

ATTESTATION PAPER.

No. 2735213

Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname ?..... TOLPUTT,
- 2. What are your Christian names ?..... John Bateman
- 3. What is your present address ?..... Marywood P. O., Victoria, B. C.
- 4. In what Town, Township or Parish, and in what Country were you born ?..... Folkestone, Kent, England
- 5. What is the name of your next-of-kin ?..... John Kingsley Tolputt,
- 6. What is the address of your next-of-kin ?..... Pender Island, B. C. Sufficient Address
- 7. What is the relationship of your next-of-kin ?..... Son
- 8. What is the date of your birth ?..... May 2, 1863
- 9. What is your trade or calling ?..... Joiner
- 10. Are you married ?..... Widower
- 11. Are you willing to be vaccinated or re-vaccinated and inoculated ?..... Yes
- 12. Do you now belong to the Active Militia ?..... Yes
2 yrs 7 Mos 50th E. H.O.C.
- 13. Have you ever served in any Military Force ?..... 3 yrs Lst. V. Bn Buffs
If so, state particulars of former service.
- 14. Do you understand the nature and terms of your engagement ?..... Yes
1 yrs 48 days R.S.G. 6th C.E. 7 months
- 15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?..... Yes
- 16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ?..... No
- 17. If so, what was the nature of the disability ?.....
- 18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ?..... No
- 19. If so, what was the reason ?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

John Tolputt

(Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Bateman Tolputt, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

John Tolputt

(Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 VICTORIA, B. C. this DEC 10 1918 day of 191

Thos. P. Leach MAJOR C.E.

} Signature of Magistrate, Justice or Attesting Officer.

} Office or Rank and Unit or appointment.

CRCE M.D NO 114

Special "Embarkment" Authority and Conversion under Routine Order 795

**Description of John Bateman Tolputt on Enlistment.
AND CERTIFICATE OF MEDICAL EXAMINATION.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of December 1918, by the undersigned medical board sitting at Victoria, B. C.

- | | |
|--|---|
| 1. Age as stated <u>54</u> Years <u>11</u> Months. | 2. Apparent age <u>55</u> Years..... Months |
| 3. Height <u>5</u> Feet <u>7 1/2</u> Inches. | 4. Weight <u>138</u> Pounds. |
| 5. Chest measurement { Minimum <u>32 1/2</u> Ins.
Maximum <u>35 1/2</u> Ins. | 6. Complexion <u>Medium</u> { Eyes <u>Blue</u>
Hair <u>Iron Grey</u> |
| 7. Physical development <u>Fair</u> { Good
Fair
Poor | 8. Smallpox marks <u>None</u> |
| 9. Number of vaccination marks { Right arm <u>Three</u>
Left arm <u>Three</u> | 10. When vaccinated last <u>1917</u> |
| 11. Distinctive marks and marks indicating congenital peculiarities or previous disease. (Should the Medical Officers 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). | <u>Appendix scar. Scar below left ear</u> |

12. Slight defects but not sufficient to cause rejection

- | | | | |
|---|-----------------------------------|---|----------------------------------|
| 13. The man denies having had { Rheumatism,
Tuberculosis,
(Nervous or Mental) disorder. | Epilepsy,
Syphilis,
Asthma. | 14. We find no evidence of past { Rheumatism,
Tuberculosis,
(Nervous or Mental) disorder. | Epilepsy,
Syphilis,
Asthma |
|---|-----------------------------------|---|----------------------------------|
- 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

Age 61

15. (a) Vision. R. 20/50 with glasses 20/30
Without Glasses 20/200 20/70
(b) Hearing N N

MOBILIZATION CENTRE..... President.
VICTORIA

Member. [Signature] Member.
Pres. [Signature]

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

- Church of England Yes Methodist..... Jewish.....
Roman Catholic..... Baptist or Congregationalist..... Other denominations.....
Presbyterian.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

of the Depot

..... John Bateman TOLPUTT 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.

