

ATTESTATION PAPER.

No. 799897

134th. OVERSEAS BATTALION C.E.F. (48th HIGHLANDERS) Folio.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- S U T H E R L A N D,**
- 1. What is your surname?..... **James,**
 - 1a. What are your Christian names?..... **271 Symington Ave., Toronto, Canada.**
 - 1b. What is your present address?..... **Glasgow, Scotland.**
 - 2. In what Town, Township or Parish, and in what Country were you born?..... **Blanche Sutherland,**
 - 3. What is the name of your next-of kin?..... **271 Symington Ave., Toronto, Canada.**
 - 4. What is the address of your next-of-kin?..... **Wife.**
 - 4a. What is the relationship of your next-of-kin?..... **20 June, 1888**
 - 5. What is the date of your birth?..... **Shipper.**
 - 6. What is your Trade or Calling?..... **Married.**
 - 7. Are you married?.....
 - 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes.**
 - 9. Do you now belong to the Active Militia?..... **3 Years, Queens Own. R.,**
 - 10. Have you ever served in any Military Force?..... **Private.**
If so, state particulars of former Service.
 - 11. Do you understand the nature and terms of your engagement?..... **Yes.**
 - 12. Are you willing to be attested to serve in the } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **James Sutherland,** 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.

James Sutherland (Signature of Recruit)

Date..... **January 28th,** 191 **6** *W. Malone* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **James Sutherland,** 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.

James Sutherland (Signature of Recruit)

Date..... **January 28th,** 191 **6** *W. Malone* (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 **28th** day of **January**, 191**6**.

[Signature] (Signature of Justice)

12
18
30

Description of James Sutherland on Enlistment.

Apparent Age.....**27**.....years**7**.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....**5** ft. **6** ins.

Chest-measurement. { Girth when fully expanded.....**34** ins.
 Range of expansion.....**3** ins.

Complexion.....**Fair**

Eyes.....**Blue**

Hair.....**Fair**

Nil.

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* **Fit**.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....**January 28th,** - 191**6**

Place.....**Toronto, Ont., Canada.**

Wm. H. Stewart
Captn
 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 Sutherland,**.....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.

Wm. H. Stewart.....(Signature of Officer)
LT. COL.

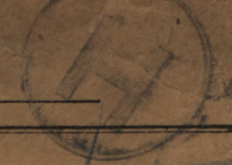
Date.....**THURSDAY FEB 3 1916.**

**O. C. 134th OVERSEAS BATTALION
 (48TH HIGHLANDERS) C.E.F.**

REGIMENTAL DOCUMENTS

8. 5. 19.
91.

NAME SUTHERLAND, James Jte REGT. NO. 799897 UNIT 15th. Bn. H. Q. FILE NO. _____



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 EQUALITY 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)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <u>Remob.</u>
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
1 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)					DESERTION
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)					
<u>m. f. w. 67</u>					7 12
<u>Misc</u>					7 12
<u>691264009</u>					9-12
<u>1 95W 1212</u>					
<u>2 2791239</u>					
<u>1 Cas ed</u>					
<u>1 R122</u>					



*Received by 6-9-44
S. 17394*

49825

X



James R. [Signature]

Name **SUTHERLAND** Rank

A/Sgt.

Reg. No. **799897**

Unit ~~12th Res.~~ **15th Bri.**

*Mr. B. Sutherland.
940 Bloor St West
Toronto.*

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
9-3	Can. Spec H. Willey.	V.D.G. + Balanitis		8161		14062
NOTE	Diagnosis changed to V.D.G. + V.D.S.			8162		cd. 13/3/18
NOTE	Diagnosis changed to Balanitis V.D.S.			8170		5898
12-4	Discharged.	do.		8189		4391
10-7	Can Sp. H. Willey.	V.D.S.		8266		21217
29-7	Discharged.	do.		8279		6943
27-9	Missing after action.			A 344	8620	3957
27-9	Not SAFE AT DUTY.			8-345	8620	4024
	(Pl 2.O. 96-8-10-18) (Pl 2.O. 97-8-10-18)					

auth. Cable @ 628

12

NAME *Sutherland, James*

RANK & No. *Pte.*

S.O.D. Demob. 10-5-19
S.O.D. 134-14-5-19
#212.D.

799897

CORPS *134*

Batt.

ENLISTMENT, PLACE *Toronto, Ont.*

DATE *Jan. 28th 1916*

FORMER CORPS *Queens Own R., Pte., (3 yrs.)*

COUNTRY OF BIRTH *Scotland, Glasgow.*

NEXT OF KIN *Sutherland, Mrs. Blanche*

(Wife)

ADDRESS OF NEXT OF

*1279 Davenport Rd, Toronto,
Ont.
S.O.A.P. 17/9/17*

DISCHARGE, PLACE

R/C 7-5-19³²⁰/₉₀ P/E

Sailed From Halifax 8/8/16.

*503
38*

Per SS Scotian M. F. W. 22. 100 m. - 9.15.

MARRIED *Yes*

SINGLE

WIDOWER

TRADE OR CALLING *Shipper*

RELIGION *Presbyterian.*

DESCRIPTION.

