

DUPLICATE

ATTESTATION PAPER.

No. 2006761

Canadian Engineers. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

Pr. B. d. 29-11-17

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Sheridan
1a. What are your Christian names? John
1b. What is your present address? Lorne Ontario Canada
2. In what Town, Township or Parish, and in what Country were you born? Thornbury Ontario Canada
3. What is the name of your next-of-kin? Jane Sheridan
4. What is the address of your next-of-kin? Lorne Ontario Canada
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? October 14th 1885
6. What is your Trade or Calling? Millwright
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No No
14. If so, what was the nature of your disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

John Sheridan (Signature of Recruit)

Date 4th October 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Sheridan, 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.

John Sheridan (Signature of Recruit)

Date 4th October 1917 (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 Canada this 4th day of October 1917

(Signature of Justice)

Description of John Sheridan on Enlistment.

Apparent Age.....32 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft 11 ins.

Chest measurement { Girth when fully expanded.....39 1/2 ins.
 Range of expansion.....3 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Religious denominations. { Church of England.....C. of E.
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

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).

Mole on left Hip above buttock

Small Scar inner part of 1st

Finger

Hearing .K. Nose & Throat O.K.

V R.20 L.20

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.....4th Oct.....1917

Place.....Toronto Camp

**DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE**
A. G. McArthur
M.O. PRESIDENT

*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.

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

C. E.
 (Signature of Officer)
O. C. Engineer Training Depot.

Date.....NOV 3 1917.....1917

REGIMENTAL DOCUMENTS

NAME SHERIDAN John

REGT. NO. 2006761

UNIT P.B. Coy. C. Co. H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

I

DEATH

Category

DISCHARGE

Category

Amob.

