet 2

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1102	652056	Pte	Johns	W. J.

Year 1918

Unit.	Age.	Service.
4th Res Bde (Canadian)	29	2 1/12

Station and Date. Epsom 6-JUN.1918

Disease Neuritis

Some improvement in active movements - But patient ~~is~~ not working as hard as he might: — W.B. five minutes — decided improvement: Return Monday. W.W.B.

12 JUN. 1918 Movement in Shoulder joint practically complete - W.B. 5 min. - Improvement: Can get arm above shoulder. Return Saturday. W.W.B.

15 JUN. 1918 Improving. Return Monday. W.W.B.

18 JUN. 1918

19-6-18 Section 13 for 4 days. J.T.L.

Gym Report 6/7/18 Pat is imp. Pain is less than when he came to G.

29 JUN. 1918 Improving: W.B. appeal: Patient is not very keen to get better: Return 1/52 W.W.B.

3-7-18. Has influenza a — B & H Harris Capt. much improved - W.B. appeal. Returns 1 week. Slight stiffness all movements of shoulder joint and easy. Pt is not anxious to move it though. The voluntary movements are normal but very weak. Shoulder class at Gym - Returns 1 week.

7 JUL. 1918

17 JUL 1918

X Ray 1 clear. Arm. joint ankylosed Returns with report

24 JUL 1918

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.

X Ray Report 27-7-18

Acromio clavicular joint space wider than normal shoulder left. D. H. Egan Major R.A.M.C.

2- AUG. 1918

No improvement. X ray as at Gyps - Return 1 week. Dyspepsia

6- AUG. 1918

Some improvement in strength of left shoulder. Does not flinch on pressure when deltoid is attacked. Return 1 week. Dyspepsia

16 AUG. 1918

There is some greater lateral movement of acr-clavicular joint but all movements of shoulder are freely & fairly strong. Abduction of arm does not elicit any pain. There is no atrophy of the shoulder muscles. The disability line is not very marked at present and patient is inclined to exaggerate. Dyspepsia B1.

EXAM. MED. BOARD
19 AUG. 1918
G. C. S. H.

B1.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

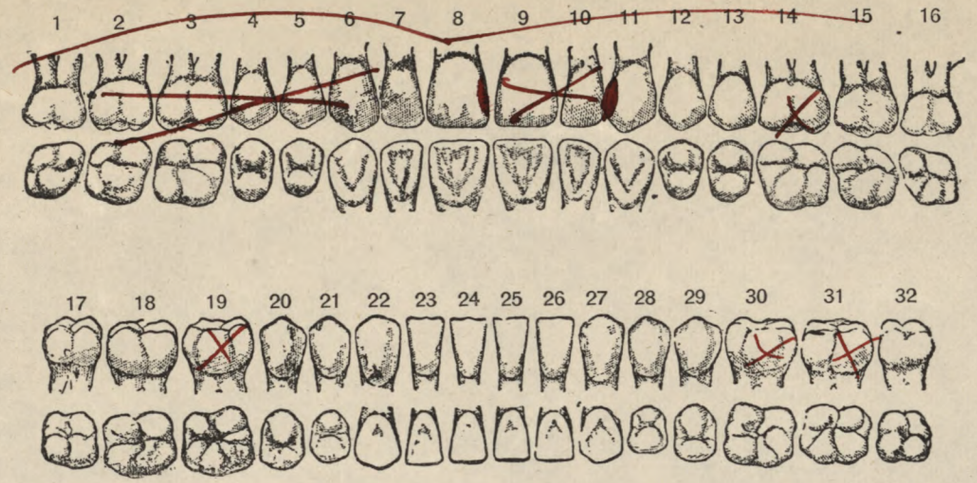
NAME OF SOLDIER John [illegible] Sarge

REGIMENT 165 Batt

RANK Pte

No. 65220

DISTRICT



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	4-1-19	7 11.8									19 30 31									EXAMINED BY R.G. McMillan Capt		Complete on discharge 4/1/19.

