

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Major James Lightfoot*
 2. In what Town, Township or Parish, and in what Country were you born? *Aston by Preston Brook Cheshire England*
 3. What is the name of your next-of-kin? *Wife M^{rs} Margaret A. Lightfoot*
 4. What is the address of your next-of-kin? *450. Kennedy St. Winnipeg Can.*
 5. What is the date of your birth? *12th Aug^r. 1879.*
 6. What is your Trade or Calling? *Manager.*
 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? *Yes.*
 10. Have you ever served in any Military Force? *8 months Imperial Yeomanry S. Africa*
If so, state particulars of former Service. *1 year Cape Mounted Police*
 11. Do you understand the nature and terms of your engagement? *9 months Scottish Horse*
2 years Volunteer Artillery Manchester.
7 months Canadian Militia
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*
- (Signature of Man). *James Lightfoot*
- (Signature of Witness). *J. H. Rutheford*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Lightfoot*, 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 *Sep. 24th* 1914. (Signature of Recruit) *James Lightfoot*
(Signature of Witness) *J. H. Rutheford*

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Lightfoot*, 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 *Sep. 24th* 1914. (Signature of Recruit) *James Lightfoot*
(Signature of Witness) *J. H. Rutheford*

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 *Valcarlos* this *24th* day of *Sep* 1914.

(Signature of Justice) *Dan McLean*

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

(Approving Officer) *Dan McLean*

Description of Major Lightfoot on Enlistment.

Apparent Age 36 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. 6 ins.

Chest measurement. { Girth when fully expanded 40 1/2 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Light

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

Scar 2 1/2" above
navel
5 vac mark
upper 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 Overseas Expeditionary Force.

Date Aug 28 1914.

Place Calcartier

Asst Surgeon
Capt RMB

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.

James Lightfoot 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.

R. L. Boyle (Signature of Officer)

Date 24th Sep 1914.

1st Col Cndy 10 Batt

Unit 222nd Overseas Batt'n C.E.F. Rank Lt-Col. Name James Lightfoot

ORIGINAL

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DEPT. OF DEFENCE
SEP 28 1917
H.Q. CANADA

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Lightfoot
- (b) What are your Christian Names? James
Aston, Preston Brook,
Cheshire, England
2. (a) Where were you born? (State place and country) Suite #12 St.Elmo Apts.,
Winnipeg, Man. Canada
- (b) What is your present address? Aug. 12th 1879
3. What is the date of your birth? Mrs Margaret Adams Lightfoot
4. What is (a) the name of your next-of-kin? Suite #12 St.Elmo Apts.,
Winnipeg, Man. Canada.
- (b) the address of your next-of-kin? Wife
- (c) the relationship of your next-of-kin? Manager
5. What is your profession or occupation? Presbyterian
6. What is your religion? Yes
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 106th Winnipeg Light Infantry
3 yrs with 7th Manchester Vol. Art.
9. State particulars of any former Military Service. 8 months with Imperial Yeomanry
1 Year Cape Mounted Police.
9 months Scottish Horse
8 years with Canadian Militia
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Lightfoot (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Nov. 15, 1915 1915

Place Winnipeg, Man. Canada

*Insert here "fit" or "unfit."

M. F. W. 51.

20m.-10-15.

H. Q. 1772-39 917.

L. J. Stanley Capt
Medical Officer

102
Dischd
8-12-17
B.E.F.

SEP 23 1911
Cavalry

Lightfoot

James
Aston, London Brook,
Cheshire, England
Sept 21st 1911
Cavalry, 1st. Division

Aug. 1911 1873

Mrs. Margaret Adams Lightfoot
Suite 112 St. James Hotel,
London, E.C. 4, Canada

Messenger

Presbyterian

1873

100th Light Infantry
3 yrs with 1st Battalion
6 months with Imperial Tunnelling
1 year Cape Mounted Police
3 months Scottish Horse
2 years with Canadian Militia

Nov. 15, 1915

London, E.C. 4, Canada

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

LIGHTFOOT JAMES

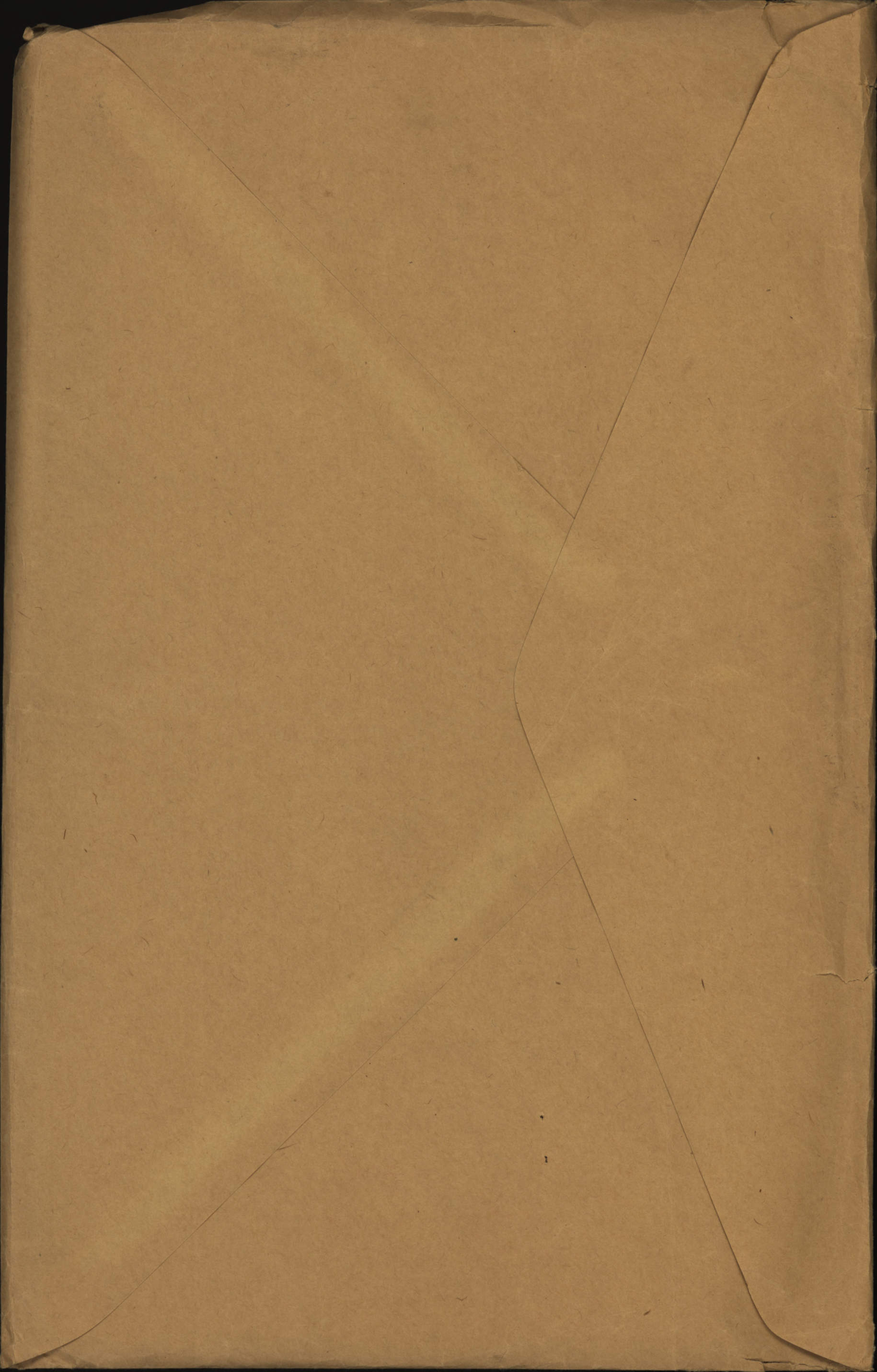
LT-COL

10 BN

25914

DIED 6-10-30





Surname

Christain Name

Reg. No.

