

931599

ORIGINAL

ATTESTATION PAPER.

No. 931599

No. 2 Construction Battalion, C. E. F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? ..... Johnson
- 1a. What are your Christian names? ..... Joseph
- 1b. What is your present address? ..... Dresden, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born? ..... Elmstead Ont.
- 3. What is the name of your next-of-kin? ..... Della Johnson
- 4. What is the address of your next-of-kin? ..... Dresden Ont.
- 4a. What is the relationship of your next-of-kin? ..... wife
- 5. What is the date of your birth? ..... March 10/1891
- 6. What is your Trade or Calling? ..... labourer
- 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, Joseph Johnson, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Oct 13 1916 Joseph Johnson (Signature of Recruit) J. F. Williams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date Oct 13 1916 Joseph Johnson (Signature of Recruit) J. F. Williams (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 Dresden this 13th day of Oct 1916

Chas. Aikin (Signature of Justice) Mayor.



Description of Joseph Johnson on Enlistment.

Apparent Age 25 years 7 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. 10 1/2 ins.

None

Chest measurement: { Girth when fully expanded 37 ins.  
 Range of expansion 4 ins.

Complexion dark

Eyes brown

Hair black

Religious denominations: { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist yes  
 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 Oct 13 1916

J.P.F. Williams

Place Dresden

Dresden  
 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.

Joseph Johnson 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.

C.H. Rev. Capt (Signature of Officer)

Date Oct 27<sup>th</sup> 1916



NAME JOHNSON JOSEPH

REGT. NO. 931599

UNIT 2nd Arct. Bn. H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

**DISCHARGE**

Category

*07792 Remob.*

**DESERTION**

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

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

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

2 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1 M.F.W. 192*

*1 M.F.W. 67*

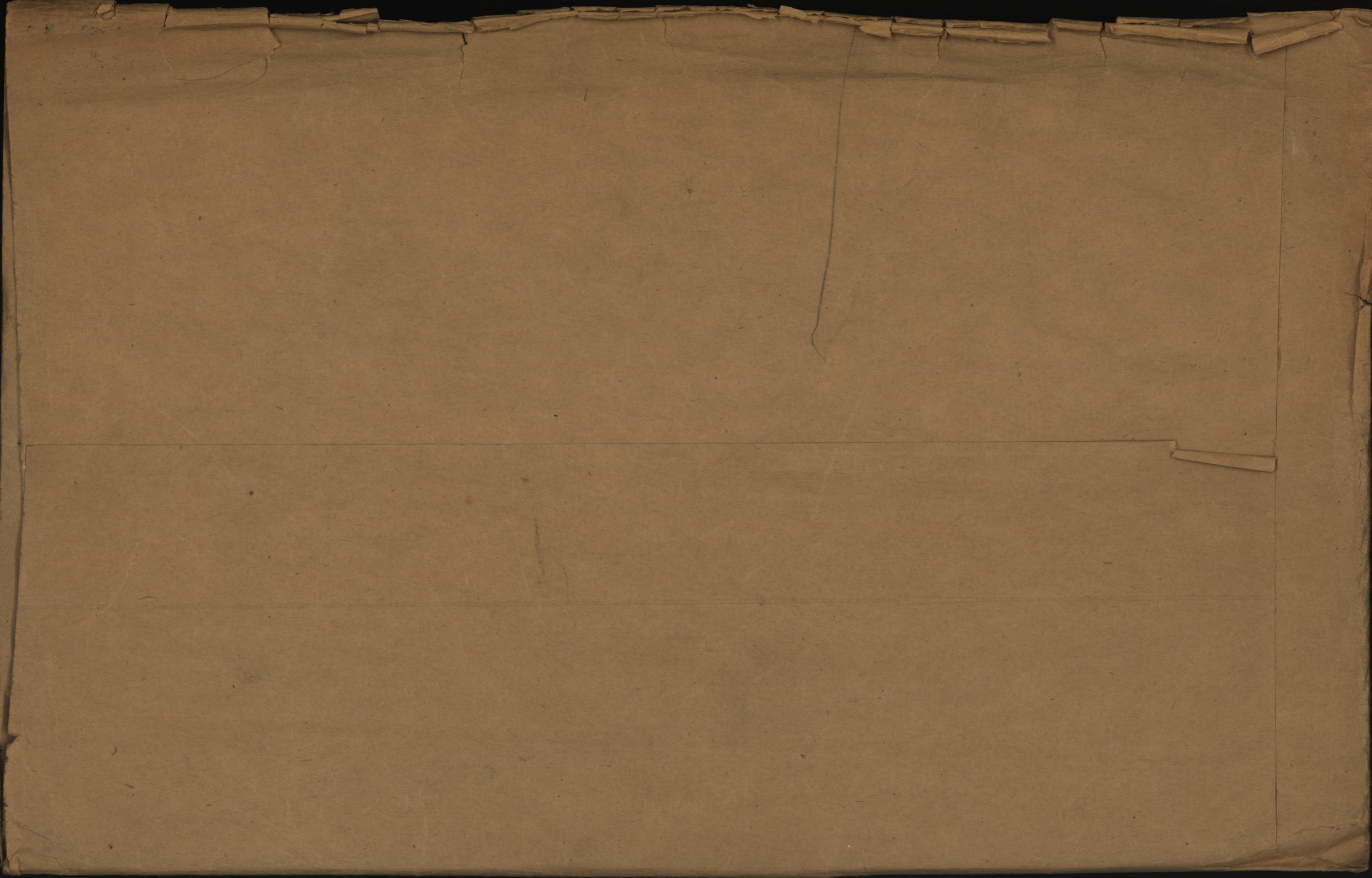
*1 R. 20*

*1 Pay card*

**M**

**H**








DEPARTMENT OF VETERANS AFFAIRS

Ottawa 4, Ont.

Jan 10, 1969

Date.....