[Signature]

(Signature of Officer)

Date December 10 191 18

REGIMENTAL DOCUMENTS

2. m
21-10-19

NAME

TOLP H T T John Baleman

REGT. NO.

2435213

UNIT

11 Coy Dept

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demot

DESERTION

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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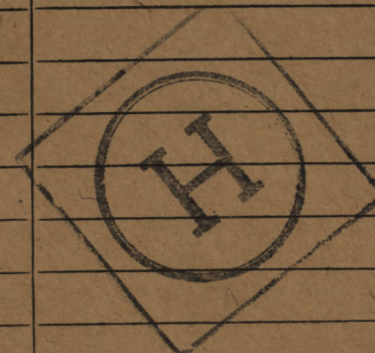
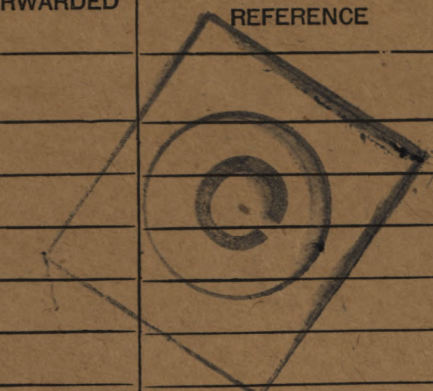
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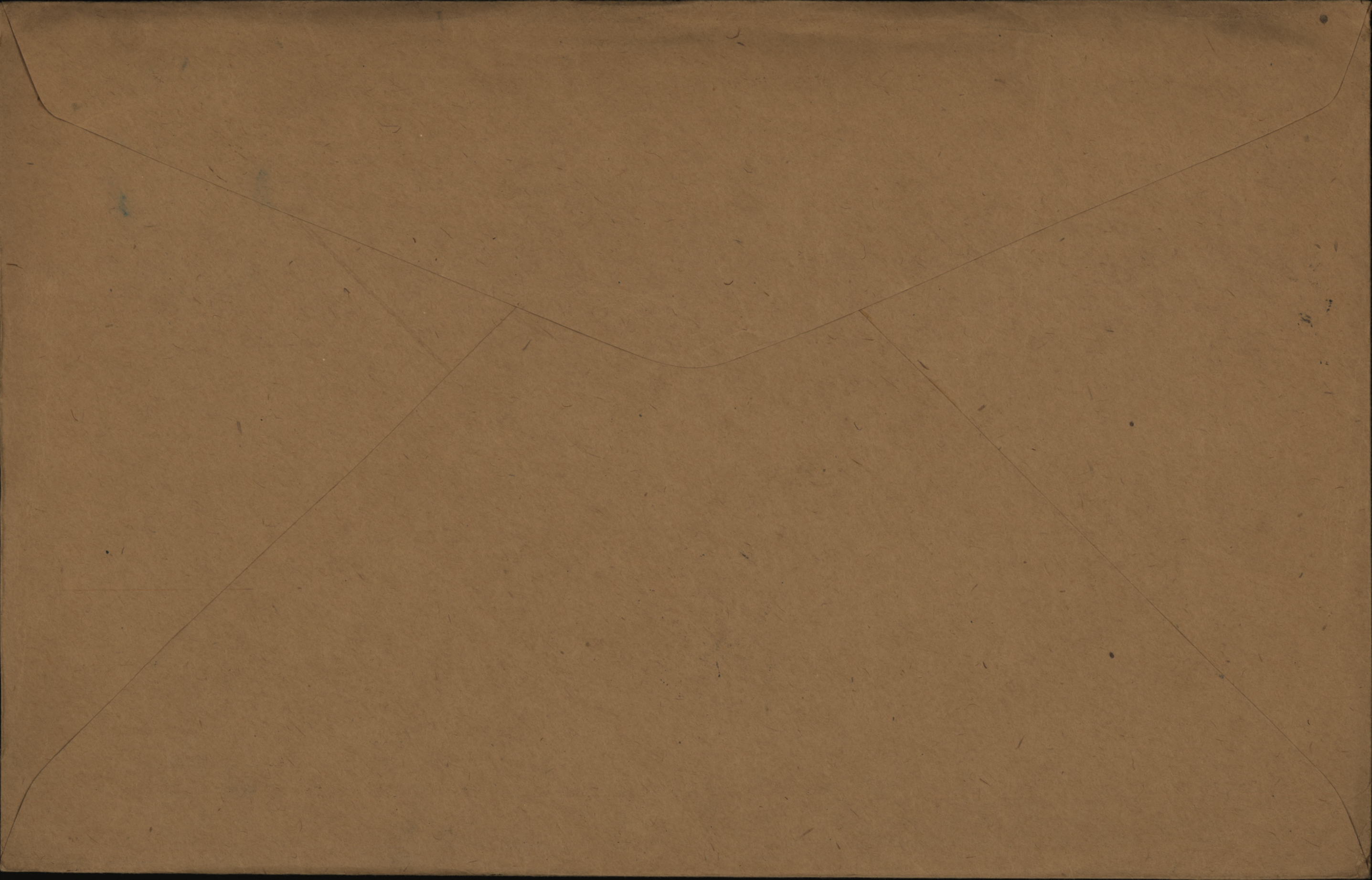
PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.F.W. 91



