

REGIMENTAL DOCUMENTS

NAME

*SMEATON, JAMES COOPER*

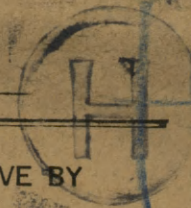
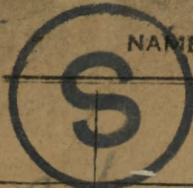
REGT. NO.

*2,085,413*

UNIT

*18th Cav Regt*

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

*30.5.19. J.P.A.*

*M*  
*Ret. 29.9.1913*

DEATH

Category

DISCHARGE

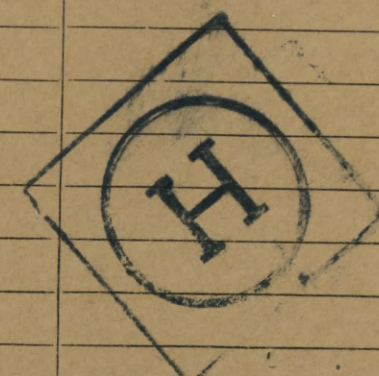
Category

*Dem*

DESERTION

24878

*26 15*  
*16 15*  
*10 15*



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*3 Mis*  
*1 G.W. 67*  
*1 122*  
*1 40*

ATTESTATION PAPER.

No. 20854

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Smeaton
- 1a. What are your Christian names? James Cooper
- 1b. What is your present address? 741 Querbes Street. Apartment 3  
Ontario, Carleton.
- 2. In what Town, Township or Parish, and in what Country were you born? .....
- 3. What is the name of your next-of kin? Violet L. Smeaton.
- 4. What is the address of your next-of-kin? 741 Querbes Street. Apartment 3  
Wife Outramont - Montreal
- 4a. What is the relationship of your next-of-kin? Wife
- 5. What is the date of your birth? July 22. 1890.
- 6. What is your Trade or Calling? Insurance Clerk  
Yes
- 7. Are you married? Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? Yes
- 10. Have you ever served in any Military Force? Yes  
If so, state particulars of former Service. 3. Field Battery
- 11. Do you understand the nature and terms of your engagement? Yes One year & Half.  
Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No  
DOES NOT APPLY
- 14. If so, what was the nature of the disability? .....
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No  
DOES NOT APPLY
- 16. If so, what was the reason? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Cooper Smeaton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 25th 20th May 1917 James Cooper Smeaton (Signature of Recruit)  
J. E. Girard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Cooper Smeaton, 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.

Date 25th 20th May 1917 James Cooper Smeaton (Signature of Recruit)  
J. E. Girard (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 this 25th day of May 1917.  
Antoine Thesse (Signature of Justice)

# Description of Smeaton, James Cooper on Enlistment.

Apparent Age 26 years 10 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 8 ft.  ins.

Chest measurement { Girth when fully expanded 43 ins.  
 Range of expansion 4 ins.

Complexion Dark

Eyes Grey

Hair Black

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

Eyesight R. D. = 30  
 " L. D. = 20  
 Hearing R. Ear OK  
 " L. " OK

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\* M. D. No. 4 for the **Canadian Over-Seas Expeditionary Force.**

Date MAY 22 1917 191 7

Place MONTREAL, P. Q. Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

Declared **FIT** by MEDICAL BOARD  
 MOBILIZATION CENTRE, M. D. #4

R. B. Malcolm  
 President, S. M. B.

## CERTIFICATE OF OFFICER COMMANDING UNIT.

James Cooper Smeaton 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.

E. A. Adesli Lieut. M.H.B., C.A.  
 for O.C. 3rd O.S. Draft Depot & Siege Artillery (Signature of Officer)

Date May 25 191 7.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2085413 (Rank) Serjt

Name (in full) James Cooper Smeaton enlisted in  
the 2nd C.S. Aircraft. H.P. Atty

CANADIAN EXPEDITIONARY FORCE at Montreal on the 26<sup>th</sup>  
day of May 19 17

HE served in 11<sup>th</sup> Aice Btry France Belgium

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:

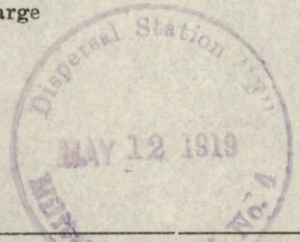
Age 28  
Height 5'-8"  
Complexion Dark  
Eyes Grey  
Hair Black

Marks or Scars Nil

James Cooper Smeaton  
Signature of Soldier

L. Gaudreau  
Issuing Officer

Date of Discharge



Rank

Date May - 12 - 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.

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. 8th. C.S. BatteryRegimental No. 2085413 Rank Cnr Name SMEATON, J.C.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16-5-19	O/S	T.O.S. DD#4	Montreal	3-5-19.	D.O.PT.II#136
16-5-19		S.O.S. DD#4.Demob.	Montreal	12-5-19.	D.O.PT.II#136 R.O.1420.

*G.H. Hatcher*  
a/ Lieutenant,  
Assistant Adjutant,  
District Depot No. 4.

(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.



To be made out in duplicate.

*Duplicate*

1, C. 5-11-20-33

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 3rd O. S. Draft Heavy Ex Siege Artillery.

(2) Regimental Number..... 2085413

(3) Full Name of Soldier..... James Cooper Smeaton

(4) Place of Birth..... Carleton Place, Ont.

(5) Are you married, or not? Married

(6) If married, state,  
(a) Full name of your wife Violet L. Smeaton.

(b) Present Postal Address Apartment 3,  
741 Querbes St., Outremont, Montreal, P.Q.