DESERTION

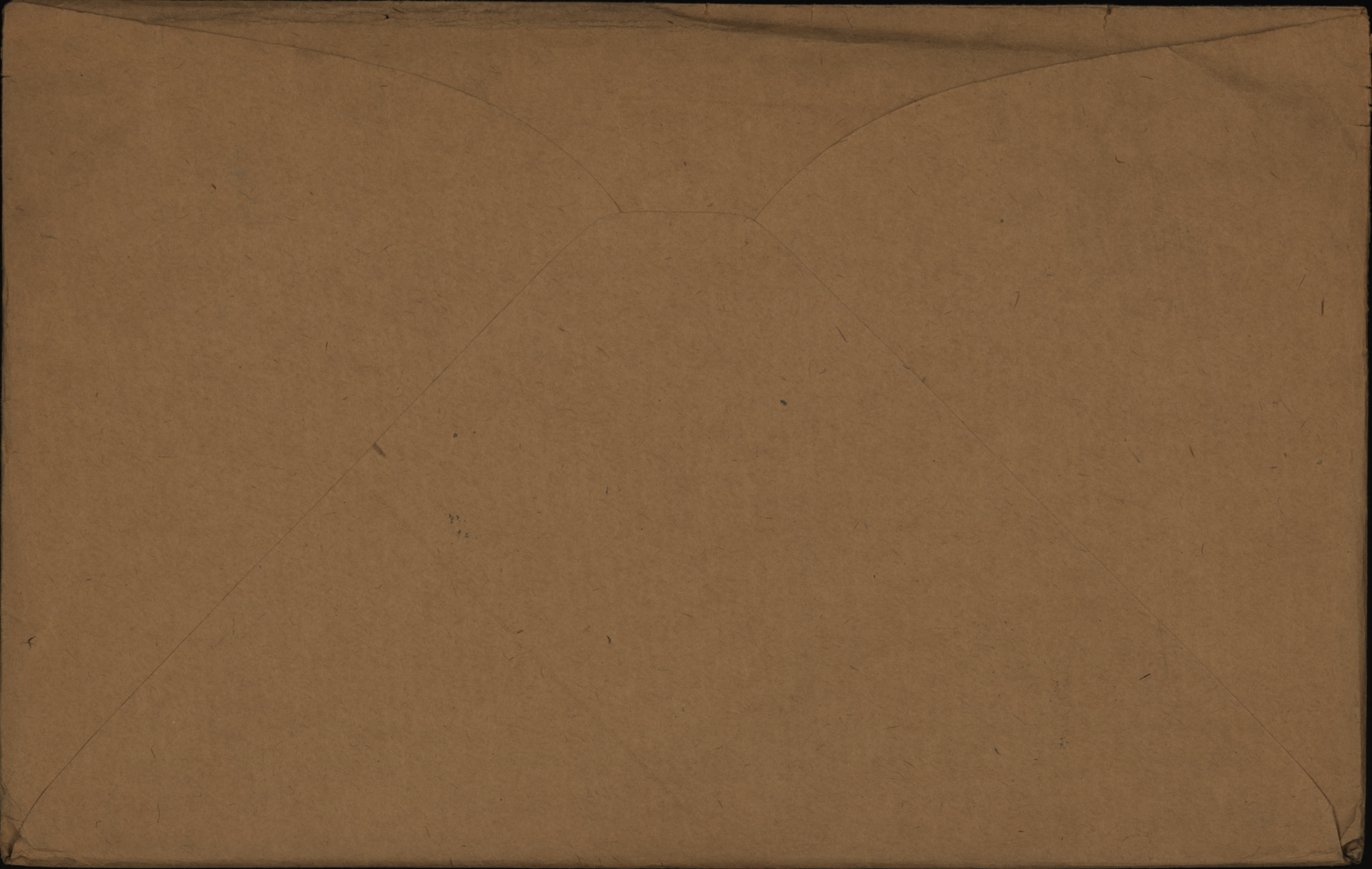
M

16461

32-4
18-4
~~3-4~~

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 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)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 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 Misc.
- 2 CD-3
- 1 P.B.

14-8-19
J.S.



EM ~~WAE~~

Number 2006761

Rank a/cpl

~~B~~

Surname SHERIDAN

Christian Name John

Units C E Theatre of War France

Date of Service 22/5/18

Remarks 369 Delaware

Latest Address ~~Loree P Toronto~~
Dnt

Roll No

"B" Page 10207.

200m - 2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued ^{Yes} ^{No} _____ ^{Date} _____ ^{Character on} _____ ^{discharge} _____

Previous occupation _____ ^{Date and place of} _____ ^{enlistment} _____

Diagnosis _____ ^{Date of Medical} _____ ^{Boards} _____

Date _____ Remarks _____

DESP FEB 14 1922
REGN. NO. 111115

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

SURNAME.

Sheridan

CHRISTIAN NAMES

John

REGL. NO.

2006761

RANK

Cpl.

UNIT

Can. Eng. Ls (Depot)

FORMER CORPS

Mil.

CARD NO.

*Dis. Area 2.
D.O.D. 30-7-19 192 mat.
10.0.214 of 2-8-19. 2.10.10.*

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sheridan, Mrs. Jane

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Loree, Ont.

COUNTRY OF BIRTH

Canada Thornbury, Ont.

DATE

Oct. 14th - 1885

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Oct. 4th - 1917

R.I.C. 28/7/19 ³⁷⁹/₄₄ Cpl.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Millwright

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

32 YEARS

11 MONTHS

HEIGHT

5 FEET

11 INCHES

CHEST MEASUREMENT

38½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Mole on left hip above

buttock. Small scar inner part of 1st finger.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct. 4th 1917

Present address Lorne, Ont.

No 2006761 RANK

L/Cpl.

NAME Sheridan John

T. O. S.

UNIT

District Paymaster (28th Draft)
Can Engrs. In Depot

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Feb 11.	1918 Feb 28	re	to be a/cpl	2015



REG. NO. 2006761 NAME. Sheridan, J. ✓ 11237
(SURNAME FIRST)

RANK. Sap. CORPS B. Y. D.

AGE. 33. SERVICE 4/12. Canada only.

NAME OF HOSPITAL. Military PLACE. St. Johns, Que

DATE OF ADMISSION. 15. 1. 18.

DISEASE. Influenza

DISCHARGE. 21. 1. 18.

OPERATION

DISCHARGED TO DUTY. Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Blank lined area for writing remarks, consisting of 12 horizontal lines.

CERP.

