

M. D.

1st DEPOT BN. N. B. REGT.

Depot Battalion

Regiment

Regtl. No. 4061108

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917.

(Class

Triplicate.

1. Surname..... Rodgers

2. Christian name..... William James

3. Present address..... Clifton, Glou. Co. NB

4. Military Service Act letter and number..... 667531 FC

5. Date of birth..... Aug. 3, 1894

6. Place of birth..... Clifton, NB.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Farmer

10. Name of next-of-kin..... Mrs. Bert Scott

11. Relationship of next-of-kin..... Sister

12. Address of next-of-kin..... Clifton, Glou Co NB

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... Nil

15. Medical Examination under Military Service Act:—
 (a) Place..... Bathrust, NB (b) Date..... Nov. 9, 1917 (c) Category..... AE

DECLARATION OF RECRUIT

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

William James Rodgers (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 23 yrs. 11 mths

Height..... 5 ft. 8 ins.

Chest } fully expanded..... 35½ ins.

measurement } range of expansion..... 2½ ins.

Complexion..... Medium

Eyes..... Hazel

Hair..... Black

Distinctive marks, and marks indicating congenital peculiarities of previous disease.
1 Vacc left arm.

O. C. W. E. R. Rakleffe Lt.-Col.
 O. C. 1st Depot Battalion
 New Brunswick Regiment.

Place..... Sussex, NB Date..... July 3, 1918

DEPT OF THE ARMY

PARTICULARS OF RECRUIT

GRADED UNDER MILITARY SERVICE ACT 1916

APPENDIX

Name
 Age
 Height
 Weight
 Complexion
 Hair
 Eyes
 Education
 Trade
 Occupation
 Service
 Remarks

No. of Recruits
 100

MAILED

DEPARTMENT OF THE ARMY

Name
 Age
 Height
 Weight
 Complexion
 Hair
 Eyes
 Education
 Trade
 Occupation
 Service
 Remarks

O. C. H. T. ...
 ...

REGIMENTAL DOCUMENTS

24-6-1922

Rodgers,
~~ROGERS~~ William James

NAME

REGT. NO.