(7) Are you a widower?..... DOES NOT APPLY

(8) Have you any children?..... No

If so, give number of boys and girls..... DOES NOT APPLY

Also their names and ages..... DOES NOT APPLY

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

If so, state name and address .....

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

If so, state name and address..... **Mrs. J. Christie Smeaton**  
**8 Oldfield Avenue, Apartment 3, Montreal.**

(11) If your Mother is a widow..... **DOES NOT APPLY**.....

Are you her sole support, or not?..... **DOES NOT APPLY**.....

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

.....  
**DOES NOT APPLY**  
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....  
**DOES NOT APPLY**  
.....

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

.....  
**Yes.**  
.....

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

If so, in what Company?..... **Sun Life Assurance Co.**.....

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

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

.....  
**A. J. Wickenday** Lieut. **M.H.B., C.A.**  
**O.C. 7th O.S. Draft Heavy & Siege Artillery**  
.....  
**Officer Commanding.**

Date..... **May 25th., 1917.**



# ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL

Surname Smeaton

Christian Name James Cooper



Examined { on 22 day of May 1917  
 { at Montreal

Approved by

Birthplace { City or Town Carleton  
 { County Ontario

Rank \_\_\_\_\_ M.O.

Apparent age 26 yrs. 10 mos

Trade or occupation Insurance clerk

Height 5 feet 8 inches

Weight 171.39 lbs.

Chest measurement { Minimum 34 inches  
 { Maximum expansion 42 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
 { Number 3

When Vaccinated last chest  
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

atro of left testicle

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
		Declared <b>FIT</b> by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	
		<u>R.B. Malcolm Capt</u> President, S. M. B.	
Date	Result	VACCINATIONS	M.O.
<u>8/8/17</u>		<u>Gibson: Capt</u> Lab. of Hygiene, Toronto	
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>19/6/17</u>		<u>J. A. Fairie Capt</u>	
<u>26/6/17</u>		<u>J. A. Fairie Capt</u>	
<u>4/7/17</u>		<u>J. A. Fairie Capt</u>	

Enlisted on 25<sup>th</sup> day of May 1917 at Montreal

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<u>3rd O.S</u> <u>Draft</u> <u>Heavy Siege Artillery</u>	<u>2085413</u>		<u>May 25/17</u>
Transferred to	<u>11th Siege Bty</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>24. 17</u>	<u>nil</u>	<u>A</u>
<u>Montreal</u>	<u>October</u>	<u>nil</u>	<u>A</u>

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

MEDICAL HISTORY SHEET ORIGINAL

Su\_name

Smeaton

Christian Name

James Cooper

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		22	2	18	2	3	18	Forallites	9	Fit to rejoin unit & rec. 4 days light duty.	V. J. Rigg Lieut. Rank



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

THIS SECTION FOR USE OVERSEAS

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. 2085-413 Rank Asst Surname MEATON  
(Given name in full)  
JAMES COOPER  
 Unit or Corps Infantry Birthplace Carlton Place Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 120 lbs. Height 5 ft. 9 in. Colour of Eyes blue  
 Nutrition good  
 Pulse 78  
 Condition of arteries normal  
 Vision Rt. 49 Left 46  
 Hearing (conversational voice) Rt. 2 ft.  
 Left 2 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Scar on rt arm 20 yrs ago  
pu war

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 System 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 Watey (Overseas)

Date 2/4/49 Signed [Signature] 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 [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.)

Opinion as to general health and physical condition  
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 ..... Genito Urinary System .....  
Special Senses ..... Integumentary System .....  
Respiratory System ..... Digestive System .....  
Distribution of masticatory Muscular System .....  
Glands and Joint System ..... Any other general condition .....

# 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. 2085-413 Rank Sgt. Surname Sweaton  
(Given name in full)  
James Cooper  
 Unit or Corps CA 110 Birthplace Carlton Place Ont.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 180 lbs. Height 5 ft. 9 in. Colour of Eyes blue  
 Nutrition good  
 Pulse 72  
 Condition of arteries good  
 Vision Rt. 4/6 Left 6/6  
 Hearing (conversational voice) Rt. 8 ft. Left 21 ft.

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

None

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 System 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.**

Lonsilitis Feb. 1912 Syd. England.  
No trouble now.

**EXAMINATIONS.**

**THIS SECTION FOR USE OVERSEAS—**

Examined at Khinnel Camp (Overseas)

Date 8-4-19 Signed Sorbyard 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 [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.)

[OVER]

LTR

Rank

Name **SMEATON, James Cooper**

Reg'l No.

2085413

Unit

If in perm. Corps,  
What Unit?