*Aug
1918*

TLH Rank **SHERIDAN, John,** Reg'l No. **2006761**
 Name **SHERIDAN, John,**
 If in perm. Corps, }
 Unit **ENGINEERS** What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **Toronto, 4th. Octr. 1917** Place of Birth **Thornbury, Ont. Canada**
 Name and Address, Next-of-Kin **Jane Sheridan.**
Loree, Ont. Canada Relationship **Mother**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. NO. **24456**
CAN. OK

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 MAR 1918		Arrived in England	18-5-18	S/S TELEA	
21-5-18	Ind. CERB	TOS from CETD Seaford	21-5-18	DO. 1	CETD. DO. 117
24-6-18		S.O.A. to CERP	23-5-18	DO 29	4 CERP 74/9/10-7
13.2.19	CERP	S.O.A. to P.B.C. units	13.1.19	DO 8	TOS DO 7.19219. P.B.U.
13.3.19	P.B. Unit	S.O.S. to P.B.C.	8.3.19	11	CCD NO 14/28 3/9
31-3-19	E. Wing	Pos of term Cadre	11-3-19	DO. 10	
28-3-19	H. Wing	app of Ypls.	21-1-19	DO 14	
6.6.19	E. Wing	S.O.S. to Wing for P.T.C.	5-6-19	DO 29	
2.6-3.19	H. Wing	app. 4. cpl with pay	21.10.19	DO 14	

B.103 CHECKED
5 JUL 1918

Misc

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.				
7.4.19	P. Wing	To S. per per Can.	Witley	5.7.19	63.
10-7-19	H. Wing	SOS. of P. to P. Wing	---	5-7-19	D.O. 63
				98-I-46	18-7-19.
22.7.19	P. Wing	SOS to Canada.	Witley	18.7.19	Do. 71.
25.6.19	A Wing	SOS to H Wing Witley	B. Shott	16.3.19	DO 36

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps
 Regimental No. 2006761 Rank Cpl. Name Sheridan, Geo.
 C. E. F.
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				
JUL 18 1919 O. S.	T. O. S. No. 2 DISTRICT DEPOT,	TORONTO 1919	PART II O. S. 214		
JUL 30 1919 S. O. S.	(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,	PART II O. S. 214		
					Lieut. For O. C. No. 2 District Depot.

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

I "A" Group P King.

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

THIS SECTION FOR USE OVERSEAS

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. *2006761* Rank *1st Lt* Surname **SHERIDAN**
(Given name in full)

Unit or Corps *P. B. Coy. C. E.* Birthplace *Lower P. O., Ont.*

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

1. GENERAL DESCRIPTION: *Est.*

Physique *Good* Weight *195* lbs. Height *5* ft. *11* in. Colour of Eyes *Blue*
Nutrition *Good*
Pulse *72 reg.*
Condition of arteries *soft*
Vision Rt. *6/6* Left *6/6*
Hearing (conversational voice) Rt. *20* ft.
Left *20* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar left fore-finger, palmar surface.

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.

*Scarlet Fever in childhood (at 13 yrs.) - recovered
Influenza (?) Jan, 1918 - In hospital 7 days - recovered.*

[over]

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley Camp.....(Overseas)

Date July 8, 1919..... Signed Harriet Capt.....M.O.

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

Signature John Sheridan.....

(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 a Medical Board.)

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

D.A.G. 14-1-18
13-6-19.

Rob

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 388263

THIS IS TO CERTIFY that No. 2006761 (Rank) 2/corporal

Name (in full) John Sheridan enlisted in
the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Toronto on the 4th
day of October 19 17

HE served in France with C. E.'s

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 33 years

Height 5' 11"

Complexion Fair

Eyes Blue

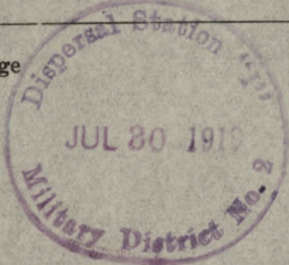
Hair Brown

Marks or Scars scar left
forefinger palmar surface

John Sheridan
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge



For Rank
O.C. No. 2 District Depot.
Date JUL 30 1919 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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19____

He served in _____

and is now discharged from the service by reason of _____

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:

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

N.B. - A duplicate of this Certificate will be issued and person making same is requested to forward it to the appropriate authorities in the General & Field Command, Ottawa, Canada.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps. Can. Eng. Hospital Station *U. Johns P. Q.*

No. *2006761* Rank and Name *Spr. Cheredan J.* Age *33* Service *49m*

Disease *Influenza* Date of Admission *15-1-18* Date of Discharge *21-1-18* Result *Recovered to send Case Book* Folio _____