LIGHTFOOT

J.

DMS.10-L-670.

Rank

Unit

Lt.Col.

19th.Res.Batt.

MEDICAL BOARD held at

Date

Serial No.

(1) Bramshott

14-7-17.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Myalgia foll.GSW.lt.Popliteal region.

Disposition Recommended

(1) Fit Home ser.Unfit Gen.ser.1 month.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

Remarks

Surname. Christian Name.
LIGHTFOOT **J.**
Rank. Unit.

Lt.Col. **19th'Res.Batt.**

Date of admission.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Struck off strength on being returned to
Canada fr further medical treatment.:-14-8-17.
Diagnosis.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

.....

.....

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

Dep. of D.G.M 8. O.M.F.C. London.

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at¹

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Lightfoot.

L.

Major. 10th. Battn.

Mrs. Burns. Stoodley Knowle.

27-4-15.

Wounded.

Discharged:-. 25-5-15.

C.L. No. 50.

C.L. 10-9-15. 155.

24-4-15. 42.

16-9-15. 160.

A.M.D. 2 DEPT.

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

NAME

*Lightfoot.**J*

REGT'L NO.

RANK AND CORPS

*Lt. Col**22nd Bn*

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

*T 346**18-8-17**Sailed from Liverpool for Canada
per the SS Mesquith on the
14 Aug. 1917. Medical Treatment*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

234	M. H. C. C. Winnipeg	14/8/17	Out - P. Deer Lodge.
271 ²	" " " "	14/8/17	Out - P. S. L. Deer "
305 ⁴	" " " "	17-11-17	Adm. Deer Lodge.
305 ⁶	" " " "	30-11-17	Dis from H. M. D. Deer Lodge. Out

NAME *Lightfoot, James.*

H. Q. FILE No. 649- ✓

RANK AND CORPS *Major, 10th Battalion*

REG'T'L. No.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *972.*

FOLL.

C. 295 24/4/15 Wounded.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 42	Rept. from Base	—	Wounded.
✓ 50.	Mrs. Burn's Stoodley Knowle Torquay	27-4-15.	Wounded.
155.	Mrs. Burn's Stoodley Knowle Torquay	(Lv. hos. 8/9)	
160	Medical Board Can.	25/5/15	wounded (disch.) Extension of sick leave rec. until Nov. 1 st . wounded.

No.

RANK Major (adj.)

NAME Rightfoot James.

T. O. S.

UNIT 166th Regt. Wpg. Rgt. Inf.

M. D. ¹⁴10PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1914

1914

Aug 14

Aug 25

Aug 26.

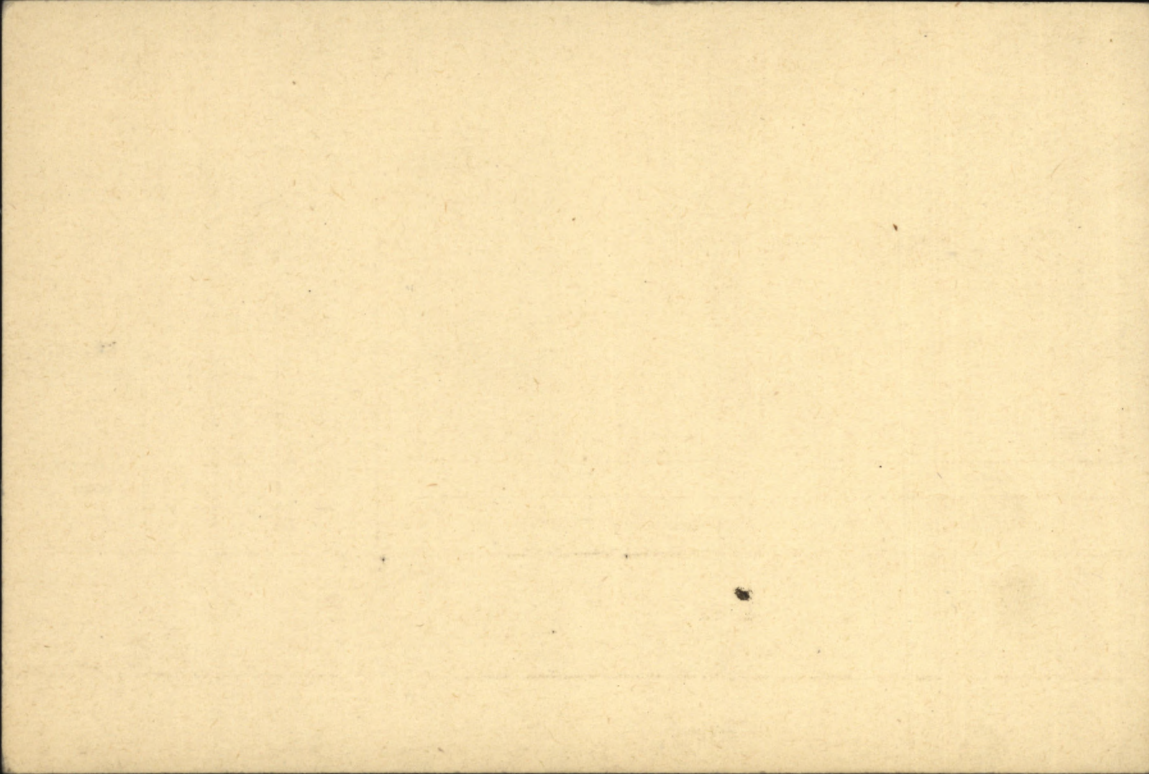
Sept. 21.

Sept. 22.

Oct. 31.

Capt mly

now shown on 10th Bn. ^{paylist} 1Aug 14 - 25. paylist
10th Bn. Sept. paylist.UNIT SAILED
OCT 3 1914



Reg. No.

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27.4.15	Rep. from Base	Wounded	✓	42		
	Mrs Burns Hosp.	Steady, Knowle		50		
		Torquay	Wounded			
25.5.15.	" " "	Discharged.	"	155		
(Tel. Mil. Ottawa to Wo) Med. Bd. Canada extension of sick leave recommended until Nov. 1st. 160						

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

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

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

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

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

299	W H Co Winnipeg	30-11-17	Dise fr. H. M. S. Deer Lodge Cut P.
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SURNAME.