APPARENT AGE *27* YEARS *7* MONTHS

HEIGHT *5* FEET *6* INCHES

CHEST MEASUREMENT *34* INCHES EXPANSION *3* INCHES

COMPLEXION *Fair* EYES *Blue* HAIR *Fair.*

DISTINGUISHING MARKS *hd.*

MEDICAL EXAMINATION. PLACE *Toronto, Ont.*

DATE *Jan. 25th 1916*

REMARKS:

NAME Sutherland James

REGT'L. No. 799897
H. Q. FILE NO 649

RANK AND CORPS Pte 15th Bn (12 Res. Bn) form

FOLLOWS No. 54th Bn
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
Prof 14		Mrs Blanche Sutherland (wife) 1279 Davenport Rd Toronto Ont-
45-6 G620 12-5	13-10-18	Rept-Miss Sept-27 th 1918
G628	14-10-18	Rept-Miss has Rejoined unit- ¹⁹¹⁸ Sept 27 th

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
			1st Con. Comd Regt
C161-2	Can. Spec. Witley	9-3-18	N.D.C. + Balanitis
C162 ^L			Diagnosis now changed to read V.D.G. + V.D.S.
C162 ⁽¹⁾	"	"	" .. Balanitis + V.D.S. ^{as per} let 8-178
C-189 ⁽¹⁾	Can. Spec. Witley. Disch	12-4-18	Balanitis + V.D.S. (1st. C. D. Regt)
C. 266 ²	"	10-7-18	V. D. S.
C. 279 ^L	"	29-7-18	" Disch.
A341-1	Rept. from Base	27-9-18	Miss. after action
A343-1	"	27-9-18	with now safe with unit.

No. 799897. RANK Pte.

NAME Sutherland James.

T. O. S. 3 - 2 - 16. UNIT 134 Battalion C. E. F. (Highlanders.)
 (DD. 2 of 4-2-16.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Feb. 3.	1916. Feb. 29.	✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June.		✓		
July.		✓		
Aug. pay list not available.				
			<p>UNIT SAILED AUG 8 1916</p>	



*med
Aunt.*

Number 799897

Rank *Pte - a/sgt.* *B*

Surname SUTHERLAND

Christian Name James

Units 15th Bu Can Inf Theatre of War France

Date of Service 19-8-18

Remarks

Latest Address 1279 Davenport Rd.
Toronto, Ont.

Roll No.

200m.-2-21.M. *"B" Page 11995-*

DESP. APR 1 1922

REGN. No. // 23474

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Sutherland.

RANK

UNIT

CO.

TROOP

BATTY.

799897.

A. Sgt.

12th B.O.

12. R. 15th.

DATE OF ADMISSION

1. Lieut. Spc. Witley

HOSP. 9. 3. 18

2. " " "

HOSP. 10. 7. 18

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1. V. J. G. Balanitis ^{HO}

V. O. G → V. O. R. ^{HO}

2.

Balanitis V. O. S. ^{HO}

3.

V. O. S. ^{HO} ~~action~~ R.F.B. Missing after ~~turn~~ - 27. 9. 18. ~~A.~~
now reported safe with Unit 27. 9. 18.

DISPOSITION

DATE

Ch. 12. 3. 18 C 161.

REMARKS

13- 3 - 18 C 162-1

diag: now changed to V. O. G → V. O. R.

22. 3. 18 C 170-16

C 162. Note correct diag above.

16. 4. 18 C 189.

16. 7. 18 C 266. 2.

plis. 12. 4. 18.

31. 7. 18 C 279.

10. 10. 18 @ 314 ①

12. 10. 18 @ 343

29. 7. 18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Medical Office.

D. D. S.

May 10th 1919.

229897 *702*
Sutherland J

The marginally noted is free from V. D.
and is in a fit condition to be discharged.

James Moore Capt
M. C. Disposal Area " I "



5653-15

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
12th Res B ⁿ 30.7.15. N. 9. 14. 14.8.15 Wasserman 10.9.15 Observation	8	799597.	Pte Sutherland J	9.7.15 REMARKS 16

To M. O 12th Res Bⁿ
Station and date 23/7/15

J. H. Schaefer

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphiis register, irrespective of the number of registers the case may have passed through.

1870
The first of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot and the ground was very hard. The crops were much injured by the drought. The weather was very hot and the ground was very hard. The crops were much injured by the drought. The weather was very hot and the ground was very hard.

Date	Description	Amount
1870	To balance	100.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00
1870	By cash	50.00

Ratio and other
The first of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot and the ground was very hard. The crops were much injured by the drought. The weather was very hot and the ground was very hard. The crops were much injured by the drought. The weather was very hot and the ground was very hard.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. *281743*

THIS IS TO CERTIFY that No. *799897* (Rank) *Private*

Name (in full) *James Sutherland* enlisted in
the *134th Battalion*

CANADIAN EXPEDITIONARY FORCE at *Toronto* on the *28th*

day of *January* 19*16*

HE served in *15th Bn. in England & France*

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 *29*

Marks or Scars

Height *5'6"*

Complexion *Fair*

Eyes *Blue*

Hair *Fair*

James Sutherland
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 10 1919
TORONTO

For Issuing Officer Depot.
O.C. No. *2*

Rank

Date *MAY 10 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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 15742 (Rank) Private
 Name (in full) W. J. ...
 the 1st Canadian Expeditionary Force
 day of ... 1918
 He served in ...
 and is now discharged from the service for the reason of Medical Unfitness
 Demobilization
 THE DESCRIPTION OF THE SOLDIER on the DATE below is as follows:
 Marks or Scars ...
 Hair ...
 Eyes ...
 Complexion ...
 Height ...
 Age ...
 Signature of Soldier ...
 Rank of Discharge ...
 Date ... 19...
 Hand ...
 Leaving Officer ...

