

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3188860

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class.....)

- 1. Surname..... SUTHERLAND
- 2. Christian name..... James Angus
- 3. Present address..... Gays River Col. Co. N.S. *Sufficient Address*
- 4. Military Service Act letter and number..... 598105 G.C.  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
- 5. Date of birth..... Aug 31st. 1897
- 6. Place of birth..... Gays River N.S.  
(town, township or county and country)
- 7. Married, widower or single..... Single
- 8. Religion..... P resbyterian
- 9. Trade or calling..... Farmer
- 10. Name of next-of-kin..... John D. Sutherland *Sufficient Address*
- 11. Relationship of next-of-kin..... Father
- 12. Address of next-of-kin..... Gays River
- 13. Whether at present a member of the Active Militia..... No
- 14. Particulars of previous military or naval service, if any..... No
- 15. Medical Examination under Military Service Act :—  
(a) Place Aldershot N.S. (b) Date 15-6-18 (c) Category "A-2"

DECLARATION OF RECRUIT

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

*James Angus Sutherland* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 20 yrs..... 11 mths.  
 Height..... 5 ft..... 4 1/2 ins.  
 Chest measurement } fully expanded..... 31 ins.  
                               } range of expansion..... 3 1/2 ins.  
 Complexion..... *Fresh*  
 Eyes..... *Blue*  
 Hair..... *Brown*

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

*nil*

*E. M. Percival Capt.*  
O. C. 1st Depot Btln. for Lt. Col.  
Nova Scotia Regt.

Place Aldershot Camp. N.S. Date 12-6-18.



PARTICULARS OF RECRUIT

PREPARED UNDER MILITARY SERVICE ACT, 1916

Name

1. Surname	
2. Christian name	
3. Date of birth	
4. Place of birth	
5. Education	
6. Trade or profession	
7. Name of service	
8. Position of recruitment	
9. Address of recruitment	
10. Whether at present in possession of the 4-year ticket	
11. Particulars of previous service of recruitment	
12. Whether in possession of the 4-year ticket	
13. Particulars of previous service of recruitment	
14. Whether in possession of the 4-year ticket	
15. Particulars of previous service of recruitment	
16. Whether in possession of the 4-year ticket	
17. Particulars of previous service of recruitment	
18. Whether in possession of the 4-year ticket	
19. Particulars of previous service of recruitment	
20. Whether in possession of the 4-year ticket	

DECLARATION OF RECRUIT

I, the undersigned, being the person named in the above particulars, do hereby declare that the particulars therein stated are true and correct to the best of my knowledge and belief.

Signature of Recruit

Signature of Recruiting Officer

DESCRIPTION OF CALLING UP

1. Name	
2. Address	
3. Trade or profession	
4. Date of calling up	
5. Particulars of service	
6. Whether in possession of the 4-year ticket	
7. Particulars of previous service of recruitment	
8. Whether in possession of the 4-year ticket	
9. Particulars of previous service of recruitment	
10. Whether in possession of the 4-year ticket	
11. Particulars of previous service of recruitment	
12. Whether in possession of the 4-year ticket	
13. Particulars of previous service of recruitment	
14. Whether in possession of the 4-year ticket	
15. Particulars of previous service of recruitment	
16. Whether in possession of the 4-year ticket	
17. Particulars of previous service of recruitment	
18. Whether in possession of the 4-year ticket	
19. Particulars of previous service of recruitment	
20. Whether in possession of the 4-year ticket	

Signature of Recruit

Signature of Recruiting Officer

Date



BD 7-2-19

DISCHARGE DOCUMENTS

R. O. No. H

H. Q. No. #

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge*  
Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name SUTHERLAND, JAMES ANGUS,

Regt. No. 3188860 Rank Plt

Corps 10th Depot Bn N.S.R.

DEMORBIN.

