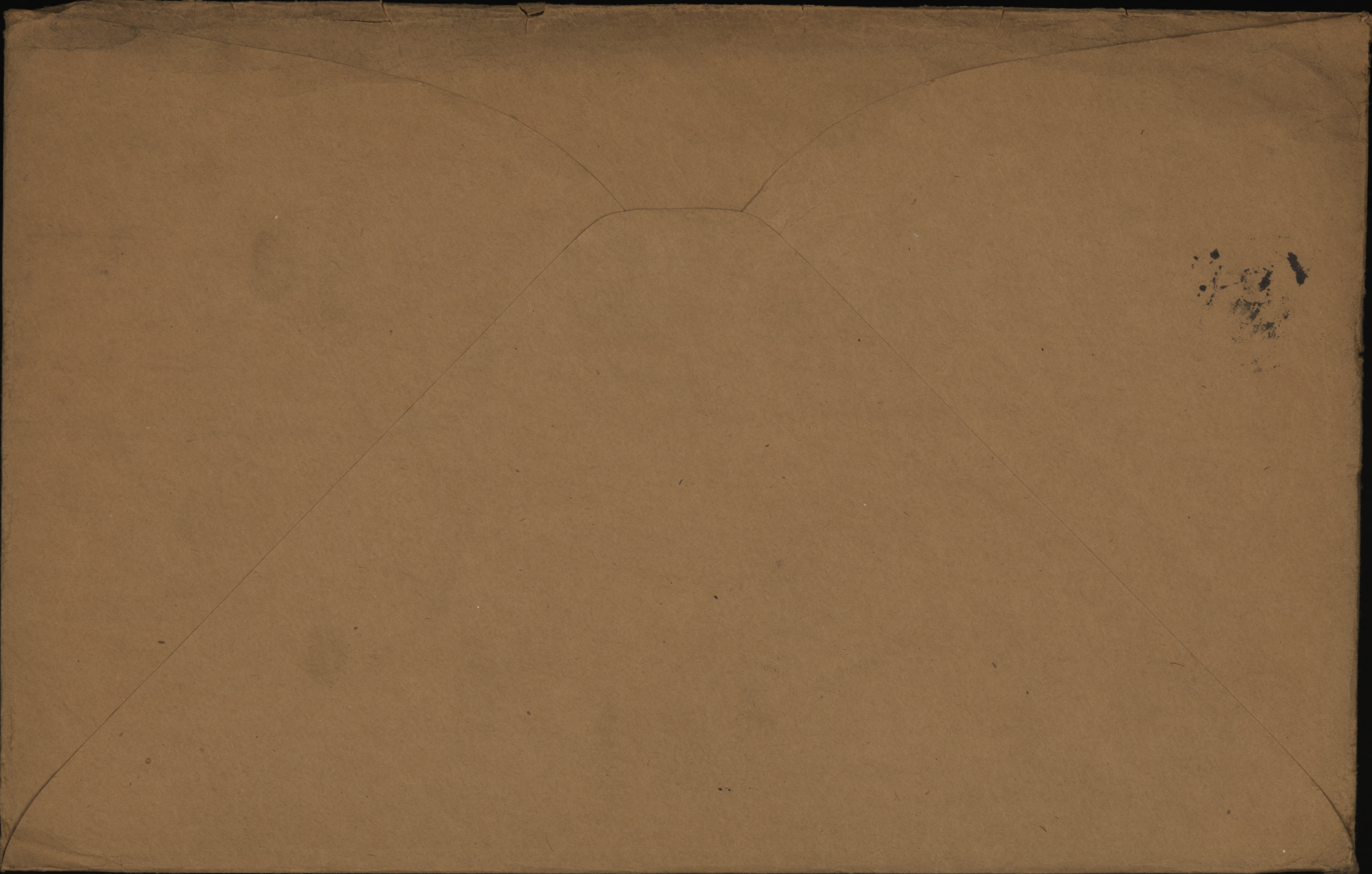


REGIMENTAL DOCUMENTS

NAME SUTHERLAND Joseph Apr REGT. NO. 2691486 UNIT C. Co H. Q. FILE NO. _____

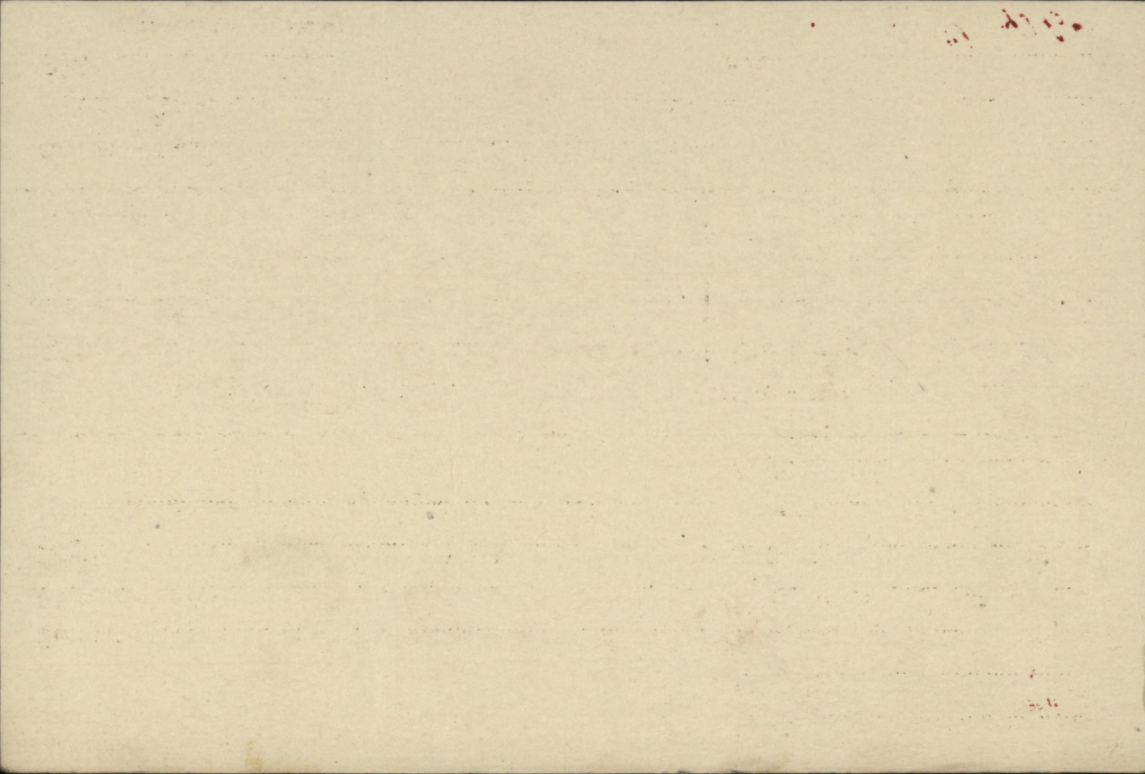
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
31 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	24.6.19.20				DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 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)					
6 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demo</i>
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				49932	
1 4 7 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		H			
<i>Miss</i>					
<i>C. Co</i>					
<i>Apr</i>					



Surname *Sutherland*
Christian names *Joseph*
Regtl. No. *2691486* Rank *Spr.*
Unit *Lean. Eng. Tr. Dps.*
H. Q. *B. 6*