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

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 499897 Rank ptc Name Sutherland James
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				
APR 29 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 134
MAY 10 1919	O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 134

W. R. [Signature]
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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

W. S. B. CLASS. A.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 134th Bn ~~124th OVERSEAS BATTALION~~
(48th HIGHLANDERS, C.E.F.)

Regimental No. 799997 Rank Private Name Sutherland, James
C. E. F.

Enlisted (a) 21-1-16 Terms of Service (a) Duration of War Service reckons from (a) 28/16 ✓
3-2-16

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

Extended _____ Re-engaged _____ Qualification (b) Slipper

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	8-8-16	R. M. I. Section ✓
		Disembarked England	Liverpool	19-8-16	✓
11-6-17	O.C. 134th Bn	Up to ^{to be} of ^{as} corporal without pay.	Witley	12-6-17	Part 11 D.O. #162 ✓
12-10-17	O.C. 134th Bn	Up to ^{to be} of ^{as} sergeant without pay.	Witley	12-10-17	Part 11 D.O. #262 ✓
6-3-18	O.C. 134th Bn	Reverts to the ranks on absorption by 12th Cdn. Res. Bn	Witley	6-3-18	Part 11 D.O. No. 25. ✓
3-18	O.C. 134th Bn	Transferred to 12th Cdn. Res. Bn	Witley	6-3-18	Part II D.O. No. 25 ✓ for O.C. 134th Canadian Inf. Bn.
7-3-18	O.C. 134th Bn	T.O.S. 12th Res. Bn.	Witley.	6-3-18	Part II D.O. No. 57. ✓
20-8-18	O.C. 134th Bn	Transferred to <u>15th</u> Bn	do.	19-8-18	Part II D.O. No. 197 ✓ Lieut i/c Records 12th Res. Bn. C.E.F.

CENTRAL RECORDS, LONDON.
 AUG. 1918

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. I.P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	C. B. D.	ARRIVED C. B. D. 15 TH CANADIAN INF. BATT	FRANCE	20 AUG 1918	N. R. D. <u>22 AUG 1918</u> PART II ORDERS No. <u>69</u> <u>D 24 AUG 1918</u>
	C. B. D.	LEFT C. B. D. FOR C. C. R. C.		23 AUG 1918	N. R. D. <u>23 AUG 1918</u>
	O. C. BN	ARRIVED 15 TH CANADIAN INF. BATT	FIELD	7 SEP 1918	D 213 D <u>7 SEP 1918</u>
	Emb. Camp.	Proceeded to England.		23 MAR 1919	N. R. PL. 2 O. No. <u>47</u>
<p><i>at home</i></p> <p>FOR L. COL. A. A. G.</p> <p><i>505. 0 MFC to proceed to Canada only orders CD 2 #18. 29. 4. 19</i></p> <p><i>Spinner</i> CAPT. & ADJUTANT,</p> <p>15th BATTAL 48th HIGHLANDERS OF CANADA.</p> <p><i>Wood</i> CAPTAIN & ADJUTANT, No. 16 TRANS. ATLANTIC; CONDUCTING STAFF, C. E. F.</p>					
		15 April 1919 Embarked to Baltic Liverpool.			

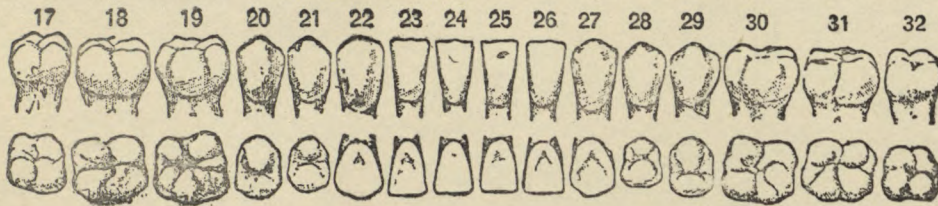
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SUTHERLAND, J.
 REGIMENT 15TH BATT. RANK Pte No. 799897
 Date of Examination in England 26/3/19. 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



16-I.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21, 27.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper repair
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower 18, 19, 20, 28, 29, 30, 31

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 yes
- (c) In France _____

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer E. Berry, Capt.



1939
C. Thompson
1939

1-1

1939
C. Thompson
1939

1939
C. Thompson
1939

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *wife* Mrs Blanche Sutherland By Whom Assigned Sutherland Gas
 Address ~~271 Symington Ave.~~ 1279 Davenport Rd. Toronto, Ont.
~~740 Bloor St W.~~ 28-9-16 H.W.
 Rate 20.
 Regtl. No. 799897,
 Rank Pte
 Corps A Coy, 134th Batt.

2.M. 29 7/16 MHL 6 1/16 ~~AUG 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				



12 124

12 124

12 124

MILITIA AND DEFENCE

M. F. W. 12a.
50m.-6-16.
1772-39-819.

ASSIGNED PAY

Mrs. Blanche Sutherland *wife*
 Sheet No. 2 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier

Sutherland Jas
799897, Pte. A Coy, 134th Batt.