49835

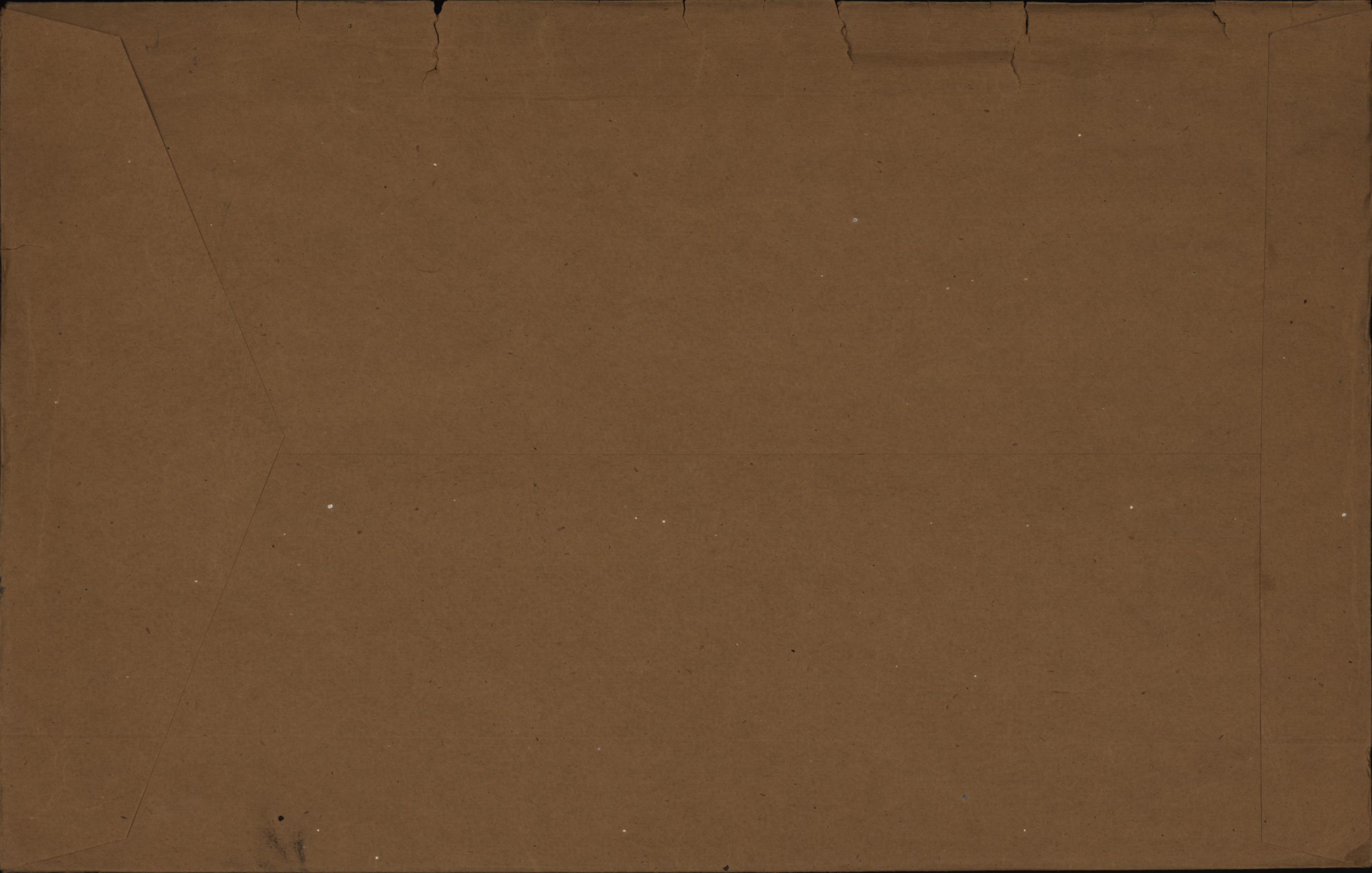
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483160