4061108

UNIT

44th Bn

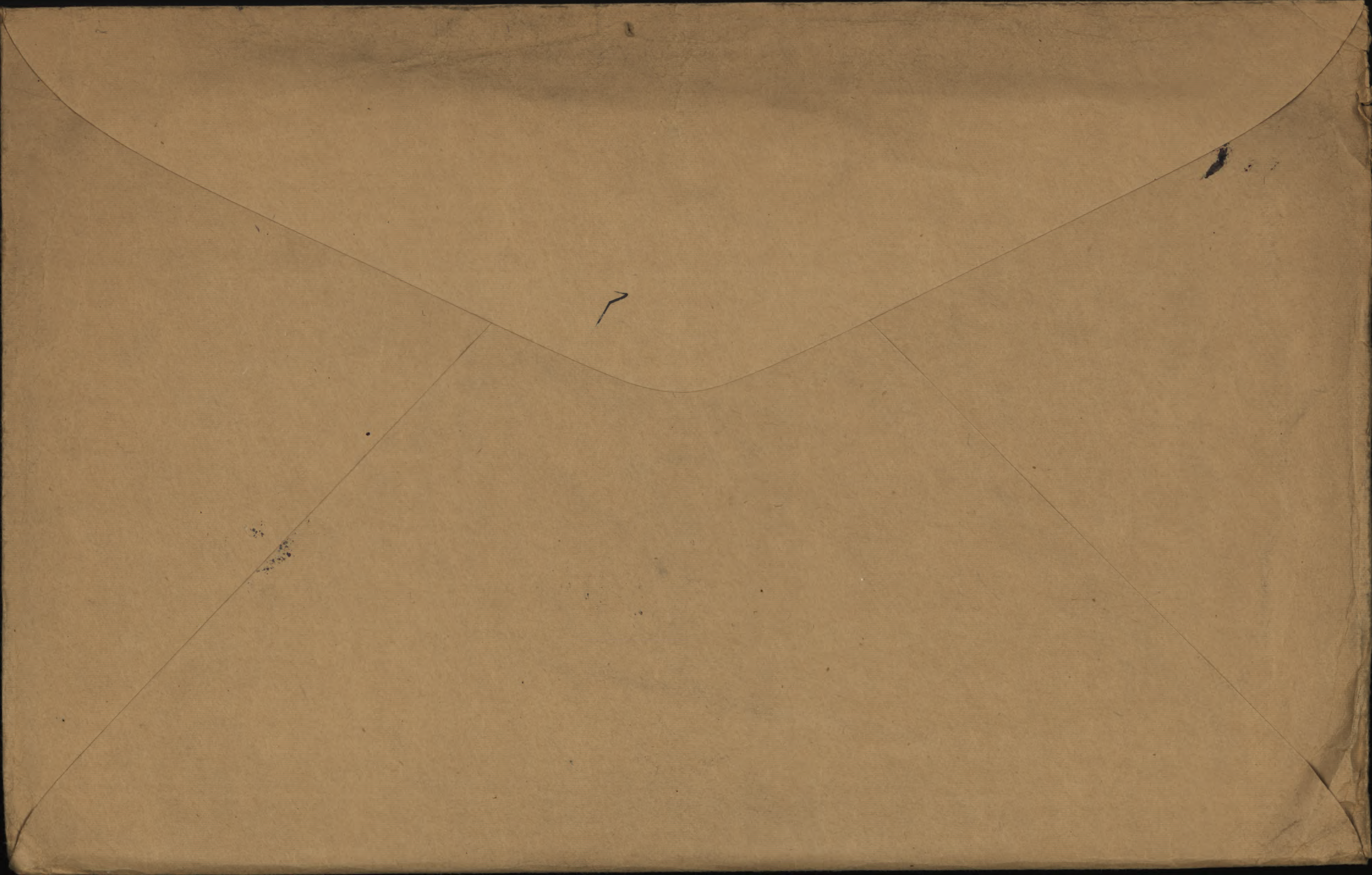
H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1. TESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
2. CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1. FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1. MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2. DENTAL HISTORY SHEET (M.F.B. 465) <i>cut</i>		OIL			Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1. MEDICAL EXAMINATION (M.F.W. 129)					Demob.
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1. PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1. COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1. C.A.D.P. 5009a					
1. M. sec.					
1. R-122		H			