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20.	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		U 16287	20	
Sept.		W 19790	20	
Oct.		W 25764	20	
Nov.		C 29258	20	
Dec.		S 33169	20	
Jan.	1917	U 41348	20	
Feb.		V 43253	20	
March		D 52327	20	20R
April		D 5395	20	
May		W 11797	20	
June		C 18842	20	B.
July		K 25572	20	C
Aug.		Z 34769	20	
Sept.		L 40326	20	11/9/17 1279 Davenport Rd Toronto Ont
Oct.		L 45477	20	
Nov.		V 51589	20	51588 Cam
Dec.		Y 59863	20	
Jan.	1918			
Feb.			340	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

J.P.

Rank

Plt

Name

SUTHERLAND, James ✓

Reg'l No.

799897. ✓

Unit 134th Bn. ✓

If in perm. Corps,
What Unit? }

Married or Single

Married. ✓

Place and Date of Enlistment

Toronto Canada. 28th Jan 1916. ✓

Place of Birth

Glasgow.
Scotland. ✓

Name and Address, Next-of-Kin

Blanche Sutherland. ✓

*940 Bloor West.**271 Symington Ave. Toronto. Canada. ✓*

Relationship

Wife. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

NJE. R.B. No.	24226
File R.	
Category	CAN-OR

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>C.</i>					
		ARRIVED IN ENGLAND S.S. SCOTIAN.		19-8-16	
11.6.17	134 Bn.	To be Absent without pay while in charge of Officers Mess		12.6.17	M 20. 162
12-10-17	134-	To be Absent Sgl without Pay.	Witkey	12-10-17	262.
6.3.18.	-	Reverts to ranks	✓	6.3.18	M 20. 25
7.3.18	12 Res	S.O.S from 134 Bn	Plt ✓	6.3.18	M 057 25d 6.3.18 134 Bn
20.8.18	✓	S.O.S to 15 th Bn	" ✓	19.8.18	-194 18-11-18 00 69 of 24.8.18
6.10.18	15 th Bn	Missing after action	" Field	24.9.18	-96
8.10.18	✓	Now miss. now safe at duty.	" ✓	24.9.18	-97

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.				
28.3.19	15 th Bn	Trans to England	Pt. Field	23-3-19	<i>EWING CEE</i> <i>0-73 (D.O. 8927319)</i>
APR 30 19		ECCC S O S TO CAN	* *	Apr 28 19	DO 20 <i>54-1-85</i> <i>29/4/19</i>

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Sutherland Christian Name James

Examined { on 28th day of January, 1916
at Toronto, Ont., Canada.

Approved by [Signature]

Birthplace { City or Town Glasgow,
County Scotland.

Toronto Rank Recruiting Depot. M.O.

Apparent age 27 Yrs. 7 Months.

Trade or occupation Shipper.

Height 5 Feet 6 Inches.

Weight 118 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Good.

Small-Pox Marks

Vaccination Marks { Arm Right 1 Left.
Number 1

When Vaccinated last 1889

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection
R. D. 60 L. D. 20.

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

Date.	Result.	VACCINATIONS.
<u>Mar. 10</u>	<u>+</u>	M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Feb. 26</u>	<u>+</u>	M.O.
<u>Mar. 4</u>	<u>+</u>	M.O.
<u>Mar. 11</u>	<u>+</u>	M.O.

Enlisted on 28th day of January, 1916 at Toronto, Canada.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>134 Batt.</u>	<u>799897</u>		<u>6-3-18</u>
Transferred to	<u>12th Rec Bn</u> <u>15th Bn 18-8-18</u>			


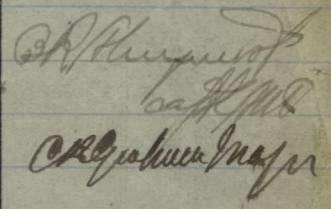

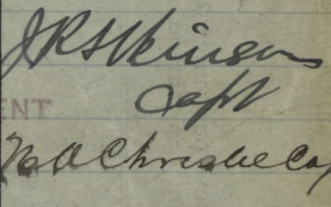
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bransford</u>	<u>21-4-19</u>	<u>V. D. S.</u>	<u>"A" J. G. Sawyer</u>

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

DAVID MO 9

Surname sutherland Christian Name James

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		8	3	18	14	18	V. S. S. Balantitis	26 26	Secondary V.D.S. contracted Jan 15-18 on admission had phimosis gon glandular enlargement Maculo- papular rash. Warrenton Pos XXX Placed on full course treatment Lesions healed discharged as out patient Stoppages as per dates		
		9	7	18	7	18	V. S. S.	21	Healed. Recurrent Course. 1 Inj 606 on 11/7 DCHD AS OUT PATIENT Stoppages as per dates		

To be made out in duplicate.

DUPLICATE
L.C. 5-21-20-53

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

INSTRUCTIONS.

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

-
- (1) Name of Overseas Unit which Soldier joins... 134th. Overseas Bn. C.E.F.
..... (48th. Highlanders).
- (2) Regimental Number 799097.
- (3) Full Name of Soldier..... James Sutherland.
- (4) Place of Birth..... Glasgow, Scotland.
- (5) Are you married, or not? Yes.
- (6) If married, state,
(a) Full name of your wife..... Blenche Evelyn Sutherland.
.....
(b) Present Postal Address..... 271 Symington Ave, Toronto, Ont; Canada.
.....
- (7) Are you a widower? No.
- (8) Have you any children? Yes.
If so, give number of boys and girls. 1 boy and 1 girl.
Also their names and ages..... Bertha Sutherland, 3 1/2 years.
..... James Sutherland. 1 year.
.....
.....

16

(9) Is your Father alive?..... **No.**.....

