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Authority for special enlistments
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Documents of re-enlisted men
Regime val Conduct Sheet
Compulsory Stopp ges
Casualty Forms
Proceedings on discharge
Corps History Sheet.
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Date and No. of Deposit Receipt for
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M. F. W. 62.
50M.-9-16.
Q. 1772-39-935.

DISCHARGE DOCUMENTS

Name Baggs John Wm.

Regt. No.530509Rank Pte.

Corps #9 Fld amb

Dof. W. 31-10-17.

R. O. No.

50

9-17

BAGGS, Pte. John Wm. #530509 - 15th M.G. Co.

Med & D (Father)

Plague Desp. 2 Reqn. No.

(Father)

Mem Cross

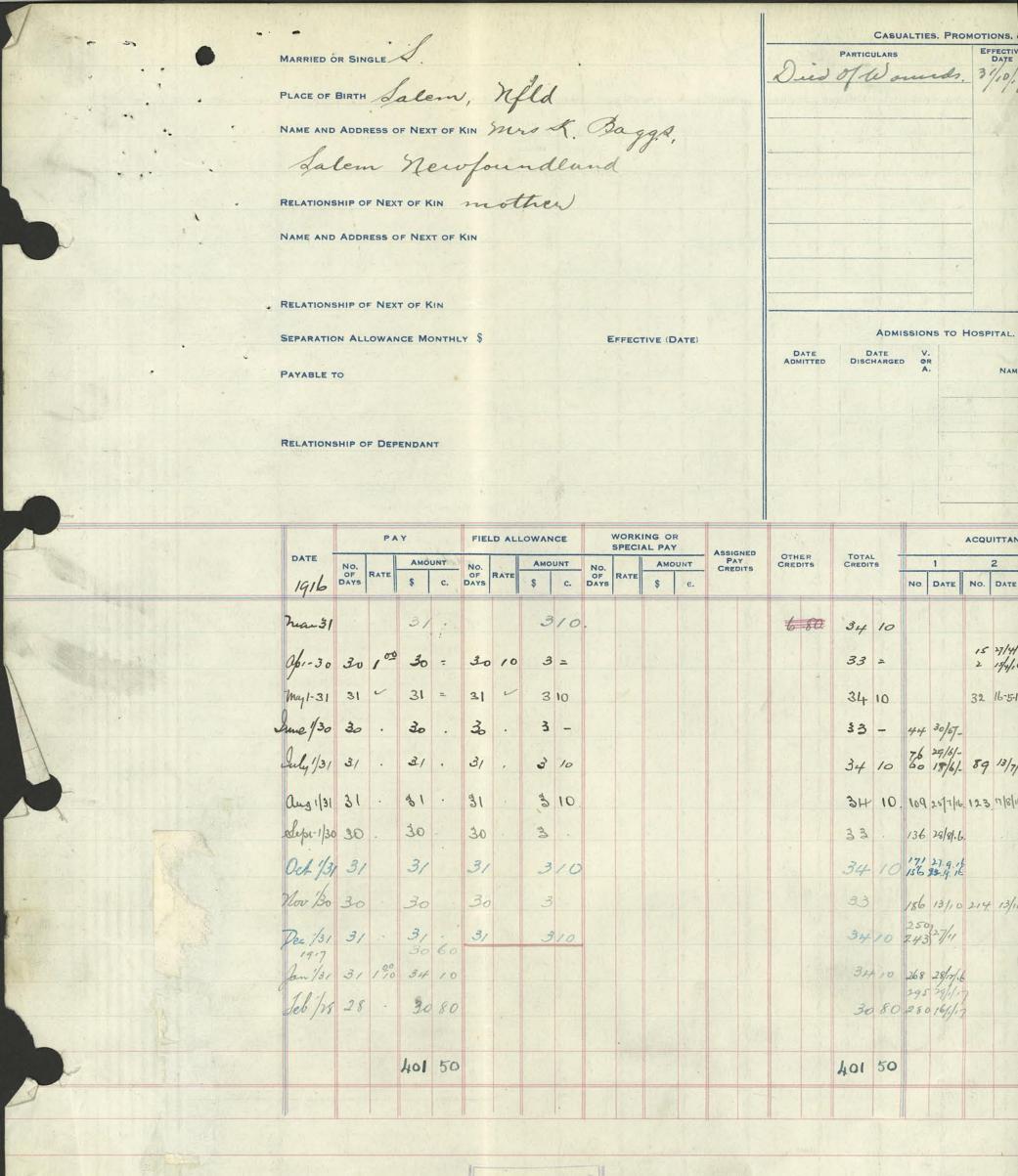
(Mother)