649 R 23565

20345

40-7
21-7
8 8



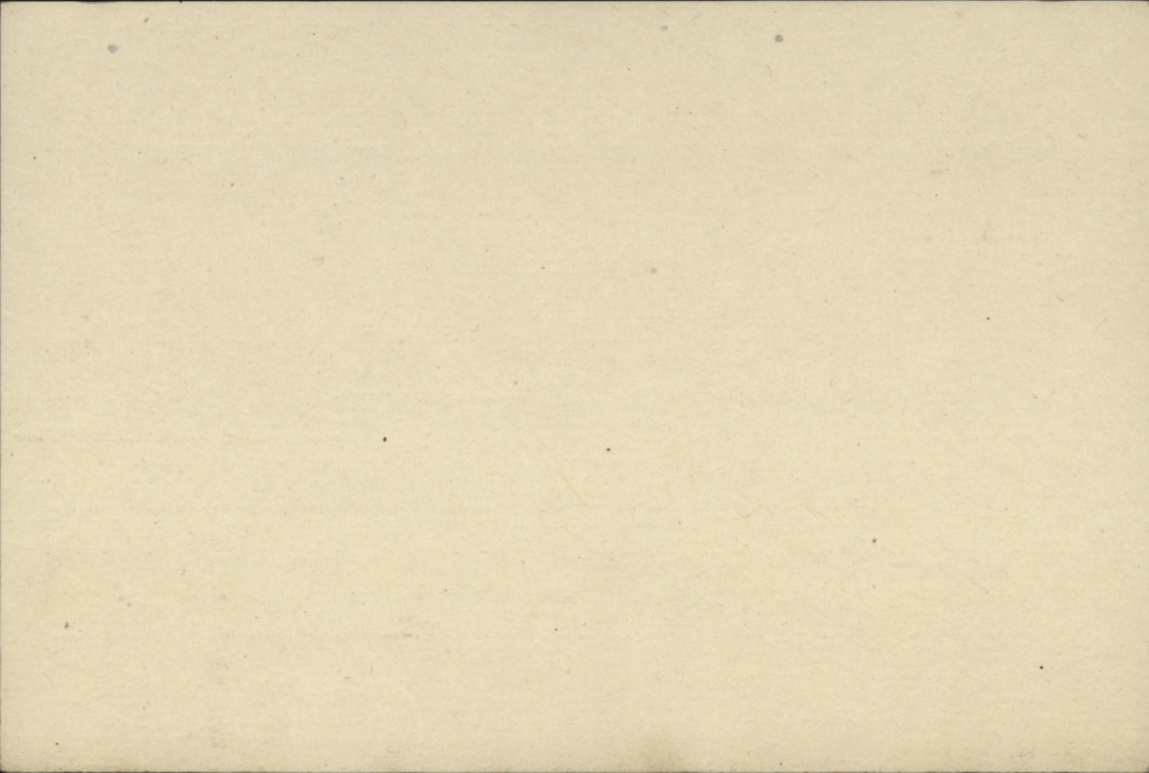
Surname *Rodgers*
Christian names *William James*
Regtl. No. *4061108* Rank *Pte*
Unit *H. B. Regt 1st Depo Bn.*
H. O. S. *S.O.S. Dem. 6-6-1919*
5.5.143 12-6-19
#70.0.
M. D. No. *7* *Inf Area. 6.7.*
T. O. S. *July 3rd* 19*18*
D. O. Pt. II *185* of *4-7-18*
S. O. S. 19
Reason
Auth.

Next of kin *Scott Mrs. Berth* Relationship *Sister*
Address *Lalifton, Gloucester Co. N.B.* Also notify:

BORN—Place *Canada, Lalifton, N.B.* Date *Aug 3rd 1894*

ATTESTED—Place *Sussex, N.B.* Date *July 3rd 1918*

O/S *3-8-18-1365* R/C *4.6.19 342 L/B.*
31



3257733

13-245

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Rodgers Christian name William James
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 653152
3. Consecutive number on schedule of men reporting for service (if he appears on it) 653152
4. Address (including street and number, if any) Situmville N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of November 1917, by the undersigned medical board sitting at St John N.B.

5. Age as stated 21 Years 11 Months. 6. Apparent age 21 Years 11 Months
7. Height 5 Feet 5 Inches. 8. Weight 127 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion Fair { Eyes Grey
Maximum 34 Ins. Hair Brown

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

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

16. Slight defects but not sufficient to cause rejection Nil

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Eye R.D.) 20/40 L.D.) 20/40

May Base L. M. Curran Maj President. Hearing Journal
John Rogers Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/4/18</u>	<u>Nic</u>	<u>F. T. (L. M. Curran)</u>	<u>24/4/18</u>	<u>Nic</u>	<u>M.O.</u>
<u>4. 6. 18</u>		<u>F. T. (L. M. Curran)</u>	<u>6/18</u>	<u>Nic</u>	<u>M.O.</u>
					<u>M.O.</u>

Joined 24th day of April 1918 at St. John N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Batta</u>			
Transferred to.....	<u>2nd Regt</u>	<u>229798</u>		
	<u>44 Bn</u>	<u>4061108</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>St. John N.B.</u>	<u>April 26/18</u>		<u>cat. - A2</u>
<u>Sursey</u>	<u>27/7/18</u>		<u>A2</u>

Signature of Man W. William John Rodgers

Ckd. to Schedule by P.M.D.

N. B.—This sheet is 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

7

NAME OF SOLDIER

Boag W. J.

REGIMENT

1st Depot Coy. B. B. B. B. B.