Lightfoot

CHRISTIAN NAMES

James

REGL. No.

UNIT

10th 222nd Sask. Regt.

FORMER CORPS

Imp. Yeo. & Cape M. R. Scottish Horse etc

NEXT OF KIN.

NAMES IN FULL

Lightfoot, Mrs. Margaret A.

RELATIONSHIP TO SOLDIER

Wife

ADD

*Suite 12, St. Elmo Apts.
Winnipeg. Man*

S-a-a-P. 1-5-17

COUNTRY OF BIRTH

England Aston-by-Preston Brook

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Aug 12th 1879

DATE

Sept 25th 1914

R/c. 14/8/14

CARD No.

m/b

FOLL.

S.O.S. Dis. 30/11/17. h.D. 10

Bn.

CHANGE OF ADDRESS

*aff. c.m. 1-4-12
L. L. 90589.-M. & D. 6312*

M. F. W. 22. 100m.-1-16. H. Q. 1772-39-839.

From Quebec per. S.S. Scandinavian 4-10-14

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Manager

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

36

YEARS

-

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

40½

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

Wart 2½ inches above navel

5 vaccs. marks l. upper arm.

MEDICAL EXAMINATION.

PLACE

Valcartier, P. Q.

DATE

Aug 28th 1914

Present Address

Not stated

Returned to Canada per. S.S. Megantic Aug 14/17, Date of sailing per H.M.T. Olympic 13-11-17

No.

RANK

Lt. Col.

NAME

Lightfoot James.

T. O. S.

UNIT

222nd Battalion. (Headquarters)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 15	Dec. 31	✓		
1916	1916			
Jan. 1	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		



LIGHTFOOT, James

Lt.Col.

10th Bn.

41-1-3 (Vol.2)

medals desp.

cross widow:- Mrs Margaret Lightfoot
940 Palmerston Ave., Winnipeg

mother dead

Death attributable to
Military Service.

LIGHTFOOT James

DESP. SEP 21 1932

REGN. NO. 1387

Number..... Rank LT. COL.

Surname LIGHTFOOT.

Christian Name JAMES.

Units..... Theatre of War FRANCE.

Date of Service 9.2.10

Remarks.....

Latest Address ~~Not stated~~ 156 Lepton St

Winnipeg
Man.

Roll No. B Page 18234

200m.-6-21.10. 104 Bn.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORIGIN
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

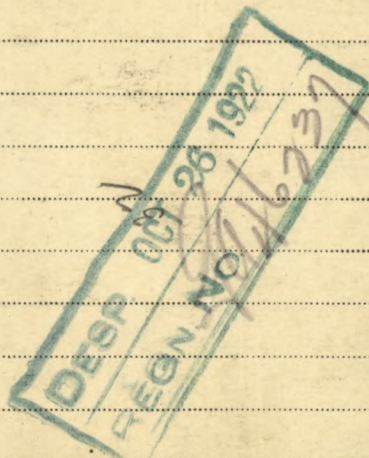
DATE OF DISCHARGE TO UNIT IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED



MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Mrs. Margaret Lightfoot
 Sheet No. 2
 (Assignee)
 L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

Dr. Col. Lightfoot James
222 Bn

Month.	Year.	Cheque No.	Amt.	Remarks
			<i>75-00</i>	<i>NOV 1 1916</i>
April	1916			
May				
June				
July				<i>675-00</i>
Aug.				
Sept.				
Oct.				
Nov.		<i>J 31222</i>	<i>75-</i>	
Dec.		<i>N 36556</i>	<i>75-</i>	
Jan.	<i>Ch 1917</i>	<i>C 39633</i>	<i>75-</i>	
Feb.		<i>E 46082</i>	<i>75-</i>	
March		<i>W 48810</i>	<i>75-</i>	<i>75 F</i>
April		<i>U 2991</i>	<i>75-</i>	<i>75 B</i>
May		<i>249243</i>	<i>75-</i>	
June		<i>A 15530</i>	<i>75-</i>	<i>2 #</i>
July		<i>U 22726</i>	<i>75-</i>	<i>675-</i>
Aug.		<i>30110</i>	<i>75-</i>	<i>Cancelled</i>
Sept.			<i>75-</i>	<i>Acc closed 31/7/17.</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			<i>Auth # 6. to C. P. 100 on</i>
Feb.				<i>File 11076-J-2-</i>
March				<i>July 24/8/17.</i>
April				
May				
June				
July				

*675-
 gwn*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1913					
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.						

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1792/154

11076-J-1

Name **Lightfoot, J.**
Surname

Christian Name

Regimental Number

Rank **Lt.Col.**

Address (in full) **12 St. Elmo Apt.**

Unit

222nd Bn. 10th Bn.

Colony St.

Original Unit

Winnipeg, Man.

District where paid

Ottawa

Date of Discharge

30-11-17

Mrs Margaret A. Lightfoot

P. D. P. Filing Number

1L22

Rates:—Regimental pay \$ **5.00** per diem: Field Allowance \$ **1.25** per diem. Separation Allowance \$ **60.00** 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		
748 75	6727	6/2/18	247 50	6440	6/3/18	247 50	6222	6/4/18	252 75		748 75
1st	98187	27-2-19	193 75								
1st	98188	27-2-19	60 00								
343 ^A 2nd	927173	7-8-19	201 25								
1438A 2nd	934948	11/3/19	60 00								

Remarks:

M. F. W. 127.
50M-6 17.
1772 39-1140.

Dec'n No. 7792/54 W. S. G. File No. 11076-J.21

Award days at \$ per day \$ 1503.75

S. A. months at \$ per mo. \$ \$ 748.75

Less P, D. P. Credited \$ \$

Less further debit balance \$ \$

Net due paid as below 755.00

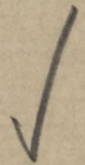
TO SOLDIER			TO DEPENDENT			
O	Ag. No	Ch. No	Amount	No	Ch. No	Amount
1	664	8187	193.75	664	8188	60.00
2	343a	27173	201.25	4382	34998	60.00
3				601	1346262	60.00
4				520	451462	60.00
5				456	520	60.00
6				494	245	60.00
Total				Total		

659 Beverly St
Winnipeg

Mrs M. A. Lightfoot
Same Address

GEN'L AUDITOR
Posting checked by
W. H. M. M. M.
Date 9-7-19

amw.



1

4600

N/R effective Nov 1/16. *cut ✓*
L.P.C. to November 30/16. charged. ✓

Assignment as at
December 1st 1916. ✓

Lightfoot,

Jas. ✓

Lieut-Col..

222nd Battalion.

75

\$ 75⁰⁰

Ob
Payment made
3M Full Sept 1

Refd to ban: 1 Sept 1914.

Mrs. M. A. Lightfoot,

Ste.12, St. Elmo Apartments,

Colony Street,

Winnipeg.

From		To	No. of Days	Rate	Amount	PAY			Field Allowance			Other Credits	Credits Total	No. Date	Voucher	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-38-920.