Henry Geo. Baggs . Wsc. Salem Bde. V. Newfoundland

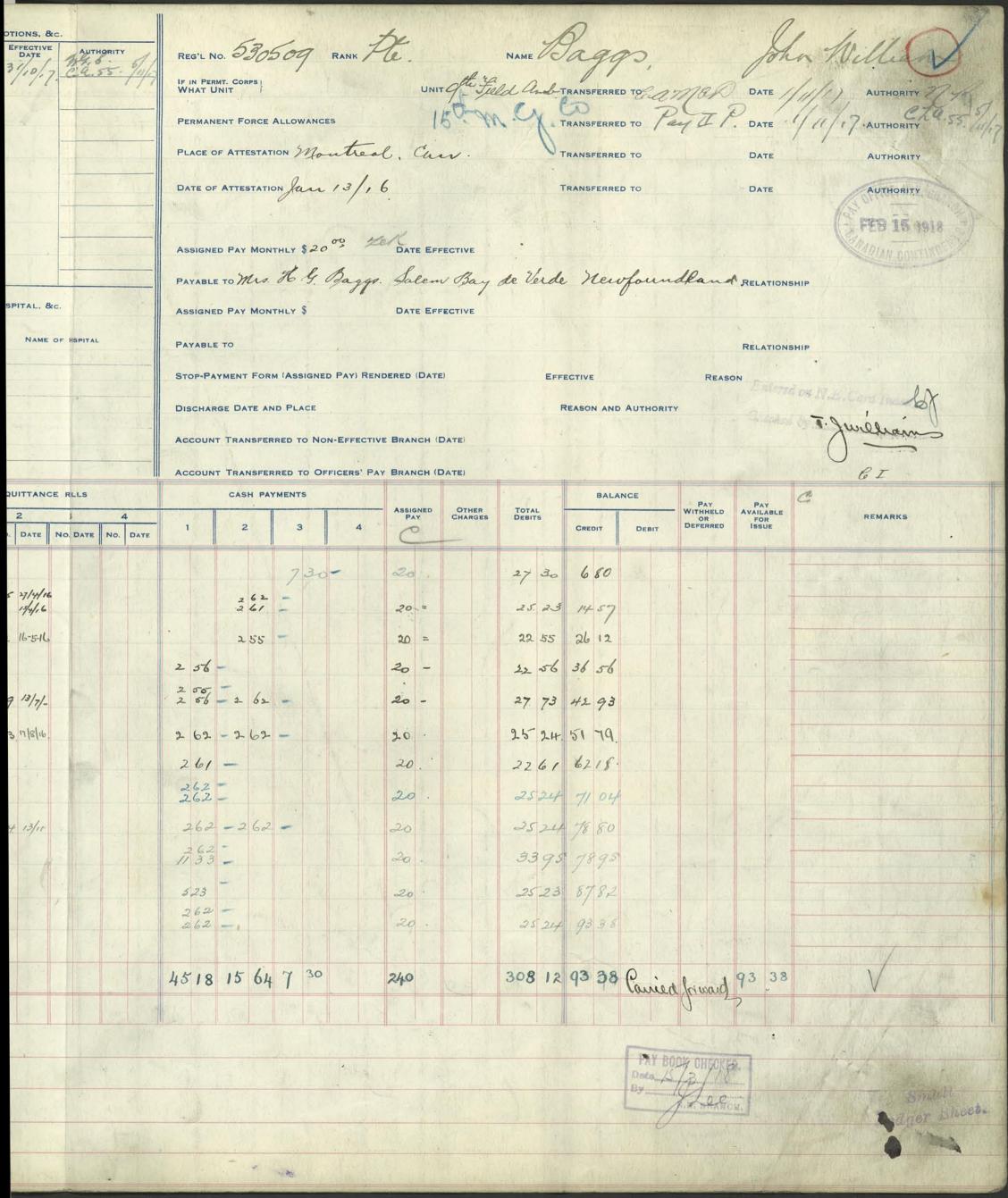
Address as above

Mrs. Catherine Baggs Salem Bde /V. Newfoundland.