No. 4061108



INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											S	L	P			Gold	Porcelain				
<i>July 26th</i>	<i>1918</i>	<i>4</i>								<i>6</i>									<i>Examined</i>		
<i>July 29th</i>		<i>2</i>																	<i>W. R. Currie</i>	<i>7</i>	<i>6-4.5-11.29.31</i>
<i>July 31</i>		<i>5-29-31</i>		<i>2/4.11</i>															<i>C. F. Gillis</i>	<i>7</i>	
																			<i>W. P. Lewis</i>		

X X
X O O X

O

X
X

X
X O O

X X
X O X

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-920

Casualty Form—Active Service

Unit, Regiment or Corps 1st. Depot Battalion, N.B. Regt.

Regimental No. 4061108 Rank Private Name Rodgers William James.

C. E. F.

Enlisted (a) 5/27 3/7/18 Terms of Service (a) Duration of War Service reckons from (a) 3/7/18

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

Extended Re-engaged Qualification (b) Farmer.

Report		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				
		REBARKED	HALIFAX	1-8-18	H.M.T. NANKIN.
		DISBARKED	LIVERPOOL	16-8-18	
19-8-18	OC 13th Res. Bn	T.O.S. 13th Res. Bn on arrival from Canada.	Bramshett	16-8-18	B.O. 195, Pt 2.
31-10-18	OC 13th Res. Bn	S.O.S. 13th Res Bn on preceding @/S to 44th Bn.	Bramshett	30-10-18	BO 257, Pt 2.
1-11-18	C.I.B.D.	T.O.S. 44	FRANCE	31-10-18	DO. No. 140
10-11-18	C.I.B.D.	S.O.S. 44	FIELD	8-11-18	N. R. 309
10-11-18	C.C.R.C.	T.O.	"	10-11-18	N. R. 1457
16-11-18	C.C.R.C.	S.O.S. 10-11-18	"	11-11-18	N. R. 1972
16-11-18	UNIT	JOINED UNIT	"	11-11-18	N. R. 2022
					B. 213

1) 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.]

Casualty Form - Active Service

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				

Proceeded to England.

APR 27 1919

E. BRITAIN - Sailing No. 70
 Embarked L'FOOL 23*5*19
 Disembarked QUBB 4*6*19
 *No. 9 Comencing Staff

Alberson
Capt.

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

S.O.S. from G.M.F.C. proceeding to Canada
Chap. 11 # 24 28/5/19

423 H

INGAN BATTN

No. *100*

Date *28/5/19*

EB Rank **RODGERS, WILLIAM JAMES** Reg'l No. **4061108**

Unit **DP. 64 N. B. Regt.** If in perm. Corps, }
What Unit? } Married or Single **Single**

Place and Date of Enlistment **Sussex, N. B., 3-7-18** Place of Birth **N. B.**

Name and Address, Next-of-Kin **Mrs. Bert Scott,**
Clifton, Glou. Co., N. B. Relationship **Sister**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character



man

N/E. R.B. 24205
File R.L.
Category **O.R. Can**

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.				
19 AUG 1918	13 th Res	Arrived in England Taken on strength	15 AUG 1918	H.M. J.	Hankin.
31 10 18	"	Says to 44 Bn ops	30 12 18		44 Bn I40 14.II.18 257
4 3 19	IPCC TO ENGLAND FIELD		27 4 19	DO	29
1 5 19	E.WCCC TO S FROM 44THBN.		BR SHOTT	28 4 19	DO 21
23 5 19	44Bn EWing.CCC	S O S to Canada	27 5 19	DO	27
		Canada	70-C-30.	28-5-19.	

W 13

E.I.

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

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. 4061108 Rank Ote Surname Roger
(Given name in full) William James
Unit or Corps 44 C.M. Birthplace Clifton N.B.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 ^{lb} lbs. Height 5 ft. 5 in. Colour of Eyes Brown
Nutrition good
Pulse 72 regular
Condition of arteries soft
Vision Rt. 9/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
1 occurrent mark left arm

Opinion as to general health and physical condition good

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 yes

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.

st John. 21. 5-18-15 to 4 6 18. measles

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 7-5-19

Signed J. R. Jackson M.O. A. J. Camb

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 W. J. Rodgers

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

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

Handwritten initials

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
 DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

REGIMENT

RANK

No.