M.F.W 71-1  
M.F.W 129-1  
M.F.B 465-1  
M.F.W 113-1  
M.F.W 178-1  
M.F.B 483-1







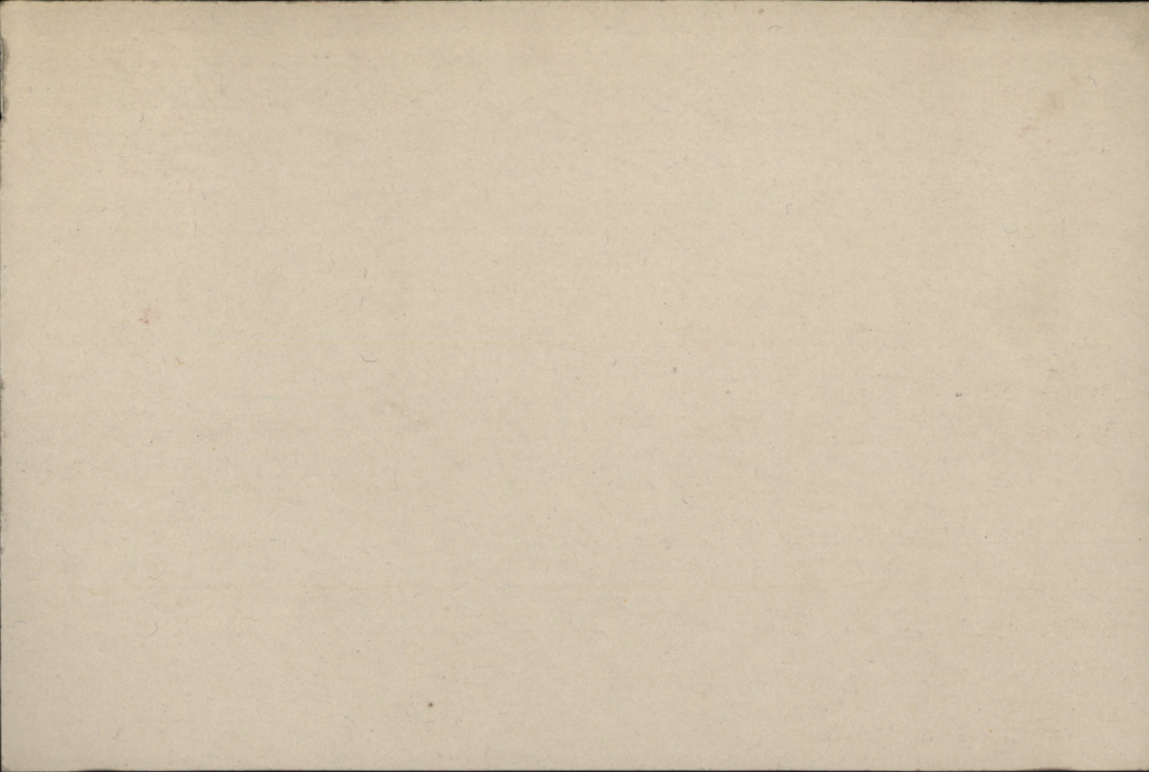
Surname Sutherland  
Christian names James Angus  
Regtl. No. 3188860 Rank ptef  
Unit N. S. Regt 1st Wp. Bn.

H. Q. L  
M. D. No. 6  
T. O. S. June 12th 1918  
D. O. Pt. II 160 of 11-6-18  
S. O. S. Dis. 6-1-1919 5  
Reason Demob.  
Auth. 20 474-1-19  
1/21. S. R.

Next of kin Sutherland John W Relationship Father  
Address Gay's River N. S.  
Also notify:

BORN—Place Canada Gay's River N.S. Date Aug 31st 1897  
ATTESTED—Place Aldershot N. S. Date June 12th 1918  
O/S..... R/C.....











## CASUALTIES, &amp;c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<i>Special leave</i>	<i>171</i>	<i>22-6-18 to</i>	<i>22-7-18</i>
<i>leave of absence</i>	<i>210</i>	<i>until further orders.</i>	



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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 315886 Rank plc Surname Sutherland  
(Given name in full)

Unit or Corps 1st Bn Ash Birthplace James Angus Gap River Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 138 lbs. Height 5 6 ft. Colour of Eyes blue

Nutrition good

Pulse 76

Condition of arteries good

Vision Rt.  $\frac{20}{40}$  Left  $\frac{20}{40}$

Hearing (conversational voice) Rt. 24 ft.

Left 24 ft.

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

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem 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 no

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.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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



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

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

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

*1st DEPOT BATTALION, Nova Scotia Regiment*

Regimental No. *3188860* Rank *Plt* Name *James Angus Sutherland*

C. E. F.

Enlisted (a) *12/6/18* Terms of Service (a) *WAR and 6 Mos* Service reckons from (a) *12/6/18*

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

Extended ..... Re-engaged ..... Qualification (b) *(farmer)*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S.O.S. on discharge on demobilization.	Halifax.	N.S.4-1-19.	<i>W. Sutherland</i> Adj't 1st Depot B'n N. S. Regiment
		S.O.S. DAILY ORDER PART 2.D.O.#.1357.6-1-18.			