M. D. No. *N. 4*
T. O. S. *20.5* 19*18*
D. O. Pt. II *23* of *23.5-18*
S. O. S. *2-6-* 19*19*
Reason *Demob.*
Auth. *D. 10.162-11-6-19*
6. 10. 19.

Next of kin *Sutherland, Ronald* Relationship *Brother*
Address *189 Kings Rd. Sydney, N.S.* Also notify:

BORN—Place *Canada, Sydney, N.S.* Date *Dec. 24th, 1876*
ATTESTED—Place *Victoria, B.C.* Date *May 20th, 1918*
O/S *29-6-18* *1301*
40
R/C *25-5-19* *33*
19 Apr.



No. *269 1486* RANK

NAME

*Sutherland Joseph*T. O. S. *20.5.18*

UNIT

*6th. Field Coy, Can Engineers**DO 23235-18*

M. D.

"

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

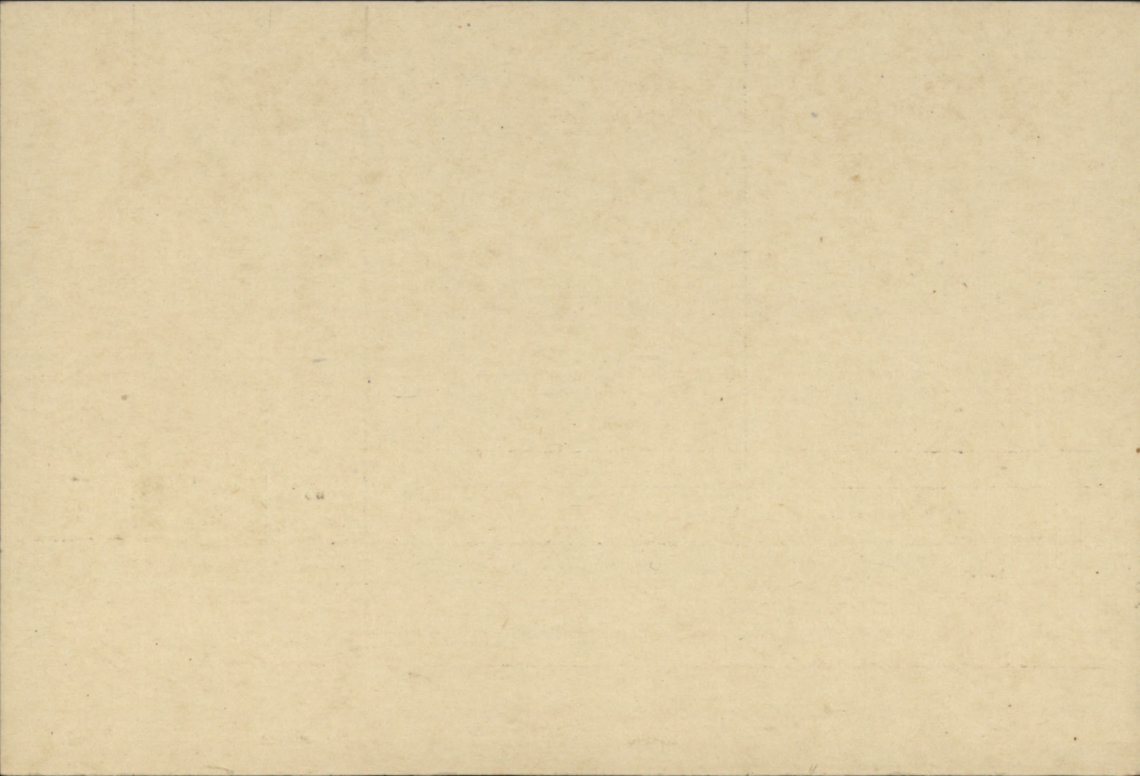
PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1918	1918	
<i>May 14</i>	<i>May 31</i>	<i>—</i>
<i>June 1</i>	<i>June 15</i>	<i>—</i>