Date of Examination in England

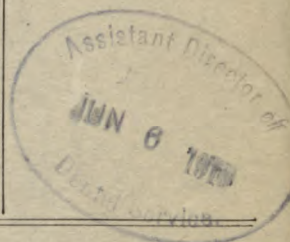
Date of Examination in France

Rogers. William
Hunt 3rd
L/c
4061108

30/4/19

1. This form will be made out for each individual at the time of demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

12.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

18.

2. EXTRACTIONS

3. CROWNS

30

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

/

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada *Yes*
- (b) In England */*
- (c) In France */*

BRAMSHOTT CAMP
 HANTS.

Signature of Dental Officer

C.C. Graham Esq

1
CANADIAN ARMY DENTAL CORPS D.M.
DENTAL CERTIFICATE FOR DEMOBILIZATION

THIS FORM IS
TO BE FILLED IN BY
THE DENTIST
AND IS TO BE
FORWARDED TO THE
DENTAL OFFICER
IN CHARGE OF THE
DENTAL CORPS
FOR THE
UNIT TO WHICH
THE PATIENT IS
BEING DEMOBILIZED.
IT IS TO BE
RETAINED BY THE
DENTAL OFFICER
IN CHARGE OF THE
DENTAL CORPS
FOR THE
UNIT TO WHICH
THE PATIENT IS
BEING DEMOBILIZED.

RECEIVED
DENTAL CORPS
D.M.
DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF PATIENT
REGIMENT
BATTALION
REGIMENTAL DENTAL OFFICER
DATE
DENTAL OFFICER IN CHARGE OF DENTAL CORPS
FOR THE UNIT TO WHICH THE PATIENT IS BEING DEMOBILIZED
SIGNATURE
RANK AND NAME
DENTAL OFFICER IN CHARGE OF DENTAL CORPS
FOR THE UNIT TO WHICH THE PATIENT IS BEING DEMOBILIZED

M.S.A.
Fill in only.—Unit, Number, Rank and Name.

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *4th Bn.*
Regimental No. *4061108* Rank *2/Cpl* Name *Rogers, John Jas*
Enlisted (a) *2/1/18* Terms of Service (a) *3/7/18* Service reckons from (a) *2/1/18*
Date of promotion to present rank *3/7/18* Date of appointment to lance rank *3/7/18* Numerical position on roll of N. C. Os. *3/7/18*
Extended Re-engaged Qualification (b) *James*

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>12/6/19</i>	<i>Eng.</i>	TAKEN ON STRENGTH <i>District Depot No. 7.</i> PART II. ORDER No. <i>163</i>	<i>ST. JOHN, N. B.</i>	<i>28/5/19</i>	<i>h.l.w. Jones</i> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
<i>12/6/19</i>	<i>Dis. 2/1/18</i>	STRUCK OFF STRENGTH <i>District Depot No. 7.</i> PART II. ORDER No. <i>163</i>		<i>6/6/19</i>	<i>h.l.w. Jones</i> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

(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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NO 4061108

Signature of Dental Officer: C.C. Graham, Capt.

Has he ever received Dental Treatment? (reply by "Yes" where applicable to any or all of a, b or c.)
(a) In Canada Yes
(b) In England
(c) In France.

Has he ever refused Dental Treatment?

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

4. Dentures

5. Gums 30

2. Extractions

1. Fillings 18

Present Dental Requirements.

C H A N L

2. Pictures as per chart will be used to designate teeth concerned. In reference to dental department, the names of teeth thereon will be stated.

Date of examination in England 30.4.19 Date of examination in France.

REGIMENT 44th Batt RANK I/Cpl NO - 4061108

NAME OF SOLDIER ROGERS W.J.

1. This form will be made out for each individual at the time of demobilization in England or France.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Directions to Dental Officers.

