

John B...

Triplicate

ATTESTATION PAPER.

No. *57075*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Samuel Johnston*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Maghara, Ireland.*
- 3. What is the name of your next-of-kin?..... *Elizabeth Johnston*
- 4. What is the address of your next-of-kin?..... *15 Watson Ave. Toronto Ont.*
- 5. What is the date of your birth?..... *18 April 1887*
- 6. What is your Trade or Calling?..... *Police Force*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?)

Samuel Johnston.....(Signature of Man).
W.H. Keslick.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel Johnston*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *January 8th* 191*6* *Samuel Johnston*.....(Signature of Recruit)
W.H. Keslick.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Johnston*, 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 *January 8th* 191*6* *Samuel Johnston*.....(Signature of Recruit)
W.H. Keslick.....(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 *Toronto* this *8th* day of *January* 191*6*.

[Signature].....(Signature of Justice)

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

[Signature].....(Approving Officer)

Description of Samuel Johnston on Enlistment.

Apparent Age 28 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 6 ft. ins.

Chest measurement { Girth when fully expanded 44 ins.
 Range of expansion 7 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

Moles on Right fore arm

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 Dec 31 1914.

Place Toronto

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Samuel Johnston having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature]
 (Signature of Officer)

Date Dec 31 1914.

4742111
3

VI

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

H

9 mch
19/10/20

Proceedings of Court of Inquiry or on man reported Missing on Active Service.....

Attestation Papers..... 13

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name Johnston Samuel

Regt. No. 57075 Rank Pte

Corps 20th Bn.