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MAR 22 1915
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Name BAGGS John William. Reg'l No. 530509. If in perm. Corps, Married or Single Single Unit 9th Fld. Amb. What Unit? Place of Birth Salem, Nfl'd. Place and Date of Enlistment Montreal, 13th Jan. 1916. Name and Address, Next-of-Kin Mfs. Katherine Baggs. Relationship Salem, Newfoundland, Mother. Assigned Pay Monthly \$ Payable to Entered on N.E. Card Indon Relationship Discharge, Date and Place Relationship Character Reason Voucher Assigned Other Total Remarks, Cash Other Total Balance Charges Debits Casualties, etc. No. of Days Credits Payments Credits No. Date Amount 31 31 310 3410 730 20 -680 10 rentered Carried ferward to large Leager sheeb

Date PAY Field Allowance Voucher Total Credits Other Cash Assigned Other Total Remarks, Balance Credits No. Date Casualties, etc. Payments pay Charges Debits From Rate Amount

2nd. Contingent

M. F. W. 12. 20m.—9-15. H. Q. 1772-39-819.

OVERSEAS CONTINGENTS

To Whom Mrs. N.G. Baggs

Address

Bay De Verde

Rate 2000

By Whom Assigned

Regtl. No. 330509

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Corps

PAYMENTS

	A STATE OF THE STA			
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.	P CONTRACTOR			150L/
Nov.	numera u			(S) SE
Dec.				P C
Jan.	1915			COUNT
Feb.				
March				
April				
May	THE WAY			
June	~~			
July				
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Nov.				
Dec.				
Jan.	1916			
Feb.				
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ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

			THE CHAPTER			
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1918				
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1919				
	Feb.					BOAL BUILDING TO BE THE REAL PROPERTY.
	March					
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	May					
	June					
	July					
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	Jan.	1920				
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	Oct.	LEUTE W		THE RESERVE		
	Nov.					
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Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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RATE OF SEPARATION ALLOWANCE

	RATE OF ASSIG	NMENT
20		

PARTICULARS OF SEPARATION ALLOWANCE	PARTICULARS OF ASSIGNMENT
No.5'305'09	Name mrs W. G. Baggs
Rank Pte Promoted Reverted Discharge	Address Salem Bay Wirde
Soldier's Name John St. Bays	Change of Address Surfamulland
Battalion Ons 9 Field amb	1
Beneficiary	2
Relationship	3
Address	4

	Date / 9/7	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
	Oct	1 21 3		400 -	400 -	GH 31/10/17 4000 GReynolds 22/11/17 ale beloved 3/10/17 GReynolds 22/11/17
	Nou			20 -	2000	ale beloved 3/10/17 GReynolds while
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						for dead letter office. Y.R. 39
						from Dend Letter office. 1. 1.39
						Pensions Notified Date 22/11./1.7 Killed in Action Died of Wounds Date 31/10/1.7 Missing C. L.L 8/11/1.7. Clerk. L. Reynolds
Na Ta						Died of Wounds Date 31./10/1.7
						C. L.4 - 8/11/17. Clerk. Keynolds
1111						Date Noted 22/11/ 1917.
141.		D Stands				
M. F. W. 128. 4'00f, 6.77—1772.39-1141 4. L. 22320—M. & D. 1993						
F. W. 3-17—I7						
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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF A	SSIGNMENT	

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No).				Name			
Ra	nk	Promoted	Reverted	Discharge	Address			
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Be	neficiary				2			
Re	lationship				3			
Ad	dress				4			

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FORM R. 149 7106-250m-7/2 Name Unit Next	BA0	198. John WR 15th.C.M.G.C	oy. /	Pte.	Reg.	No.	30509 B Rim
Date 19	17.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u>I</u>	DIED (4.Cas.Clear. OF WOUNDS. /31-10-17. c	S.W.	Rt.Side.	A55	M-6	307

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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SURNAME. Baggs (649-B. 17148) CHRISTIAN NAMES John Hilliam	CARD No.
CHRISTIAN NAMES John Hilliam	FOLL. XX
REGL. No. 530509. RANK Pte.	
UNIT 9th Feld amb.	
FORMER CORPS Mc. Gill, O. J. C.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Baggs Mrs. & atharine	
NAMES IN FULL Baggs, Mrs. Katharine RELATIONSHIP TO SOLDIER Mother.	
ADDRESS Salem, Newfoundland.	
PLACE OF ATTESTATION Montreal, P. 2. DATE	nov. 17th, 1890
PLACE OF ATTESTATION Montreal P. 2. DATE	Jan. 13th, 1916.
0/81/3/16 351 Montreal V. 2.	
L. L. 90589.—M. & D. 6312.	00m.—1-16. H. Q. 1772-39-839.