To  Copy for HO file

Attention of

NAME JOHNSON Joseph

SERVICE NUMBER 931599 WW1

C.P.C. No. W.V.A. No. 200894

NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from  
STMO DVA London Ont Tele Memo Date Jan 8, 1969  
.....  
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

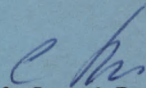
Particulars are as follows:

Date of Death..... Jan 8, 1969  
Cause of Death.....  
Place of Death..... Westminster Hospital

Name and Address of next of kin (if known).....  
.....

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~Box~~  
H.O.

} Destroy form if advice of death already received.

for   
Chief, Central Registry



Clawson, G. J.  
Jan 10, 1999

Copy for file

Attention of

RELEAS: Sec 301

RELEAS: Sec 301  
RELEAS: Sec 301  
RELEAS: Sec 301  
RELEAS: Sec 301

The Department of Terrorism Affairs  
is pleased to inform you that your  
request for information has been received.

January 10, 1999  
Department of Terrorism Affairs  
Washington, D.C.

Name and address of recipient (if known)

Copy to: [ ]

XXX  
XXX  
XXX



*msc*  
*Am*

Number *931599*

Rank *a/cpl*

Surname *JOHNSON*

Christian Name *Joseph*

Units *C.O.R.C.C.* Theatre of War *France*

Date of Service *17-5-17*

Remarks

Latest Address *Dresden, Ger.*

Roll No.

200m-2-21.M. *B. Page 18037.*

*B*

*B*



DESP. SEP 16 1926

REGN. No. 25702



This space to be for numbers.

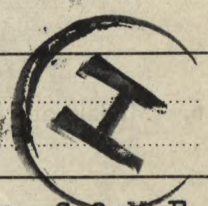


227-35

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931599
Rank	Private
Surname	JOHNSTON,
Christian name	Joseph
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Construction Battalion C.O.M.F.
Date of discharge	FEB -8-1919 <i>S.C. S.S. dt. 7-2-19.</i>
Place of discharge	LONDON, ONT



## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....27.....years.....months.	
Height.....5.....feet.....7½.....inches.	
Complexion <b>Dark</b>	1 Vaccination - Left Arm.
Eyes <b>Brown</b>	
Hair <b>Black</b>	
Trade <b>Laborer</b>	
Intended place of residence (To be given as fully as practicable.)	Dresden, Ontario.

2. The above-named man is discharged in consequence of

**ON DEMOBILIZATION**

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

*amx.  
1-4-19*



5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

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

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... **LONDON, ONT.** ..... (Signature of Soldier.)

(Date)..... **FEB -8 1919** ..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... **LONDON, ONT.** .....

(Date)..... **FEB -8 1919** .....

(Signature).....

*[Handwritten Signature]*  
**O.C. Discharge Section, No. 1 D.D.**



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }          or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*



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.)

~~\_\_\_\_\_~~  
*John Johnson*

1. Name of Soldier	John Johnson
2. Regiment	
3. Company	
4. Grade	
5. Date of Discharge	
6. Cause of Discharge	
7. Remarks	
8. Signature of Soldier	<i>John Johnson</i>
9. Signature of Officer	
10. Signature of Chaplain	
11. Signature of Surgeon	
12. Signature of Adjutant	
13. Signature of Quartermaster	
14. Signature of Commissary	
15. Signature of Paymaster	
16. Signature of Provost Marshal	
17. Signature of Inspector	
18. Signature of Adjutant General	
19. Signature of Quartermaster General	
20. Signature of Commissary General	
21. Signature of Paymaster General	
22. Signature of Provost Marshal General	
23. Signature of Inspector General	
24. Signature of Adjutant General	
25. Signature of Quartermaster General	
26. Signature of Commissary General	
27. Signature of Paymaster General	
28. Signature of Provost Marshal General	
29. Signature of Inspector General	
30. Signature of Adjutant General	
31. Signature of Quartermaster General	
32. Signature of Commissary General	
33. Signature of Paymaster General	
34. Signature of Provost Marshal General	
35. Signature of Inspector General	
36. Signature of Adjutant General	
37. Signature of Quartermaster General	
38. Signature of Commissary General	
39. Signature of Paymaster General	
40. Signature of Provost Marshal General	
41. Signature of Inspector General	
42. Signature of Adjutant General	
43. Signature of Quartermaster General	
44. Signature of Commissary General	
45. Signature of Paymaster General	
46. Signature of Provost Marshal General	
47. Signature of Inspector General	
48. Signature of Adjutant General	
49. Signature of Quartermaster General	
50. Signature of Commissary General	
51. Signature of Paymaster General	
52. Signature of Provost Marshal General	
53. Signature of Inspector General	
54. Signature of Adjutant General	
55. Signature of Quartermaster General	
56. Signature of Commissary General	
57. Signature of Paymaster General	
58. Signature of Provost Marshal General	
59. Signature of Inspector General	
60. Signature of Adjutant General	
61. Signature of Quartermaster General	
62. Signature of Commissary General	
63. Signature of Paymaster General	
64. Signature of Provost Marshal General	
65. Signature of Inspector General	
66. Signature of Adjutant General	
67. Signature of Quartermaster General	
68. Signature of Commissary General	
69. Signature of Paymaster General	
70. Signature of Provost Marshal General	
71. Signature of Inspector General	
72. Signature of Adjutant General	
73. Signature of Quartermaster General	
74. Signature of Commissary General	
75. Signature of Paymaster General	
76. Signature of Provost Marshal General	
77. Signature of Inspector General	
78. Signature of Adjutant General	
79. Signature of Quartermaster General	
80. Signature of Commissary General	
81. Signature of Paymaster General	
82. Signature of Provost Marshal General	
83. Signature of Inspector General	
84. Signature of Adjutant General	
85. Signature of Quartermaster General	
86. Signature of Commissary General	
87. Signature of Paymaster General	
88. Signature of Provost Marshal General	
89. Signature of Inspector General	
90. Signature of Adjutant General	
91. Signature of Quartermaster General	
92. Signature of Commissary General	
93. Signature of Paymaster General	
94. Signature of Provost Marshal General	
95. Signature of Inspector General	
96. Signature of Adjutant General	
97. Signature of Quartermaster General	
98. Signature of Commissary General	
99. Signature of Paymaster General	
100. Signature of Provost Marshal General	

I hereby certify that the following documents are in possession of the undersigned:

Chief Clerk

NOTE - In the case of a man discharged by purchase, the date and number of deposit receipt with amount of purchase to be noted hereon.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931599 (Rank) Private

Name (in full) JOHNSTON, Joseph enlisted in  
the 2nd Construction Battalion C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at DRESDEN, ONTARIO on the THIRTYEIGHTH  
day of OCTOBER 1916.