MILITIA & DEFENCE

OCT 30 1917

Unit, Regiment or Corps 222nd. OVERSEAS BATTALION, C.E.F.

Regimental No. _____ Rank Lt-Col Name Lightfoot, James

Enlisted (a) 15/11/15 Terms of Service (a) DURATION OF WAR AND SIX MONTHS AFTER Service reckons from (a) 15/11/15 13/11/16

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

Extended W 23.4.15 Re-engaged _____ Qualification (b) (civil) Business Manager

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				
		<u>Embarked</u>	<u>Canada</u>	<u>13/11/16</u>	
		<u>Arrived</u>	<u>England</u>	<u>21/11/16</u>	
<u>31-12-16</u>	<u>222d Bn.</u>	<u>Transf'd to 19th Res. Bn.</u>	<u>Shoreham</u>	<u>31-12-16</u>	<u>Part II D.O. 180 H</u>
<u>1-1-17</u>	<u>19th Res Bn</u>	<u>Taken on strength 19th Res Bn.</u>	<u>Seaford</u>	<u>1-1-17</u>	<u>Part II D.O. #1</u> <u>Beal J. Barr Linc.</u> <u>Adjutant 222nd. Overseas. Battn.</u>
<u>20. 7. 17</u>	<u>O.C. 19th RESERVE</u>	<u>STRUCK OFF STRENGTH ON BEING Posted TO Sash. Reg. Depot</u>	<u>BRAMSHOTT</u>	<u>14. 7. 17</u>	<u>PART II D.O. 182.01</u> <u>INJURY</u> <u>ADJUTANT,</u> <u>19th RESERVE BATTALION 1917</u>
<u>1. 8. 17</u>	<u>O.C. S.R.W.</u>	<u>Taken on strength Sash. Reg. Dep. Gen 19th Res.</u>	<u>Bramshott</u>	<u>14. 7. 17</u>	<u>Part II 141/19.7.17</u>
<u>"</u>	<u>O.C. S.R.W.</u>	<u>S.O.S. on return to Gen. (R.O. 2319/25.8.17)</u>		<u>14. 8. 17</u>	<u>Part II 182/25.8.17</u> <u>FOR O.C. SASH. REGT</u>
				<u>Sus 30.11.17</u>	
				<u>Pw 1.12.17</u>	

(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		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			

NAME LIGHTFOOT, James

(Major) ✓

3rd - command.

Regimental No.

Name and address of next-of-kin

Unit 10th Battalion

Mrs. Margaret A. Lightfoot, (wife)

Date of enlistment Sept. 24th, 1914.450, Kennedy Street, Winnipeg, Man.Place of birth EnglandMarried (yes or no) Yes

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
1914															
Sep 22	Oct 31	40	4.-	160 -	40	1-	40 -	1	200 -	1	200 -			200 -	
Nov 1	Nov 30	30	4	120	30	1-	30	1	150	1	150			150	✓
1/12	31/12	31		124	31		31	1	155	1	155			155	✓
1/15	31/15	31		124	31		31	1	155	1	155			155	✓
1/3/15	28/3/15	28		112	28		28	1	140	1	140			140	✓
1/3/15	31/3/15	31		124	31		31	1	186	1	186			186	✓ Trans

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—9.15.
H. Q. 1772-39-819.

590

E
EM
To Whom *Major Lightfoot, James*
Address *1/2 Camp Paymaster*
Camp Hughes.
Sevell, near.

By Whom Assigned

Regtl. No.

Rank

Corps

Lightfoot James
Major.
10th Battery.

Rate

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				

E 12416 \$200

{ Cheque sent 5¹⁰/₁₅ unsigned - Returned with letter 21⁹/₁₅
made payable. Major Jas. Lightfoot per Lt. Geo. H. Welsby
Paymaster having made advance.

Issued as an advance, per instructions

Mr. J. St. Borden
acct closed. file 41-L-73
18.7.16

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

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

PAYMENTS.

Name of Soldier

Lightfoot, Jos
~~Lieut-Col.~~ ~~Major~~

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	6235	50	50
May			x x x	
June			x	
July		H 10492	180	mailed 21-7-16
Aug.		D 12469	60	60
Sept.		W 16469	60	60
Oct.		P 19928	60	60
Nov.		V 23253	115	115. Note date of Promotion
Dec.		V 25999	60	60
Jan.	1917	Q 30191	60	60
Feb.		C 33077	60	60
March		636295	60	60
April	24 LPM	D 1768	60	60
May		D 5591	60	60
June		D 9369	60	60
July		D 12591	60	60
Aug.		N 16299	60	60
Sept.	X 17102	Q 18498	60	60
Oct.		Z 20177	60	60
Nov.		M 24266	60	60
Dec.	24	H 26303	60	60
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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.

50m.—6-16.

H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

\$ 75⁰⁰

NOV 1 1916

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

Stop payment Sept 1/17
 Held at Canada
 3m 27/9/17 Sub 28/9/17



Acc closed.

Name _____

Lightfoot Lt.-Col

Regimental No.

Name and address of next-of-kin

41-L-2

Unit

222 Bw.

Date of enlistment

Place of

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

To whom payable

Reason for discharge

Character on discharge

Ob 2376, M. & D. 6692

[illegible]



Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Name... *Lightfoot, Major J*

M. F. W. 41.
10m.-11-15.
1772-39-889.
41-L-3

Regimental No.

Name and address of next-of-kin

Unit *10th Battn., C. E. F.*

Camp. Hughes, Sewell man.

Date of enlistment

Place of " "

Married (yes or no)

On Leave . S.S. Hesperian 12-7-15
Date and place discharged

Amount of pay assigned monthly \$ *no.*

Reason for discharge *Comdg. 222 Bn.*

To whom payable

Character on discharge

Hesperian 1277/15 (own copy)

L. P. C. 31 Oct 15 Dr. 152⁰⁰

587694, M. & D. 6128.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
								<i>Subtotal</i>								
	<i>31/10/16</i>															<i>Eng. L. P. C</i>
<i>1. 11/15</i>	<i>14 11/15</i>	<i>14</i>	<i>4⁰⁰</i>	<i>56 =</i>	<i>14</i>	<i>1⁰⁰</i>	<i>14 =</i>	<i>21 =</i>						<i>152 =</i>		
<i>2. 12/15</i>	<i>31 12/15</i>														<i>152 =</i>	

Pension granted as from Dec 1:17 - \$78 per ann.

*L. P. C. to M.D. 10, letters
to M.D. 10 & ch: Paym sent 7 1/16*

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **222nd Battn C.E.F.**

(2) Regimental Number

(3) Full Name of Soldier..... **James Lightfoot**

(4) Place of Birth..... **Aston by Preston Brook, Cheshire, England.**

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

(6) If married, state,
(a) Full name of your wife..... **Margaret Adams Lightfoot**

(b) Present Postal Address..... **12 St.Elmo Apts, Colony St.
Winnipeg, Man. Can.**

(7) Are you a widower? **No**

(8) Have you any children? **Two**
 One girl
 One boy
 If so, give number of boys and girls.....
 Also their names and ages..... **Margaret Adams Lightfoot 4 years**
 James Dingwall Lightfoot 2 yrs 6 mos,

2857-29-9-17
SEP 29 1917

Yes

(9) Is your Father alive?