Dates of Observation	15		16		17		18		19		20		21		22		23		24		25		26	
Days of Disease	1		2		3		4		5		6		7		8		9		10		11			
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°																								
106°																								
105°																								
104°																								
103°																								
102°																								
101°																								
100°																								
99°																								
98°																								
97°																								
Pulse per Minute	90	68		72	64		64	64	60		56	72		60	64		64		64		64		64	
Respirations per Minute				76	72																			
Motions	1		1	1	1		0	0	1	1				1	1									

Admitted to hospital

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case)

Hospital Station _____
 No. _____
 Date of Admission _____
 Date of Discharge _____
 Result _____
 Case Book _____
 Folio _____

107
 106
 105
 104
 103
 102
 101
 100
 99
 98
 97

MADE IN CANADA

Signature

No. of case

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) SHERIDAN John

REGIMENT 9 B Coy 66 RANK Corps No. 2006461

Date of Examination in England 8/7/49 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

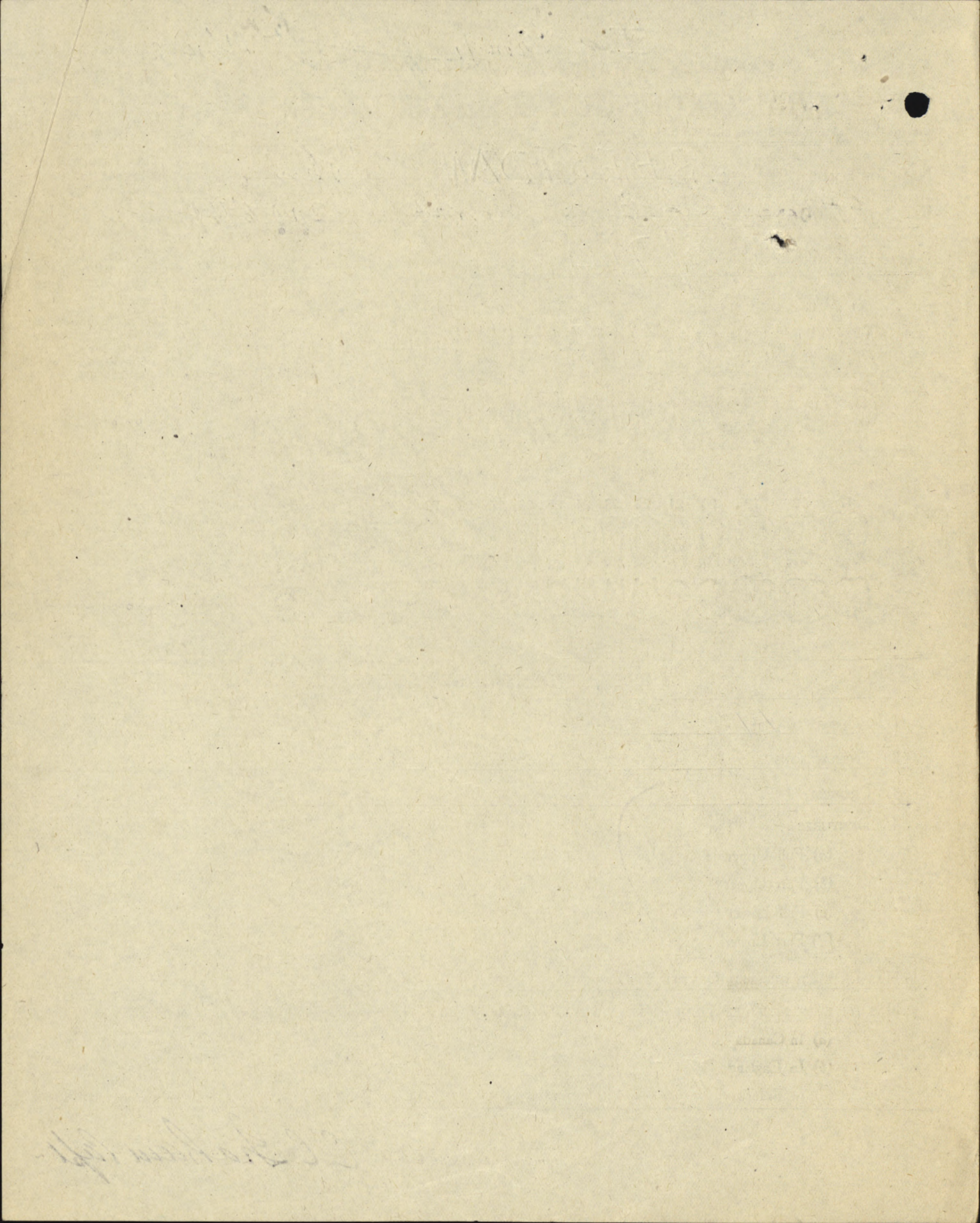
1. FILLINGS 19.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