<i>Trans. from M D 11.15.6.18</i>	<i>DO 45.14.6.18 -</i>
-----------------------------------	------------------------



HERB
Number 2691486 Rank SP4

Surname SUTHERLAND

Christian Name Joseph

Units C. E. Theatre of War France

Date of Service 18-10-18

Remarks

Latest Address ~~210 Kings Road.~~
~~Sydney, C. E.~~

Roll No. "B" Page 13421.

200m.-2-21.M.) 2945 E. 14th St.
Oakland - Cal. U.S.A.

DESP. JUN 16 1922

REGN. NO.

39442

2691486

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

War Service Badge

Class "A" No.

Casualty Form—Active Service.

12th Halls 74th Bt Coy E.
Unit, Regiment or Corps. **Engineers Reinl. C. E. F.**

Regimental No. **2691486** Rank **Sapper** Name **Sutherland, Joseph**
C. E. F.

Enlisted (a) **20-5-18** Terms of Service (a) **C. E. F. Depot** Service reckons from (a) **20-5-18**

Date of promotion to present rank **BADGE** Date of appointment to lance rank **C. E. F. Depot** Numerical position on roll of N. C. Os. **Military**

CLASS "A" No. Extended **.....** Re-engaged **.....** Qualification (b) **Civil Miner**

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				

Transferred to Engineers Training Depot **ST. JOHNS, QUEBEC** 14-6-18.

CAN. RECORDS, LONDON.
CERTIFIED CORRECT.
24 OCT 1918
CAN. RECORDS, LONDON.

26-7-18	2nd CERB	Embarked Disembarked I.C.S. of 2nd CERB from Canada	Canada England Seaford	29-6-18 22-7-18 22-7-18	
6-8-18	2nd CERB	I.C.S. of 2nd CERB to 3rd C.E.F. Bn.	Seaford	6-8-18	Part II Order No. 56 Part II Order No. 65
6-8-18	3rd CERB	To I.C.S. of 3rd CERB from 2nd CERB	Seaford	6-8-18	Lieut. C.E.F. Adj. 2nd C.E.F. Bn. C.E.F. Part II Order No. 1.
9-10-18	3rd CERB	I.C.S. of 3rd CERB to C.E.F. Pool, France.	Seaford	9-10-18	Part II Order #5656

10.10.18 **CHRD. I.O.S. C.E.F. Pool**
13.10.18 **CCRC JOINED FROM BASE**

10.10.18 **R/R 788 P/109**
13.10.18 **- 1633**

(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.
[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				
19.12.18	<i>CLAS</i>	<i>arrived (B.I.) CLAS</i>	<i>CLAS</i>	<i>17¹² 18</i>	<i>QR 1881</i>
23/12/18	<i>B.S. R.D.</i>	<i>T.O.S from France and Co detailed to Depot Coy.</i>	<i>Seaford</i>	<i>21/12/18</i>	<i>pt II D.O. 338</i>
<i>28/2/19</i>		<i>S. O. S. to Kimmel Park, Seaford Rhy1, M.D. Wing</i>			<i>Pt. 11. D.O. 60</i> <i>Lieut</i> <i>Exp O.C. GER.</i>
		<i>Attached C.C.C. Kimmel Park for return to Canada. Part 11 Orders No. Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part 11 Order No.</i>			
		<i>M.D. Commanding No. 6 Wing, Kimmel Park Camp.</i>			
		<i>SS AQUITANIA Slg. No-77</i>			
		<i>DEB S. MITON 18-5-19</i>			
<i>18.5.19</i>	<i>2-6-19</i>	<i>Disemb HLFX 25-5-19</i>			
	<i>S.O.S. on discharge</i>	<i>and posted</i>			
		<i>Depot 11 B.N.F. 162</i>			

Enter Vc Records No. 8 D.D. *Lieut*

BT

Rank

Name SUTHERLAND Joseph.
If in perm. Corps, }
What Unit?

Reg'l No. 2691486

1st. Half 74th Dft Eng to CE T W

Married or Single Single.

Place and Date of Enlistment Victoria, 20th May 1918

Place of Birth Sydney, Nova Scotia

Name and Address, Next-of-Kin Mr. Ronald Sutherland.

189, Kings Rd, Sydney, Nova Scotia, Canada

Relationship Brother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. 20648
File No. CAN. OR
Category

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.				
26.7.18	2 CERB	Arrived in England IOS from Canada	22.7.18	22-7-18	S/S SATURNIA 2005
6-8 18	11 CER Bn	S. O. S. to 3 CERB	Seaford	6.8.18	DO-65 3 CERB * DO 1
9-10-18	3 CERB	S.O.S. to CERP	Seaford	8.10.18	DO 30.9 CERP 109/30/18
13.12.18	1 CERB	T.O.S. from	"	21.12.18	330
3.3.19	"	S.O.S. to M.D. 6 Rlyl.	"	1.3.19	65
20.5.19	20.5.19	S. G. S. to Canada S. 77	"	18.5.19	DO 140.
				77-13-193.	18.5.19.