HE served in FRANCE (with 2nd Construction Battalion)

and is now discharged from the service by reason of  
ON DEMOBILIZATION

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

Age 27  
Height 5' 7 1/2"  
Complexion Dark  
Eyes Brown  
Hair Black

Marks or Scars  
1 Vaccination - Left Arm.

Signature of Soldier

DISCHARGE SECTION  
FEB 8 1919  
No. 1 District Depot

Date of Discharge

Issuing Officer

CAPT.

Rank

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

Appointment

Signed at LONDON, ONT. this EIGHTH day of FEBRUARY 1919.

in Military District No. ONE

File Reference No. 1 ED 10-J-102

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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 cer-  
tificate will not be com-  
pleted.



No. 931599. RANK *Pvt*

NAME *Johnson Joseph*

T. O. S. *13-10-16*

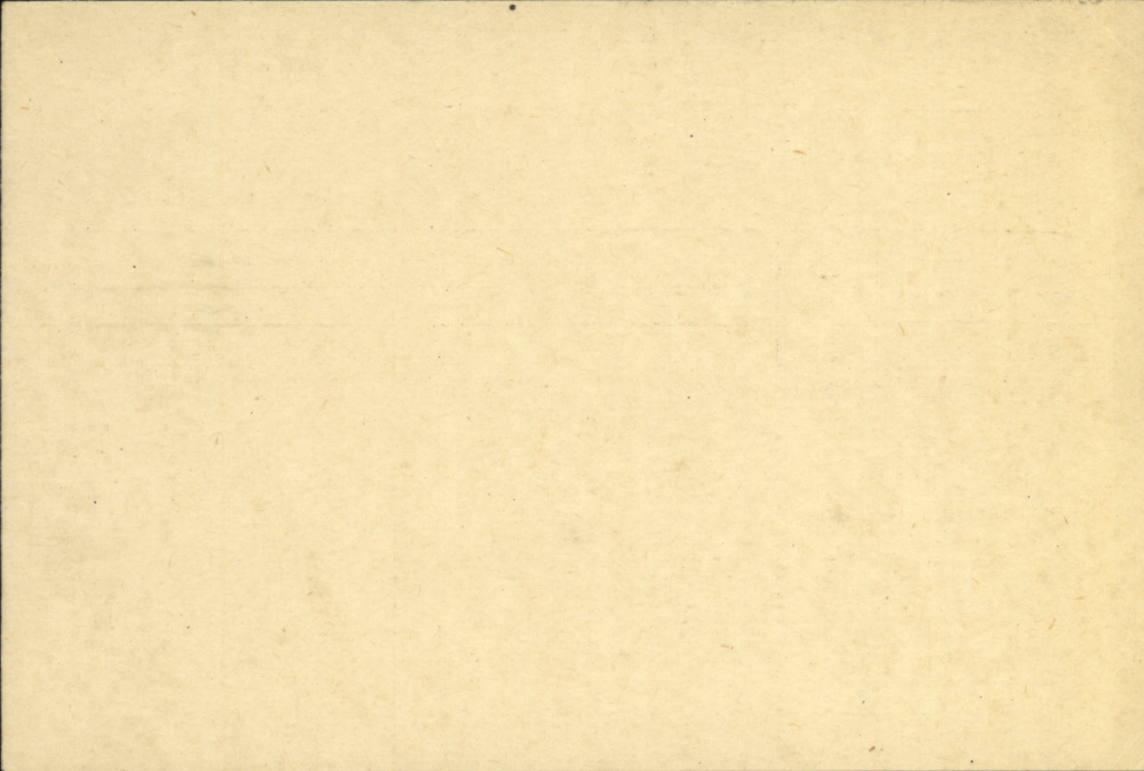
UNIT *No 2. Construction Battalion*

D. O. 66. *1-11-16*

M. D. *6*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Oct 13</i>	<i>Nov 30</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>n</i>		







SURNAME.

*Johnson*

CARD NO.

*✓*

CHRISTIAN NAMES

*Joseph*

*Sold Disb. 2-19-17*

*Dem'd FOLL. 38 of 7-2-17*

REGL. No.

*9315-99*

RANK

*Pte.*

*1.00*

UNIT

*No 2 Construction 1. DD*

*Bone*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Johnson Mrs. Della*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Dresden, Ont.*

COUNTRY OF BIRTH

*Canada Elmstead, Ont.*

DATE

*Mar 10<sup>th</sup> 1891*

PLACE OF ATTESTATION

*Dresden Ont.*

DATE

*Oct. 13<sup>th</sup> 1916*

*1/8 28-3-17.*



*T/C 17-1-19. 254 / 23 cpl.*



From Halifax per S.S. "Southland" 28/3/17.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

25-

YEARS

7

MONTHS

HEIGHT

5-

FEET

10 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

4

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Dresden Ont.

DATE

Oct-13<sup>th</sup> 1916

Present address. Dresden. Ont.



J.P. Rank

Name

JOHNSON, Joseph

Reg'l No.

931599.

Unit No2. Const Bn.

If in perm. Corps  
What Unit?

Married or Single Married.

Place and Date of Enlistment Dresden. 13th Oct. 1916.

Place of Birth Elmstead. Ont.

Name and Address, Next-of-Kin Della Johnson.