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 _____
- (b) In England 7 -
- (c) In France _____

Signature of Dental Officer C.C. Graham Capt.



MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Sharnbury Ont.*
 NAME OF NEXT OF KIN *Gene Sheridan* RELATIONSHIP *Mother*
 ADDRESS *Levee Ont. Canada*

NAME OF NEXT OF KIN _____ RELATIONSHIP _____
 ADDRESS _____

APPOINTMENTS,
PROMOTIONS AND REVERSIONS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL

REG'L No *2006761* RANK *10/61st Upper* NAME *Sheridan John*
 PLACE OF ATTESTATION *Toronto Ont.* DATE OF ATTESTATION *4-9-17* ORIGINAL UNIT

ASSIGNED PAY

(1) PER MONTH \$	(1) DATE EFFECTIVE	(1) AUTHY.	(1) STOPPED EFFECTIVE	PRESENT UNIT	PARTICULARS OF TRANSFERS		
					To UNIT	EFFECTIVE DATE	AUTHORITY
PAYABLE TO <i>Miss Bella Johnston</i>							

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY \$	EFFECTIVE (DATE)	STOPPED EFFECTIVE (DATE)

PERIOD	PAY AND FIELD ALLOWANCE		WORKING PAY		SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS
	FROM	TO	No. OF DAYS	RATE \$ C.						No. OF DAYS	RATE \$ C.	\$ C.	\$ C.				\$ C.	\$ C.			
7-18																					
1-31-18																					
8-31																					
18-19																					

Balance from Canada
Dr 380
2360
3520
Assigned pay for March deducted in Canadian pay stubs

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	SHERIDAN John K
EFFECTIVE DATE:-	1. 2. 18	EFFECTIVE DATE:-		NUMBER:-	2006761
AMOUNT:-	20 ⁰⁰ / _{xy}	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE
Johnston Miss Bella Friend N/R Blacksburg Ont.				Can. L. O. 5014. 78/3/19 H.Wing	21-1-19
Stopped 1-8-19					RANK OR APPOINTMENT Sapper P/c 4/Cpl.
UNIT AND TRANSFERS					
ORIGINAL UNIT:- 28 Draft C. E. J. D.					
DATE ACCOUNT FIRST OPENED:- 8-3-18					
				AUTHORITY	DATE EFFECTIVE
					UNIT TRANSFERRED TO C. E. J. D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
Can. L. P. C.	1 05	10		
L. S. Co. Bal. 1972	1 10	10		
L.P.C.	20 53			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. Canada. 1/8/19 K. 11610 Dist. to Willey 9/7/19 2nd Comp. 10/7/19

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forward								22.60		
April	L. C. Pay	34.50		b. a. p.				20			
				AR. 28 C. E. J. D. 4-4-18	4.87						
		34.50		" 641 " 27-4-18	9.73						
					14.60			20			
May	L. C. Pay	35.65		b. a. p.				20			
				AR. 823 C. E. J. D. 11-5-18	4.87						
		35.65		" 989 " 20-5-18	14.60				18.68		
					19.47			20			
June	L. C. Pay	34.50		AR. 329 C. E. R. B. 14/6/18	4.87						
				b. a. p.				20			
		34.50		AR. 491 C. E. R. A. 22/6/18	24.33				25.88		
					7.30			20			
July	L. C. Pay	35.65		b. a. p.				20			
				AR. 1051 C. E. J. D. 5-7-18	5.00						
		35.65		AR. 1101 C. E. R. C. 5-7-18	4.46						
				" 1276 " 16-7-18	3.57				28.20		
					13.03			20			
Aug	L. C. Pay	35.65		b. a. p.				20			
				AR. 1594 2nd. C. E. R. C. 4/8	3.57						
		35.65		AR. 1808 do 17/8	3.57				37.01		
					7.14			20			
Sept.	L. C. Pay	34.50		b. a. p.				20			
		34.50						20			
Oct.	L. C. Pay	35.65		b. a. p.				20			
				594 C. E. R. C. France 4 3/10	3.73						
		35.65		912 C. E. R. C. R. Dep. 33 23/10	3.73				59.70		
					7.46			20	over		