HoFW. 17.9.16

20

09744

5-30
19-30
32-1
2

MX
22-11-20
ac

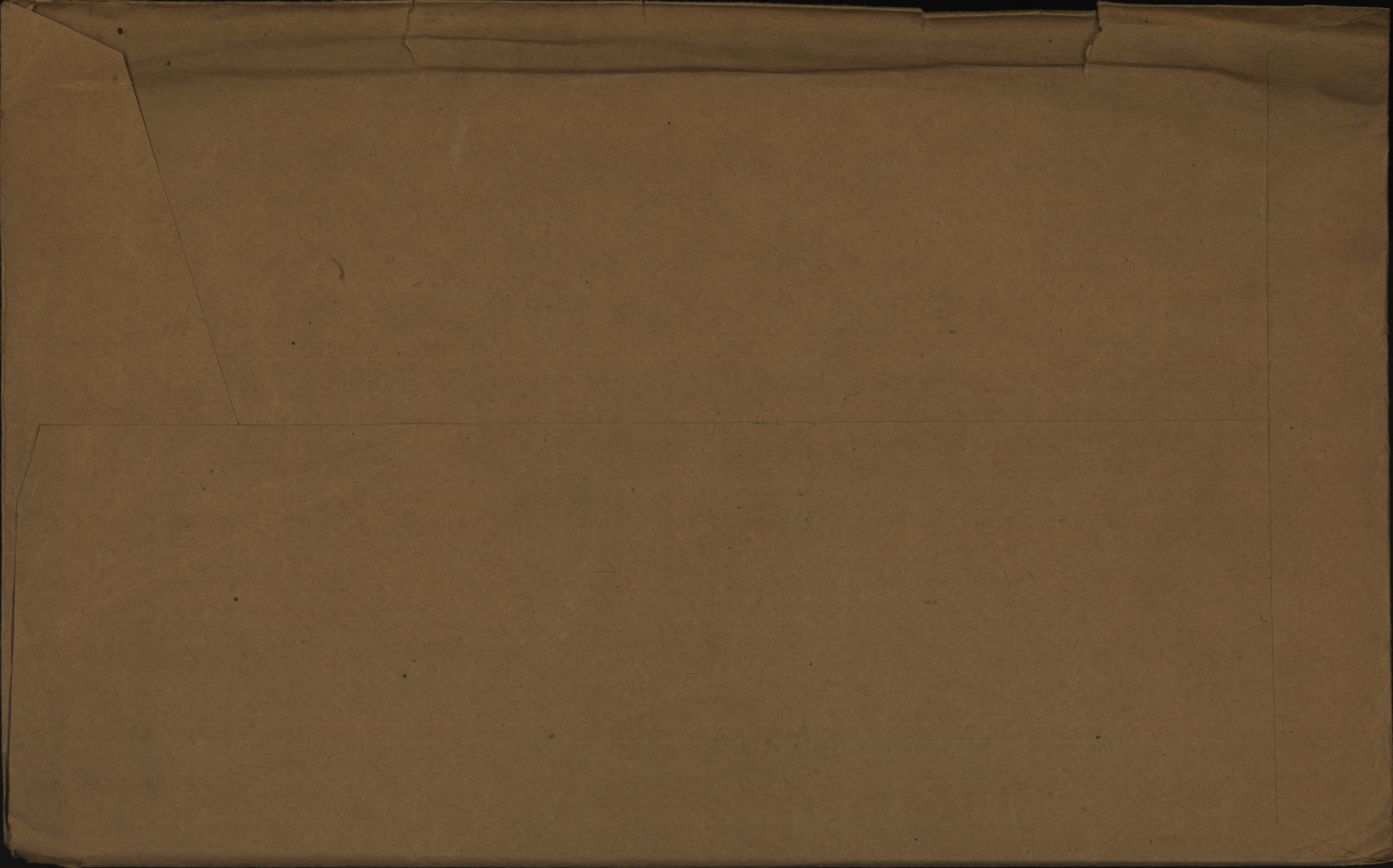
A. & B. 122-1

A. & B. 178-1

copy of will-1

W. C. C. C. C.

H



Surname **Johnston, S.** Christian Name or Names _____ Reg. No. **57075**
 Rank _____ Unit **20th Batt.** Co. _____ Troop _____ Batty. _____
 Hospital _____ Date of Admission **H. 11. 15**
No. 5 Can. Field Amb. Hosp. _____
 Transferred **3 Cas Clg Station** Hosp. **17. 9. 16**
 Hosp. _____
 Hosp. _____

Diagnosis

Epistaxis(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: if more than one state present

Died of Wounds. 17. 9. 16

DISPOSITION

Date

Dis. to Duty,

6/11/15

C.L. 18. 11. 15 12

REMARKS

" 26. 9. 16 a 328⁽¹⁾ Buried at Military
Ch. 27. 9. 16 a 329 Cemetery Richevillers

A.M.D. 2 DEPT.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

100 *love* Number. 57070 Rank. *Pte* ~~B~~
~~X~~

Surname. JOHNSTON

Christian Names *Samuel*

Unit. *20th Bn Can Inf* Theatre of War. *France*

Date of Service. *14/9/15*

Remarks

Latest Address *Widowed*
Mrs. E. A. Johnston

15- Watson Rd.

Roll No. *B. Page 2611* *Oporto, Ont.*

20th Bn

G. 13992 W. G. P.

APR 21 1921

HAQ

649-J-1628.

✓ Johnson S. Pte. #57075-C.E.F. *20th Bn.*

Medals
& Dec. (widow)

Mrs. E.S. Johnston,
15 Watson Road,
Toronto, Ont.

P.&S. (widow)

ditto

(Serial no. 787453)

Scroll Desp.

MAR 7 - 1921

Reqn. No. *2, 25832*

SEP 23 1922

Plaque Desp.

Reqn. No. *R46359*

Mem. Cross. (widow)

ditto

Eligible for 14-15 Star 20th Bn Pte

E. . . . V.M.

E. . . . B.W.M.

[Signature]
31113

ac

V. C. 33644 NOV 30 1920

188

649-J-1628

CARD NO. 4

SURNAME.

Johnston,

CHRISTIAN NAMES

Samuel

D
ROLL.

REGL. NO.

57075

RANK

Pt

UNIT

20th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Johnstone, Elizabeth S.