CHECKED
 23/7/18
 20 OCT 1918

CANADIAN EXPEDITIONARY FORCE

M. D.

War Service Badge Issued
Class No. 254787

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2691486 (Rank) Sapper
 Name (in full) Sutherland, Joseph enlisted in
 the Engineers Reinforcement
 CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 20th
 day of May 1918
 HE served in Canadian Engineer Post in France
 and is now discharged from the service by reason of Demobilization. medically unfit for
~~Medical Unfitness.~~ general service

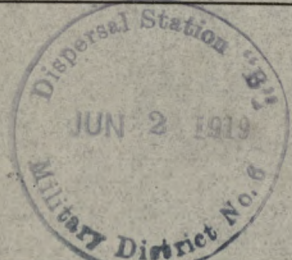
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 42 yrs
 Height 5 ft 9 in
 Complexion Dark
 Eyes Blue
 Hair Brown

Marks or Scars
Nil

J. Sutherland
 Signature of Soldier

E. S. Bellman
 O. C. Issuing Officer Major capt

Date of Discharge


Rank
 Date MAY 25 1919 1919

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.

submitted to the Secretary, Military Council, Ottawa, Canada.

A duplicate of this Certificate will be issued and the original will be retained in the file of the person to whom it is issued.

<p>Date of Discharge</p>	<p>Date _____ 19__</p> <p>Place _____</p> <p>Issuing Officer _____</p>
<p>Signature of Soldier _____</p> <p>Rank _____</p> <p>Age _____</p> <p>Complexion _____</p> <p>Height _____</p> <p>Age _____</p>	<p>Mark of Scar _____</p>
<p>THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:</p>	
<p>and is now discharged from the service by reason of _____</p>	
<p>Demobilization _____</p>	
<p>HE served in _____</p>	
<p>of _____</p>	
<p>CANADIAN EXPEDITIONARY FORCE</p>	
<p>the _____</p>	
<p>being in the _____</p>	
<p>THIS IS TO CERTIFY that _____</p>	

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

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) SUTHERLAND, A.
REGIMENT C. E. R. D. RANK SPR No. 2691486

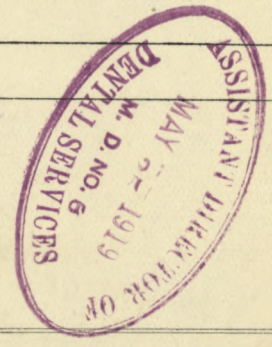
Date of Examination in England 18 FEB 1919 Date of Examination in France

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

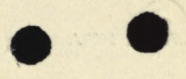
1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? NO

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
(c) In France YES

Signature of Dental Officer *[Handwritten Signature]*



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Содержание
1. Введение
2. Описание
3. Заключение

№ п/п	Наименование	Единица измерения	Количество	Стоимость
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Содержание
1. Введение
2. Описание
3. Заключение



* Strike out whichever inapplicable.

ASSIGNED PAY. *Nib.* ENGLAND OR CANADA. * SEPARATION ALLOWANCE. ENGLAND OR CANADA. *

NAME: *SUTHERLAND, Joseph.*

EFFECTIVE DATE: *1-12-18* EFFECTIVE DATE: -

NUMBER: *2 \$691486*

AMOUNT: *15⁰⁰* AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*RONALD SUTHERLAND (BROTHER)
210 KINGS RD SIDNEY NOVA SCOTIA CAN.*

2, CE. L DO 50 22.7.18 Spr

No 74 Draft UNIT AND TRANSFERS C. E.

ORIGINAL UNIT: *2ND C. E. RES. BN. C. E. T. G.*

DATE ACCOUNT FIRST OPENED: *22.7.18 1/7/18*

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
12/19	3335	Seaford	f 1 11 87				
20/19	3700	"	f 3 14 60				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>	<i>10</i>	<i>10</i>

*Transfer to Canada 21/19 CPC Bal 58⁸² / K3540 to Seaford md 6
Computed by R. Malison 24-219*