Dresden. Ont.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R. B. No. 6038  
File R.L.  
Category OR CAN

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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.				
		Arrived in England ss "Southland"		4-4-17	<u>AWWD</u>
14.6.17	2 <sup>nd</sup> Lt B. E.	Arrived in France	Field	17.5.17	PT 115
16.2.18	"	Appd of Cpl. with pay	Ne Field	18.7.17	" 9
16.12.18	NSRD.	TOS from 2 <sup>nd</sup> CCC	of Cpl. Bshott	14.12.18	NO 305 271 / 19.12.18 / 2 <sup>nd</sup> CCC.
27.12.18	T.S.R.D.	O/C to C.D.D. Rhyll	-	27.12.18	- 313 -
19 JAN 1919	NSRD	SOS to CEF in CANADA	of Cpl Bshott	9 JAN 1919	PT 2 DO 16

A.F.B. 103 CHECKED  
29 MAY 1917

9







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

*Approved*

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps **No. 2 CONSTRUCTION, B'n. C.E.F.**

Regimental No. **931599** Rank **pte** ✓ Name **Joseph Johnson**  
C. E. F.

Enlisted (a) **10-10-16** Terms of Service (a) **Period of war (6 months) service reckons from (a) 10-10-16** ✓

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) \_\_\_\_\_

CERTIFIED CORRECT.  
17/1/17  
6 JUN. 1917  
CAN. RECORDS, LONDON.

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	Halifax	25/3/17	
	Disembarked England	Liverpool	7/4/17	✓
	Proceeded Overseas	Seaford	17/5/17	PT. 2 D. O. #
	<b>LONDON, ONT. DISCHARGED FEB -8 1919</b>			<b>ON DEMOBILIZATION</b>
	O. C. Discharge Section, No. 1 D. D. Landed in France 17-5-17 N.R.			
<b>28/7/17</b>	oc unit	appointed a/cpt with pay from	18/7/17	auth oc unit B213 d/28/7/17 P295 No 9 d/
4-6-18	do	still with unit	Sld	WR. KR. 18/11/84
17-8-18	do	Graded 14 days leave	uk-	B213 dt 10.50 2 sept 1918
31-8-18	do	Repaired from leave	Field	20-8-18 B213

(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				

11-12-18

AAG

Transferred to England and posted to N.S.Reg.Depot. Bramshott

14-12-18. K.R. 344

*W. A. Bennett*  
 Lieut. for Lt.-Col., A. A. G.  
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

14.12.18

N.S.R.D.

S.O.S. attached to 2 b.c. D B'shott  
for Ops & Rations

14.12.18 D.O-305.

NSRD

ON COMMAND TO *CDD Kimmel Park*  
*Rhyl* BRAMSHOTTPART II D.O. *NSRD 313 27/12/18*

*W. A. Bennett* LIEUT.  
 OFFICER IN CHARGE,  
 NOVA SCOTIA REGTL. DEPOT.

28/12/18

NSRD

201. Mod 1 Camp. Rhyl P/10

*A. E. Overy* Lieut.  
 for O/c Mod 1 Camp

Embarked for Canada

Taken on strength No. 1 District Depot

*29*  
*Flt. Deman* Lieut.  
 for No. 1 DISTRICT DEPOT

10-1-19 *for*



# ORIGINAL MEDICAL HISTORY SHEET.

931599

Surname Johnson Christian Name Frank Joseph

Examined { on 3<sup>rd</sup> day of Oct 1916  
 at Dresden  
 Birthplace { City or Town Dresden  
 County Kent

Approved by J P Williams  
 Rank \_\_\_\_\_ M.O.

Apparent age 22 1/2  
 Trade or occupation labore  
 Height 5 Feet 10 Inches.  
 Weight 165 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 36 1/2 inches.  
 Physical development good  
 Small-Pox Marks no

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { A r m Right Left ye  
 Number one  
 When Vaccinated last 1906  
 (a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
<u>22/3/17</u>	<u>S</u>	<u>Dau Murray</u>

(b) Slight defects but not sufficient to cause rejection none  
Both eyes 20/20  
vision good

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/4/17</u>	<u>S</u>	<u>58 Spley</u>
<u>26/4/17</u>	<u>S</u>	<u>Dau Murray</u>
<u>27/3/17</u>	<u>S</u>	<u>Dau Murray</u>

Enlisted on 3<sup>rd</sup> day of Oct 1916 at Dresden

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#760010</u>	<u>931599</u>		<u>3/10/16</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor. Ont.</u>	<u>Oct. 26/16</u>	<u>on enlistment</u>	<u>fit.</u>
<u>C. B. Munro</u>	<u>W. J. Rame</u>	<u>Geo. &amp; Henry</u> <u>captains</u>	<u>D. Dawson</u> <u>Capt. M. J.</u>

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















# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931599 Rank Pte. Surname JOHNSTON  
(Given name in full)

Joseph

Unit or Corps I D D Birthplace Elmstead, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**1. GENERAL DESCRIPTION:**

Physique good Weight 166 lbs. Height 5 ft. 7½ in. Colour of Eyes brown

Nutrition good

Pulse 80

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

1 vaccination left arm

Opinion as to general health and physical condition Good. Cat. A 2

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

No service disability.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *London Ont*.....(Canada)

Date *5-2-19* ..... Signed *C.M. Stafford Capt* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *Col. G. J. L. L. L.*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]



DUPLICATE

931599

To be made out in duplicate.

H.Q. 51-21-23-53

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.

No. 2 CONSTRUCTION, B'n. C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 931599.....

(3) Full Name of Soldier Johnson Joseph.....

(4) Place of Birth Chinstead Ont.....

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

(6) If married, state,  
(a) Full name of your wife Bella Johnson.....

(b) Present Postal Address Presden Ont.....

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

(8) Have you any children? two girls.....

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

Also their names and ages Leida 5 years and Ruby 9 Months.....



X (9) Is your Father alive? yes Enoch Johnson  
If so, state name and address Dresden Ontario

(10) Is your Mother alive? yes Maucha Johnson  
If so, state name and address Dresden Ontario

(11) If your Mother is a widow No  
Are you her sole support, or not? No

(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.  
λ  
λ

(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.  
~~yes~~ λ  
λ

(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? X  
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.