If so, state name and address **Not applicable.**.....

(10) Is your Mother alive?..... **Yes.**.....

If so, state name and address **Jean Sutherland,**.....

294 1/2 Campbell Ave., Toronto, Ont; Canada......

(11) If your Mother is a widow..... **Yes.**.....

Are you her sole support, or not?..... **No.**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Not applicable......

(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.

Not applicable......

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes......

(15) Are you insured?..... **Yes.**.....

If so, in what Company?..... **Prudential Life.**.....

Have you made arrangements for payment of your Insurance premium..... **Yes.**.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Miller
.....

Officer Commanding.

31/7/16.

Date.....

MARRIED OR SINGLE *Married*

PLACE OF BIRTH *Glasgow Scot.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Blanche Sutherland.*

27 Dymington Ave. Toronto Ont.

RELATIONSHIP OF NEXT OF KIN *Wife.*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be A/Sgt without pay Reverts to Rank	12/10/17 6/3/18	P.O. 262. 12/10/17 P.O. 25-6/18 134 Bn.

ADMISSIONS TO HOSPITAL &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L. No. *799897* RANK *Pte.*

NAME *Sutherland James.*

IF IN PERM. CORPS | WHAT UNIT

UNIT *134 Bn C.E.D.* TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Toronto* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Feb. 3-1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1st Aug-1916*

PAYABLE TO *Mrs. Blanche Sutherland, 27 Dymington Ave Toronto* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3		4					CREDIT	DEBIT									
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE														
1916																																					
Aug. 1-31	31	1.00	31	00	31	.10	3	10										9	23/8/16			9	73		20	00	29	73	14	37							
Sept. 1-30	30	1.00	30	00	30	.10	3	00										69	13/9/16	119	2/9/16	4	86	4	87	29	73	17	64								
Oct. 1-31	31	1.00	31	00	31	.10	3	10										197	14/10/16	233	2/10/16	4	87	4	87	29	74	22	00								
Nov. 1-30	30	1.00	30	00	30	.10	2	00										294	13/11/16	378	23/11	4	87	9	73	34	60	20	40	20	00	40					
Dec. 1-31	31	1.00	31	00	31	.10	3	10										473	15/12/16			4	86		20	00	24	86	29	64	20	00	9	64			
1917 Jan. 1-31	31	1.00	31	00	31	.10	3	10										629	15/1/17	650	20/1/17	12	17	9	74	20	00	41	91	21	83	20	00	1	83		
			18	40																																	
Feb. 1-28	28	1.00	28	80														703	13/2/17	786	27/2/17	4	87	7	30	20	00	32	17	20	46			46			
March 1-31	31	1.00	31	00														715	26/3/17					7	30	20	00	32	17	22	39						
April 1-30	30	1.00	30	00														849	14/4/17					4	87	20	00	35	39								
May 1-31	31	1.00	31	00														115	26/4/17					9	74	20	00	34	61	34	88						
June 1-30	30	1.00	30	00														51	14/4/17					9	73	20	00	34	60	33	28						
			36	74														168	16/5/17					4	57	20	00	34	60	33	28						
			10																																		

C. e-3

Balance from Canada

199897 Cte. Sutherland, James

\$20.00

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				1	2				3	4	CREDIT	DEBIT
			\$	C.			\$	C.			\$	C.																							
1917																																			
Brookland			867	40																	75	44	48	68			220		344	12	33	28			
July	31	1.00	34	10																	720					20		2720		40	08				
Aug-31	31	1.00	34	10																	4	87				20		24	87		49	31			
Sept-1		1.00	33																		87	54	14	60		20		396	39						
		1.00	33																		487					20		49	51		33	10			
		1.00	468	60																	102	22	63	28		20		445	50						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ALLGEE ENG.
1917	Sept 30 Balance								3310		
Oct	Pay	3410		ban AP			20		4720		
				AR 666 25.9.17 13.4th	1217				3503		
Nov	Pay	3410		ban AP	1217		20				
		23		AR 731 15/17/17 13.4th	487						
				AR 778 30/10/17 13.4th	973						
				AR 818 13/11/17 13.4th	487						
Dec	Pay	3410		ban AP			20		4266		
1918	Jan	6710		ban AP	1947		40				
	Pay	3410					20				
				AR 920 5/12/17 13.4th	487						
				AR 869 27/1/17 "	730						
				AR 1002 17/2/17 "	1217				3242		
Feb	P.P.	3410		AR 1077 4.1.18 13.4th	487		20				
		3080									
				AR 1151 29.1.18 ✓	730						
				AR 1154 11.2.18 ✓	487				2618		
Feb	P.P.	3410		ban AP	1904		20				
		3080		AR 1320 26/2/18 13.4th	487						
				AR 1390 14/3/18 13.4th	243				3298		
		3410			730		20				

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16		EFFECTIVE DATE:-	
AMOUNT:- 20.80		AMOUNT:-	

NAME:- SUTHERLAND JES.

NUMBER:- 799897

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pt

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs. Blanche Sutherland (wife)
1279 Savenport Rd
Toronto
Koppel Hotel
Stop 1-5-19

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 134th Bn.