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

CADC 5009A

COPY

19-12-15

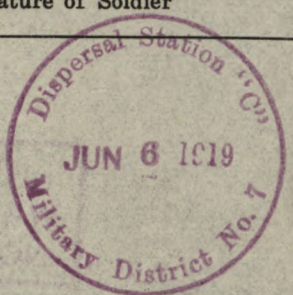
CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 4061108 (Rank) L/Corporal
 Name (in full) ROGERS, William James enlisted in
 the 1st Depot Battalion, N.B. Regt.
 CANADIAN EXPEDITIONARY FORCE at St. John N.B. on the 3rd
 day of July 1918
 HE served in England and France with 44th Casualty Bn
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age <u>24</u>	Marks or Scars <u>Yes, Scar Left Arm</u>
Height <u>5' 5"</u>	
Complexion <u>Medium</u>	
Eyes <u>Hazel</u>	
Hair <u>Brown</u>	
<u>W. J. Rogers</u> Signature of Soldier	<u>B. Smith M.D.</u> Issuing Officer
Date of Discharge	Rank
	Date <u>JUN 6 1918</u> 19

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

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE

day of _____ 19__

He served in _____

and is now discharged from the service by reason of _____

Demobilization _____

Medical Certificate _____

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age _____	Height _____
Complexion _____	Eyes _____
Hair _____	Build _____
Signature of Soldier _____	Date of Discharge _____
Learning Officer _____	Rank _____
Date _____	_____

CLASS 7
WAR SERVICE BADGE
NO. 268485
 Issued

NR

* Strike out whichever is applicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: RODGERS Wm Jas
EFFECTIVE DATE: 1-8-18		EFFECTIVE DATE: -		NUMBER: 4061108
AMOUNT: 20		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
Mrs Bert Scott (Sister) Blifton Gloucester Co. N.B.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				LPB bana 1-8-18 Pte
UNIT AND TRANSFERS				
ORIGINAL UNIT #4 1st Regt B. N.B. Regt				
DATE ACCOUNT FIRST OPENED: 1-8-18				
				UNIT TRANSFERRED TO
				13th Res

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS						UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK						
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DAILY RATES OF PAY AND ALLOWANCES				
2/4/19	3346	44 Res	3 65					AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
2/4/19	1144	P. Mung.	48 64						1	10		
			52 32									

PARTICULARS OF RENDERING NON-EFFECTIVE												
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
July 31	Bal from Canada								8 35			
Aug	P Pay	34 10		Cap				20 -				
				AB 16 Bourlay	20/8	4 87		20	17 58			
		34 10				4 87						
Sept		33 -		Cap				20 -				
				AB 1282 Bourlay	3/9	4 87						
				✓ 1733 13 Res	13/9	4 87			20 84			
		33 -				9 74		20 -				
Oct	P Pay	34 10		Cap				20				
				AB 1921	12/10	13 85						
				AB 105/244	Oct	. 08			29 99			
		34 10				4 95		20				
Nov	P Pay	33		Cap				20				
				AB 2288	9/11	6 98						
				✓ 1010	24/11	10 08						
Dec	P Pay	34 10		Cap				20				
				AB 10 04	3/12	3 43						
				✓ 1144	12/12	3 43						
Jan	P Pay	34 10		Cap				20	46 01			
		10 10				25 18		60				
Feb	P Pay	30 80		AB 1114	10/1	3 43						
				✓ 1245	14/1	18 66						
				✓ 1315	14/1	3 43						
				✓ 1434	4/2	3 43						
						29 95		20				
Mar	P Pay	34 10		Cap				20				
				✓ 1340	17/1	3 43						
				forward		33 58		20				