If so, state name and address Samuel Lightfoot, Antorbus, near Northwich, Cheshire, England.

(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

Yes

(15) Are you insured?

If so, in what Company? Standard Life Insurance Co.
Sovereign

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.

Date October 4th 1916.

Lightfoot
Officer Commanding.

LIEUT. COL.
222nd. OVERSEAS BATTALION, C.E.F.

ORIGINAL MEDICAL HISTORY SHEET

Original

Surname Lightfoot

Christian Name

James

Examined

on 15 day of Nov 1915
at Winnipeg

Approved by

L. J. Ainley

Birthplace

City or Town Aston Preston Brest
County Cheshire England

Rank

Capt

M.O.

Apparent age

37 yrs

Trade or occupation

Manager

Height

5

feet

6

Inches

Weight

185

lbs.

Chest measurement

Minimum 40 inches

Maximum expansion 3 inches

Physical development

Good

Small-pox Marks

none

Vaccination Marks

Arm Right Left X

Number 4

Date

Result

VACCINATIONS

When Vaccinated last

1911

22/10/16

+

L. J. Ainley

M.O.

(a) Marks indicating congenital peculiarities or

previous disease

None

M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

6/10/16

OK

L. J. Ainley

M.O.

13/10/16

"

L. J. A

M.O.

22/10/16

"

L. J. A

M.O.

Enlisted on

15th

day of

November

1915

at

Winnipeg, Man

CORPS

REG'TL NUMBER

HABITS

DATE

Enlisted on

222nd Batt.

L. J. A

15-11-15

Transferred to

19th Reserve

1. 1. 17.

Posted to

Base R. Reg'l Depot.

14. 4. 17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION

DATE

DISEASE

RESULT

14-7-17

Myalgia - eff.

Same as in mouth
disposable
none
com

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.

James

[illegible]

Surname LIGHTFOOT /

Christian Names

James. /

Rank Lieut-Colonel.O.C. /

Name and Address of Next-of-Kin

Wife. /

Promotion

Mrs Margaret Adams Lightfoot /

Suite 12. St.Elmo Apts. /

Unit 222nd Battn /

Winnipeg. Manitoba Canada. /

Place of birth Aston. Preston Brook. Cheshire. England. /

Married (Yes or No) Yes. /

Appointments

Date of leaving Canada 13.11.16 & 22.11.16 Date and Cause of Resignation

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

31/12/16. 222nd. absorbed into the 19th Res. Battn.

31/12/16 Pt 11 Ord. 180.a.

6.3.17. 19th Res Bn. On Command proceeding Overseas Instr Tour

6.3.17 Pt 11 Ord 65

14.5.17 54 Bn. ceases to be attached for instructional purposes }
to 54 Bn on return to England

2.5.17 Pt 11 O 76

18.7.17 SRD. Reported to Sask Reg Depot

14.7.17 121 11 11 11

25/8/17 Hdq 629 Reta to Canada for further med treatment

14/8/17 R02319

A.F.B. 103
5-11-11

4309

[illegible]

PROCEEDINGS OF A MEDICAL BOARD

Bramshott.

14-7-17.

assembled at.....on.....

by order of.....

G. O. C. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name).....Lt.Col.Lightfoot, James.....19th Res.Bn. (222nd).....(Corps).....

Age.....33.....Service.....16 yrs.....Disability.....Myalgia following GSW left popliteal space.

Date of commencement of leave granted for present disability.....None granted.

Date on which placed on half-pay for present disability.....Not applicable.

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this Officer complains of pain in left calf after marching two or more miles, as a result of GSW received at front 23-4-15. There is slight inequality between the calves. Right measures 1/2" more than the left. No evidence of atrophy, nor limitation in normal movements of knee joint.

May be reboarded in any area.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service No - one month.
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category } No.
3. Fit for Home Service..... Yes.
4. Fit for Light Duty at Home..... -
5. Requiring indoor hospital treatment—
- (a.) In an Officers' Hospital..... -
- (b.) In an Officers' Convalescent Hospital..... -
6. (a.) Fit for light duty at a Command Depot..... -
- (b.) Fit for treatment only at a Command Depot..... -
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } Yes.
8. Was the disability contracted in the service?..... Yes.
9. Was it contracted under circumstances over which he had no control?..... Yes.
10. Was it caused by military service?..... Yes.

11. If caused by military service, to what specific military conditions is it attributed?..... G.S.W.

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... Not applicable.

Officer's Address { 19th Res. Bn., Bramshott.

Signatures { C.E.Cooper Colo Maj. CAMC President. J.A.Dickson Maj. CAMC Members. W.Fred.Jackson Capt. CAMC

Aug 16 1917

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

NAME **Lightfoot, Jas. (Major)**
DATE OF APPOINTMENT **Sept 24. 1915**
MARRIED (YES OR NO) **Yes**
NEXT OF KIN: NAME **Mr James Lightfoot**
ADDRESS **450. Kennedy St. Winnipeg**
DATE NON-EFFECTIVE AND CAUSE **Leave 18th - 17th R.O. 1212. 24/15. Retained Canada. R.O. 3304. C.I.D. 30/10/15.**

UNIT **10 Battalion**

ASSIGNED PAY: -
MONTHLY AMOUNT
TO WHOM PAYABLE

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED **Bank of Montreal**

PERIOD		No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE								
1/4	30/4	30	4	120				1	30		58		88	208			208	208		Encl Lily.
1/5	31/5	31		124					31		31		62	186			186	186		
1/6	30/6	30		120					30		30		60	180			180	180		J. Batten
1/7	31/7	31		124					31				31	155			155	155		On leave, no messing
1/8	31/8	31		124					31		14		45	169			169	169		On leave Canada 18 th - 17 th
1/9	30/9	30		120					30		30		60	180			180	180		
1/10	31/10	31		124					31		31		62	186			186	186		
November 22/10 - 24/11/15											48		48	200			200	200		Advance of assigned pay Pk. 3-3.0 & 23302 out pay cheque for above has been forwarded to Major L. to be paid by regular pay bank. To 431. " Paid Ottawa.
December 1916															200			152	152	On Messing deducted in error while on leave 17 th - 17 th @ 7.00 pd.
January 1916															152			152	152	
February															152			152	152	
March															152			152	152	

Deposited Bank 1264.00
AP 200.00
1464.00

214 Days of Messing
1284.00
28.00
1312.00
152.00
1464.00

SUNDY PAYMENTS

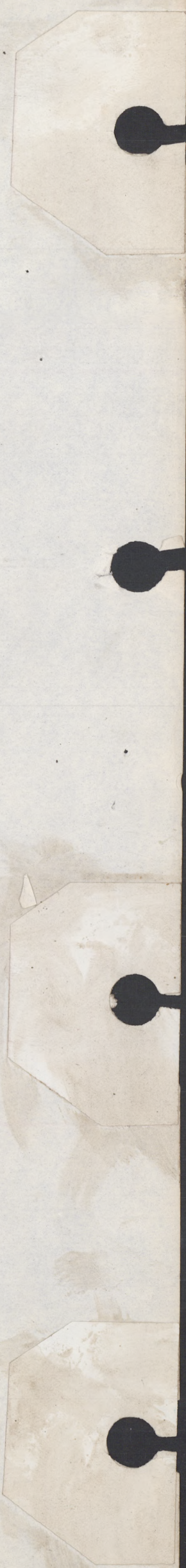
Account adjusted to show correct in bank.
Audit Vrs. Folio 134

Balance \$520.00 C.F. to April & recovered as follows:-
Sept 4 - Recovered from B. Montreal \$5.52.
Oct 4 - " by Ottawa. via HQ 417-3.
Oct 11 96.