DATE ACCOUNT FIRST OPENED:- 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO
			134 th Bn
7 R	1-4-18	26-4-18	1 st C.O.R. 10
69 24/8	1/9/18		15 Bn

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
18/3	4062		275	Hosp(V) 9/7/18 to 29/7/18 (21 days)			
28/3	1035		5840	Can. Spec. Hosp. 12 th Res DO 185 6/8/18			
			6215				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Missing 1/7/18 to 14/10/18
To Canada 15/19 MK of 1934 Behett 29/3/19 or 30/19

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
3/13/18	Bal fwd								32 98		
April	RP.	33		Can ad				20-			
				AB. 67 - 12-4-18. C. Hosp. Willy	061						
				AR. 161. 12-4-18 - 12 Res.	730						
				" 290 26-4-18 "	243						
					979			20	3619		
May	P. Pay	34	10	Can ad				20-			
				AR. 525. 14/5/18.	487						
				AR 703 23/5/18	487						
					974			20.	4055		
June	P. Pay	35		Can ad				20-			
				AR 928 14/6/18	730						
				AR 1079 26/6/18	487						
					1217			20-	4138		
July	P. Pay	34	10	Can ad				20-			
				AR 1306 18/7/18	243						
					243			20-	5305		
Aug	"	34	10	Can ad				20			
				Hosp(V) 9/7/18 to 29/7/18 (21 days @ 60)		1260					
				DO 185. 6/8/18 12 Res	172						
				61297 (H495) 16/8	730						
				AR 1798 14/8 12 Res	902	1260		20	4553		
Sept		34	10	Can ad				20			
				674. 15-9-18 3 Res 2	357						
				1258 2-9-18 2 P.W. C.C.R.	357						
					714			20	5139		
				Forward					5139		

Completed
J. J. J.

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918			Oct	P Pay	34	10	AP Toward					51.39		
							AK 782 13/10 2nd Bde	3	73		20	65.49		
					34	10		3	73			61.76		
			Nov to Jan	P P	101	20	AP				20			
							M31. 5th 15 Bn	3	73					
							1585 24/11. 15 Bn	13	06					
							AP Dec & Jan				40			
					101	20		16	79		60	86.17		
			Feb & Mch		64	90	17th 16/12 2 Bn	3	89					
							2129 5/1 15 Bn	3	77					
							2326 20/1 15 Bn	3	73					
							15th 29/1 do	9	33					
							7050 1/2 do	3	73					
							9944 15/2 do	3	73					
							3227 5/3 do	3	73					
							AP	31	91		40			
					64	90	AP #062 18/3 15 Bn	3	73			75.43		
								35	64		16			
			April	P P	33		AP				20			
							1025 29/3 15 Bn	5	84					
							575 16/4 2nd Bde 6 Bde	9	73					
					33		924 25/4 end	9	73			1057		
								77	86		20			

86.17
 97.90

 184.07
 91.91

 92.16
 62.13

 30.03

S.O. Canada 29/4/19
 S.L. 5H 7/2/2

War Service Badge
Class "A" No.

281943

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization)

Occupational Group No.

M

1. No. 799897.

2. Rank. Private

3. Name. Sutherland James.

4. Unit. 15th.Battalion.

H

5. Date of Discharge MAY 10 1919 Place Toronto.

6. Reason for Discharge DEMOBILISATION

7. Authority No. 2 District Depot, Part II, D.O. No. 134

8. Proposed Residence after Discharge
1279 Davenport Rd.
Toronto. Ont.

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. ?

James Sutherland
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 DISTRICT
MAY 10 1919
TORONTO

Signature

For O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

REPORT MADE AT THE
 PROCEEDINGS ON DISCHARGE
 (Inmate's Name)

I hereby certify that the above named inmate is hereby confined and that the discharge of the above named inmate is hereby confirmed to the effect of the discharge certificate.	
CERTIFICATE TO BE SIGNED BY SGT. DIEN (This certificate is to be signed by the SGT. DIEN only and is not to be signed by any other person.)	
Name of Inmate No. of Inmate Date of Discharge	Name of Prisoner No. of Prisoner Date of Discharge
This certificate is valid only when presented to the Prisoner in person and is not valid when presented to any other person.	
I hereby certify that the above named inmate is hereby confined and that the discharge of the above named inmate is hereby confirmed to the effect of the discharge certificate.	
CERTIFICATE TO BE SIGNED BY SGT. DIEN (This certificate is to be signed by the SGT. DIEN only and is not to be signed by any other person.)	
Name of Inmate No. of Inmate Date of Discharge	Name of Prisoner No. of Prisoner Date of Discharge
This certificate is valid only when presented to the Prisoner in person and is not valid when presented to any other person.	
I hereby certify that the above named inmate is hereby confined and that the discharge of the above named inmate is hereby confirmed to the effect of the discharge certificate.	
CERTIFICATE TO BE SIGNED BY SGT. DIEN (This certificate is to be signed by the SGT. DIEN only and is not to be signed by any other person.)	
Name of Inmate No. of Inmate Date of Discharge	Name of Prisoner No. of Prisoner Date of Discharge
This certificate is valid only when presented to the Prisoner in person and is not valid when presented to any other person.	