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	BALANCE FROM CANADA.								<i>12 70</i>		
Aug	<i>Pva 24/9 to 31/11/18</i>	<i>45 10</i>		<i>1435 SEALS 14/12</i>	<i>9 73</i>						
				<i>1992 Def Pay 30/9</i>	<i>4 87</i>				<i>43 20</i>		
					<i>14 60</i>						
Sept	<i>Pva 1/9 to 21/9/18 - 21 days P Pay</i>	<i>45 10</i>		<i>192 3 65 RB 2/9</i>	<i>9 73</i>						
		<i>23 10</i>		<i>276</i>	<i>24 19</i>				<i>60 37</i>		
		<i>33</i>			<i>38 93</i>						
Oct		<i>56 10</i>		<i>646</i>	<i>10/80</i>	<i>2 43</i>					
		<i>34 10</i>		<i>845 CMGRD 23/10</i>	<i>3 73</i>				<i>88 31</i>		
		<i>34 10</i>			<i>6 16</i>				<i>189 51</i>		
Nov	<i>Spr</i>	<i>10 20</i>		<i>1123</i>	<i>5/11</i>	<i>3 73</i>					
Dec				<i>1359</i>	<i>22/11</i>	<i>13 06</i>					
Jan				<i>1234</i>	<i>10/12</i>	<i>3 73</i>					
				<i>1290 CERD 23/12</i>	<i>48 67</i>				<i>120 32</i>		
		<i>10 20</i>			<i>69 19</i>				<i>32 17</i>		
									<i>152 49</i>		
Feb	<i>Spr Pay</i>	<i>3080</i>							<i>113 3</i>		
	<i>Int on Def Pay 28/2/19</i>	<i>1 75</i>		<i>1901</i>	<i>16/1</i>	<i>9 73</i>					
				<i>2513</i>	<i>24/1</i>	<i>9 73</i>					
				<i>858</i>	<i>27/12</i>	<i>4 87</i>					
				<i>M921 CPay Irish Comd</i>		<i>4 87</i>					
				<i>600 Dec Jan Feb</i>				<i>45</i>	<i>78 29</i>		
				<i>3335 RP 10/1</i>	<i>14 87</i>						
				<i>3700</i>	<i>20/2</i>	<i>14 60</i>					
				<i>3075 K Park 6/3</i>	<i>9 73</i>						
				<i>3846</i>	<i>20/3</i>	<i>9 73</i>					
					<i>113 13</i>	<i>68 13</i>			<i>3936</i>		

*152 49
93 67
58 82
19 47
78 29*

3217

113 13

68 13

45

NUMBER

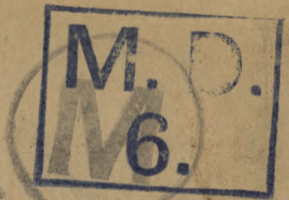
RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
									39.36				
				ac 28 KPK 3/4	9.73								
				579 " 15/4	9.73								
				1357 " 29/4	14.60								
				ac 1934 KPK 12/5/19 Enclosed	14.60								
					48.66				9.30				
				<i>tot 18/5/19 Sat 77</i>									

2 MAR 1919

War Service Badge Issued,
Class.....No. 254787



22-6-37

WAR SERVICE BADGE
CLASS "A" No.
SHORT FORM

MEDICAL DOCUMENTS
PROCEEDINGS ON DISCHARGE.
FORWARDED TO
(Demobilization.)
~~S. C. R.~~
B. P. C.
ON 18-6-19

B.C.R.M.

1. No. 2691486

2. Rank. Sp4

3. Name. Sutherland Joseph

4. Unit. Res 3, Coy 11

5. Date of Discharge 2-6-19 Place Halifax N.S.

6. Reason for Discharge Permitted
Wish of His Brother
Occup Miner 18
Coy B2 Service in France 3m

7. Authority. R.O. 1420

8. Proposed Residence after Discharge Jackson (Calif)
P. Address, 210 Kings Road
Sydney, C.B.

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

J. Sutherland

Signature of Soldier.

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

HALIFAX, N.S. MAY 25 1919

Place.....

Date.....

Signature..... Major Capt
O. C. Dispersal Station "B" (O. C. Discharging Unit.)

REPORT FORM
PROCEEDINGS OF THE SOCIETY
(Classification)

4.1
10.1
10.1
10.1

Signature of Author

COMPLETION

The date of the report should be clearly indicated.

D. D. [illegible]

LIST OF DISCHARGE DOCUMENTS

Medical Form 10	Attestation Report
Medical Form 11	or Particulars of Service
Medical Form 12	Final Discharge Report
Medical Form 13	Summary Report
Medical Form 14	Final Pay Certificate
Medical Form 15	Certificates that missing documents are being supplied
Medical Form 16	Medical History Sheet
Medical Form 17	Proceedings of Medical Board
Medical Form 18	Medical History Sheet
Medical Form 19	Medical Report
Medical Form 20	Regional Command Sheet
Medical Form 21	Company Command 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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Exchange 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).
13. Pay Book (P. 844).
14. Veterans' Security (Form M.F.W. 2595).
15. Service Documents.

Group..... A

Checked by No. 24

AM

Date..... 1575/19

14 OCT 18

MEDICAL HISTORY SHEET.

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

1. Surname Sutherland Christian name Joseph
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule _____
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Jackson Calif 914, U.S.A

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the MAY 20 1918 1917, by the undersigned medical board sitting at VICTORIA, B. C.

5. Age as stated 41 Years 5 Months. 6. Apparent age 41 Years 5 Months
 7. Height 5 Feet 9 Inches. 8. Weight 158 Pounds.
 9. Chest measurement { Minimum 34 1/2 Ins. 10. Complexion Dark { Eyes Blue
 { Maximum 38 1/2 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks nil.
 13. Number of vaccination marks { Right arm 0 14. When vaccinated last childhood.
 { Left arm 1
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
 17. (a) Vision R. 6/6 L. 6/6
 (b) Hearing. R. 3 L. 2

J. S. Sutherland President.
M. D. Bryant Member. A. J. [unclear] Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28/5/18</u>		<u>W. Sutherland</u> M.O.	<u>27/5/18</u>		M.O.
		M.O.	<u>4/6/18</u>		<u>W. Sutherland</u> M.O.
		M.O.	<u>13/6/18</u>		M.O.