Married or Single **Married**

Place and Date of Enlistment

**3rd O S Montreal Hvy & Sge to Res Arty**  
**Montreal. 25th, May, 1917.**

Place of Birth **Ontario. CARLETON**

Name and Address, Next-of-Kin **Violet L. Smeaton**

**741 Querbes St, Apts. 3. Outremont, Montreal. P.Q.** Relationship

**Wife.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

2584  
N/E. R. B. NS  
File R/L  
Category  
*Law*

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.				
		Arrived in England		10-10-17	S/S Grampian
12.10.17	2 <sup>nd</sup> Res Arty	Y.O.S. on Adv. in England.	Widley	11.10.17	Pt 5 O. 113
— " —	— " —	reverts to perm grade of gnr on Adv. in Eng.	Widley	— " —	— " —
17.11.17	11 <sup>th</sup> S.B.	Y.O.S. on posting from 2 <sup>nd</sup> R. Arty.	Gnr	7.11.17	— " — 1 & Pt 5 O. 147 of 15.11.17 of 2 <sup>nd</sup> R. Arty.
19.12.17	" "	app'd of Copt with pay & allowances	M	1.12.17	— " — 9
14.18	— " —	Proceeded of Seas	Codford	2.4.18	— " — 30
30.4.18	— " —	Known as 3 Bde. C.G.A.	Lind	3.4.18	— " — 31 1 <sup>st</sup> Bde. C.G.A. 1 of 30/18
29.5.18	3 Bde. C.G.A.	Confirmed in Rank of Corporal	"	1.12.17. (1-12-17. 011 00. 2. 1. 2. 3-7-18)	— " — 7
3.9.18	" "	Promoted Sgt.	"	28.6.18	Ptm. 39
		M.M.			

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.				
6.4.19	6.4.19	Proc to England	Sgt Rowen	28.3.19	PTID 16
19.4.19	2. C.S.B.	Sgt to 3 C.S.B.	Cing	19.4.19	PT 0 13.
5.4.19	2 C.S.B.	J.O.S. from 8 C.S.B.	"	5.4.19	— 1
3.5.19	2 B.D.B.	Sgt to 10 Canada	Sgt Rhyl	3.5.19	— 29
		10 Canada 53-F-45		3-5-19	



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

## Casualty Form—Active Service.

Unit, Regiment or Corps *3rd O. S. Draft Heavy & Siege Artillery.*Regimental No. *2085413* ✓ Rank *Gunner* ✓ Name *Smeaton, James Cooper* ✓  
C. E. F.Enlisted (a) *May 25th 1917* Terms of Service (a) *C. E. F. Dog War* Service reckons from (a) *25/5/17*

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

Extended ..... Re-engaged ..... *W. S. B. CLASS 1* Qualification (b) *Insurance Clerk*

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				
		<i>Embarked</i>	<i>Montreal</i>	<i>Sep. 16</i>	<i>RMS Grampian</i>
		<i>Disembarked</i>	<i>Liverpool</i>	<i>Oct 10/17</i>	
<i>12-10-17</i>	<i>O.C. 2nd Bde CRA</i>	<i>To O.S. 2nd Bde CRA on arrival from Canada</i>	<i>Witley</i>	<i>11-10-17</i>	<i>B.O. Part II - 113</i>
<i>15/11/17</i>	<i>O.C. 2nd Bde CRA</i>	<i>S.O.S. on posting to 11th Can Siege</i>	<i>Witley</i>	<i>14/11/17</i>	<i>B.O. part I - 147</i>
<i>15/11-17</i>	<i>O.C. 2nd Bde CRA</i>	<i>208 on posting from C. Bty 2nd Bde CRA to 11th CRA</i>	<i>Witley</i>	<i>7-11-17</i>	<i>B.O. Pt. 2 - 147 I</i> <i>J. Hooper Capt</i>
<i>19-12-17</i>	<i>O.C. 11th S. Bty</i>	<i>app of Corp. with pay and allowances</i>	<i>Deodar</i>	<i>1-12-17</i>	<i>B.O. Pt. 9</i>

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

CERTIFIED CORRECT.  
 23 APR 1919  
 CAN. RECORDS - B.

Report 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
		11 <sup>th</sup> CAN. S. BTTY. EMBARKED FOR FRANCE.	bodford	2-4-18	Bo. Pt II. - 0.30 Wylscully MAJOR, C.G.A. COMMANDING 11 <sup>th</sup> CANADIAN SIEGE BATTERY
30-3-18	- do -	confirmed in rank of CPT H. M. J. Mauretania	bodford	1-12-14	Pt II 0.29 Lieut. K. P. C. for Lieut. Col. i/c Records O.M.F.C. KT 18-8371 Pt II 0.32
2-5-18	6 Officers i/c records.	Abon confirmation cancelled		2-4-18	S/290/314
3-4-18.	QMG.	Landed in France		3-4-18.	Pt. II 0.31.
21-12-17.	WO.	Absorbed into 3 Bde. C. Field		3 1/8	AK. KT 18-11301 Pt II No 7.
24-5-18	3rd Ode. C.G.A.	Confirmed in rank of Capt. 4/12 amended		1 1/2	RT. 18. 18835 Pt II 21
24-6-18	"	" " " " " " " "		28 1/8	BS 13 Pt II 39
25 1/8	"	Promoted Serjt. i/c Halifax		25 1/8	" " ?
24 1/19	"	10 days leave Paris		9 2/19	" " ?
14 2/19	"	from leave		2 1/19	AK
30/3/19	farre	Proceeded to England		2 1/19	AK
25/4	86813	Attached C.C.C. Kimmel Park for return to Canada. Part II Order No. T.O.S. 3 1/2 1/19. Ceases to be attached C.C.C. Kimmel Park on embark- ing for Canada, Part II Order No. Proceeding to leave for demob. with effect		2 1/19	Lieut. for Lt. Col., AAG., Canadian Section
		Commanding Wing, Kimmel Park Camp.		9 APR 1919	
				6/6 MAY 1919	
				3- MAY 1919	
				O/O No. 8 Canadian Siege Battery	