LIST OF DISCHARGE DOCUMENTS

No.	Name	Rank	Company	Regiment	Branch	Service No.	Discharge Date	Remarks
1	John A. Smith	Private	1st	10th	Infantry	12345	10/15/1918	Discharged for medical reasons.
2	James B. Jones	Sergeant	2nd	15th	Infantry	23456	11/20/1918	Discharged for medical reasons.
3	Robert C. Brown	Private	3rd	20th	Infantry	34567	12/10/1918	Discharged for medical reasons.
4	William D. White	Private	4th	25th	Infantry	45678	1/5/1919	Discharged for medical reasons.
5	Charles E. Black	Private	5th	30th	Infantry	56789	1/20/1919	Discharged for medical reasons.
6	Thomas F. Green	Private	6th	35th	Infantry	67890	2/10/1919	Discharged for medical reasons.
7	Richard G. Gray	Private	7th	40th	Infantry	78901	2/25/1919	Discharged for medical reasons.
8	Joseph H. Blue	Private	8th	45th	Infantry	89012	3/10/1919	Discharged for medical reasons.
9	Frank I. Red	Private	9th	50th	Infantry	90123	3/25/1919	Discharged for medical reasons.
10	George K. Yellow	Private	10th	55th	Infantry	01234	4/10/1919	Discharged for medical reasons.

LIST OF DISCHARGE DOCUMENTS.

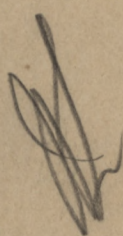
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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), 6#
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 (A.F.B. 465).
6. Field Conduct Sheet (A.F.B. 178)
7. Proceedings on Discharge (M.F.W. 129a)
8. Discharge Certificate (M.F.W. 44)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D. 3)
11. Equipment Statement Q.M.G. Form (D.O.S. 2),
with [unclear]
12. Last Pay Certificate (P. 851). *TDup*
13. Pay Book (A.B. 64).
14. Certificate of Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

Group..... *B*

Checked by No. *9*

Date *21-4-19*



16

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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.

STATION Bramshott. Havt DATE March 27-1919

1. 1 (a) Unit 15th Batt. (b) Regimental No. 799897 (c) Rank pte

(d) Surname SUTHERLAND (e) Christian name James

(f) Home address 1279 Danvers Road - Toronto. Ont.

(g) Next of Kin Mrs. Blanche Sutherland. (h) Relationship Wife

(i) Address of Next of Kin 1279 Danvers Road - Toronto - Ont.

2. Age last birthday 31 Date of birth June 20 - 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Feb 3 - 16

4. Personal description:

(a) Height 5 ft 7 1/2 (b) Weight 128 (c) Complexion Fair
(stripped)

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

5. Former trade or occupation Shipper

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>3</u>	Days 58 <u>58</u>
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	PERIODS	
	From	To
Canada	<u>Feb. 3-16</u> <u>July 3-16</u>	<u>July 8-1916</u> <u>Aug 22-1918</u>
England	<u>Aug 22-18</u>	<u>March 23-1919</u>
France or other theatres of War		<u>To date</u>

7. Original disease, or injury V.D.S.

(a) Date of origin March 1918 (b) Place of origin Guilford England.

(c) Cause Infection

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

V.D.S. no disability, Wasserman neg.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Wasserman negative
Specialist Report Sergeant C.J. Guadagno
dated 16.4.19 Capt C.E.M.C

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... *yes* Cardio-Vascular System... *yes* Genito-Urinary System... *yes*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... *yes* Respiratory System... *yes* Integumentary System... *yes*
Disturbances of Mentality... *yes* Digestive System... *yes* Muscular System... *yes*
Osseous and Joint Systems... *no* Any other general condition... *yes*

10. (a) History (of the condition referred to in Section 9 (a).)

Became infected March 1918 and admitted to Can
Special Hosp. Witley 8.3.18 to 12.4.18 with secondary symptoms
and Wasserman pos xxx. given full course of treatment
Again admitted 9.7.18 and given recurrent course.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

- none -

(c) (Here give a description of wounds, scars and deformities.)

- none -

11.—(a) Did the disabling condition have its origin before enlistment? (a) no

(b). If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(b) not app

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) yes (b) no

The regimental documents will be referred to. (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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Three months

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

8.3.18 Free course treatment Mercury and 606
9.7.18 Recurrent course

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

It is suggested that he be dealt with on release to Canada in accordance with P.C.O 47 of 20.1.19

16. Can the former trade or occupation be resumed? (If not, briefly state why) yes

17. Recommendations

G. P. Alley Capt R.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, James Sutherland, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Yes

James Sutherland Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid 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)
- (d) Temporarily unfit. (" D) (Yes or No)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No)

Yes "A"

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Suggested he be dealt with on arrival in Canada in accordance with P.C.O. 47 of 20-1-19.

- (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.)

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

R.T.C. auth. A.S. tel 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Brampton* *Psychopond man* *Go Surger Capt* }
 DATE *21-4-19* }
 President.
 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... }
 DATE..... }
 President
 Members

APPROVED BY *James C. Lythe* APPROVED BY
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *21-4-19* DATE.....

Regtl. No., Rank and Name 799897. Pte Sutherland J Corps 12th Res: Bn

Disease ✓ Hospital ✓

To Officer i/c Laboratory. Ward ✓

Please carry out an examination of the accompanying specimen of Sweat.

with special regard to Throat + Tongue.

Date 8 July 1918

Mr Callanhyre capt. comd
O. i/c Ward.

LABORATORY REPORT. no 15 Res Bn

No Spirochaeta Pallida found

16



[Handwritten signature]

Date of Examination 8 July 1918

Capt G.A.M.C.
for O. i/c Laboratory.

1/11/1918

Health No. and Name of Patient

Disease

To Officer of Laboratory

Please carry out an examination of the specimen having specimen of

with special regard to

Date

Ward

LABORATORY REPORT

[Faint handwritten text, possibly a signature or name]



1/11/1918

1/11/1918

PARTICULARS OF CASES FOR WHICH WASSERMANN TEST IS REQUIRED.