Total \$152.00
\$157.52

Account adjusted to show

DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS
			\$	C.	£	S.	D.	
21	1436	Outfit and	100		20	10	11	✓



NAME
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH

UNIT
COMPANY
REGIMENT
DIVISION

BRANCH OF SERVICE

REMARKS

REMARKS

REMARKS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

MESS.

DATE

AUTHORITY

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917

April 18

23

25

May 16

18

21

24

June 18

18

20

July 6

17

18

21

24

25

Aug 3

" 14

"

16

20

1917-18

A.P. Can.

Pay April (R)

Bank

A.P. Canada

Ord. 1 Pair Boots half soles + heels 2/6 Per %

Pay May (R)

Bank

A.P. Can.

Pay June (R)

Bank

Billings allce 5¹¹/₁₆ - 12¹¹/₁₆

A.P. Can.

Pay July (R)

Law allce 6³/₄ - 2⁷/₁₇.

do 30⁵/₁₇ - 3⁶/₁₇

Bank

Adv. Aug. P.A.

Bank

Trav. allce 5 - 10⁷/₁₇

do 15 - 18⁷/₁₇

A.P. Can.

Pay Aug (R)

3017

6029

9012

1602

1855

1308

3230

3229

217 50

224 75

217 50

224 75

224 75

142 50

149 14

142 50

149 75

149 75

75

75

75

75

75

21-11-16 To Canada.

PO #164 Arg

C.P.D.

2/22-11-16

Lightfoot

of Montreal

Trans from Ledger 19512
6-9-17.

UNIT.

RANK.

NAME.

NAME OF

DATE _____

AUTHORITY

DATE _____

AUTHORITY

Beneficiary

Address.

Name _____

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE _____

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

15.
ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

9 Btr.



Major

Name Lightfoot

Initials J.

Bank

DATE
1916

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS.

Sept. Record fr. Bof. B.

Oct. Refund. A.P. overpaid

Dr Voucher for 152.00 is being
put through Feb 1917. to offset
this credit Bal J. H. H.

552

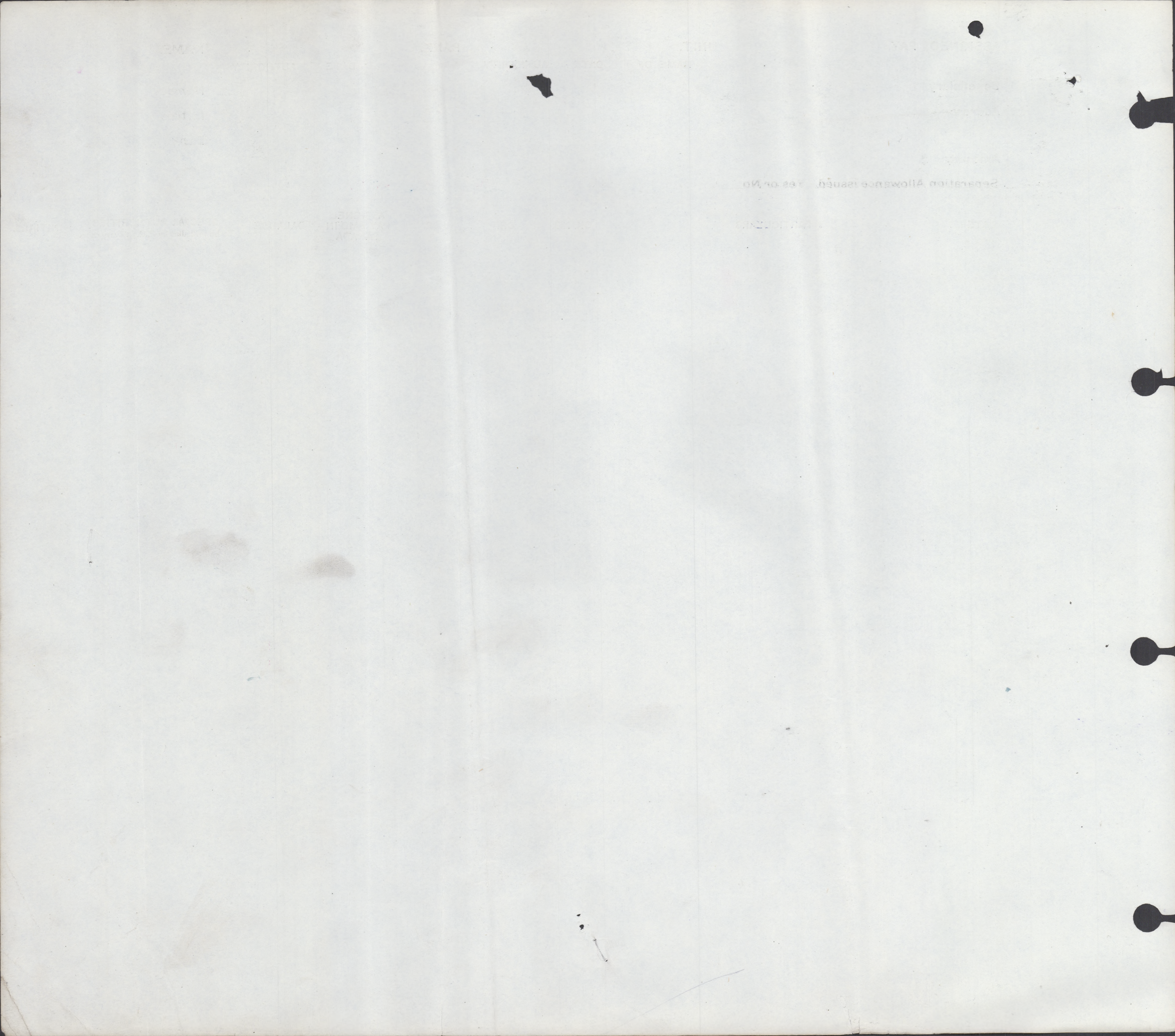
152

6. 552

157.52

7/10/13
20 19
March 10/17

Cs. Per 1/2 to sheet
attached.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

\$ 300

Beneficiary

Address

Amount.

\$ 75 00

Separation Allowance issued. Yes or No.

NAME OF

DATE

AUTHORITY

Mess
DATE

AUTHORITY

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case

INITIALS

Dec 1 Cr. bal 832⁵⁰ Mess 21-30 "16 Bank

12 Pay Sick

Cr. bal from Am.