Joined day of MAY 20 1918 191 at VICTORIA, B. C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>Canadian Engineers</u>	<u>2691486</u>		<u>20-5-18</u>
<u>Reinforcements, C. E. F.</u>			<u>8 OCT 18</u>
<u>C. E. F. Post, France</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>NORTH VANCOUVER, B.C.</u>	<u>JUN -6 1918</u>		<u>A2 H. H. Watson</u>
<u>ST. JOHNS, P.Q.</u>	<u>JUN 22 1918</u>		<u>Connelly Capt</u> <u>A2 H. H. Watson</u>

Signature of Man Joseph Sutherland

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

M. D.
6.

254787

THIS IS TO CERTIFY that No. 269148.6 (Rank) Sapper.

Name (in full) SUTHERLAND — JOSEPH enlisted in
the Engineers Reinforcements.

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 20th
day of May 1918

HE served in France & Belgium with Cav. Engrs.

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 42 2/12 years.

Height 5 ft. 9 ins.

Complexion Dark.

Eyes Blue.

Hair Brown.

Marks or Scars

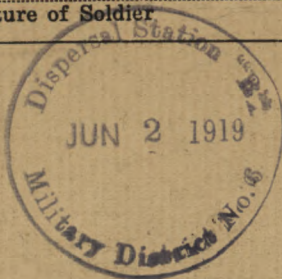
Nil.

Sutherland
Signature of Soldier

O. C. Dispersal
Issuing Officer

Major

Date of Discharge

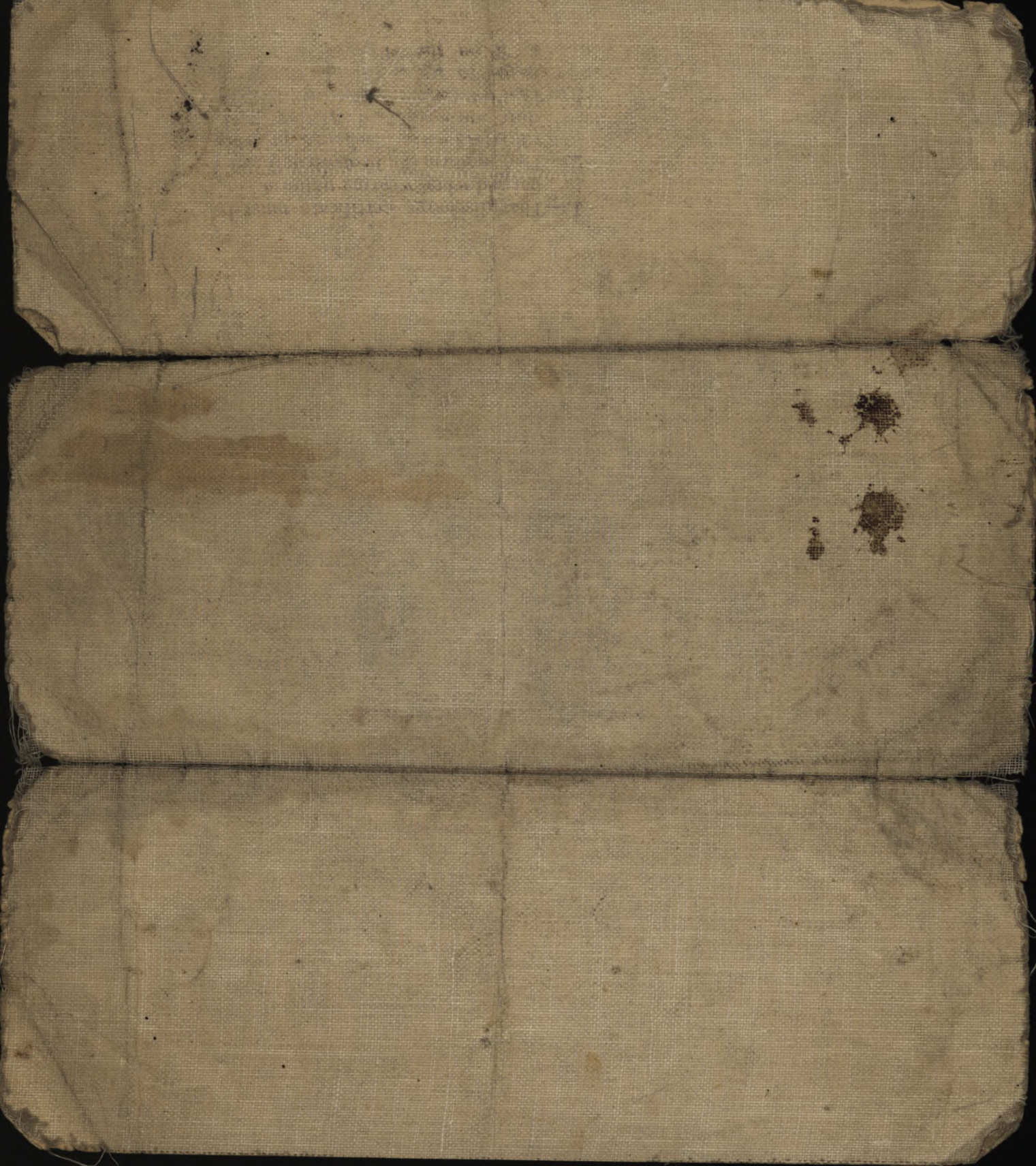


Rank

MAY 25 1919

Date _____ 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.