H. Sutherland ..... L.T. COL.  
O. Comd'g. No. 2 Construction Battalion. C. E. F.  
Officer Commanding.

Date No 14<sup>th</sup> / 16



Name..... **JOHNSTON Joseph** Rank. **Pte.** Regtl. No. **931599**

Original unit ..... Present unit **2nd Cons. Bn. M. or G.** Age **27** Religion **Bapt** Fyle Depot **IDD 10-J-102**  
Ref. H.Q. **ID 30-J-368**

Port, ship and date of arrival **Halifax Olympic 17-1-19**

Next of kin **Della Johnston, (Wife), Dresden, Ont.**

Address on leave **same address**

Address on discharge **Dresden, Ontario.**

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation **Labourer** Date and place of enlistment **Dresden, Ont., Oct. 13, 1916**

Diagnosis **N.A.** Date of Medical Boards **London, Ont. 5-2-19.**

Date.	Remarks.	Pt. 2 Order No.
<b>T.O.S.</b>		
<b>10-1-19</b>	<b>No. 1 D.D.</b>	
<b>20-1-19</b>	<b>Posted to Cas. Coy. and granted furlough with sub. allowance to 5-2-19</b>	<b>29</b>

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



Date.

Remarks

Pt. 2 Order No.

8-2-19

Discharged from H.M.S. On Demobilization (P.D.P.)

38



LAST PAY CERTIFICATE *53* ORIGINAL

Regt. No. *931599* Rank *Capt* Name *Johnston Joseph*  
 Corps *Inf Const* was *Discharged*  
 on *8/2/19* to

*102*

The following is a statement of the account of the above named  
 from *1/2/19* to *8/2/19*

Bal Dr	from mon. of		Bal. Cr.	from mon. of	<i>Jan</i>	<i>43</i>	<i>99</i>
	from L.P.C.			from L.P.C.	<i>under Jan</i>	<i>88</i>	
ASSIGNED PAY:			Regt. Pay	<i>8</i> dys. @ \$	<i>110</i>	<i>8</i>	<i>80</i>
SEPARATION ALLOWANCE:	<i>\$0589</i>	<i>4</i>	F'id. All.	<i>8</i> dys. @ \$/0		<i>8</i>	<i>80</i>
OTHER CHARGES:			SEPARATION ALLOWANCE:			<i>8</i>	<i>00</i>
PAYMENTS:	<i>\$0510</i>	<i>84</i>	OTHER CREDITS:			<i>35</i>	<i>00</i>
	<i>2231</i>	<i>80</i>	Clothing Allowance				
Bal. Credit (to be pd.)			Subsistence,				
<i>Overseas</i>		<i>97</i>	Bal. Dr. (to be deducted)				
<i>RXP</i>		<i>39</i>	(from soldier \$ )			<i>97</i>	<i>39</i>
			(from Dependent \$ )				

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>30.00</i> per month	at \$ <i>15.00</i> per month	Subscribed \$
has been <i>paid</i> to <i>8/2/19</i>	has been <i>pd.</i> to <i>8/2/19</i>	Pd. by other
<i>and closed</i>	<i>and closed</i>	Units \$
		By this
		Unit \$

Dependent or Beneficiary: *Mrs Della Johnston*  
 Address: *Dresden Ont*

REMARKS: *Discharged 8/2/19 2038*  
*Demol.*  
 Date of Enlistment *13-10-16.*  
 If married and if Separation Allowance card submitted *Yes*

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

Date:  
 London, Ontario.  
*J. D. Patterson* Captain.  
 Paymaster No. 1 District Depot.



This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS  
PROCEEDINGS OF A MEDICAL BOARD (short form)

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

Place \_\_\_\_\_ Date \_\_\_\_\_

Number \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Corps \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Religion \_\_\_\_\_ Has he been Overseas \_\_\_\_\_

(1) Disease or Injury \_\_\_\_\_

(2) Cause \_\_\_\_\_

Where incurred \_\_\_\_\_ Date \_\_\_\_\_

(3) Disability \_\_\_\_\_

(4) Present condition (describe fully) \_\_\_\_\_

(5) History \_\_\_\_\_

(6) Probable duration of Disability \_\_\_\_\_

(7) Is officer or other rank fit for Category, A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_  
(answer yes or no).

(8) If for treatment, specify nature of \_\_\_\_\_

President \_\_\_\_\_

Member \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ A.D.M.S., M.D.

Place \_\_\_\_\_ Date \_\_\_\_\_



# DUPLICATE. 931599

## MEDICAL HISTORY SHEET 931599

Surname Johnson Christian Name Wah Sept

Examined { on 3<sup>rd</sup> day of Oct 1916  
 { at Dresden  
 Birthplace { City or Town Dresden  
 { County Kent

Approved by J.P.F. Williams  
 Rank \_\_\_\_\_ M.O.

Apparent age 22 9/12  
 Trade or occupation labourer  
 Height 5 feet 10 Inches  
 Weight 165 lbs.  
 Chest measurement { Minimum 32 inches  
 { Maximum expansion 36 1/2 inches  
 Physical development good  
 Small-pox Marks no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Vaccination Marks { Arm Right Left yes  
 { Number one  
 When Vaccinated last 1906  
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS
<u>2/3/17</u>	<u>OK</u>	<u>Daukley</u> M.O.

(b) Slight defects but not sufficient to cause rejection none  
Both eyes 20/20  
vision good

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/17</u>	<u>OK</u>	<u>W Shepley</u> M.O.
<u>26/2/17</u>	<u>OK</u>	<u>W Shepley</u> M.O.
<u>2/3/17</u>	<u>OK</u>	<u>Daukley</u> M.O.