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

15 Watson Rd., Toronto, Ont.

COUNTRY OF BIRTH

Ireland, Maghera

DATE

Apr. 18th 1887

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Jan. 8th 1915

sailed from Montreal per S.S. Megantic 14/5/15

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Police force

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

28

YEARS

MONTHS

HEIGHT

6

FEET

INCHES

CHEST MEASUREMENT

41

INCHES

EXPANSION

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Moles on rt. forearm

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Dec. 31st 1914

Present Address. Not stated

No. 54075-

RANK

Pte.

NAME

Johnston, S.

T. O. S. 30-12-14 UNIT 20th Bn.
 (D. O. 16 of 31-12-14)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 30	1913 Jan. 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		

UNIT SAILED
 MAY 15 1915



NAME Johnston Samuel.

H. Q. FILE No. 649-

REG'T'L. NO. 57075.

RANK AND CORPS

Pte. 20th Batt. (2nd Can. Div.)

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. 563

FOLL.

M1510	25-9-16	Died of wounds no 3 Cas Clear Stat Sept 17 th 1916.
O1581	26-9-16	Died of wnds. No 3 Cas. Cl. Stat. Sept 17 th 1916.
A.F.B. 2090 Rouen	a 29-9-16	Died of wounds at No. 3 Cas. Clear. Station Sept 17 th 1916.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
72	No. 5. Can. Fld. Amb.	24-11-15	Epistaxis.
77.	" " " " " "		(" ") Discharged to Duty.
23284	O.C. No 3 Cas. Pl. Stat. rep.	17-9-16	Died of Wounds
2329.	" " " " " " " "	17-9-16	Died of wounds, buried at Mil Cemetery Pichevillere.

WILL

In the event of my death I
give the whole of my property and
effects to. Mrs. S. Johnson