SINGLE Yes MARRIED TRADE OR CALLING Student RELIGION Methodist. DESCRIPTION. 25 YEARS 2 MONTHS APPARENT AGE 5 FEET 4. INCHES HEIGHT CHEST MEASUREMENT 36 INCHES EXPANSION 2/2 INCHES COMPLEXION Frair 'EYES Grey HAIR Brown. mieralift eyebrow. MEDICAL EXAMINATION. PLACE Montreal, P.2. DATE Jan 15th, 1916. Present address. not Stated, SURNAME CHRISTIAN NAME OR NAMES REG. No. Baggo. J. W. 530509 RANK TROOP DATE OF ADMISSION 44 Cas C. Haken 31-10.14 HOSP. HOSP. S. H. D. Side 2. Diea of Wounds 31-10.14 and DISPOSITION DATE Ch. 6.11.14 Ass-(1) REMARKS A.M.D. 2 DEPT. Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL		ADM.
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	17-1-16.	RANK CL	* 9 Hield ambulance		w.
PAID	PAID	SIG.	PROMOTIONS, TRANSFE	ERS, DISCHARGES, E	M. D. //
FROM	то	REC'T -	PARTICULARS	AUTHOR	RITY
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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
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			REGT'L No.	530509.
NAME B	agas	John Wille	and FILEN	
RANK AND	COPPS 04	no 15 mach bu	u Ba. Forn	Forger Ild auch
No.	LE DATE	C. NATURE OF CASUALT	гү	Follows
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		Recd 1-1-1	8	
L. L. 26438.	M, & D. 8207.		ı	M. F. W. 42—50M.—8-17. H. Q. 1772-39-893.

Embark. mar. 2/16 A: John. 2B. Fill in Only.—Unit, Number, Rank and Name. Webark. mar. 13/16 Plymonte.

Casualty Form-Active Service.

Canadian Rows Office,
Westminsonens Fous,
19,172,392

Enlist Date P	14	Terms of Service (a) 10 d 10 Date of appointment to lance rank).6 nondo 8.	Numer rol	as from (a) fan. 12/16. rical position on }
Date	Report Whom	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.
	Proceed	EMBARKED FOR		3 4/16	- 829 etc. Re Col. 8/K. 345-2. A- 40/16
2-6-19	9 CHallens.	Granted Leave to Pares	Field	29-5-1)	B213. Gold 50 927-5-)
16-6 (1)	do	From Leave	de	11-6-17.	B213. And 53 of 13-7-1
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10-17	80	on bommens lear leaps che (mg wing)) iels	-	Bx13.

⁽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.

	Date	From whom received	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.	
3-11	-17	ob unit	leaps schl. (my wing)	Jimb. 44688 44688	27-10-17	B~13.	
31-10	1-17	44661	Sw list of. non	44668	30-18-17	uzi. w 1/86- A 9378	
31-10	-17	80	Dies of grounds	44668	31-10-17	436-4186-49378 136-41186-49378 P. 17. 0. 170 81-7-1	
	T'		and Sandan			0 2.0. () 0 0/- /-1	,,,,
			Lieut. for LtCol.	A. A. G.			
			Canadian Section, G. H. Q. 3	rd Echelon, B.E.	F.		
					4.945		
							•
		I Samuel Samuel					

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DUPLICATE

MEDICAL HISTORY SHEET.