Disemb. Canceled  
 k.d. S. H. t. on 3/11/19  
 Halifax 9/15/19

9 APR 1919  
 6/6 MAY 1919  
 3- MAY 1919  
 O/O No. 8 Canadian Siege Battery

WAR SERVICE BADGE CLASS A  
SERVICE GROUP 3  
OCCUPATIONAL GROUP 3

~~M.D. 2~~

Oh Rouse  
Wife  
Olers  
A

272881  
SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

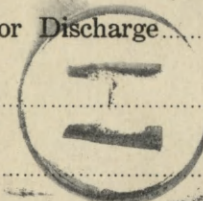
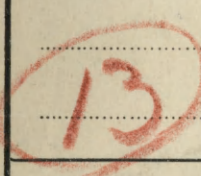
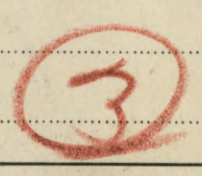
1. No. 2085413

2. Rank. Sgt.

3. Name. Smeaton, James Cooper

4. Unit. 8th Can Siege Battery

5. Date of Discharge 12-5-19 Place ~~Montreal~~ Carleton Place, Ont

6. Reason for Discharge Demobilisation  
  
  
  
 wife

7. Authority. DD#4, RO, 1420, D.O. PT. II#136

8. Proposed Residence after Discharge  
741 Quebec Street, Outremont, Montreal, Que

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
 I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
 M. F. No. B39 Montreal  
 May 12-19  
 James Smeaton  
 Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.  
 Place Montreal  
 Date Sailing by May 12-19  
 Emb'k'd S'th' on 31-19  
 Disemb'd Halifax 6/5/19  
 Signature [Signature] Major  
 Commanding Dispersal Station  
 (O. C. Discharging Unit.)

M.M.  
27-9-19  
F.C.A.

**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 (D.A.D. 7609a).
6. Field Conduct Sheet (M.F.W. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 33)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 9).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *a*

Checked by No..... *28*

..... *AMS*

Date..... *24/4/19*

Emk.

13

D. Number 2085413 Rank Sgt.

\* Surname S MEATON

Christian Name James Cooper.

Units C.G.A. Theatre of War France.

Date of Service 2-4-18

Remarks

Latest Address ~~741 Quebec St. Apt 3~~  
~~Outremont Montreal~~

"B" Roll No. 2ue  
20 Kindersley Rd., Mount Royal Que.

Page 11758.  
200m.-2-21.M.

DESP MAR 2 1922  
REGN. NO. 15806

SURNAME.

*Smeaton*

*M. M. (2.9. #31142)*

CARD NO.

*Draft Area 7 M 104  
SOS 12-5-19  
Simol FOLL.  
201364 16-5-19 101*

CHRISTIAN NAMES

*James Cooper*

REGL. NO.

*2085413*

RANK

*Sr. Sgt.*

UNIT

*Siege and Heavy Art. Draft (M. D. 4)*

FORMER CORPS

*2nd Fld. Bty (1 1/2 yrs.)*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Smeaton, Mrs. Violet L.*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Apt. 3, 741 Querbes Ave.,  
Outremont, P. Q.*

COUNTRY OF BIRTH

*Canada, Carleton, Ont.*

DATE

*July 22nd, 1890*

PLACE OF ATTESTATION

*Montreal P. Q.*

DATE

*May 25th, 1917*

*9/8 17-9-17 935.2  
3*

*9/1c. 9-5-19. 318  
5.8 Sgt*

~~Sailed from Montreal~~ <sup>per</sup> ~~S. J. Grampian~~ 17/9/17

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Insurance clerk

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

26

YEARS

10

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

43

INCHES

EXPANSION

4

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

May 22nd. 1917

Present address, Apt. 3.

741 Querbes Ave.,  
Outremont, P. Q.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-6-17

# Separation and Assigned Pay Branch

06795

Oct 1-17

OVERSEAS CONTINGENTS

# S

RATE OF SEPARATION ALLOWANCE

25	30	9-16-17	3
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RATE OF ASSIGNMENT

20			
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7211517  
B

PARTICULARS OF SEPARATION ALLOWANCE

No. 2085413  
 Rank Sgt Promoted Reverted Discharge  
 Soldier's Name James C. Smeaton  
 Battalion 3rd H+S. Arty draft  
 Beneficiary Mrs. Violet D Smeaton  
 Relationship Wife M.F.W. 2554 Rd 29/8 Addn 23/8  
 Address Apt. #3 - 741 Zuerbes St -  
Outremont Montreal Que

PARTICULARS OF ASSIGNMENT

Name Mrs J.C. Smeaton  
 Address Apt. 3 - 741 Zuerbes St, Outremont  
Montreal, Que.  
 Change of Address

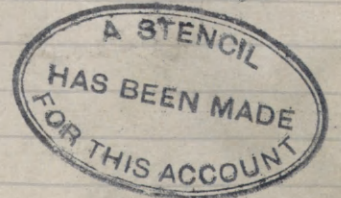
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		166	60	226	
Jan 18	69789	25	20	45	
Feb. 4	70299	25	20	45	
Mar. 11	91169	25	20	45	
Apr. 18	10667	25	20	45	
May 25	13046	25	20	45	
June 1	25078	25	20	45	
July 8	22775	25	20	45	
Aug 15	34499	25	20	45	
Sept 22	48134	25	20	45	
Oct 29	56515	25	20	45	
Nov 5	55318	25	20	45	
Dec 12	62979	45	20	65	
Jan 19	69688	30	20	50	
Feb 26	79552	30	20	50	
MAR 5	82158	30	20	50	
Apr 12	2797	30	20	50	
May 19	8569	30	20	50	

16956-9-29

Promoted Sgt 4/17 - DPM 8/17

M. F. W. 128.  
400M-5-17-1772-39-1141  
L. L. 22320-M. & D. 7993.

636 400 1036  
 A/c Closed 315/14. m.o. Reatroy R.P. 77344 M.F.W. 15/19  
 Ret'd per. Guarantonia  
 Date 9-5-14 M.F.W. 187 15/14. M.F.W.  
 Clerk M. Venturose





Pay from 5-6-14.  
MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-813.