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 initialled 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 Seaford DATE 13/2/19

1. 1 (a) Unit C E R D (b) Regimental No. 2691486 (c) Rank S.P.R.
 (d) Surname SUTHERLAND (e) Christian name JOSEPH
 (f) Home address Jackson, Calif U.S.A.

(g) Next of Kin Mr R Sutherland (h) Relationship Brother

(i) Address of Next of Kin 200 Kings Rd Melney C.P.S. Can

2. Age last birthday 45 years Date of birth 24/12/1893

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria, B.C. (b) Date 2/5/18

4. Personal description: (a) Height 5' 9" (b) Weight 155 lbs (c) Complexion Medium
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

5. Former trade or occupation Miner

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	Days
	0	264

	PERIODS	
	From	To
Canada	20-5-18	29-6-18
England	29-6-18	10-10-18
France or other theatres of War	10-10-18	21-12-18

7. Original disease, or injury (1) Italluses on soles of feet.
(2) Advanced age

(a) Date of origin (1) July 1918 (b) Place of origin (1) England
(2) Victoria, B.C. (2) Canada
 (c) Cause (1) Heavy Boots & marching
(2) Natural Causes

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.)

- (1) Severe pain in soles of feet after marching
 - (2) Cramps in legs after marching
- no other disability

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.)

General physical condition is good. Man is well developed and muscular, looks age stated or slightly older.

† Marked callus on balls, heels of both feet slightly tender on pressure over center of ball of foot. No flat foot.

† Heart Rapid (100) but sounds of good quality. Aortic II sound slightly accentuated - no murmur. Arteries not sclerosed. Tension slightly increased. No other evidence of advanced age.

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

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

About July 1915 after doing considerable marching, feet began to be tender and sore after a march and cramps to come in calf of leg. The condition he says is gradually growing worse until after 1/2 mile march his feet begin to ache and from then on get more painful.

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).)

He has had no disease, or injury.

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

No wounds, scars or deformities.

11.—(a) Did the disabling condition have its origin before enlistment? (1) no (2) yes

(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.)

(1) Not App.
(2) No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (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? (1) Probably 6 months, with moderate rest for feet. (2) Permanent.

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

He has had no treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No. (If not, briefly state why)

17. Recommendations.

J. B. Boyer Capt. Cav. M. O. 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, Joseph Lutherland, 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

Joseph Lutherland Rank. Pr. Signature of invalid examined.

4
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.) | <i>Yes B & C</i> |
| (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.) | |

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.)
- (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.)

*Referred for return to Canada - with
 A.C. Telegram 9023-11-11-15*

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 *Seaford* }
 DATE *13-2-19.* }
J. W. Marshall Capt. President.
H. M. ... Capt. Members

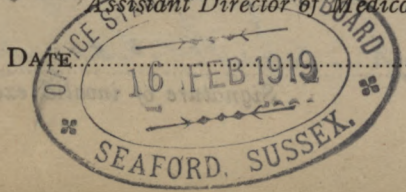
TO BE COMPLETED WHEN TREATMENT IS REFUSED

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 *J. W. Marshall Capt.* APPROVED BY
 Assistant Director of Medical Services. Director-General of Medical Services.



Aquitania 25.5.19

AUDITOR *8* PAYMASTER *108*

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

REGT. No. *2691486* RANK *Spr* NAME (IN FULL) *Sutherland J.*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN							
ADDRESS		<i>2ms</i>	<i>18-5-19</i>	<i>100.162</i>	<i>Engineers</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 \$ <i>15.00</i>	DATE EFFECTIVE <i>1.6.19</i>	
					PAYABLE TO <i>Ronald Sutherland Brother</i>	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS <i>210 Kings Road Sydney N.S.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Halt</i>	DATE <i>2-6-19</i>	REASON <i>Demot</i> AUTHORITY <i>100.162</i> IF ENTITLED TO POST DISCHARGE PAY