Enlisted on 3<sup>rd</sup> day of Oct 1916 at Dresden

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>#2605th</u> <u>BEF</u>	<u>931599</u>		<u>3/10/16</u>
Transferred to				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>Oct. 26/16</u>	<u>on enlistment</u>	<u>fit.</u>
<u>Windsor, Ont.</u>	<u> </u>	<u>Cholera &amp; Shivers</u> <u>Captain</u>	<u>Discharged</u> <u>Capt M</u>







*Wife.*  
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12  
50m.—7-16  
H. Q. 1772-39-819

To Whom *Mrs Della Johnson,*  
Address *Dresden,*  
*Ont.*

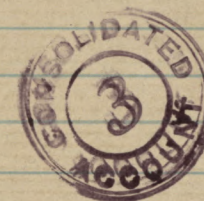
By Whom Assigned *Johnson, Joseph*  
Regtl. No. *931599.*  
Rank *Pte*  
Corps *N<sup>o</sup> 2. Constr'n Bn.*

Rate *\$15.<sup>00</sup>*

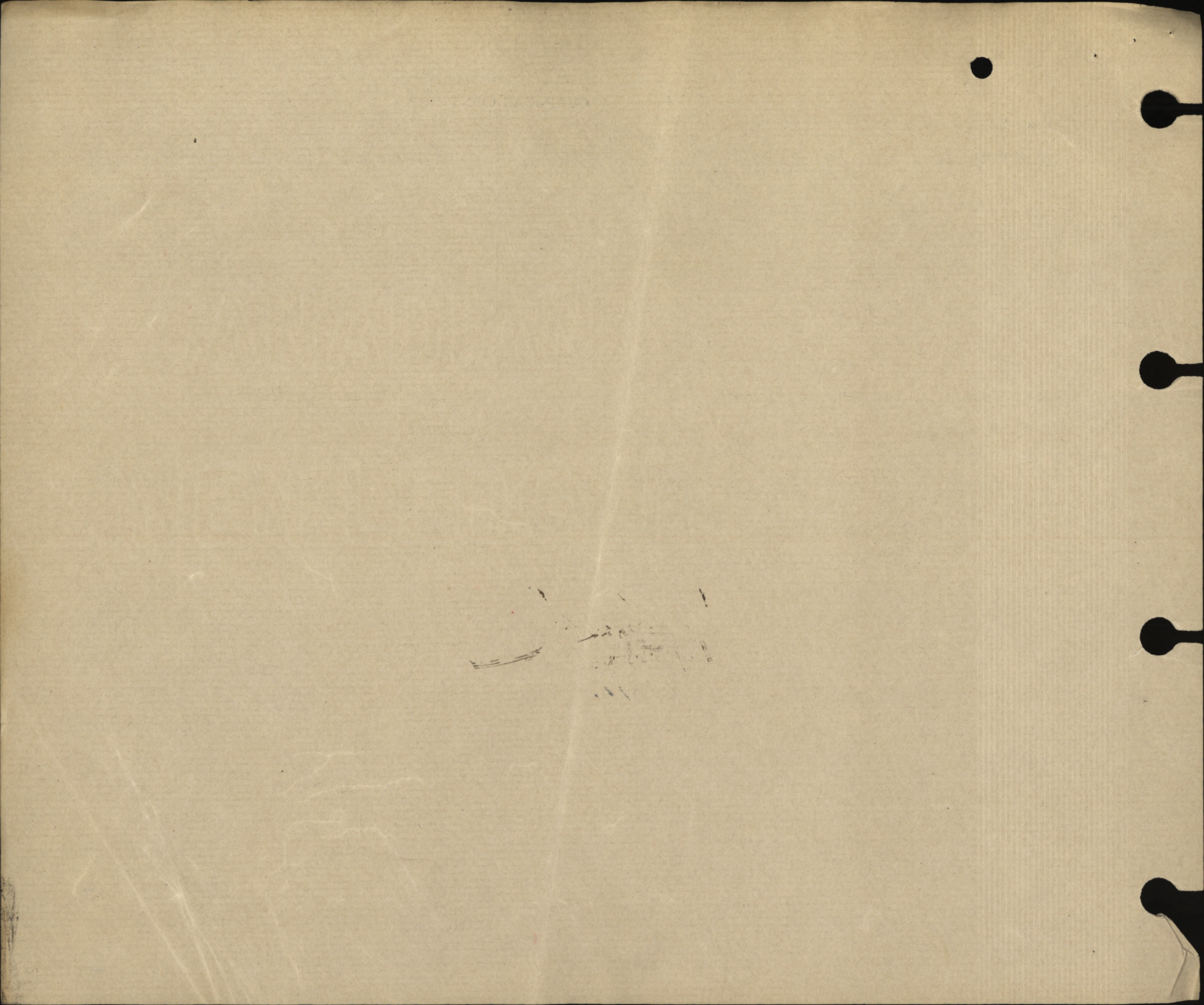
APR 1917

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				









*Wife*  
MILITIA AND DEFENCE

M. F. W. 12a.  
50m.-7-16  
1772-39-819.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

*Mrs Della Johnson*

Name of Soldier

*Johnson, Joseph*

PAYMENTS.

*931599-Pte-2 Contingent Plu-*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4903</i>	<i>15</i>	
May		<i>P 9040</i>	<i>15</i>	<i>15-15</i>
June		<i>M 17541</i>	<i>15</i>	<i>CB</i>
July		<i>P 22825</i>	<i>15</i>	<i>Lu</i>
Aug.		<i>Y 30394</i>	<i>15</i>	<i>Lo</i>
Sept.		<i>Q 37224</i>	<i>15</i>	<i>5</i>
Oct.		<i>Z 44501</i>	<i>15</i>	
Nov.		<i>V 48552</i>	<i>15</i>	
Dec.		<i>H 32749</i>	<i>15</i>	
Jan.	1918			<i>135 2 mae</i>
Feb.				
March				
April				
May				
June				
July				

*#15*

*APR 1917*

*15-15*

*12.0*

*135 2 mae*



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.				