15 Watson Ave

W. Toronto

Ontario

Canada

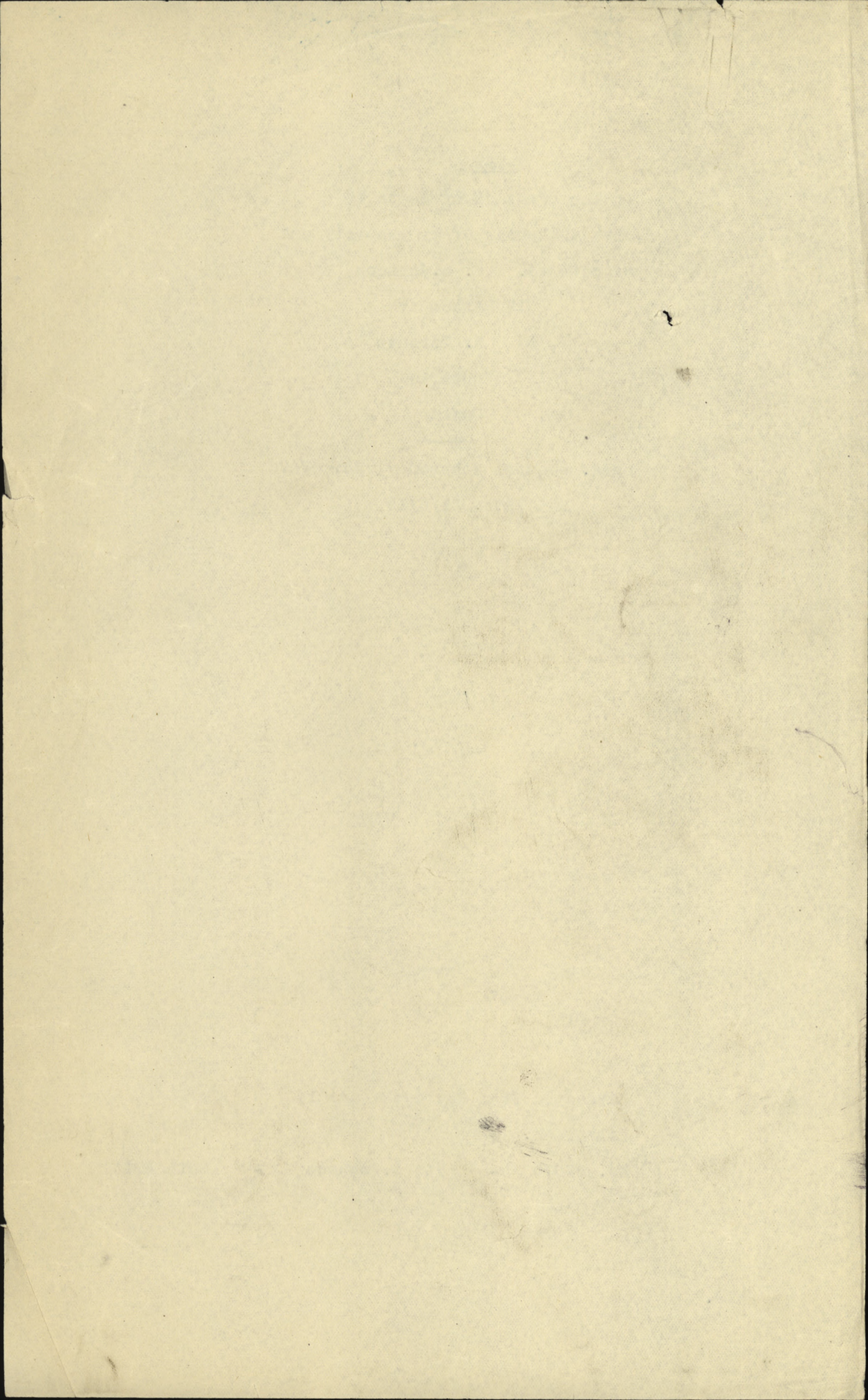
Sgnd. Samuel Johnson No. 57075

Date. 21/6/15

Extracted from Pay Book Page 14

Holograph.

No. 57075 - Pte S. Johnson - 20th Batt



MEDICAL HISTORY SHEET.

Surname Johnston Christian Name Samuel

Examined { on 51 day of Dec. 1914
 at Lozato

Approved by [Signature]
 Rank Serjt. amc M.O.

Birthplace { City or Town Maghara
 County Londonerry Ireland

Apparent age 28

Trade or occupation Police Constable

Height 6 Feet 5 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 34 inches.
 Maximum expansion 41 inches.

Physical development

Small-Pox Marks Go

Vaccination Marks { Arm Right. Left. X
 Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
<u>9th Jan/15</u>		M.O.
<u>7/2/15</u>		M.O.
<u>25/2/15</u>		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		No
		FEB 11 1915
		<u>J.A.A.</u>
		2nd DIVISION ONB

Enlisted on 5 day of January 1915 at Lozato

	CORPS.	REGTL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>20th Batt</u>	1026 <u>57075</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Casualty Form—Active Service.

RECORD OFFICE
C.E.F.

Regiment or Corps

20th Bn C.E.F.

Regimental No.

53095

Rank

Private

Name

Johnston S.

Enlisted (a)

31st Dec/14
8.1.15.

Terms of Service (a)

18 months

Service reckons from (a)

*31st Dec/14*Date of promotion to
present rankDate of appointment
to lance rankNumerical 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				
		<i>Disembarked</i>	<i>Haarlem Boulogne</i>	SEP 14 1915	
18/2/16	20th Bn	Returned to Unit from Clairmarais Forest.	In Field	13/2/16	A.F. B.213.
26/5/16	do	Granted 7 days leave	do	22/5/16	B213 Part 2 O'rs 23d7_6/16
2/6/16	do	Rejoined from leave	do	1/6/16	B213
24/9/16	3 C.C.S.	G.S.W. <i>(D.O.W.)</i>	died 3 C.C.S.	17/9/16	DRLS Report KI 137/1328. Pt 2 O'rs 49129/9/16.
					<i>Wohoyau</i> Capt. for Lieut-Col.A.A.G.