13971



Surname *Zolputt* H. Q.
Christian names *John Bateman* M. D. No. *11*
Regtl. No. *273 5313* Rank *Spi.* T. O. S. 19...
Unit *Can Eng. Deps* D. O. Pt. II of
Reason *Demob.* S. O. S. *30-9* 19 *19*..
Auth. *No. 273 of 30/9/19.* * *11 by Deps.*

Next of kin *Zolputt John Kingsley* Relationship *Son*
Address *Peander Island B.C.* Also notify:
.....
.....

BORN—Place *England, Folkestone* Date *May 2nd 1863*
ATTESTED—Place *Victoria B.C.* Date *Dec 10th 1918*
O/S R/C



No. 11 Engineer Depot

M. F. W. 71—500M.—5-13.
1772—39—96L.

NAME

John. Bateman *Tolpelt*

REGIMENTAL NO.

2435213

RANK

Sapper.

ENLISTED AT

Victoria. B.C.

PROMOTIONS, &c.
AND DATE

DATE

December. 10th 1918

IF SERVED PREVIOUSLY, STATE UNIT, &c.

2 years. 7 months 50th. N. O. C. 6 Field Coy 7 months

MARRIED, WIDOWER, OR SINGLE

Widower 2 years. 1st. V. Bn Buffs 1 year 4th Bays. R.S.G.

NEXT OF KIN

John Kingsley Tolpelt

RELATIONSHIP

Son.

ADDRESS OF

Pender Island. B.C.

ASSIGNMENT OF PAY \$

16⁰⁰ C.

TO Mrs M. G. Corbett (Guardian son)

ADDRESS

Pender Island, B.C.

SEPARATION ALLOWANCE, ENTITLED OR NOT

yes

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

son

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
T.O.S. No. 11 Engineer Depot.	189.	27-12-18	
Discharged	273	30-9-19.	

No. 3229

RANK

Spv.

NAME

Tolpelt. J. B.