M.F.B. 465.
150M.—6-18.
1772-39-950.

162

Form D.M. 394.
1904.—100M—5/2/17.

162

H. Coy

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 22-10-18 1917

No 652086 Rank Pte Name Johns, Wm Savage

Local Unit 41 K Res. Overseas Unit ——— Age 30

Examination held at Witley

DISABILITY. Overseas—Local (scratch one out). Painful left shoulder.

PRESENT CONDITION.

Received severe injuries to left shoulder & left side of chest from frequent kicks from a comrade on Oct 28th 1917. Ever since has had pain & weakness of left shoulder & cannot carry a pack or do B.F. & P.T. - Treated at 1st Cdn Stn. Sent to & at Granville K.H. for wounds left shoulder
Stain: Well marked atrophy of left trapezius & left pectorals with some crepitation to be heard on movement of shoulder joint. Left Clavicle

BOARD RECOMMENDS:—

1. Fit for Duty ~~Fit for Duty~~ ~~Fit for Duty~~ ~~Fit for Duty~~

CLINICAL CHA

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 4th Res D. Military Hospital No 12 Canadian Gen.

No. 65-2086 Rank and Name Pte John, W. S. Age 29 Service 2 1/2

Disease Gunshot L. Shoulder Date of admission 2-3-18 Date of discharge _____ Result _____

Dates of Observation	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	1
Days of Disease																															
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	72 76	72 64	64 72		70	72 72	72 68	70 70	68 72	72 70	70 76	76 72	72 84	84 76	76 70	70 74	74 80	80 78	80 80	72 74	74 80	78 78	70 70	72 72	72 74	74 72	72 72	72 70	70 60		72 72	72 72
Respirations per Minute	20 20	18 18	18 18		20	20 20	20 18	18 18	18 18	18 18	20 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18 18	18		18 18	18 18
Motions per 24 Hours		1	-	-	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	-	1	1	1	1	1	1	1	-	1	1

On admission

1878

Wt. W3728/M2313—2,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature Gilmichael Capt Cans In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature_____ In charge of case.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Army Form B. 181

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____ Military Hospital Bramshott.

No. _____ Rank and Name John. Age _____ Service _____

Disease _____ Date of admission 31-10-17. Date of discharge _____ Result _____

Dates of Observation	31.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10
Days of Disease											
Temperature, Fahrenheit — Time A.M. P.M.											
Pulse per Minute	88.	88	86	82.	80.	72	68	72	72.	80	74
	76.	68	60	72	60	68	68.	66	60		
Respirations per Minute	24.	24	24	22.	18.	16	18	20	18.	20	26
	20.	18	18	18.	17	18	18.	16	18		
Motions per 24 Hours											

Wt. W3728/M22[illegible] 2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature E.K. macclean Capt In charge of case.

Cadue

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M.P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 1st Canadian

No. 65206 Rank and Name Lt. John W Age 28 Service

Military Hospital Brantford

Disease Herpes Labialis Date of admission 30-7-17 Date of discharge Result Recovered

Dates of Observation	30	31	1	2	3	4	5	6	7	8	9	10
Days of Disease	1	2	3									

Temperature Fahrenheit — Time A.M. P.M. (each date)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature Edward Lovecapt. In charge of case.

C. Badges:

scharge or character certificate.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

Squadron
with

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

William Savage John

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedin

(When forwarded for confirmatic
the documen

No. 652086

Rank Private

Surname JOHN,

Christian Name

NOTE—The name must agree st

Corps (Squadron, B

Date of Dis

Place

Victory Bond. $50 58/18. Pd. C.E.F.P.C. 5.00 Pchmnts 15.39. Balt due Pd. $30. 19/xx

AUDITOR | PAYMASTER

M. OR S. S 2078

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

REGT. No. 652086 RANK Pte NAME (IN FULL) JOHN William Savage. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? X — DATE EFFECTIVE 31-12-18

TO WHOM PAID — RELATIONSHIP

ADDRESS Same as A/P

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 160 Bn. — IF IN P.F. WHAT UNIT? Chippawa Hill, Ont.