SEPARATION ALLOWANCE

Sheet No. 2. Violet L. Smeaton OVERSEAS CONTINGENTS  
Wife  
PAYMENTS.

Name of Soldier Smeaton James C.  
Gnr. 2085413 Hd S. arty Dpt

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		B 11286	17	17. X
July		Sept 135 X 12086	20 <sup>24</sup>	24 X. 12086 Can
Aug.		15590	25	T
Sept		M 18667	25	kd
Oct.		Y 21592	25	T
Nov.		G 23733	25	M 1/66
Dec.		X 27103	25	Can 1/66
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*wife*  
MILITIA AND DEFENCE

M. F. W. 12a.

18m.-4-17.

1772-39-819.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

(Assignee)

PAYMENTS.

2085413

Name of Soldier

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
--------	-------	------------	------	----------

April	1916			
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May				
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June				
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July				
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Aug.				
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Sept.				
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Oct.				
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Nov.				
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Dec.				
------	--	--	--	--

Jan.	1917			
------	------	--	--	--

Feb.				
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March				
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April				
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May				
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June				
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July				
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Aug.				
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Sept.				
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Oct.				
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Nov.				
------	--	--	--	--

Dec.				
------	--	--	--	--

Jan.	1918			
------	------	--	--	--

Feb.				
------	--	--	--	--

March				
-------	--	--	--	--

April				
-------	--	--	--	--

May				
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June				
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July				
------	--	--	--	--

20. OCT 1 1917

M 46478 20  
A 43418 20  
K 62514 20

60<sup>00</sup> Jan

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

NAME OF SOLDIER

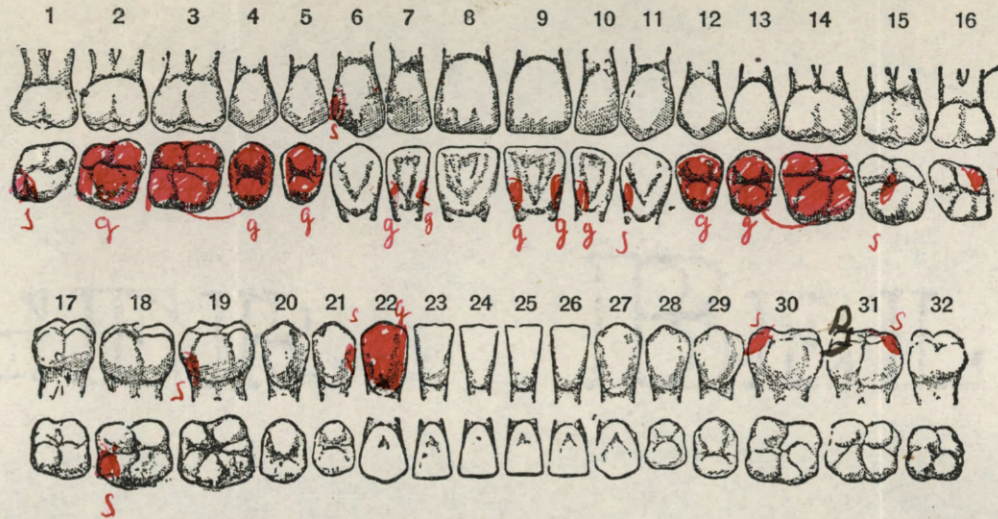
*Smelton J.C.*

REGIMENT *D.H.A.S.A.*

RANK

*Sergeant*

No. *2085413*



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>July</i> <i>23/17</i>														<i>5</i> <i>7.9</i> <i>10</i>	<i>6</i> <i>2.4.3</i> <i>12.13.</i> <i>22</i>			<i>J.M. McIntyre</i>	<i>E</i>	<i>1 Cavity #31</i>	
	<i>"</i> <i>"</i>																		<i>J.A. Plunkett</i>	<i>3</i>	<i>Complete</i>	

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

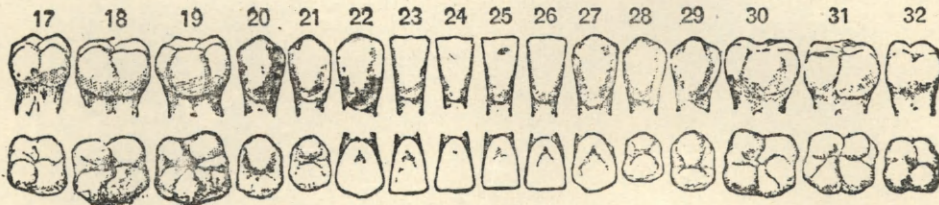
## DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SMEATON, J. C.