13-10-16

# SEPARATION ALLOWANCE

Name *Della Johnson*

Name of Soldier *Johnson Joseph*

Address *Dresden*  
*out*

Regtl. No. *931599*

Rank *Pte*

Corps *No 2 Coon Bn*

Relation to Soldier


To what Corps belonging

wife, child or mother

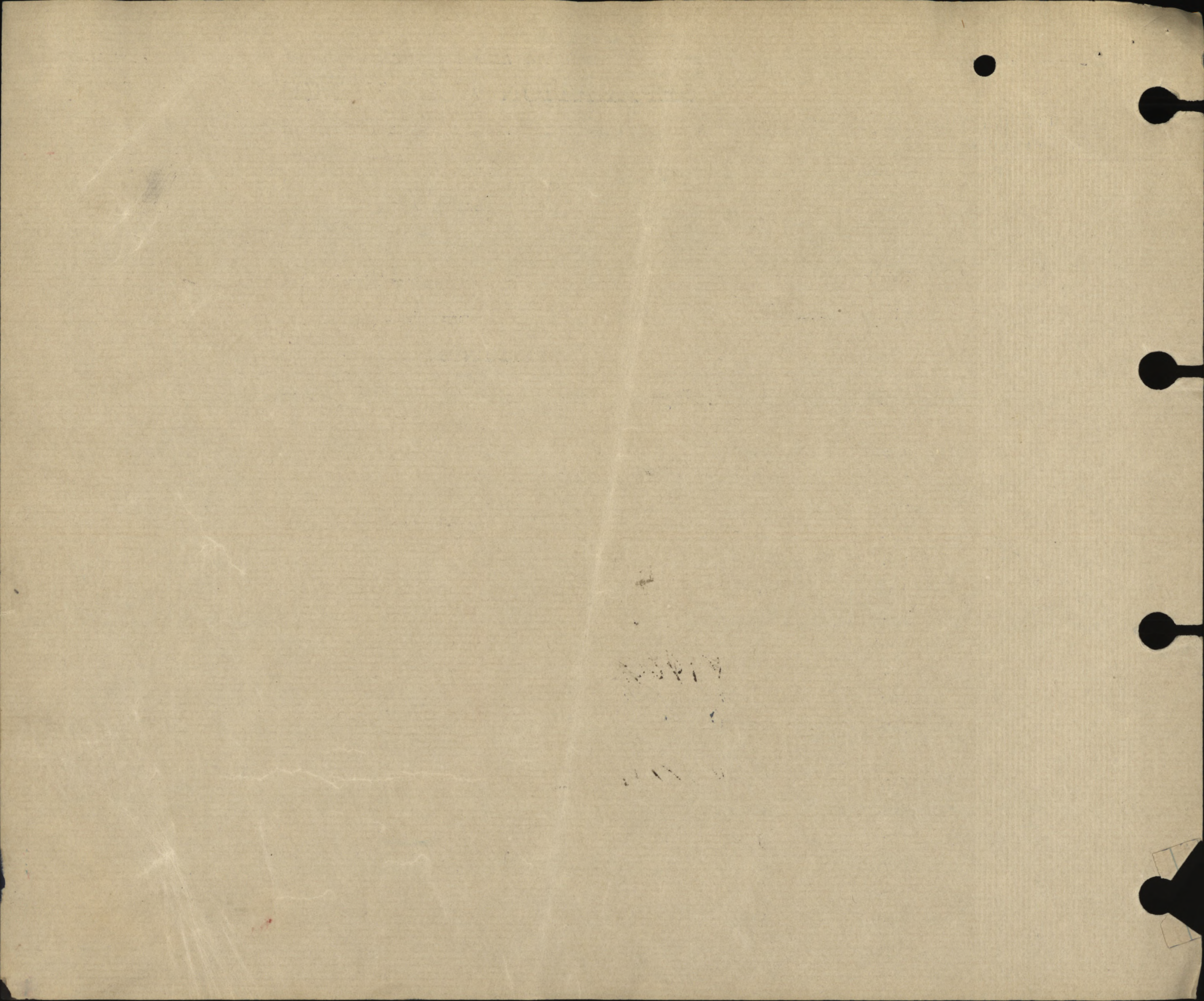
*Wife*

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				







## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Hella Johnson*Wife  
PAYMENTS

Name of Soldier

*Johnson Joseph*  
*pto*

L. L. Job 310.—Req. 6574.

931599.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>K 25512</i>	<i>52</i>	<i>52</i>
Jan.	1917	<i>I 28956</i>	<i>20</i>	<i>20</i>
Feb.		<i>J 32073</i>	<i>20</i>	<i>20</i>
March		<i>I 35161</i>	<i>20</i>	<i>20</i>
April		<i>K 1620</i>	<i>20</i>	<i>20</i>
May		<i>J 4547</i>	<i>20</i>	<i>20</i>
June		<i>L 7995</i>	<i>20</i>	<i>20</i>
July		<i>Q 11256</i>	<i>20</i>	<i>20</i>
Aug.		<i>Y 14641</i>	<i>20</i>	<i>R</i>
Sept.		<i>U 17513</i>	<i>20</i>	<i>Bo</i>
Oct.		<i>D 22473</i>	<i>20</i>	<i>Bo</i>
Nov.		<i>J 23601</i>	<i>20</i>	<i>T</i>
Dec.		<i>N 26188</i>	<i>20</i>	<i>F</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*292 Mae*



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.				







36 931559 Johnson, J.

15<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
MONTH PARTICULARS		CR. 1		CR. 2		PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFERRED PAY	SERIAL AMOUNT										
Oct																									
Nov	PP.			33	-																				
						AR 824	28 <sup>2</sup> / <sub>7</sub>	C.T.C.	3	57															
						" 847	12 <sup>10</sup> / <sub>7</sub>	-	3	57															
						" 970	25 <sup>10</sup> / <sub>7</sub>	-	3	57															
DEC				34	10	" 1089	10 <sup>11</sup> / <sub>7</sub>	-	3	57															
				07	10				14	28															
JAN	1918	PP.		34	10																				
						" 1257	23 <sup>11</sup> / <sub>7</sub>	2leaves TB	12	49															
						" 1421	21 <sup>11</sup> / <sub>7</sub>	-	7	14															
				34	10				19	63															
FEB				30	80	Assigned Pay																			
						" 1563	24 <sup>16</sup> / <sub>7</sub>	C.T.C.	3	57															
						" 1596	4 <sup>11</sup> / <sub>8</sub>	Jura	3	57															
				30	80				7	14															
MAR	1918			34	10	Acc Pay																			
						AR 2012	14 <sup>11</sup> / <sub>8</sub>	Jura	7	14															
						" 2370	18 <sup>3</sup> / <sub>8</sub>	"	7	14															
									14	28															

apply ch. with pay  
 18-7-17 20. 16<sup>13</sup>/<sub>8</sub>  
 Co. off Merchants  
 25<sup>7</sup>/<sub>8</sub> @ 10d.