COMPILED BY B. Austen
CHECKED BY H. R. Mayer

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance Forward								5970		
				L. b Pay Nov Dec Jan	10580		bal					60 - 16550		
							1126 bnr Rdep 5/11	373						
							1326 " 22/11	1306						
							1699 " 10/12	373						
							2002 " 21/12	373				8125		
					10580			2425			60			
							2506 " 14/1	373				14910		
							AR 2802 " 24/12	373						
							3466 " 6/2	373						
							3932 " 17/2	373						
					6785		1415 Hw. 666 18/3	973						
				L. C. Pay Feb & Mar	6785		bal					40 - 8445		
					6785			2465			40 -			
												20 - 16115		
					3450		bal							
					500		138 Hwing 2/4	7330						
					3720		909 " 14/4	83						
							bal					20 - 4085		
					7670			8030			40			
					7320									
							DN. 2374 Hccc. 2/5	973						
							82 6736 " 16/5	487						
							bal					40		
							10276. 4/6. Hwing	973						
							12885. 17/6. " 24/33	973				3999		
					7320			3406			40 -			
							9152 P.CCC 9/7	973				3026		
							622 H.CCC. 3/7.	973 (Pres)				20 63		
								19 46						

J. O. S. 19.7.19
 H. R. 98. C.S.

Temporary

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8
HWV(R377)
5/19
250,000
P2364
W1071

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regt. No.
(4) Surname <i>Sheridan</i>	<i>Engineers</i>	<i>2006761</i>
(5) Christian Names <i>John</i>		
(6) Army Form, number of, Attestation } Form or Record of Service paper }		
(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Date of Enlistment (b) <i>(Insert date of being called up for service in the case of Recruits under the Derby Scheme or Military Service Act.)</i>	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(14A) Religion (Authority) (date)	

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)	Signature of O.C. Unit to which the man is first posted.
(19) Pivotal-man (f)	(Date)		
(20) Qualifications (g)	or (21) Corps trade and rate		
(22) Extended {	(23) Re-engaged {		
(24) Miscellaneous entries:—			

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

N.B.—(1) Note (e) above refers to heading No. 14.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1137 of 1913. * Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
			Arrived in England & Telex		18/3/18	
19.3.18	B.E.R.P	p 7 66	J.O.S from Canada Seaford			✓
21.5.18	✓		117 SOS to II CER B		21/5/18	✓
✓	2 CER B		1 J.O.S		✓	✓
24.6.18	✓		29 SOS to B.E.R.P		23/5/18	✓
15.7.18	B.E.R.P		74 J.O.S	Field		✓
13.2.19	✓		8 SOS to P.B.E Units		13/1/19	✓
19.2.19	P.B. Units		7 J.O.S			✓
13.3.19	✓		11 SOS to CER D		8/3/19	✓
28.3.19	H Wing ccc		14 J.O.S	Beam		✓
31.3.19	E, ccc		10 J.O.S of perm cadre		11/3/19	✓
28.3.19	H Wing ccc		14 App of cpl	Witley	21/1/19	✓
6.6.19	C. Wing		29 SOS to A Wing for RTC	Beam.	5/6/19	✓

H.M.T.S. WINIFREDIA

EMBARKED 18-7-19

Accepted

S.O.S. O.M.F.S. TO GEN

PT. II ORDER No. 77 DATED 22.7.19

OFFICER in CHARGE
RECORDS
R.F. WING C.C.C. WITLEY.

Nothing to be written in this margin.

M

F

Group P Wing

SHORT FORM.

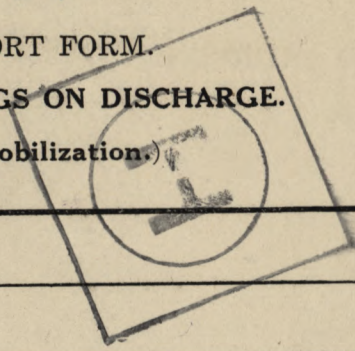
PROCEEDINGS ON DISCHARGE.