NUMBER *4061108* RANK *O-2*

NAME *RODGERS W J*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Nov</i>	<i>Pat forward</i>	<i>64.90</i>		<i>Pat forward</i>					<i>46.01</i>		
				<i>Pat forward</i>	<i>33.58</i>			<i>40</i>			
				<i>AR 1622 6/3 10 CIB</i>	<i>3.65</i>				<i>33.68</i>		
		<i>64.90</i>			<i>34.23</i>			<i>40</i>			
<i>Apr</i>	<i>P Pay</i>	<i>33</i>		<i>AR 1426 10/3</i>	<i>21.90</i>						
				<i>32 6/4</i>	<i>3.49</i>						
				<i>114 12/4</i>	<i>3.49</i>						
<i>May</i>	<i>P Pay</i>	<i>34.10</i>		<i>Cap Apl/May</i>	<i>28.58</i>			<i>40</i>	<i>31.90</i>		
				<i>AR 3348 2/4 44 an</i>	<i>3.65</i>						
				<i>144 2/5</i>	<i>32.53</i>						
				<i>216 10/5</i>	<i>48.69</i>				<i>25.27</i>		
		<i>64.10</i>		<i>house</i>	<i>81.20</i>				<i>25.29</i>		
					<i>82.04</i>			<i>40</i>			
					<i>86.04</i>						
					<i>86.04</i>						

SOS Canada 28/5/19. Left 40 899 4



17-8-33

SHORT FORM.

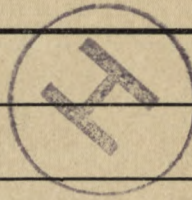
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D.A. ~~BC~~

Occupational Group No. 1

War Service Badge
Class "A" No.



Rodgers

1. No. 4061108.

2 Rank. Lt/Col.

3. Name. ROGERS. WILLIAM. JAMES.

4. Unit. 44 Cav Inf Bde. D.D. NO. 77

5 Date of Discharge JUN 6 1919 Place ~~Manchester~~ John N.B.

6 Reason for Discharge DEMOBILISATION

7. Authority. R. O. 1420 (C)

8. Proposed Residence after Discharge
Blypton
Gloucester Co N.B.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

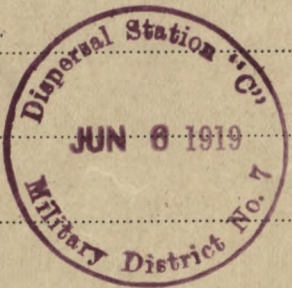
M. F. W. ? 39 & Class 'A'
W.S. No. 268485

Deceased
May 12-33
R 23565
Signature of Soldier.

10. CONFIRMATION
The discharge of the above named man is hereby confirmed.

Place.....

Date..... JUN 6 1919



B. Smith
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Signature.....
(O. C. Discharging Unit.)

02

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Penitentiary)

1. Name	
2. Rank	
3. Name	
4. Name	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Release after Discharge	
CERTIFICATE TO BE FILLED BY BOARD	
I have read and approve that the foregoing is true and that I received my discharge Certificate	
Signature of Board	
Date	
The discharge of the above named man is hereby confirmed.	
Signature	
Date	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Michigan	Michigan Form 7-32
By Testimony of Healer	Michigan Form W-17
Child Contact Report	Michigan Form W-18 or W-19
Child's Form	Michigan Form W-14 or W-15
Last Day Certificate	Michigan Form W-44
Confirms this minor's records are under control	
Medical History Sheet	Michigan Form B-212 or A-F-B-12
Transfer of Medical Record	Michigan Form A-201 or A-202
Death History Sheet	Michigan Form B-422
Medical Report	Michigan Form B-200 or B-201
Regimental Contact Sheet	Michigan Form B-202
Company Contact Sheet	Michigan Form B-203

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133)
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227, or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings of Discharge (M.F.W. 218)
8. Discharge Certificate (M.F.W. 44) (Duplicate copies (300a)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. ~~Equipment~~ Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851). *Dups*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Summary Documents.

Group..... **B**

Checked by No..... **11**

27 MAY 1918

Date of Enlistment *3rd July 1918*

MILITIA AND DEFENCE

R-9546.