T. O. S. transferred from UNIT

R. S. A. 185-181
 D. 142. 225-18

6th Field Coy. Cav Engineers

M. D. '11

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

FROM

TO

1918

1918

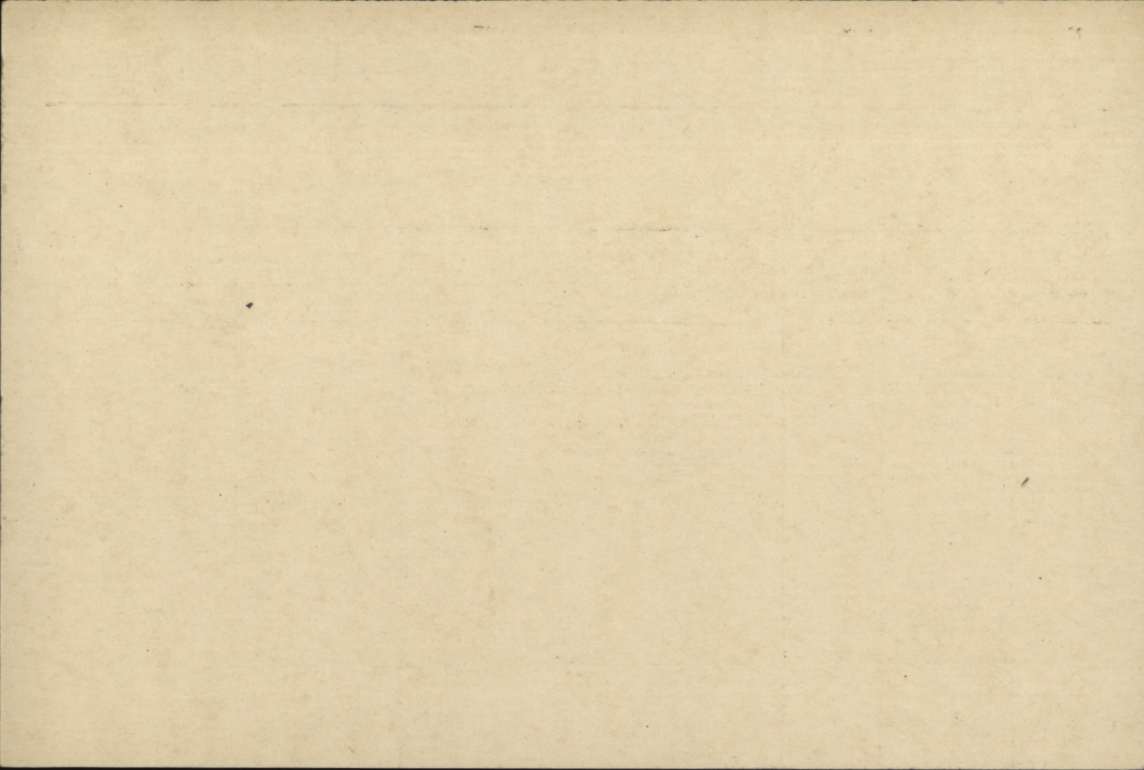
May 18

May 31

June 1

✓

✓



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 **No. 11 Engineer Depot**

Regimental No. **2735-213** Rank **Asst** Name **T. Tolpitt** **John Bateman**
C. E. F. **C & S**

Enlisted (a) **10-12-18** Terms of Service (a) **C & S** Service reckons from (a) **10-12-18**

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

Extended Re-engaged Qualification (b) **Military**

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				
		Discharged by reason of DEMOBILIZATION. Auth. Routine Order 1420 (C) dated 12-12-18.	Victoria, B.C.	30-9-19	Daily Order Part 2 nd No. 273 Dated 30-9-19. <i>P. Reason</i> Lieut. Colonel, C.R.C.E. M.D. No. 11.

(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.]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2735213 (Rank) Sapper

Name (in full) John Bateman TOLLITT enlisted in

the No. 11 Engineer Depot.

CANADIAN EXPEDITIONARY FORCE at Victoria, B.C. on the Tenth

day of December 19 18.

HE served in CANADA

and is now discharged from the service by reason of DEMobilIZATION

Authority: Routine Order 1420 (C) dated 12-12-18

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

Age 56 years 4 months

Height 5 feet 7 1/2 inches

Complexion Medium

Eyes Blue

Hair Iron grey

Marks or Scars

Appendectomy scar.

J. B. Tollitt
Signature of Soldier

A. Bennett
Issuing Officer

Lieut. Colonel,
Rank

Date of Discharge September 30th. 1919.

C.R.C.E. H.D. No. 11.
Appointment

Signed at Victoria, B.C. this Thirtieth day of September 19 19

in Military District No. Eleven

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.