(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				

Rank _____ Name **JOHNSTON, Samuel,** Reg'l No. 57075 ✓
 If in perm. Corps,)
 What Unit?)
 Unit **20th Bn.** Married or Single **Married,**
 Place and Date of Enlistment **Toronto 8th January 1915** Place of Birth **Maghara Ireland.**

Name and Address, Next-of-Kin **Elizabeth Johnston.**

15 Watson Ave, Toronto, Ontario.

Relationship

Assigned Pay Monthly \$ _____ Payable to _____

Relationship

Separation Allowance \$ _____ Payable to _____

Relationship

Discharge, Date and Place _____ Reason _____

Character **RL-25-J-503**

Report

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place

Date

NERB No. 18

REMARKS

Taken from Official Documents

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
15-5-15	Q.B. 20	Arrived per SS Megantic	England	24-5-15	Infirm Form
10-1-16	"	Embarked for France	Folkestone	14-9-15	Com: Roll
18-11-15	W.O.	(Epistémus) adm: to	No 5 Can: Field Ambulance	4-11-15	Cas: List 72
24-11-15	"	"	Lisichá to Duly	6-11-15	" " 77
7-6-16	20 th Bn	Granted 7 Days Leave	Field	22-5-16	ST II 023
27-9-16	"	Died of Wounds	No 3 B. Co. Plat	17-9-16	62A329 0 IV.
		Buried at Mil Cemetery Sucevillers			
29-9-16	20 th Bn	Died of Wounds	No 3 B Co Plat	17-9-16	ST II 049

*m + 22-11-20
ac*

D.W. BR
 NERB No. 18
 REMARKS
 Taken from Official Documents

Register No. *DJ 81*

WAR SERVICE GRATUITY

A.P. File No. *09598-S-110*

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. *57071* Name *Samuel Johnson*
 (Christian Name) (Surname)
 Unit *20 Bn.* Rank *pte* Date of enlistment.....
 Date of casualty *17-9-16* B.P.C. File No. *7933*
 Was service performed overseas? *Yes.*

DEPENDENT

Name *Mrs. Elizabeth Johnson* Relationship *Widow*
 Address *499 St. Johns Road*
West Toronto

Amount of Special Pension Bonus \$ *64.* *Ont.* Abstracted by *L.S. Baird*

Eligible for Gratuity \$ *180.00*
 Less amount of Special Pension Bonus paid \$ *64.*
 Less Debit Balance of S. A. or A.P. \$

Total deductions \$ *\$64.*

Balance due \$ *116.00*

Cheque No. *918912095* Date issued *15.7.20*

Clerk *A. + Nicole*

REMARKS :
.....
.....
.....
.....

Audited by
Best Howard
 Date *14.7.20*

M.F.W. 2652
25M-6-20.
H.Q. 1772-30-1473

26

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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
300M-1-19
1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

445

EW

To Whom *Mrs. E. Johnston*
Address *15 Watson Ave.*
Toronto.

By Whom Assigned

Regtl. No.

Rank

Corps

(Wife of) *Johnston S.*
57045 - 6000.
Pte.
Staff 20th Batta. C.E.F.

Rate *15—**May 1/15*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div> <i>Died of wound. Sept 17/16</i> <i>CL (22) 26.9.16 1008</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>M 4856</i>	<i>45</i>	
Aug.		<i>N 6157</i>	<i>15 —</i>	
Sept.		<i>P 5900</i>	<i>15 —</i>	
Oct.		<i>Q 7368</i>	<i>15 —</i>	
Nov.		<i>S 8268</i>	<i>15</i>	
Dec.		<i>T 10090</i>	<i>15</i>	
Jan.	1916	<i>W 8148</i>	<i>15 —</i>	
Feb.		<i>X 11639</i>	<i>15</i>	
March		<i>Z 14951</i>	<i>15</i>	

1877
1878
1879

1880
1881



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2.

Mrs. E. Johnston

OVERSEAS CONTINGENTS

(Wife)
 PAYMENTS.