REGIMENT 8th Canadian Infantry Bde RANK Serjt. No. 2055 413

Date of Examination in England MAR 31 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 14

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS \_\_\_\_\_

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*[Handwritten signature]*  
 A. D. D. S. I. D. 4

HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada \_\_\_\_\_

(b) In England yes

(c) In France yes

Signature of Dental Officer A. R. Hyne Capt



No. 2085413 RANK *1<sup>st</sup> Lieut - Bdr - Cpl - Sgt -* NAME *Smeaton, J. C.*  
*Q.M.S.*

T. O. S. 25-5-17. UNIT *3rd. Draft Siege + Heavy Artillery*  
*(D.O.#17 of 26-5-17)*

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917.</i>			
<i>may</i>	<i>no a/c</i>		<i>Pay starts 5-6-17</i>	<i>may payrol -</i>
<i>June 5-</i>	<i>June 30</i>	<i>✓</i>	<i>Prom Bdr. 9-6-17.</i>	<i>D.O.#49 of 5-7-17.</i>
<i>July</i>		<i>✓</i>	<i>Prom. Cpl. 23-6-17.</i>	<i>D.O.#49 of 5-7-17.</i>
<i>aug</i>		<i>✓</i>	<i>Prom Sgt. 4-7-17.</i>	<i>D.O.#49 of 5-7-17.</i>
<i>Sept-</i>		<i>✓</i>	<i>Prom. Q.M.S. 15-9-17.</i>	<i>D.O.#108 of 15-9-17.</i>

Pay from 5-6-14.  
MILITIA AND DEFENCE

248  
M. F. W. 11.  
50m.—6-16.  
H. Q. 177-39-818.

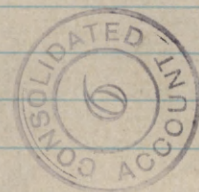
SEPARATION ALLOWANCE ✓

Name Violet L. Smeaton  
Address Apt #3 - 441 Querbes St  
Outremont  
Montreal, Que  
Relation to Soldier }  
wife, child or mother } Wife

Name of Soldier Smeaton James C.  
Regtl. No. 2085413.  
Rank Sgt Summer 4/7/17  
Corps 3rd Hq S. Artillery draft  
To what Corps belonging }  
when called out } James 13/17  
✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY,  
MILITIA AND DEFENCE

M. F. W. 11.  
15m.—6-17.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mrs J. C. Smeaton* <sup>Wife</sup> Name of Soldier *Smeaton J. C.*  
 Address *Apts-3-741 Querbes St-  
Outermont: Montreal Que* Regtl. No. *2085413*  
 Rank *Cpl-*  
 Corps *Montreal Regt's Art- Coy*  
 Relation to Soldier }  
 wife, child or mother } *20. OCT 1 1917*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



S. 400  
C.M.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. 2085413 RANK *Sgt* NAME (IN FULL) *SMEATON J.C.*  
(BLOCK LETTERS SURNAME FIRST)

M. OR S. \_\_\_\_\_

RELATIONSHIP *[Circled]* PARTICULARS *Job* EFFECTIVE DATE *3-5-19* AUTHORITY *D0186 Supp 101673*

ORIGINAL UNIT C.E.F. *1st Oga* PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION *25-5-17* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-6-19*

IS SEPARATION ALLOWANCE PAID? *30.00* DATE EFFECTIVE *1-6-19*

TO WHOM PAID *Miss Violet Smeaton* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *Wife in Kingston*

ADDRESS *apts 3, 741 Quebec St. Outremont Montreal* ADDRESS *apts 3, 741 Quebec St. Outremont Montreal* *Montreal*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ PLACE *Montreal* DATE *12-5-19* REASON *D0186 Supp 101673* AUTHORITY *D0186 Supp 101673* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_



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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT		CREDIT
																		<i>Manitowish</i>	
<i>1-5-19</i>																		<i>1689</i>	
<i>18-5-19</i>	<i>18</i>	<i>150</i>	<i>2700</i>	<i>3500</i>				<i>13200</i>	<i>13807</i>	<i>187</i>	<i>50085</i>	<i>242000</i>		<i>900</i>	<i>12411</i>	<i>900</i>	<i>1689</i>	<i>18-5-19 appt 13-5-19</i>	
			<i>La 1200</i>	<i>1200</i>										<i>3000</i>	<i>1800</i>			<i>La 18-5-19 appt 13-5-19</i>	
			<i>Other Credits</i>	<i>144</i>										<i>171</i>	<i>27</i>			<i>30-5-19</i>	
			<i>W.S.C.S.A. Total</i>	<i>144</i>										<i>70</i>	<i>20</i>	<i>120</i>			
			<i>80</i>	<i>120</i>	<i>400</i>									<i>9</i>	<i>9</i>				
														<i>18</i>	<i>18</i>	<i>20</i>	<i>102</i>		
<i>12-6-19</i>														<i>70</i>	<i>60</i>	<i>130</i>	<i>131</i>	<i>42</i>	<i>306403</i>
<i>12-7-19</i>														<i>70</i>	<i>30</i>	<i>100</i>	<i>61</i>	<i>12</i>	<i>1065106</i>
<i>12-8-19</i>														<i>61</i>	<i>12</i>	<i>73</i>			<i>1065107</i>
																<i>40000</i>			<i>1275190</i>
																			<i>1275194</i>
																			<i>Final</i>

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-10-17.	EFFECTIVE DATE:-	
AMOUNT:-	\$20.00	AMOUNT:-	

NAME:- SMEATON James Cooper  
NUMBER:- 2085413

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	<small>WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.</small>
Wife Mrs. Violet J. Smeaton 741 Luerbis St. Oulremont, Que.	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Do 29, 30/3/18 11. CSB	1-12-17	corporal
above order cancelled (Confirmation of rank)		
Do 32 10/5/18		
Do 7 (3CGA) 29/5/18	3-11-18	Confirmed Corp.
Do 21 " 3/7/18	1-12-17	Do amended to read Conf. Corp.
Do 29, 3-9-18		UNIT AND TRANSFERS

ORIGINAL UNIT:- Dpt Montreal Sqe Btty.  
DATE ACCOUNT FIRST OPENED:- 1-10-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			b.a.
St. Noles	1-5-18	21-5-18	1st b.a.