14 A.P. Can.

18 Bank

Jan 19 a.p. Can.

24 Pay Jan. (R)

27 Bank

Feb 16 Cr. Bal. from March not prev. brought into ap in ledger. V. 812. P.E.

20 Pay Feb. (R)

21 a.p. Can.

24 Bank

Mar 13 Cr. Bal. A.P. Can.

15 Cr. Bal. carried forward as per att. sheet

15 Off Com. Pay Bn being absorbed 2 1/1 to be deb't 2 1/1 17 52 8 1/1

20 Pay March (R)

20 To receive Command Pay from 2 1/1 to 2 1/1

24 Bank

24838

280 27

42 50

265 75

32 50

45

180 75

75

255 75

180 75

752

231

75

21931

4

75

157 52

58 00

224 75

31 00

67.157 52

82 52

24 52

To be deducted in March.

Transferred to ledger 19 10/3/17
from ledger 13.

MILITIA AND DEFENCE
SEPARATION ALLOWANCEName *Lightfoot, J. Mrs*Name of Soldier *Lightfoot, Jos.**St 12* Address ~~450 Broadway St.~~

Regtl. No.

*St Elms Apts. Winnipeg
Winnipeg. Manitoba.*Rank ~~Major~~ *Lt. Col from 15/11/15 (Per new card)*Corps ~~10th. Royal Bn.~~

Relation to Soldier

Transferred to 222nd Bn.
To what Corps belonging *106. W.L. I.*

wife, child or mother

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		A 514	20.-	
Oct.		C 2672	80.-	
Nov.		C 2747	50.-	
Dec. <i>any</i>		C-4194	75.-	
Jan.	1915	B 5935	50.-	
Feb.		B 7088	50.-	
March		A 8302	50.-	
Apl.		B 9488	50.-	
May		C 10492	50.-	
June		D 10130	50.-	
July		A 11478	50.-	
Aug.		B 13845	50.-	
Sept.		C 14609	50.-	
Oct.		A 14051	50.-	
Nov.	55	A 15338	50	50
Dec.	60	B 16085	50	50
Jan.	1916	C 18198	50.-	50 -
Feb.		D 17707	50	50
March		A 18471	50	50 / 975

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

CR 9, 4052 - cancelled

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

60.			
-----	--	--	--

RATE OF ASSIGNMENT

75			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Lieut Col Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Jos Lightfoot

222 Battrn. 106 W.L.F.

Mrs J. Lightfoot

Wife

St 12. St Elmo Apts. Winnipeg

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

Mrs. Margt. A. Lightfoot

12 St. Elmo Apts, Colony St.

Winnipeg, Man.

(Wife)

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		2220	675	2895	See Lieut Col from 16/11/15 - P.M.L. A/c closed 30/11/17 Auth H.O. Letter 41-L-3 J.C.P. FX SB 22/11/17 AP A/c closed 31/7/17 Auth C.P. 100 on file 11076-J-2- J.W.G. 24/8/17

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

[illegible]

M. F. W. 128
400M.—6-17-1772-39-1141
L. L. 22320—M. & D. 7193.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178a to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname LIGHTFOOTChristian Name JamesDEPT
MILITIA & DEFENCE
SEP 28 1917
H.O.
CANADA

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Aston by Preston County Brook Cheshire EnglandExamined ... { on 28th day of August 1914.
at Valcartier 29 AUG. 1917Declared Age ... 36 years ... days.Trade or Occupation ... ManagerHeight ... 5 feet, 6 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 40½ inches.
Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks { Arm ...
Number ...

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature)

(Rank)

H.S. Muckleston,Capt. A.M.C.

Medical Officer.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W.R. WARD,
Colonel in Charge of Records,
Canadian Contingents, London.

CANADIAN

Enlisted ... { at Valcartier
on 24th day of September 1914

Joined on Enlistment ... Corps Regtl. No.

10th Battn.Major.Transferred to ... Lt Col

Became non-effective by

This Medical History Sheet has been compared with On ... day of ... 191 ...
Co responding Attestation Form, and entries made in red
have been taken from the Attestation (Signature)

W.R. WARD, (Rank)

Colonel in Charge of Records,
Canadian Contingents.

Table II.—Only for Admissions to Hospital or to

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks syphilis
	Day	Month	Year	Day	Month	Year			
<i>Thorp. Knowle ay</i>	<i>27</i>	<i>Apr</i>	<i>1915</i>	<i>18</i>	<i>May</i>	<i>1915</i>	<i>G. S. W left Knee</i>	<i>21</i>	<i>The wound side of thigh was ecchymosed</i>

the Sick List in the case of Warrant Officers treated in quarters.

cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of admission and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

and ran from outer side of left knee to inner
popliteal region at lower part. W^d aseptic.
as much swelling and stiffness of leg with
necrosis which was reduced by massage

Afterward. no %.

Duplicate Medical History Sheet
posted to here.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature	
	Result	VACCINATIONS.
28/10/16	O.K.	L.T?Ainley.
6/10/16	O.K.	ANTO-TYPHOID INICULATIONS. Etc.
3/10/16	O.K.	"
22/10/16	O.K.	"

Table IV.—SERVICE TABLE.

[illegible]

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

BETA. 90

AUG. 28 1917

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station *Eufes.*

Date *28th Aug. 17*

1. (a) Unit *10th Battr.*

(b) Rank *Lieut. Col.*

(c) Surname *Lightfoot*

(d) Christian name *Geo.*

2. Age last birthday *38*

Date of birth *12th Aug 1879*

3. Date of appointment to the C. E. F. (for officers of the C. E. F.) *21st Sept. 1914.*

Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) *Aug. 7th / 1914*

4. Personal description:

(a) Height *5' 6"*

(b) Weight *185-*

(c) Complexion *rather fair*

(d) Colour of hair *brown*

(e) Colour of eyes *blue*

(f) Scars or tattoo marks *mole 2" above umbilicus
2 bullet wounds left knee*

5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners)

12 St. Elmo apts. Winnipeg.

(b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent

6. Former trade or occupation *Manager.*

7. Service

16 Years

Days

PERIODS

From

To

*C. Militia
C.E. 7*

*March / 1898
1904 Sept*

*1803.
Date.*

8. Disease or disability (use authorized nomenclature) *Myalgia*

(a) Date of origin *23 / 4 / 15.*

(b) Place of origin *St Julien Wood.*

(c) Cause *F.S.W.*

9. Present condition. (Important, to be a full description of the present condition or conditions.)

Officer has two small wounds scars. one on external border and one on internal border of left popliteal space left calf $\frac{1}{2}$ in. smaller than right. He complains of pain in left calf and cramps on walking two miles

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

11 Camp 28.1.2028

95

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.

[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Two scars. one on external and one on internal border of left popliteal space.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

1/16 for 2 months.

12. Did the disability arise on or off duty? *on duty*

13. Was a Court of Inquiry held? *no*

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? *not applicable*

Yes

No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? *no*

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? *2 mos.*

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

rest.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no

19. Can the former trade or occupation be resumed? *yes.*

20. Recommendations.

This officer is fit for home duty.