Name of Soldier

Johnston, S 446
Staff, 25th Batt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15 ⁰⁰
April	1916	AW 1409	15	Casualties
May		X 5108	15	
June		Y 8325	15	
July		O 11268	15	
Aug.		X 13748	15	
Sept.		D 16893	15	
Oct.				Stop 1/10/16. 37M 29 <u>100/100</u> Died of wounds. Sept 17. 1916 (L. 122) 26.9.16 <u>WAS</u> Pension granted 18/9/16 <u>SAS</u>
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-59-819.

To Whom *Wife of — Mrs. E. Johnston*
Address *15 Watson Ave Toronto*
By Whom Assigned *Johnston S.*
Regtl. No.
Rank *Pte*
Corps *Staffs 20th Battalion C.E.F.*
Rate *\$15.00* [REDACTED]

MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			CANCELLED
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>M4856</i>	<i>15</i>	
Aug.		<i>H6137</i>	<i>15</i> —	
Sept.		<i>F5900</i>	<i>15</i> —	
Oct.		<i>Q7368</i>	<i>15</i> —	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



A. 1111

1111 1111 1111 1111

1111 1111

31-12-14

563

MILITIA AND DEFENCE

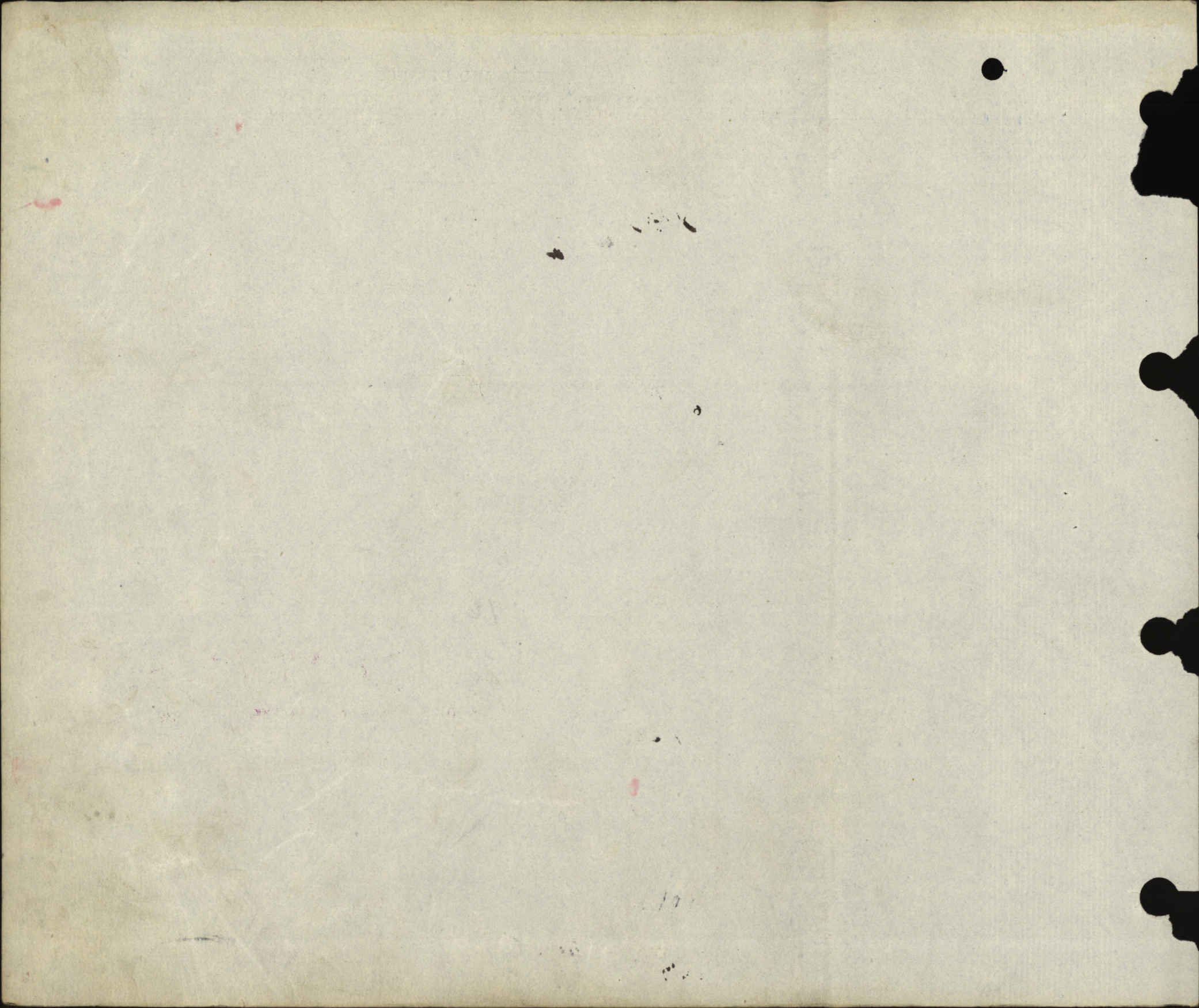
SEPARATION ALLOWANCE

Name *Mrs Elizabeth Johnston* Name of Soldier *Johnston, Samuel,*
 Address *15 Wilson Ave.* Regtl. No.
West Toronto Rank *Pte.*
 Corps *Base Coy. 20th Battrn*
 Relation to Soldier } *Wife* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.		845901	40	
March		1070	20	20
Apr.		7410	20	20
May		3950	20	20
June		9129	20	20
July		49756	20	20
Aug.		97837	20	20
Sept.		5026	20	20
Oct.		270482	20	20
Nov.		10903	20	20
Dec.		14062	20	20
Jan.	1915	26189	20	20
Feb.		M22365	20	20
March		M 26327	20	20

ACCOUNT CLOSED
 DATE..... PER.....



SEPARATION ALLOWANCE

Sheet No. 2.

Elizabeth Johnston
OVERSEAS CONTINGENTS
Wife
PAYMENTS.

Name of Soldier

Johnston Samuel

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	81337	20 -	20
May		26146	20	20
June		✓ 3825	20	20
July		P10152	20	20
Aug.		A 13486	20	20