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
4/19	157	M Wing	#87				
8/4/19	1368	78 Park	73				
			77 87				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.10	10		
Do 29 3-9-18	1.35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis to Can. 30. 4. 19 NR. 6596. Rpl. 16. 4. 19 R. MD 2.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar	P			St. Balce Ford					7.16		
Apr	bpls. Pay	36		b.a.p.				20	8.84		
				AR. 479, 15-4-18, C.R.A.	5.35						
				AR. 254, 13-4-18 do	5.35				1.86		
		36			10.70			20			
May	lefts	37.20		US				20	15.34		
		37.20						20			
June	Cpls pay	36		AR				20	28.34		
				AR 151, 3CGA 3/6.	3.57						
				57 6/5	4.46						
				93 " 18/5	5.35				14.96		
		36			13.38			20			
July	Pay	37.20		AR				20			
				AR 304 " 7/7	8.03						
				458 " 14/7	5.35				21.78		
		37.20			13.38			20			
Aug	Pay	37.20		AR				20	38.98		
				AR 541 " 1/8	3.57						
				589 " 18/8	3.57				31.84		

ORIGINAL UNIT: - *Dpt. Montreal Sqr Btry.*  
 DATE ACCOUNT FIRST OPENED: - *1-10-17.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			<i>b.l.a.</i>
<i>D. Notes</i>	<i>1-5-18</i>	<i>21-5-18</i>	<i>1st b.l.a.</i>

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
<i>2/4/19</i>	<i>157</i>	<i>M Wing</i>	<i>75</i>				
<i>8/4/19</i>	<i>1368</i>	<i>W Park</i>	<i>73</i>				
			<i>77 87</i>				

*LBB d. 65 85*  
*LPCB d. 17 02*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 10</i>	<i>10</i>		
<i>Do 39 3-9-18</i>	<i>1 35</i>	<i>15</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Dis to Can. 30-4-19 NR. 6596. Rptl. 16-4-19 R. MD2.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar</i>	<i>P</i>			<i>D. Balce Ford</i>					<i>7 16</i>		
<i>Apr</i>	<i>6 pls. Pay</i>	<i>36 -</i>		<i>b.a.p.</i>				<i>20 -</i>	<i>8 84</i>		
				<i>AR. 479, 15-4-18, C.R.A.</i>	<i>5 35</i>						
				<i>AR. 254, 13-4-18 do</i>	<i>5 35</i>				<i>1 86</i>		
		<i>36 -</i>			<i>10 70</i>			<i>20</i>			
<i>May</i>	<i>left S.</i>	<i>37 20</i>		<i>W.P.</i>				<i>20</i>	<i>15 34</i>		
		<i>37 20</i>						<i>20</i>			
<i>June</i>	<i>Cpls pay</i>	<i>36</i>		<i>AR</i>				<i>20</i>	<i>28 34</i>		
				<i>AR 151, 3090 3/6.</i>	<i>3 57</i>						
				<i>57 6/5</i>	<i>4 46</i>				<i>4</i>		
				<i>93 12/5</i>	<i>5 35</i>				<i>1 96</i>		
		<i>36</i>			<i>13 38</i>			<i>20</i>			
<i>July</i>	<i>Pay</i>	<i>37 20</i>		<i>AR</i>				<i>20</i>			
				<i>AR 304 " 7/7</i>	<i>8 03</i>						
				<i>458 " 14/7</i>	<i>5 35</i>				<i>21 78</i>		
		<i>37 20</i>			<i>13 38</i>			<i>20</i>			
<i>Aug</i>	<i>Pay</i>	<i>37 20</i>		<i>AR</i>				<i>20</i>	<i>38 98</i>		
				<i>AR 541 " 1/8</i>	<i>3 57</i>						
				<i>589 " 18/8</i>	<i>3 57</i>				<i>31 84</i>		
		<i>37 20</i>			<i>7 14</i>			<i>20</i>			
<i>Sep</i>	<i>S.P.</i>	<i>45</i>		<i>AR</i>				<i>20</i>			
	<i>underpaid as Sgt 28-6-18 - 31-8-18</i>	<i>19 50</i>		<i>AR 656 " 5/9</i>	<i>5 35</i>						
		<i>4</i>		<i>" 688 " 24/9</i>	<i>5 35</i>				<i>65 64</i>		
		<i>64 50</i>			<i>10 70</i>			<i>20</i>			
<i>Oct.</i>	<i>Sqr pay</i>	<i>46 50</i>		<i>AR</i>				<i>20</i>	<i>92 14</i>		
				<i>AR 888, 9 pla. 8/10</i>	<i>5 60</i>						
				<i>1219. - 24/10.</i>	<i>5 60</i>				<i>80 94</i>		
		<i>46 50</i>			<i>11 20</i>			<i>20</i>			

COMPILED BY *awBall*  
 CHECKED BY *Boyer*

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
												80 94		
Nov	Sgt	Lay			45		C.A.P.				20			
Dec	"	"			46	50	" Dec				20			
							AR 3039 x C.A.	19/11	18 66					
							AR 4347 C.A.H.	4/12	18 66					
Jan					46	50	C.A.P.				20	121 62		agreed
					138				37 32		60			
							AR 2321 2C.A.	7.1.19	7 54					
							AR 2434 "	16/1/19	6 29					
							AR 3600 Paris	27.1.19	27 99					
							AR 3457 "	25.1.19	18 66					
							AR 3249 "	23.1	18 66					
							AR 3772 "	29.1	27 99					
Feb					42	00	C.A.P. Feb				20			
							AR 2713 2C.A.	17.2.19	7 46					
							AR 2801 "	18.2.19	3 73					
Mar					46	50	AP				20			
							AR 3000 2C.A.	5/3/19	7 30					
							AR 3130 ..	14.3.	3 65			40 85		
					88	50			129 27		40			
April					45		C.A.P.				20	65 5		
							AR 157 m.wing	5.4.19	4 87					
							AR 1368 K.P.	8.4.19	7 3					
							AR 1187 K.P. Euid	23.4	4 87			16 89		
					45				82 74		20			

S/S Stefan 3 5 19 SA 53 C.A.