K. C. Cairns Capt

Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned *Jas Lightfoot* 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

Lightfoot Lt Col
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

RECEIVED
SEP 13 1917
CANADA

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

yes

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

23. It is certified that the Officer

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

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

Fit for home service

Station *Quebec*
 Date *28th Aug /17*

APPROVED BY

Date *Aug 28/17*

APPROVED BY

Date *20.9.17*

R. L. Cairns Capt President.
J. P. Gough Members.
J. P. Gough

W. L. Carver Major
 Assistant Director of Medical Services.

J. P. Gough
 Director General of Medical Services.
95

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that 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.

22. Is the Officer fit for (a) General service (b) Service abroad (not general service) (c) Home service (Canada only) (d) Temporary duty (e) Unfit for service in Categories A, B and C (Yes or No) (Yes or No) (Yes or No) (Yes or No) (Yes or No)

23. It is certified that the Officer (a) Does require treatment (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) 24. It is recommended that the Officer be discharged (When not for discharge add special recommendation)

25. For further remarks

President

Blankets

Station

Date

Approved by

Date

Approved by

Date

Director General of Medical Services

SEP - 6 1915

H.R. 3

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a *

assembled at

on the

by order of

for the purpose of

Medical Board

Warrington Man

31st day of August 1915

D. G. H. M.D. 2010

examining & reporting on the condition of Major J. Lightfoot 10 Batt. C.E.F.

PRESIDENT.

Capt. V. J. Cadham

MEMBERS.

Capt W. H. Rully
Lt. W. W. Musgrove

The Board having assembled pursuant to order, proceed to

examine the condition of the leg of Major Lightfoot who received a bullet wound of the left leg passing through the popliteal space. There is interference with the circulation with oedema of the leg. This oedema is such as to prevent him for service till the 1st day of November 15-

V. J. Cadham
Capt W. H. Rully

Dec 3/10/15

W. H. Rully Captain

W. W. Musgrove Lieut Col.

Approved,

Ch. Lawver

Captain, A.M.C.
a/A.D.M.S. M.D. No. 10.

Sept. 2nd. 1916.
Sewell Camp.

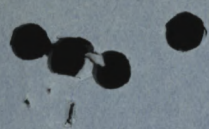
Approved

8⁹/₁₅

W. H. H. H.

Lt. Col.

a/Ds ms.



23 1/2

Medical Board

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a *

assembled at Sewell, Man

on the 27th day of July 1915.

by order of A.A.G. i/c Administration

for the purpose of examining and reporting on the

condition of Major J. Lightfoot, 10th Batt. C.E.F.

PRESIDENT.

Capt A.W. Tanner

A.M.C.

MEMBERS.

Capt. A.R. Taylor,

A.M.C.

Capt. B.M. Bayley,

A.M.C.

The board having assembled pursuant to order, proceed to examine the leg of Major Lightfoot, who received a bullet wound of the left leg. Wound of entrance posterior and above head of left fibula, passing downwards and backwards to the lower angle of popliteal space. The wound is healed. The action of the joint is not impaired. There is slight pain in the calf of the leg after exercise. There is oedema of the left leg. This oedema disappears with rest, but is present after exercise. Measurement shows above the left ankle to be $\frac{1}{2}$ inch larger in circumference than the corresponding place of the right side. The left knee is

M. F. B. 303. $\frac{1}{2}$ inch

20m.—3-15.

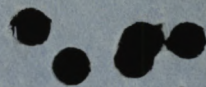
H. Q. 1772—39—133.

DEPT
MILITIA & DEFENCE

AUG 2 1915

H.C.
CANADA

Disc. Dec
3/10/17
ERD



32 4 20 0 37 47 5

$\frac{1}{2}$ inch larger in circumference than the right knee. The knee condition is not due to fluid in knee joint, but rather to inflammatory thickening outside the knee.

The wound was received April 23rd/1915 on service with 10th Batt.C.E.F.

The Board recommends that the leave of absence of Major Lightfoot be extended until September 17th.1915.

Sewell, Man

July 27th.1915.

Sewell, Man.
July 27th 1915

W. J. James
Capt. President
ABDington Capt Carne.

Benjamin Morn Bayly
Capt 46 Bats. C. E. F.

Approved,

W. Laurel

Captain A.M.C.

For A.D.M.S. M.D. #10. A.O.D.

July 28th. 1915.

Approved.

10-8-15

W. Laurel

Major

A.D.M.S.

14 1/2

Rank and Name

LIGHTFOOT James Major.

Regimental No.

Name and Address of Next-of-kin

Unit

10th Batt.

Date of enlistment

Sept 24, 1914.

Place of birth

England

Married (Yes or No)

Yes

If in Permanent Force

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

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

①	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
			<i>On strength 10th Bn.</i>	<i>France</i>	<i>1/4/15</i>	<i>A.I. BIST</i>
②	<i>24/4/15</i>	<i>W.D.</i>	<i>Reported from Base (wounded)</i>		<i>24/4/15</i>	<i>ON. Cas. Report No 42.</i>
③	<i>30.4.15</i>	<i>W.D.</i>	<i>and two Burns Hope</i>	<i>Yorquay</i>	<i>27.4.15</i>	<i>Wounded Cas list 50-42</i>
④	<i>20-5-15</i>	<i>O.C. 9 Batt.</i>	<i>Discharged</i>	<i>60</i>	<i>25-5-15</i>	<i>C.R. 155 dated 10/9/15</i>
5	<i>20-5-15</i>		<i>Taken on strength</i>	<i>Shorncliffe</i>	<i>20-5-15</i>	<i>Part II order-35-</i>
6	<i>2.7-15</i>	<i>Com. Com.</i>	<i>Medical leave. 18-5-15 to 17-8-15</i>			<i>R.O. 1212-Permission to go to Canada.</i>
7	<i>13-9-15</i>	<i>W.D.</i>	<i>Med. Board in Canada, extends leave to 1st Nov/15</i>			<i>man R.L. 81/2</i>
8	<i>30.10.15</i>	<i>Loc. C.T.R.</i>	<i>Retained special duty</i>	<i>Canada</i>	<i>29.10.15</i>	<i>R.O. 3304 P.O. 592 9 Rev 317</i>

Returned as Lt Col with 222nd Bn

4028

A.F.B. 1st

1 AUG 1915

9 Bn. OCT 1 1915

Mrs. Margaret A Lightfoot (wife)

450 Kennedy Streetm

Winnipeg, Man

M

AZ SASK.

Rank and Name

LIEUTENANT JAMES M. JONES

Regimental No.

10th Batt.

Date

1914

REMARKS
Taken from Official Documents

Report

Place

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

Date

From whom
received

Place of birth

Married (Yes or No)

M in Permanent Force

Promotions or appointments

Report

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

Date

Place

Date

REMARKS

Taken from Official Documents

Attached to 10th Battalion C.E.F.

from Aug. 14th 1914 to Nov. 15th 1915.