Surname	Daggs	Chri	istian .	Name.	Joh	n lilliau	·
Examined at	13 day of Cul Town Salem.	1916 Wal	Appro	ved lly	H W	in Scen	Gray
Birthplace { City or County	hewfoundlan	d.	Date	Fit or Unfit		IINED FOR RE-ENGAG	EMENT,
Apparent age.	25			Onne			
Trade or occupation	Student		,				M.O
Height	5 Feet 23 H	Inches.					M.O.
	123	Lbs.					M.O.
	(Minimum 3:	37 inches.					M.O.
	Maximum expansion	The second second					M.O.
Physical development	; dood	(<u> </u>		M.O.
Small-Pox Marks	1110	nu					M.O.
Vaccination Marks	Arm Right.		Date	Result		VACCINATIONS.	
	Number		74/5/10		Gono	rd. Caff a	ellem.o.
When Vaccinated la			1.0				
	ng congenital peculiarities				N N N N N N N N N N N N N N N N N N N		
disease	Grou		CORONAL	далия рекологиясь			M.O.
(b) Slight defects	but not sufficient to car	ise rejection	1/1/16		to to	ARAN CAPT ARAN CAPT ARAN CAPT	ame M.O.
Enlisted on 17	day of Janu	wa	1916	at /	Barrel		
Britistew on.	Corps	REGT'L NUME	1	Навг		DATE	
Joined on enlistment	No. 9 FIELD AMBUL	ANCE 5305	(0)0			17-1-	16
Transferred to							
EX	AMINED OR DISC	CHARGEI	BY A	MED	ICAL H	BOARD.	
STATION.	DATE.		DISEASE.		1	RESULT.	

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.

DATES OF 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. Date of Arrival Number of days in Hospital. Admission into Hospital. Discharge from Hospital. Signature STATION. at the DISEASE. of Medical Offices. Willian Station. Month Year Day Month Year Cini anc Christian Name. Surname_

Date of Serv Latest Address 200m.-6-21.d.

AND HOW LONG
DISEASE OR INJURY
OPERATIONS
RESULT OF OPERATIONS
(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION
(B) AS A TRANSFER (STATE WHERE PROM
NAME OF HOSPITAL
DATE OF DISCHARGE TO UNIT
DATE OF DISCHARGE AS AN INVALID
DATE OF DEATH
DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAD
OTHER INDEPENDENT CONDITIONS DIAGNOSED
NEXT OF KIN
HOSPITAL
₩. F. W. 142.
1772—39—1171. 50m.—2-19.

No. 9 FIELD AMBULANCE C. LATTESTATION PAPER.

JAN 13 Ente

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 9 FIELD AMBULANCE

	QUESTIONS TO BE PU	T BEFORE ATTESTATION.			
1.	What is your name?				
2.	In what Town, Township or Parish, and in	Salew. herofoundland.			
3.	What is the name of your next-of kin?	My Katharuie Baggs (mother) Salem. hewfoundland.			
4.	What is the address of your next-of-kin?	Salene. hewfoundland."			
5.	What is the date of your birth?	hov: 17 4 1890.			
6.	What is your Trade or Calling?	Student.			
		lo.			
	Are you willing to be vaccinated or re-				
0	Do way now belong to the Active Militie?	Mc Gilo CATC.			
10	Have you over served in any Military Force?	lo.			
10.	If so, state particulars of former Service.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
11.	Do you understand the nature and terms of your engagement?	18. T. B. (18. 18. 18. 18. 18. 18. 18. 18. 18. 18.			
12.	Are you willing to be attested to serve in the	\Q.8.			
	Canadian Over-Seas Expeditionary Force?	John Millian Bagge (Giomatura of Man)			
		John Wellow Baggs (Signature of Man.) Jerul (Signature of Witness.)			
		Capt and (Signature of Witness.)			
Date OATH TO BE TAKEN BY MAN ON ATTESTATION. I, 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.					
Dad	e 13 - 1 - 1916.	William Baggs (Signature of Recruit) ferule (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 Montreal About this day of Signature of Justice)					
(18)	I certify that the above is a true copy of the				
		BASelia (Approving Officer)			
20	F. W. 23. 0 M.—7–15. 1772–39–841.	O.C. No. 9 FLD. AMB. G.E.F.			

Description of Jun Wille	am 12 aggs on Enlistment.
Apparent Age 25 years 2 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 4 ins.	
Girth when fully expanded. Range of expansion Claims.	brole fromt og mech Scar inner end left egg brows.
Complexion fair	Scar inner end left
Eyes Grey	eux bions.
Hair Crown.	
Church of England	
Presbyterian	The second secon
Wesleyan Methodist Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Baptist or Congregationalist.	The second secon
Other Protestants (Denomination to be stated.) Roman Catholic	
Jewish	
He can see at the required distance with eith free use of his joints and limbs, and he declares that I consider him* for the Can Date 191 Place *Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, I been attested, and will briefly state below the cause or unfitness:—	ner eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. nadian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have
CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
John wells	Baff having been finally approved and
	f Attestation, and every prescribed particular having
	- 1 NP 1 -
Date JAN 17 1916	LT. GOL. O.G. No. 9 FLD. AMB. C.