		AR 2324	2C9a	7.1.19	7 54		
		AR 2434	"	16.1.19	6 29		
		AR 3600	Paris	27.1.19	27 99		
		AR 3457	"	25.1.19	18 66		
		AR 3249	"	23.1	18 66		
		AR 3772	"	29.1	27 99		

Feb	42 00	CAP Feb					20
		AR 2713	2C9a	17.2.19	7 46		
		AR 2801	"	18.2.19	3 73		

Mch	46 50	AP					20
		AR 3000	2C9a	5/3/19	7 30		
		AR 3130	"	14.3.	3 65		40 85

	88 50				129 27		40
Apr	45	CAP					20

		AR 157	in wing	5.4.19	4 87		
		AR 1368	K.P.	8.4.19	7 3		
		AR 1187	Kl Eud	23.4	4 89		16 89

	45				82 74		20
--	----	--	--	--	-------	--	----

SOS kafan 3 5 19 SK 53 C9a



P. 559.  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHOR

Deser to Garrison	11.10.17	5073
appointed as cpl to pay 2d	1/2/17.	ac 20
confirmed cpl	1/21/17	N.O. 29. 11 d.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V.  
OR  
A.

NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS											
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1			2		3				
			\$	C.						\$	C.	NO	DATE	No.	DATE	No.	DATE				
<i>1917</i>																					
<i>Octal Bal from Canada.</i>																					
<b>MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE DEFERRED. PAY ENG. SEP. ALLGE. PAY ENG.</b>																					
								<i>24 40</i>												<i>24 40</i>	
	<i>1-10 10.</i>		<i>1.50</i>	<i>Sgr's pay</i>		<i>15</i>	<i>00</i>														
	<i>Oct 11-31</i>	<i>21</i>	<i>1.10</i>	<i>File pay</i>		<i>23</i>	<i>10</i>														
	<i>"</i>								<i>A.P.</i>					<i>20</i>	<i>42</i>	<i>50</i>				<i>Jul</i>	
						<i>38</i>	<i>10</i>							<i>20</i>							
	<i>Nov</i>			<i>u.p.</i>		<i>33</i>	<i>00</i>		<i>a.p.</i>					<i>20</i>							
	<i>Dec</i>			<i>"</i>		<i>34</i>	<i>10</i>		<i>AR 3117 CRA 20/10/17</i>		<i>2</i>	<i>43</i>									
									<i>" 3342 "</i>	<i>10/11/17</i>	<i>14</i>	<i>60</i>									
									<i>" 3344 "</i>	<i>10/11/17</i>	<i>9</i>	<i>73</i>									
									<i>" 3306 "</i>	<i>6/11/17</i>	<i>4</i>	<i>87</i>									
									<i>Q 4005-4112 CRA 3/11/17</i>		<i>1</i>	<i>32</i>									
									<i>Dec A.P.</i>											<i>20 36 65</i>	
						<i>67</i>	<i>10</i>				<i>32 95</i>			<i>40</i>							

REG. No.	DATE	AUTHORITY
2085413	12/10/17	50713
	19/17	OC 209
	30/3/18	50713
		11 C.S.B.

REG'L. No. 2085413 RANK *Sgt* NAME *Smeaton, James Cooper*  
 IF IN PERM. CORPS | UNIT *Montreal 1st Dft* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 PLACE OF ATTESTATION *Montreal, Que* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION *25/5/17* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1st Oct. 1917*  
 PAYABLE TO *M<sup>rs</sup> Violet J. Smeaton, 741 Luerbis St. Outremont, Que* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_  
 PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ REASON \_\_\_\_\_  
 DISCHARGE DATE AND PLACE \_\_\_\_\_ REASON AND AUTHORITY \_\_\_\_\_  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) \_\_\_\_\_  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) \_\_\_\_\_

DUTY ROLLS					CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																								
DATE	No.	DATE	No.	DATE	1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT																																																																																																																					
<div style="text-align: right;"> <math display="block">\begin{matrix} 6621 \\ 3947 \\ \hline 2674 \end{matrix}</math> </div>																																																																																																																																					
<div style="text-align: right;"> <math display="block">2440</math> </div>																																																																																																																																					
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MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																																																																																																																												
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		<i>3410</i>			<i>24.34</i>			<i>20</i>	<i>2641</i>																																																																																																																												
				<i>aR 4244. 16/1/18 CRA</i>	<i>14.60</i>																																																																																																																																
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Streaton

James

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE			
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2			DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALICE ENG.									
	Forward														2674											
	McK lpe Pay			3720										20												
						bal.																				
						Apr. 19			$\frac{26}{18}$ bon. P.M.	730																
						AR 47			$\frac{1}{3}$ 11 <sup>th</sup> bbb	4380					716											
				3720					5110				20													

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