Date of Assignment

Separation and Assigned Pay Branch

1st Aug. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20⁰⁰</i>			
------------------------	--	--	--

9/12 R22 MP

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *1st Depot Bn. N.B. Regt. Dpt. 64.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address
 1 MRS. BERT SCOTT,
 CLIFTON,
 2 GLOUCESTER CO.N.B. 20 20.00
 A-C 4061108 PTE WM. JAS. RODGERS
 3 TWENTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Aug 1918</i>	<i>Y 38643</i>		<i>20</i>	<i>20</i>
<i>Sept.</i>	<i>X 42384</i>		<i>20</i>	<i>20</i>
<i>Oct</i>	<i>H 55085</i>		<i>20</i>	<i>20</i>
<i>Nov</i>	<i>W 60467</i>		<i>20</i>	<i>20</i>
<i>Dec</i>	<i>2 65207</i>		<i>20</i>	<i>20</i>
<i>Jan</i>	<i>E 75413</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>N 77240</i>		<i>20</i>	<i>20</i>
<i>Mar</i>	<i>6. 84477</i>		<i>20</i>	<i>20</i>
<i>Apr</i>	<i>B 4528</i>		<i>20</i>	<i>20</i>
<i>May</i>	<i>M 7888</i>		<i>20</i>	<i>20</i>
<i>JUN</i>	<i>1 10677</i>		<i>20</i>	<i>20</i>
			<i>220</i>	<i>220</i>

6 1555X9-W-105 REMARKS

A/c Closed *30-6-19*
 Ret'd per... *Emp. of Britain*
 Date *5-6-19* M.F.W 187 *16-6-19*
 Closed *Sub. M. 1200 Lt. 96613*

md 7

M. F. W. 128
 4000-6-17-1772-39-141
 L. L. 22320-M. & D. 7493.

AUTHORITY FOR NEW ACCT. *M.D. 7-B.2*
Sub Coy. 29-8-18

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 _____

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

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22220-M. & D. 7665.

M.D. No. 7

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. _____ REGT. No. *4061108* RANK *Pte* NAME (IN FULL) *Rodgers Wm Jas*
 NEXT OF KIN _____ ADDRESS _____ RELATIONSHIP _____
 ORIGINAL UNIT C.E.F. *1st Depot Bn.* IF IN P.F. WHAT UNIT? _____
 PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *3-7-18* ✓ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY \$ *20.00* ✓ DATE EFFECTIVE _____ AUTHORITY *2595* ✓
 IS SEPARATION ALLOWANCE PAID? *nil* ✓ DATE EFFECTIVE _____
 TO WHOM PAID _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS *Mrs B Scott* ✓
Clifton ✓
Gloce Co NB ✓
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE *St John* DATE *6-6-19* REASON *Demot* AUTHORITY *100163* ✓ 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	
May																	<i>Comp of Britan 5/6/19</i>
June	<i>12</i>	<i>1¹⁰</i>	<i>1320</i>	<i>3500</i> ✓ <i>7000</i> ✓	<i>118</i>	<i>20</i>	<i>CS CS</i>	<i>190660</i>	<i>487</i> ✓ <i>487</i> ✓	<i>500</i> ✓ <i>7000</i> ✓			<i>2042</i> ✓ <i>2042</i> ✓				<i>Dr bal engl PC 31-5-19</i>
WAR SERVICE GRATUITY.																	
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓				<i>70 00</i> ✓	<i>140 00</i> ✓			<i>1st Pay WSS as above</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓			<i>660</i> ✓	<i>660</i> ✓	<i>13340</i> ✓			<i>Dr Cr P+A on disc</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓			<i>696</i> ✓	<i>696</i> ✓	<i>12644</i> ✓			<i>Dr bal as above</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓			<i>5644</i> ✓	<i>5644</i> ✓	<i>70</i> ✓			<i>ex 1054355 ✓</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓			<i>70</i> ✓	<i>70</i> ✓	<i>70</i> ✓			<i>7/9/19</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓			<i>19644</i> ✓	<i>1356</i> ✓	<i>718 00</i> ✓			<i>CR 1253815 ✓</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓								<i>6/8/19</i>
			<i>WSS</i>	<i>210 00</i> ✓	<i>210</i>				<i>70 00</i> ✓								<i>Non-effective</i>