ЭСЯРОЭ ЯРАНОТИДЕЯХЭ МАИДАНАО
3131111133 Д 39714231818

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

On demobilization the particulars called for on the back of this certificate will not be completed.

Name of Officer

Rank

Appointment

ON certain YERKIM in
ON certain YERKIM in

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. 2735213 Rank Raffer Surname Tolpitt
(Given name in full)

Unit or Corps X1. Engineer Bde Birthplace John Bateman England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 74
 Condition of arteries Palpable
 Vision Rt. $\frac{20}{50}$ Left $\frac{20}{30}$
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Appendectomy scar.

Opinion as to general health and physical condition Fit

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses yes Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System yes
 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.

Vision

R. $\frac{20}{250}$ will glasses. $\frac{20}{50}$
 L. $\frac{20}{30}$ " $\frac{20}{30}$

not caused or aggravated by service - glasses ordered.

Appendicitis & Peritonitis - good recovery 1913

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

[OVER]

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 *Esquimaux* (Canada)

Date *September 23rd 1919* Signed *D.W.M. Kay Capt* M.O.

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

Signature *D.W.M. Kay*

(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.)

1870

THE UNIVERSITY OF CHICAGO
LIBRARY

PHYSICS DEPARTMENT
5700 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO

MEDICAL HISTORY SHEET.

1. Surname..... **TOLPUTT** Christian name..... **John Bateman**
 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)..... **Mattywood P. O., Victoria, B. C.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **DEC 23 1918** day of **VICTORIA B. C.** 19....., by the undersigned medical board sitting at.....

5. Age as stated..... **54** Years..... **11** Months..... 6. Apparent age..... **55** Years..... Month.....
 7. Height..... **5** Feet..... **7 3/4** Inches..... 8. Weight..... **138** Pounds.....
 9. Chest measurement { Minimum..... **32 1/2** Ins. Maximum..... **35 1/2** Ins. } 10. Complexion..... **Medium** { Eyes..... **Blue** Hair..... **Iron grey** }
 11. Physical development..... **Fair** { Good Fair Poor } 12. Smallpox marks..... **none**
 13. Number of vaccination marks { Right arm..... **1** Left arm..... **3** } 14. When vaccinated last..... **1917**
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease..... **Appendix scar**
Scar below left ear

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma.
 (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 **C1**
 17. (a) Vision..... R..... **20 with 20 30 glasses 30** L..... **20 without 20 300 glasses 20**
 (b) Hearing..... R..... **20** L..... **20**

..... **James Gosan** President.
 Member..... **L. J. ...** Member.

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

Joined..... **10th** day of **December** 19**18** at **Victoria B.C.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	No 11 ENGINEER DEPOT	2735213		10-12-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

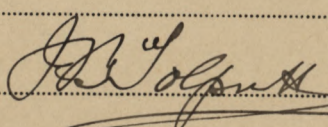
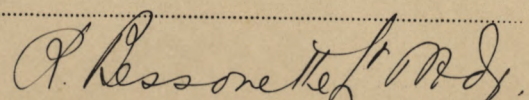
STATION	DATE	DISEASE	RESULT

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.

Signature of Man *J. Tolputt*

If raised in category, record category in a square. The M. O. will initial and date.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	2735213	
2. Rank	Sapper	
3. Name	John Bateman TOLPUTT	
4. Unit	No. 11 Engineer Depot	
5. Date of Discharge	30-9-19	Place Victoria, B.C.
6. Reason for Discharge	DEMOBILIZATION, Auth. Routine Order 1420 (C) dated 12-12-18	
7. Authority	Daily Order Part II No. 273 dated 30-9-19	
8. Proposed Residence after Discharge	3440 Bethune Street, Victoria, B.C.	
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. Victoria, B.C. Sept. 30th. 1919.	
	 Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed.	
	Place Victoria, B.C.	
	Date Sept. 30th. 1919.	
	 Signature..... Lieut. Colonel, (O. C. Discharging Unit.) C.R.C.E. M.D. No. 11. ad	

PROCEEDINGS ON DISCHARGE

(Continued)