(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.







MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

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

- 1. Surname Sutherland Christian name James Angus
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 598105 h.b.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) Gay's River, Colchester Co

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27 day of October 1917, by the undersigned medical board sitting at Halifax N.S.

- 5. Age as stated 20 Years 2 Months
- 6. Apparent age 20 Years 2 Months
- 7. Height 5-20 Feet 4 1/4 Inches
- 8. Weight 124 Pounds
- 9. Chest measurement { Minimum 34 Ins. Maximum 34 1/2 Ins.
- 10. Complexion fresh { Eyes Blue Hair Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks none
- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm \_\_\_\_\_
- 14. When vaccinated last 1915
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection Varicella  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category MI A-II VR. 30 - 2 - 30  
Hearing normal  
President.  
Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 12 day of June 1918 at Aldershot N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Bn SR</u>	<u>3188860</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Halifax N.S.</u>	<u>25/10/17</u>		<u>Category A II</u>

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

Aldershot 15/6/18 Plt Cat A G. McNally Myn  
J. McKay Sr

Signature of Man















# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3188860 Rank Pfc Name Sutherland J. A.  
 1st. Depot Batt'n N. S. Reg't..... who was\* Discharged  
 On 6/1/19 191....., to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 4/1/19 191.....  
 to 6/1/19 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances } No. ....			Reg't'l. Pay <u>3</u> days at \$ <u>1</u> c. ....	<u>3</u>	
Cheques } No. ....			Field Allow. <u>3</u> days at \$ <u>10</u> c. ....		<u>30</u>
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* .....		
Payment on transfer or discharge No. <u>9274</u> <u>3</u> <u>30</u>			Other Credits* .....		
Balance Cr. (to be paid by the new unit) .....			Bal. Dr. (to be deducted by new unit) .....		
<b>Total</b> .....			<b>Total</b> .....	<u>3</u>	<u>30</u>

\*Give particulars.

A monthly stoppage of \$ Me (†) has ..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n Allee. for month of ..... 191... } (to) Assignee .....

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

**REMARKS:—**

- State (1) date of enlistment 12/6/18
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge Demobilization authority RD 1357-1-a-200H 4
- (4) authority for transfer .....

**NOTE.**—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.  
 Date Jan 11 1919  
 Place Hpx 205 A. J. Cameron  
Paymaster.

**N.B.**—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

BASE BY TELETYPE

10/11/14  
10/11/14

10/11/14

10/11/14

10/11/14

10/11/14

10/11/14

10/11/14

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10/11/14

10/11/14

10/11/14

10/11/14

10/11/14



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3188860. (Rank) Private.

Name (in full) SUTHERLAND. James Angus. enlisted in  
the 1st. Depot BN. N.S.R.

CANADIAN EXPEDITIONARY FORCE at Aldershot. N.S. on the 12th.  
day of June. 19 18.

HE served in Canada.

and is now discharged from the service by reason of Demobilization. R.O. 1357-1-A.

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

Age 21 years 5 months.

Height 5 feet 4 $\frac{1}{2}$  inches.

Complexion Fresh.

Eyes Blue.

Hair Brown.

Marks or Scars Nil.

Sgd. James Angus Sutherland.

Signature of Soldier

Sgd. W.D. Simpson.

Issuing Officer

Capt. Adj. for.

Rank

O.C. 1st. Depot Bn. N.S.R.

Appointment

Date of Discharge Jan. 4th. /19.

Signed at Halifax. N.S. this 4th. day of January. 19 19

in Military District No. 6

File Reference No. \_\_\_\_\_

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

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the parti-  
culars called for on the back of  
this certificate will not be com-  
pleted



1140

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

Off. 3/2/19

1. No. 3188860.

2 Rank. Private.

3. Name. SUTHERLAND. James Angus.

4. Unit. 1st. Depot Bn. N.S.R.

5 Date of Discharge Jan. 4th. /19. Place Halifax. N.S.

6 Reason for Discharge Demobilization.



7. Authority. R.O. 1357-1-A.

8. Proposed Residence after Discharge Gay's River. Col. Co. N.S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39.

*James Angus Sutherland*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax. N.S.

Date Jan. 4th. /19.

Signature

*W. J. Simpson*

for.

Captain.