D. A. I

O. G. 17

War Service Badge
Class "A" No. 388263

(Demobilization)



1. No. 2006761

2. Rank. Cpl.

3. Name. SHERIDAN John.

4. Unit. P.B. Coy C.E.

5. Date of Discharge JUL 30 1919 Place TORONTO, ONT.

6. Reason for Discharge.....
DEMobilization
 H.M.T.S. WINIFREDIA
 EMBALMED 18-7-19

7. Authority. No. 2 District Depot, Part II, D.O. No. 214

8. Proposed Residence after Discharge Laree P.O. Ontario

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.?

John Sheridan
Signature of Soldier.

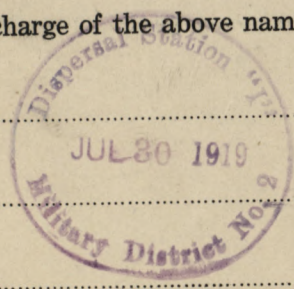
10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

R. D. Boyan
Signature.....
(O. C. Discharging Unit.)



(O. C. Discharge Unit)

Signature

Date

Place

The discharge of the above named man is hereby confirmed.

CONFIRMATION

10

Signature of Soldier

M. F. W.?

I hereby acknowledge that at the underlined place and date I received my discharge Certificate

CERTIFICATE TO BE SIGNED BY SOLDIER

9

8. Proposed Residence after Discharge

7. Authority

6. Reason for Discharge

5. Date of Discharge

Place

4. Unit

3. Name

2. Rank

1. No.

PROCEEDINGS ON DISCHARGE
(Demobilization)

SHORT FORM

D.A.I.
O.G. 11

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate Minutes Form W. 83

of Particulars of Record Minutes Form W. 103

Field Conduct Sheet Minutes Form W. 118 or A.F.R. 132

Casualty Form Minutes Form W. 64 or A.F.R. 102

Last Pay Certificate Minutes Form W. 44

Certificates that missing documents are unobtainable

Medical History Sheet Minutes Form B. 212 or A.F.R. 112

Proceedings of Medical Board M.P.B. 227, A.F.M. 119 or A.F.A. 142

Dental History Sheet Minutes Form B. 466

Medical Report M.P. W. 120 or D.M.B. 121

Regimental Conduct Sheet Minutes Form B. 202

Company Conduct Sheet Minutes Form B. 202

Minutes Form W. 83
 Minutes Form W. 103
 Minutes Form W. 118 or A.F.R. 132
 Minutes Form W. 64 or A.F.R. 102
 Minutes Form W. 44
 Minutes Form B. 212 or A.F.R. 112
 M.P.B. 227, A.F.M. 119 or A.F.A. 142
 Minutes Form B. 466
 M.P. W. 120 or D.M.B. 121
 Minutes Form B. 202
 Minutes Form B. 202

Checked by No. _____
 Group _____

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. 122)
- 5. Dental Certificate (C.A.D.C. 5009a).
- 6. Field Conduct Sheet (A.F.B. 122.)
- 7. Proceedings on Discharge (M.F.B. 218a)
- 8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
- 9. Copy of Discharge Certificate (M.F.W. 39a).
- 10. Dispersal Certificate (C.D. 3).
- 11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
- 12. Last Pay Certificate (P, 851). *+ Dup*
- 13. Pay Book (A.B.64).
- 14. War Service Gratuity (Form M.F.W. 2596).
- 15. Sundry Documents.

Group..... *93*

Checked by No..... *18* *[Signature]*

Date..... *21-7-19*

CASE HISTORY SHEET.

No. 2006761 Rank Sapper Name Sheridan, J. Age 33

Unit R.T.D. Completed years of service ^{Where and how long} 4 months Canada only

Date of admission 15-1-18 Date of discharge Jan 21 1918

Diagnosis Influenza Place of origin St. Johns P.Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE T 100% P 90.

Admitted sore throat headache & feverish.
Developed cough.
Improved rapidly
Convalescent 19-1-18

FAMILY HISTORY Negative
(Tuberculosis, mental or nervous diseases.)