Sept.		U 16167	20	20
Oct.		Z 19086	20	20
Nov.		C 22404	20	20
Dec.		625842	20	20
Jan.	1917			20
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acc. closed pension granted 18/9/16.

ACCOUNT CLOSED

DATE..... PER *W*.....*\$68.67 Recovered as per
Pension's List Jan. 1917 cost 27 2/17*

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.				

Rank _____ Name **JOHNSTON, Samuel**
 If in perm. Corps, What Unit? _____
 Unit **20th Bn.** Married or Single **Married,**
 Place and Date of Enlistment **Toronto 5th January 1915** Place of Birth **Maghara Ireland.**
 Name and Address, Next-of-Kin **Elizabeth Johnston.**

Reg'l No. **57075**

15 Watson Ave, Toronto, Ontario. Relationship _____
 Assigned Pay Monthly \$ **15** Payable to **Next of Kin** Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____
 Entered on N.E. Card Index _____
 Checked by **H. Lillopon** Relationship _____

Discharge, Date and Place **17 9/16** Reason **D of H.** Character **b L 328** $\frac{26}{9}$ / $\frac{11}{11}$



Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From 1915	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
June 1	30	30	1.00	30 00	30	.10	3 00			11 75	15		26 75	6 35	
July 1	31	31	1.00	31 00	31	.10	3 10			15 00	15 00		30 00	10 35	
														11 07	Exch @ 4.8672
Aug 1	31	31	1.00	31 00	31	.10	3 10			14 60	15 00		29 60	15 59	
Sep 1	30	30	1.00	30 00	30	.10	3 00				15 00		15 00	33 59	
Oct 1	31	31	1.00	31 00	31	.10	3 10			4 86	15 00		52 86	44 81	
Nov 1	30	30	1.00	30 00	30	.10	3 00			5 29	15 00		20 29	57 52	
Dec 1	31	31	1.00	31 00	31	.10	3 10			14 01	15 00		29 01	62 61	
Jan 1	31	31		31	31		3 10				15		15	81 71	
Feb 1	29	29		29	29		2 90			9 59	15		24 59	89 02	
Mar 1	31	31		31	31		3 10			10 97	15		25 97	97 15	
				305	305		30 50								
								72.33622							
										89 07 150					
													239 07		