(O. C. Discharging Unit.)



SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Mobilization)

1	Name of Soldier	
2	Rank	
3	Branch	
4	Unit	
5	Place of Discharge	
6	Date of Discharge	
7	Reason for Discharge	
8	Authority	
9	Signature of Soldier	<i>[Signature]</i>
10	Signature of Officer	
11	Signature of Chaplain	
12	Signature of Adjutant	
13	Signature of Quartermaster	
14	Signature of Commissary	
15	Signature of Medical Officer	
16	Signature of Paymaster	
17	Signature of Provost Marshal	
18	Signature of Adjutant General	
19	Signature of Quartermaster General	
20	Signature of Commissary General	
21	Signature of Medical Director	
22	Signature of Paymaster General	
23	Signature of Provost Marshal General	
24	Signature of Adjutant General	
25	Signature of Quartermaster General	
26	Signature of Commissary General	
27	Signature of Medical Director	
28	Signature of Paymaster General	
29	Signature of Provost Marshal General	
30	Signature of Adjutant General	
31	Signature of Quartermaster General	
32	Signature of Commissary General	
33	Signature of Medical Director	
34	Signature of Paymaster General	
35	Signature of Provost Marshal General	
36	Signature of Adjutant General	
37	Signature of Quartermaster General	
38	Signature of Commissary General	
39	Signature of Medical Director	
40	Signature of Paymaster General	
41	Signature of Provost Marshal General	
42	Signature of Adjutant General	
43	Signature of Quartermaster General	
44	Signature of Commissary General	
45	Signature of Medical Director	
46	Signature of Paymaster General	
47	Signature of Provost Marshal General	
48	Signature of Adjutant General	
49	Signature of Quartermaster General	
50	Signature of Commissary General	
51	Signature of Medical Director	
52	Signature of Paymaster General	
53	Signature of Provost Marshal General	
54	Signature of Adjutant General	
55	Signature of Quartermaster General	
56	Signature of Commissary General	
57	Signature of Medical Director	
58	Signature of Paymaster General	
59	Signature of Provost Marshal General	
60	Signature of Adjutant General	
61	Signature of Quartermaster General	
62	Signature of Commissary General	
63	Signature of Medical Director	
64	Signature of Paymaster General	
65	Signature of Provost Marshal General	
66	Signature of Adjutant General	
67	Signature of Quartermaster General	
68	Signature of Commissary General	
69	Signature of Medical Director	
70	Signature of Paymaster General	
71	Signature of Provost Marshal General	
72	Signature of Adjutant General	
73	Signature of Quartermaster General	
74	Signature of Commissary General	
75	Signature of Medical Director	
76	Signature of Paymaster General	
77	Signature of Provost Marshal General	
78	Signature of Adjutant General	
79	Signature of Quartermaster General	
80	Signature of Commissary General	
81	Signature of Medical Director	
82	Signature of Paymaster General	
83	Signature of Provost Marshal General	
84	Signature of Adjutant General	
85	Signature of Quartermaster General	
86	Signature of Commissary General	
87	Signature of Medical Director	
88	Signature of Paymaster General	
89	Signature of Provost Marshal General	
90	Signature of Adjutant General	
91	Signature of Quartermaster General	
92	Signature of Commissary General	
93	Signature of Medical Director	
94	Signature of Paymaster General	
95	Signature of Provost Marshal General	
96	Signature of Adjutant General	
97	Signature of Quartermaster General	
98	Signature of Commissary General	
99	Signature of Medical Director	
100	Signature of Paymaster General	



LIST OF DISCHARGE DOCUMENTS

Medical Form W. 53	Attendance Report, Triplicate
Medical Form W. 53	Particulars of Discharge
Medical Form W. 17 or A. F. R. 102	Body Contact Sheet
Medical Form W. 54 or A. F. R. 104	Quarantine Form
Medical Form W. 44	Last Pay Certificate
	Certificate that missing documents are unobtainable
Medical Form E. 212 or A. F. R. 118	Medical History Sheet
M. F. R. 217, A. F. R. 119 or A. F. R. 120	Proceedings of Medical Board
Medical Form H. 103	Dental History Sheet
M. F. R. 113 or H. 103	Medical Report
Medical Form R. 303	Hospital Contact Sheet
Medical Form B. 303	Company Contact Sheet



**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