25 70  
 59 80

7 14  
 14 28

15 154 34



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	15 00	AMOUNT:-	

NAME:- JOHNSON Joseph  
NUMBER:- 931599

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 Delia Johnson Bresden Bunt wife	
Sept 1-1-19.	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Cpl.

UNIT AND TRANSFERS  
ORIGINAL UNIT:- 2 Construction Bn  
DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12	6619	BRAL	466				
10/12	8518	BRAL	999				
			1439				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	-	-	20

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								154 34		
Apr	P. Pay	33		b. a. P.				15			
				AR 5 2/4 CFC June	3 57				165 20		
				AR 268 2/4 - 1 -	3 57						
		33			7 14			15			
May	P.P.	34 10		Can P.				15			
				AR 409 1/5 CFC June	3 57				177 16		
				AR 23 2/5	3 57						
		34 10			7 14			15			
June	P.P.	33		Can P.				15			
				AR 710 1/6 CFC 5	3 57				188 02		
				v. 872 27/6	3 57						
		33			7 14			15			
July	BP.	34 10		Can P.				15			
				AR 950 10/7 CFC 5	3 57				199 98		
				AR 1094 25/7	3 57						
		34 10			7 14			15			
Aug.	Undercredited 1/4/18 - 31/7/18 122 days 160 See 20716/18/18 Recpt exp. 18/9/18 Cpl Pay.	12 20		Can P.				15			
		31 20		BP 24075 16/8 L/N	93 00						
				AR 1287 10/8 CFC 5	3 57						
				AR 1264 10/8	3 57						
				CP 25350 2/8 L/N	29 20						
				AR 2686 10/8 CFC 5	97 33				27 71		
		49 40			206 67			15			
Sept		36		Can P.				15			
				AR 1673 5/9 CFC 5	3 57						
				AR 1877 24/9	3 57				41 57		at agreed
		36			7 14			15			



NUMBER

031599

RANK

~~1st~~ cpl.

NAME

Johnson

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				Start-					41 59		
Oct	pb	34/63		lead				15			
	adv operators	36		783 18/10 626 5	373						
				2322 46/10	273				5631		
		2720			146			15			
				All 2687 11/11 6563	373				129 51		
Nov	op nbs.	1320		2908 26/11	1306				99 51		
				adv nbs.				30	8272		
				6619 10/12 6563	1610						
				3278 18/12 6563	973				6833		
		320		3118	3118			30			
				11046 21/12 KP Engr.	1947				4886		
					1947						
S.D.S. to Com 9/1/19 204 PMS. D.O. 16. 19/1/19											

14/36  
748  
1699  
1864



10 Jo 52

363

63 *[Signature]* *[Signature]*

M. OR S. *M*

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

REGT. No. 931599 RANK *Cpl* NAME (IN FULL) *JOHNSON, Frank*  
ORIGINAL UNIT C.E.F. *2nd Cemat.* IF IN P.F. WHAT UNIT? *Dresden, Ont.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION <i>B<sup>10</sup>/<sub>16</sub></i>	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID <i>30 Yes Paid to Mrs Della Johnson</i>	RELATIONSHIP <i>Wife</i>				ASSIGNED PAY. \$ <i>15</i>	DATE EFFECTIVE <i>31-1-19.</i>
ADDRESS <i>Dresden, Ont.</i>					PAYABLE TO <i>Mrs Della Johnson</i>	RELATIONSHIP <i>Wife</i>
					ADDRESS <i>Dresden, Ont.</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>London.</i>	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT		CREDIT
					\$ C.	NO.	NO.	NO.	\$	\$				\$	\$ C.	\$ C.	\$ C.		\$ C.
31-12-18				6833						1500		1947						Cash	
												30						Cheque	
												487						Cratt	
												500						trans.	
													600		7434	601			
1/19 3/19	31	120	3720	1280															
12/9	8	120	960	3500	4389	88	59											Sub 20/19-5/19 100 26 <sup>29</sup>	
8/2/19		70	30															<del>Sub. amount to 4/19 100 26</del>	
																		55th Battalion	
																		W.S.G. ✓	
																		2 years 350 ✓	
																		+ S.A. 150 ✓	
																		W.R. Mortimer Major	
8/3/19		280	120															4308-9	
8/4/19		210	90															68289-90	
8/5/19		140	60															78102-3	
8/6/19		70	30															76-19 588942-3	







Date of Enlistment

13-10-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

2587

Date of Assignment

Apr 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30
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1/24/17 30/9/18  
P.C. 5257 P.C. 2753  
no 26073

RATE OF ASSIGNMENT

15		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931599  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Joseph Johnson  
 Battalion No 2 Const. Bn  
 Beneficiary Mrs Della Johnson  
 Relationship Wife  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Della Johnson (wife)  
 Address Dresden Ont.  
 Change of Address  
 1  
 2  
 4

52887  
207

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		292	135	427	
1918 Jan	69638 B	30	15	45	9 ✓
Feb	74628 L	25	15	40	
Mar	99966 D	25	15	40	
Apr	14376 J	25	15	40	
May	11245 Z	25	15	40	✓
June	20238 C	25	15	40	✓
July	34968 R	25	15	40	✓
Aug	35195 H	25	15	40	✓
Sept	44348 D	25	15	40	✓
Oct	1148615	25	15	40	✓
Nov	653258	25	15	40	✓
Dec	767645	45	15	60	✓
1919 Jan	1269365	30	15	45	✓
		647	330	977	

69596-f-359

M. F. W. 128  
400M-6-17-1772-88-1141  
L. L. 22220-M. & D. 7993.

A/c Closed 3/1/19  
 Ret'd per Olympic  
 Date 17/19 M.F.W. 187 23/19 MAT  
 Clerk G. J. Connell  
 M. Roseley 58425 off. 12/19 Sam