No.	127845
Rank	Private
Name	The Belmont Club
Home	11, Belmore Road
Date of Discharge	10-1-19
Place of Discharge	Victoria, B.C.
Reason for Discharge	Mental Illness
Authority	Daily Order No. 11, No. 22, dated 10-1-19
Proposed Residence after Discharge	3440 Belmont Street, Victoria, B.C.
Signature of Soldier	<i>[Signature]</i>
Signature of Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
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Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>
Signature of Discharge Officer	<i>[Signature]</i>

CERTIFICATE TO BE SIGNED BY SOLDIER

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

No. 11, No. 22, dated 10-1-19

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

Signature of Discharge Officer

Signature of Discharge Officer

Signature of Discharge Officer (O. C. Discharge Unit)

Signature of Discharge Officer (O. C. Discharge Unit)

LIST OF DISCHARGE CODES

1. Discharge from active service	1000
2. Discharge from reserve service	1001
3. Discharge from National Guard or Reserve	1002
4. Discharge from active service (other than 1000-1002)	1003
5. Discharge from reserve service (other than 1001-1002)	1004
6. Discharge from National Guard or Reserve (other than 1002)	1005
7. Discharge from active service (other than 1000-1003)	1006
8. Discharge from reserve service (other than 1001-1002)	1007
9. Discharge from National Guard or Reserve (other than 1002)	1008
10. Discharge from active service (other than 1000-1003)	1009
11. Discharge from reserve service (other than 1001-1002)	1010
12. Discharge from National Guard or Reserve (other than 1002)	1011
13. Discharge from active service (other than 1000-1003)	1012
14. Discharge from reserve service (other than 1001-1002)	1013
15. Discharge from National Guard or Reserve (other than 1002)	1014
16. Discharge from active service (other than 1000-1003)	1015
17. Discharge from reserve service (other than 1001-1002)	1016
18. Discharge from National Guard or Reserve (other than 1002)	1017
19. Discharge from active service (other than 1000-1003)	1018
20. Discharge from reserve service (other than 1001-1002)	1019
21. Discharge from National Guard or Reserve (other than 1002)	1020
22. Discharge from active service (other than 1000-1003)	1021
23. Discharge from reserve service (other than 1001-1002)	1022
24. Discharge from National Guard or Reserve (other than 1002)	1023
25. Discharge from active service (other than 1000-1003)	1024
26. Discharge from reserve service (other than 1001-1002)	1025
27. Discharge from National Guard or Reserve (other than 1002)	1026
28. Discharge from active service (other than 1000-1003)	1027
29. Discharge from reserve service (other than 1001-1002)	1028
30. Discharge from National Guard or Reserve (other than 1002)	1029
31. Discharge from active service (other than 1000-1003)	1030
32. Discharge from reserve service (other than 1001-1002)	1031
33. Discharge from National Guard or Reserve (other than 1002)	1032
34. Discharge from active service (other than 1000-1003)	1033
35. Discharge from reserve service (other than 1001-1002)	1034
36. Discharge from National Guard or Reserve (other than 1002)	1035
37. Discharge from active service (other than 1000-1003)	1036
38. Discharge from reserve service (other than 1001-1002)	1037
39. Discharge from National Guard or Reserve (other than 1002)	1038
40. Discharge from active service (other than 1000-1003)	1039
41. Discharge from reserve service (other than 1001-1002)	1040
42. Discharge from National Guard or Reserve (other than 1002)	1041
43. Discharge from active service (other than 1000-1003)	1042
44. Discharge from reserve service (other than 1001-1002)	1043
45. Discharge from National Guard or Reserve (other than 1002)	1044
46. Discharge from active service (other than 1000-1003)	1045
47. Discharge from reserve service (other than 1001-1002)	1046
48. Discharge from National Guard or Reserve (other than 1002)	1047
49. Discharge from active service (other than 1000-1003)	1048
50. Discharge from reserve service (other than 1001-1002)	1049
51. Discharge from National Guard or Reserve (other than 1002)	1050