TREATMENT Calomel qm T.I. A.S. Phag Sulph 3 T.I. following a.m.
(Especially any specific or special form.) Quinine Sulph for 11 A.M. Special cough Synt 2 1/2 h.
Robells Throat spray. Menth. Riel

CONDITION ON DISCHARGE Recovered - to unit
(and disposal made of case.)

Date 21-1-18

W. Massey
Medical Officer i/c case.



CASE HISTORY SHEET

Case No. _____ Date _____

Client Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Business _____

Occupation _____

Education _____

Marital Status _____

Number of Children _____

Religion _____

Political Party _____

Interests _____

Characteristics _____

Personality _____

Attitudes _____

Values _____

Goals _____

Strengths _____

Weaknesses _____

Comments _____

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S

04331

Feb. 1, 1918

RATE OF SEPARATION ALLOWANCE

--	--	--	--

AUTHORITY FOR NEW ACC'T.

M.R.

RATE OF ASSIGNMENT

\$20.00			
---------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2006761
 Rank *Spr.* Promoted Reverted Discharge
 Soldier's Name *Sheridan, John*
 Battalion *Canadian Engineers*
 Beneficiary
 Relationship
 Address

Name *Miss Bella Johnston*
 Address *Clarkburg, Ont.*
 Change of Address
 1
 2
 3
 4

1025-2-12

Date	Cheque No.	Amount S/A	Amount A/P	Total
Mar 9/18	M 79429		40	40
April "	T 8393		20	20
May "	V 91638		20	20
June "	W 17459		20	20
July "	X 16907		20	20
Aug "	Y 39537		20	20
Sept "	Z 49538		20	20
Oct "	AA 54031		20	20
NOV "	AB 53047		20	20
Dec "	AC 63187		20	20
Jan "	AD 74690		20	20
Feb "	AE 77482		20	20
Mar "	AF 90135		20	20
APR "	AG 1295		20	20
May "	AH 7344		20	20
June "	AI 9768		20	20
July "	AJ 11823		20	20
			360	360

16636-4-24 REMARKS m.A. 2

Feb'y A.P. recovered by P.m. m.A. #6. I.A.R.-2-568. 12/3/18

28 Servens 6-3-18 Gladys Locking 4/3/18

A/c Closed 31.7.19
 Ret'd per... *Winifredian*
 Date... 28.7.19 M.F.W. 187 6/19
 ...Jse. *ex Mitchell*

M.R.O. "Des." L.P. 100311

M. F. W. 128. 40901-417-1773 89-1141 L. L. 2-2229-M. & D. 7693.

M.R.O. Ia. Rendefes MAR 20 1918

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
 400MG-6-17-1772 89-1141
 L. L. 2320-M. & D. 1983.

"WINNIFREDIAN" 28.7.19

DISPERSAL "T"

AUDITOR PAYMASTER

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

REGT. No. 2006761 RANK Cpl NAME (IN FULL) SHERIDAN, J. (BLOCK LETTERS SURNAME FIRST)

M. OR S. RELATIONSHIP PARTICULARS EFFECTIVE DATE AUTHORITY

NEXT OF KIN RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? RELATIONSHIP EFFECTIVE DATE AUTHORITY

TO WHOM PAID RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

ADDRESS RELATIONSHIP EFFECTIVE DATE AUTHORITY

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE DATE AUTHORITY

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAGES

Toronto 30.7.19 Demob D.O. 214

ORIGINAL UNIT C.E.F. *6850 Bank of Toronto, Thornbury Ont*

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

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ADDRESS RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

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	
			\$ C.	\$ C.	\$ C.				\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	
31.7.19				20 53											20 53		2053 ✓
2.8.19	2	20	2 40	35 10 70 00	107 40				4 89	5 00			9 89				clothes USA ✓ B.M. O'Farrell ✓ B.M. Cheyne ✓
								118 06					118 06				
					127 93 ^X								127 93 ^X				
				W.S.G.								W.S.G.					AMOUNT DUE SOLDIER DEPENDENT
													70 00				USA as abn ✓
													3 60				3 days PTA mca ✓
				280 00	280 00								73 60	206 40			
													66 40	140	140		
													70 -	210	70		
													70 -	280			W.S.G. PAID IN FULL ✓
				280	280								280	280			

BALANCE FROM PREVIOUS ACCOUNT