PLACE OF ATTESTATION — TRANSFERRED TO #1 BD. — DATE 26-12-18. — AUTHORITY DCHQ.

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 15. — DATE EFFECTIVE 1-1-19

PAYABLE TO James John Savage — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Chippawa Hill Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London, Ont. DATE 9.1.19 REASON Med. unfit. AUTHORITY SO F IF ENTITLED TO POST DISCHARGE PAY yes.

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 C.E.F.P.C.																																		
Dec 1/Jan 9.	40	1.0	44.	35.		14	40							8114	9/1/19			7/11 3B 15.39	35.			8111 8112	14 9	50	Rtn.					3876.	10265			9/14 40 days 1916 3/4 D.O.C. 25c x mas Gift.
9-1-19	70		30		100											70						3855 30 6031 30				3873 30 19	30.	130	19	30	19			War service gratuity 2 1/2 years @ 350 5/12 @ 150
9/2/19	70		30		100									6030	9/2/19			3981				30					30	19	100		10000			
— WAR SERVICE GRATUITY —																																		
9/3/19	210		90		200											70		30										100		140		60		4516-17
9/4/19.	140		60		200											70		30										100		70		30		68337-8
9/5/19.	90		30		100											70		30										100						78533-4.
9/6/19																														300				
					300 / 500											280		129	81			60						30	19	300 / 500					

Blee

R. J. Sinnett Capt.

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	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

28-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

J 1873

Date of Assignment

Oct 1/16.

RATE OF SEPARATION ALLOWANCE

~~20~~	25 1/4/17	30 1/9/18	

PC 3257 P.C. 2753
M.O. 25781

RATE OF ASSIGNMENT

15.			

6424
Ef

PARTICULARS OF SEPARATION ALLOWANCE

No. 652086.

Rank Pte

Promoted

Reverted

Discharge

Soldier's Name W. S. John.

Battalion 160 Battle "Base."

Beneficiary ~~Mrs Lillian John~~ James John Sr.

Relationship ~~Wife~~ father. M. Fw 2557 Retd O.K. 22/4/18

Address

PARTICULARS OF ASSIGNMENT wife

Name ~~Mrs Lillian John~~

Address ~~Chippawa Hill Ont.~~

Change of Address

1 ① James John Sr.

2 Chippawa Hill Ont.

3

4

	Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 9579-W-8
	DEC. 31			422	225	647		
1918	Jany	A	61590	30	15	45	P	~~Change~~ Change of assignee from wife to father as per M.O. 5-3-18 Rolls 6-3-18
	Feb	D	73619	25	15	40	S → I 99354	cancelled 20-3-18 R.S
	Mar	~~2~~	~~99354~~	25	15	40	S	Transfer dd & af. to "James John Sr." from per Ruling S.B. 10-4-18 · date of suspension. to adj. Mar & Apr. Rolls 19-4-18. mailed 19-4-18
	Apr	G	5164	50	30	80		
	May	F	8622	25	15	40	✓	
	June	C	19639	25	15	40	✓	
	July	R	29355	25	15	40	✓	
	Aug	H	34574	25	15	40	✓	
	Sept	L	43702	25	15	40	✓	
	Oct.	J	56061	25	15	40	✓	
	Nov.	E	52608	25	15	40	✓	
	Dec.	F	67444	45	15	60	✓	
				747	405	1152		

A/c Closed 31/12/18 M.O. 51523

Ret'd per Olympic

Date 14/1/19 M.F.W.187 1.9.18

Clerk

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

A STATEMENT HAS BEEN MADE FOR THIS ACCOUNT

MRO 12+1617-4-18 M.R.O. 2A 15-3-18 R.S

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.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.