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

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

M. OR S.

REGT. No. 2735213 RANK Sapper NAME (IN FULL) TOLPUTT, John Baleman

TOLPUTT, John Baleman (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN <i>J. H. Tolputt</i>	RELATIONSHIP <i>Son</i>	PARTICULARS <i>E.P. 25th Feb</i>	EFFECTIVE DATE <i>1.10.18</i>	AUTHORITY <i>D.O. 49 ✓</i>	ORIGINAL UNIT C.E.F. <i>6th Field Co. C.E. (A.M.)</i>	IF IN P.F. WHAT UNIT? <i>No.</i>
ADDRESS <i>Pender Island B.C.</i>		<i>E.P. 30th Feb</i>	<i>1.3.19</i>	<i>D.O. 71 ✓</i>	PLACE OF ATTESTATION <i>Vancouver B.C.</i>	TRANSFERRED TO <i>No. 11 Engineer Depot</i>
		<i>Sub. 1. Alie 809 ps</i>	<i>14.19</i>	<i>D.O. 98 ✓</i>	DATE OF ATTESTATION <i>30.3.17</i>	TRANSFERRED TO <i>No. 11 Engineer Depot</i>
		<i>E.P. 40th Feb</i>	<i>15.4.19 ✓</i>	<i>143 ✓</i>	ASSIGNED PAY \$ <i>\$16.00</i>	DATE EFFECTIVE <i>30.3.17</i>
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE <i>30.3.17</i>				PAYABLE TO <i>Mrs. M. G. Corbett</i>	RELATIONSHIP <i>Guardian</i>
TO WHOM PAID <i>Mrs. M. G. Corbett</i>	RELATIONSHIP <i>Guardian</i>				ADDRESS <i>Pender Island B.C.</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS <i>Miss A. H. Tolputt</i>
ADDRESS <i>Pender Island B.C.</i>						<i>3440 Bethune Ave, Steywood Victoria B.C.</i>
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>Victoria</i>	DATE <i>30-9-19</i>
						REASON <i>Demobilization</i>
						AUTHORITY <i>D.O. 273</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		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
1919																		
Feb																		
	28	10	30 80	30	77 80	160			140	29	15		6 80		21 80		56	<i>S.P. bill not assigned.</i>
Mar																		
	31	1	34 10	30	124 40	484 10			833 40	8	15		440		119 40		10	<i>2633 523 490 P.M. Order 8337. 1.11.19 change of Guardian approved. Tolputt B.C.</i>
Apr																		
	1	30	33 00	30 00	106 00				242 48	6006	242 416 25		25 00	46	96 00		10 00	<i>Ref</i>
May																		
	31	1	34 10	30 00	112 80	642 22	282 616	248 830	25		285 322		31 80	46 00	102 80		10 00	<i>7</i>
June																		
	30	1	33 -	30 -	109 -	285 108	285 209	25 -			28	46 -			99 -		10 -	<i>7</i>
July																		
	31	1	34 10	30 -	111 30	285 233	292 337	25 -			30	30	46 -		101 30		10 -	<i>7</i>
Aug																		
	31	-	34 10	30 -	111 30	292 477	292 226	25 -			30	30	46 -		101 30		10 -	<i>7</i>
Sept																		
	30	-	33 -	30 -	144 -	513 158	513 176	25 -			73	46 -			144 -			<i>Ref</i>
War Service Gratuity																		
Service <u>5</u> years <u>Canada</u> months																		
	92		210 -	90 -	300 -				Oct 8	1591502	31	70 -	30 -	1	100	140	60	
	Days								Oct 30	1582514	5	70	30	2	100	70	30	
									Nov 30	1597749	50	70	30	7	100			
I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2000 return.																		
<i>[Signature]</i>																		
Officer in Charge War Service Gratuity																		

BALANCE FROM PREVIOUS ACCOUNT

Notified that all payments have been made on account for which covering authority has been received to date.

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.					NO.	DATE	NO.	DATE	NO.	DATE											