O.C. No. 9 FLD. AMB. C.

Pate.	From whom received.	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.	
100		office		, effects	NASCHOLINE IN	
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No. 9 FIELD AMBULANCE C. FATTESTATION PAPER.

JAN 13 ENTE ORIGINAL 530509

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

NO. 9 FIELD AMBULANCE

	T BEFORE ATTESTATION. (ANSWERS.)
1. What is your name?	hilleam Baggs.
2. In what Town, Township or Parish, and in	Salem. herofoundland.
3. What is the name of your next-of kin?	Mr. Katharwe Baggs (mother) & Salew. hewfoundland.
4. What is the address of your next-of-kin?	Salene. hewfoundland."
5. What is the date of your birth?	WD: 1/ - 10 10.
6 What is your Trade or Calling?	Student.
7. Are you married?	lo.
8. Are you willing to be vaccinated or revaccinated? ** ** ** ** ** ** ** ** ** ** ** ** **	
9. Do you now belong to the Active Militia?	Mc Gile Corc.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	
11. Do you understand the nature and terms of your engagement?	
12. Are you willing to be attested to serve in the)	\ Q.8.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	John William Baggs (Signature of Man.)
	(Signature of Witness.)
	DE BY MAN ON ATTESTATION.
the termination of that war provided His Majest discharged.	war last longer than one year, and for six months after y should so long require my services, or until legally Lu William Baggs (Signature of Recruit)
Date January (3 = 1016.	Gight auce (Signature of Witness)
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His Dignity, against all enemies, and will observe and and of all the Generals and Officers set over me.	
koh	William Paggs (Signature of Recruit)
Date 13-1-1916.	William Baggs (Signature of Recruit) forule, (Signature of Witness)
	OF MAGISTRATE.
questions he would be liable to be punished as pro- The above questions were then read to the I I have taken care that he understands each	me that if he made any false answer to any of the above vided in the Army Act. Recruit in my presence. question, and that his answer to each question has been has made and signed the declaration and taken the oath 13 day of (Signature of Justice)
I certify that the above is a true copy of the	
	In Col

M. F. W. 23. 200 M.—7-15. H. Q. 1772-39-841. O.C. No. 9 FLD. AMB. G.E.F.

Description of Jun Wille	am 13 agys on Enlistment.				
Apparent Age. 25 years 2 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 4 ins.					
Girth when fully expanded. Range of expansion. Range of expansion.	Scar inner end left ey brow.				
Complexion fair	Scar inner end left				
Eyes Grey	lux biont.				
Hair Crown.					
Church of England					
Presbyterian					
Wesleyan Methodist					
Wesleyan Methodist Baptist or Congregationalist Other Protestants (Denomination to be stated.)					
Other Protestants. (Denomination to be stated.) Roman Catholic					
Jewish					
CERTIFICATE OF MEI	DICAL EXAMINATION.				
and the second second to the second s					
I have examined the above named Recruit a of rejection specified in the Regulations for Army Me	nd find that he does not present any of the causes				
	ner eye; his heart and lungs are healthy; he has the				
a Sit	nadian Over Seas Expeditionary Force.				
Date 1910	HAUIIIA KIII Krays				
Place Wouldal	Day Till				
*Insert here "fit" or "unfit."	Medical Officer.				
been attested, and will briefly state below the cause of unfitness:-	he will fill in the foregoing Certificate only in the case of those who have				
Throughout the control to the second to the					
•					
CERTIFICATE OF OFFICER COMMANDING UNIT.					
	Maring as the Mindel of the day that filmey oil and hearing				
John Wellion	Baff having been finally approved and				
inspected by me this day, and his Name, Age, Date of	of Attestation, and every prescribed particular having				
been recorded, I certify that I am satisfied with the c	correctness of this Attestation.				
Anold Industry and Industry	(Signature of Officer)				
Date JAN 17 1916	LT. COL. O.C. No. 9 FLD. AMB. C.				