Statement of
 MAR 9 1917
 Account rendered

Cash found in effects **WR**

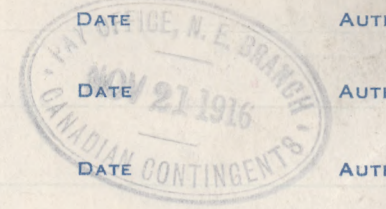
Carried forward to Large Ledger sheet

Revised

MARRIED OR SINGLE *M.*
 PLACE OF BIRTH *Maghrya Ireland*
 NAME AND ADDRESS OF NEXT OF KIN *Elizabeth Johnston*
15 Watson Avenue Toronto Ont.
 RELATIONSHIP OF NEXT OF KIN
 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
<i>Died of Wounds</i>	<i>18/9/16</i>	<i>CLY 328 1/16</i>

REG'L. No. *57075* RANK *Pte.* NAME *Johnston Samuel*
 IF IN PERM. CORPS UNIT *20th Bu.* TRANSFERRED TO *N.E. B.* DATE *18/9/16* AUTHORITY *CLY 328 1/16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO
 PLACE OF ATTESTATION *Toronto* TRANSFERRED TO
 DATE OF ATTESTATION *8th January 1915* TRANSFERRED TO
 ASSIGNED PAY MONTHLY \$ *7.50* DATE EFFECTIVE
 PAYABLE TO *Elizabeth Johnston 15 Watson Ave Toronto Ont.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *27/9/16* EFFECTIVE *1/10/16* REASON *Died of Wounds 18/9/16 CLY 328 1/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18/9/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Entered on N.E. Card Index
 Checked by *H. Lillstone*



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		1	2	3	4	1	2				3	4				CREDIT	DEBIT	
			\$	C.						\$	C.																	No.
<i>April 30</i>	<i>1</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>1</i>	<i>3</i>	<i>-</i>			<i>336 22 1/2</i>								<i>239 07 97 1/2</i>										
<i>May 31</i>	<i>1</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>33 - 1/10 817</i>				<i>262 262</i>		<i>15</i>		<i>20 24 109 9/16</i>										
<i>June 30</i>	<i>1</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>-</i>			<i>34 10 908</i>				<i>255</i>		<i>15</i>		<i>114 88 29 1/3</i>										
<i>July 31</i>	<i>1</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>33 - 990 3/4</i>				<i>5 11</i>		<i>15</i>		<i>20 11 42 02</i>										
<i>Aug 31</i>	<i>1</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>34 10 1038 11/16</i>				<i>5 23</i>		<i>15</i>		<i>20 23 55 89</i>										
<i>Sept 17</i>	<i>1</i>	<i>17</i>	<i>-</i>	<i>17</i>	<i>10</i>	<i>1</i>	<i>70</i>			<i>34 10 50</i>				<i>5 23</i>		<i>15</i>		<i>15 00 44 99</i>										
<i>Oct 1</i>										<i>50 18 70 1184 21/8/16 1130 9/9/16</i>				<i>5 23</i>		<i>15</i>		<i>22 85 71 34</i>										
<i>Nov 17</i>																												
<i>Balance transferred to N.E. Branch</i>																												
																			<i>71 34</i>									

No 14. 20% on March 16. FR. 763 on charge.
Trans N.E. B. 18/9/16 CLY 328 1/16
CLY 328 1/16
Died of Wounds 18/9/16 CLY 328 1/16
71 34 paid by ch. 009 P. 12/4/17.

Checked *S. Newton*

n.2. April 17

Cash found in effect - W

Statement of
 MAR 9 1917
 Account rendered