3 Group

217

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name. *J. Sutherland* . Reg. No. *499894* Rank. *-Ali*

Unit. *16th Batt.* Date of Service. *1919*

If T. Pallidum found Secondaries if any

Other symptoms

Treatment if any Arsenical

Mercury Previous Wassermann Date

Result Station and Date

L. L. Brown
 M. O. No. 2 Sick Detention Hut
 Bessborough Camp, *Hants.*

Result of Wassermann (Original) ~~quarter~~ system.

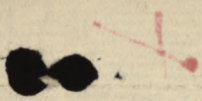
WASSERMANN

Date Serial No. Result. **NEGATIVE** .

G. H. Crawford
 Major,
 Officer Commanding,
 Canadian General Laboratory.

witley, surrey,
 1919.





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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

13829

Aug 1, 1916

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

20	25	30	
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RATE OF ASSIGNMENT

20	15	30	
----	---------------	----	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 799897
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Jas. Sutherland.*
 Battalion *A Coy. 134 Batt.*
 Beneficiary *Mrs Blanche Sutherland.*
 Relationship *Wife.*
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Blanche Sutherland.*
 Address *940 Bloor St. W. Toronto, Ont.*
 Change of Address
 1 *1279 Davenport Rd. Toronto*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		440	340	780
Feb	U73563	25	40	95
March	792166	25	20	45
April	V7381	25	20	45
May	X23641	25	20	45
June	Y24271	25	20	45
July	A23446	25	20	45
Aug	Y34273	25	20	45
Sept	Z40340	25	20	45
Oct	D47343	25	20	45
		645	340	1285
Nov	F55491	25	20	45
Dec	J65556	45	20	65
Jan 19	L69349	30	20	50
Feb	O80209	30	20	50
March	B85898	30	20	50
April	W2818	30	20	50
May	Q8514	20	20	40
		915	680	1595

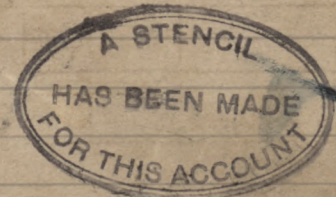
017666-f-34

REMARKS

No Jan cheque issued.
W. Mailed 14/1/18 #95 to adj. Gen.
Reported missing acc'to continue for 6 months from date Nov 1st 1918
M.R.O.L.P. Rendered 15398 - 31/10/18
Rept miss have returned unit per L. 339 Vol 4
M. R.O. L.P. 18406 Rendered 4/11/18

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

A/c Closed 31-5-19
 Ret'd per. *Baltie*
 Date 7/5/19 M.F.W. 187
 Clerk *C. Smith* 12/19



Mrs R.P. 80988 - 12/19/18

7213545-13

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.		Promoted	Reverted	Discharge
Rank				
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name			
Address			
Change of Address			
1			
2			
3			
4			

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

M. F. W. 128
400M-6-17 (772-33-14)
L. L. 22520-M. & D. 7888.

DISPERSAL "I"

S 4206

AUDITOR [Signature] PAYMASTER [Signature]

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

REGT. No. 799897

RANK *Pte.* NAME (IN FULL)

SUTHERLAND J.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					<i>15th Bn</i>	<i>Bank of Toronto General Office</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE
					20.00	<i>closed 31-5-19</i>
					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs Blanch Sutherland wife</i>	
					ADDRESS	
					<i>1279 Glenhurst Rd</i>	
					<i>Toronto Ontario</i>	
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Toronto</i>	<i>10-5-19</i> <i>Demob.</i> <i>D.O. 134</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		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.	
<i>30-4-19</i>				<i>30.03</i>	<i>131</i>	<i>813</i>								<i>3003</i>		<i>Cr Salou eng's P.C.</i>	
<i>15-5-19</i>		<i>115</i>	<i>7.10</i>	<i>76 50</i>						<i>20.00</i>						<i>Pa 1-5-19 & 15-5-19</i>	
				<i>35 00</i>						<i>19 46</i>						<i>Clothing allowance</i>	
				<i>70 00</i>						<i>5.00</i>	<i>H 87</i>					<i>1st paymt W.S.G.</i>	
					<i>121 50</i>	<i>131</i>	<i>813</i>	<i>102 20</i>							<i>151 63</i>	<i>May 19</i>	
																<i>endorsed on 2 P.C.</i>	
																<i>Train & Boat</i>	
<i>193 days</i>	<i>182</i>		<i>180</i>	<i>600</i>						<i>70.00</i>		<i>5.50</i>		<i>96 50</i>		<i>W.S.G. as paid above</i>	
												<i>27.00</i>		<i>344 50</i>		<i>Pa 5 days under paid</i>	
														<i>280</i>		<i>21 days S.G. over paid</i>	
														<i>280</i>			
														<i>210</i>		<i>W.S.G. PAID IN FULL</i>	
														<i>210</i>			
														<i>140</i>			
														<i>60</i>			
														<i>70</i>			
														<i>30</i>			
														<i>0</i>			
<i>1 920</i>	<i>420</i>		<i>180</i>	<i>600</i>										<i>414 50</i>	<i>26 50</i>	<i>159</i>	
<i>May 95051</i>			<i>1080</i>	<i>1080</i>										<i>600</i>	<i>1080</i>		