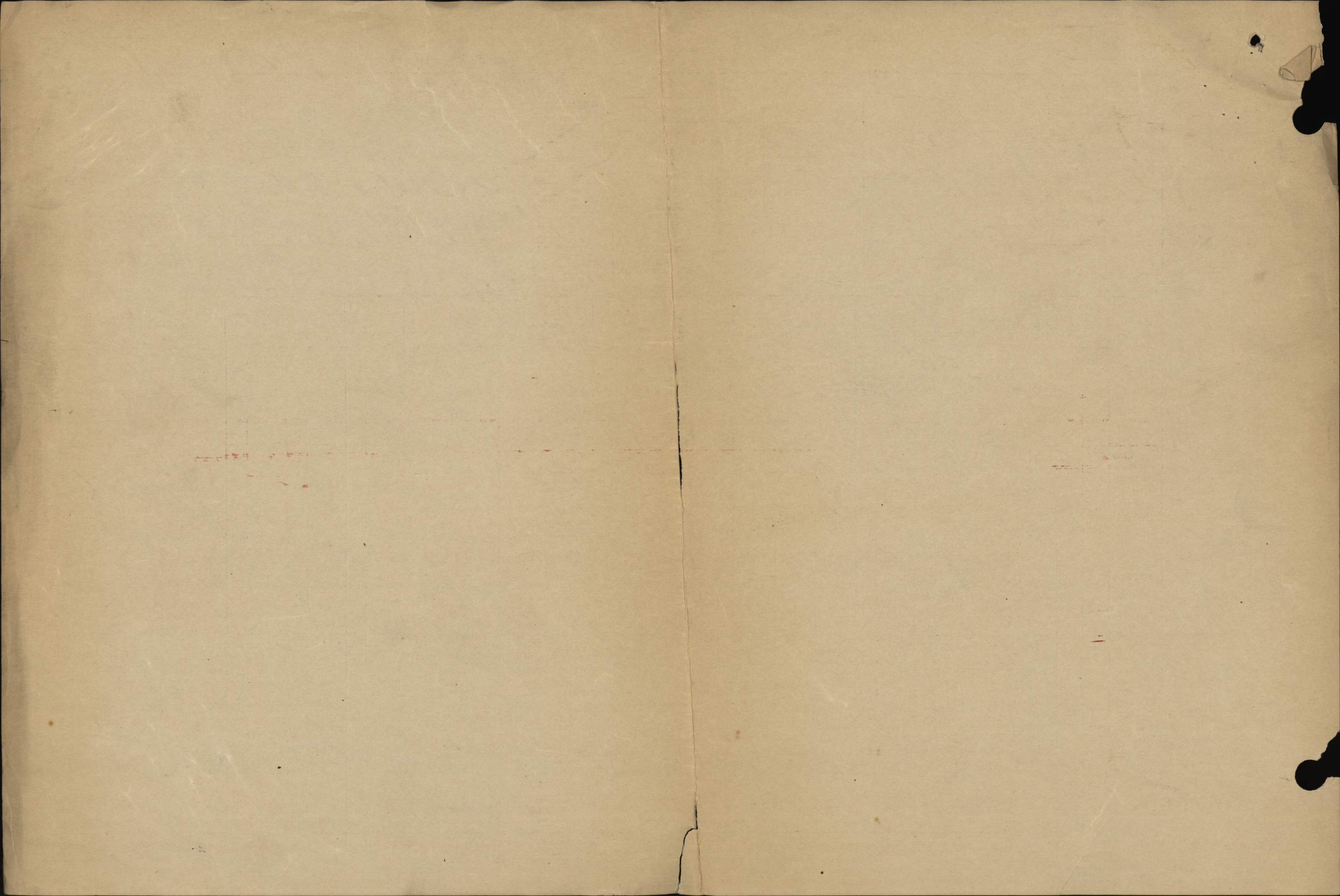
MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		
		AMOUNT	RATE			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>28.2.19</i>					<i>58.82</i>													
<i>2.6.19</i>	<i>45</i>	<i>103.40</i>		<i>35.00</i>	<i>267.22</i>				<i>4.87</i>	<i>5.00</i>	<i>129.23</i>	<i>60.00</i>		<i>68.12</i>	<i>267.22</i>			
				<i>W.S.G. S.A.</i>														
	<i>122 days</i>			<i>280.00</i>								<i>70.00</i>						
				<i>15.00</i>	<i>295.00</i>							<i>85.-</i>					<i>140</i>	
												<i>70</i>			<i>295</i>	<i>295</i>	<i>nil</i>	
				<i>795.00</i>	<i>795.00</i>							<i>795.00</i>			<i>795.00</i>	<i>nil</i>		

1409
PARTICULARS OR REMARKS
*By Det Capt H. Allen
for 1st pay 1.2.19
for 3rd term 3.8.19
for 1st term 1.1.19
for 2nd term 1.1.19*

*1st Payment W.S.G.
Revised A.P. June
1396208 30-7-19
1115082 4-8-19
1106039 4-9-19*

*Bank label
P. Chumson*

JUL 4 1919



Date of Enlistment 20.5.18

MILITIA AND DEFENCE

S/1865-2

Date of Assignment

Separation and Assigned Pay Branch

1 Dec. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *Canadian Engineers.*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address _____
 Change of Address _____
 1 RONALD SUTHERLAND,
 210 KINGS ROAD,
 2 SYDNEY, N.S. 15 15.00
 3 % 2691486 SPR JOSEPH SUTHERLAND
 4 FIFTEEN DOLLARS

112852

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 Jan - 0	3252		15	15
Jan - L	69359		15	15
Feb - O	80218		15	15
Mar - B	85905		15	15
Apr - W	2775		15	15
May - Q	8518		15	15
			<u>90</u>	<u>90</u>

7-01766-88 REMARKS *M. Roll H.B.3*
u.c.o.p. 8844 for Deer Rendered 6/19
mailed 7/1/19 200.

A/c Closed 31-5-19
 Ret'd per *Aquitania*
 Date 25/9 M.F.W. 187 *Inv#6*
 Clerk *Amels 1-6-19*
MRO 89367-179 JUD

M. F. W. 128
 400M.-6-17-1772-89-1141
 L. L. 22520-M. & D. 7893.

AUTHORITY } *a2m 4.11.18*
 FOR } *M. Holleran*
 NEW ACCT. } *4.1.19*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
400M-6-17-1779-39-1141
L. L. 22320-M. & D. 7993.