

AB- 20/6/18

Documents
Smith John James



R. O. No.....
H. Q. No.....

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

Regt. No 195214 Rank Pte
Corps 9.3rd Bn.

Med unfit

1 Index Removed 9/1/18
Card 1 Part II Orders.
1 Casualty.



29282



Can Card - 1

A. P. B. 122 - 1
M. F. W. 192 - 1
M. F. W. 39 - 1
A. P. B. - 1

M. F. W. 62.
100m - 6-17.
H. Q. 1172 - 39 - 933.


W67 - 1
P149 - 1 - B122

29 - 25
18 - 25
3 - 26

2

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	195 214	
Rank	Private	
Surname	Smith	
Christian Name	John James	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	93rd Battalion	
Date of Discharge	1-6-18	
Place of Discharge	Brigston Out	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....20..... years.....10..... months.	Descriptive Marks 	
Height.....5..... feet.....4..... inches.		
Complexion		Fair
Eyes		Brown
Hair		Dark Brown
Trade		Farmer
Intended place of residence (To be given as fully as practicable.)	95 Rulbridge St Peterboro	
2. The above-named man is discharged in consequence of <i>Medical Unfitness for further Service due to Sickness</i> <i>3 M & 78-5-491-5 of 23-5-18</i>		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Farmer</i>		

M. F. B. 218.

100M.—1-17.

H. Q. 1772-29-113.

W. S. S. Comp.
29-1-1918

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. O. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston

[Signature] Major
for O. C. District Depot No. 3

(Date) 1-5-18

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston [Signature] (Signature of Soldier.)

(Date) 1-5-18 [Signature] (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 234 days.

Total 2 years 234 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Kingston

[Signature] Major
(Signature) for O. C. District Depot No. 3

(Date) 1-5-18

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none J. J. Smith

Reg. Conduct Sheet Minist Form B. 263	Attestation Paper Minist Form B. 232
Conduct Sheet B. 263a	Proceedings on Discharge B. 219
Copies of Convictions, by C.P. in MS.	
Med. Hist Sheet Minist Form B. 413	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid B. 227	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate D. 277	(b) Attestation.
"Only if discharged 'Medically unfit'"	(c) Medical History Sheet (in the event of such having been prepared).

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

1000

James H. Smith

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

523 H.P. 7

TRIPLICATE

ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. 195714

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name?..... John James Smith,
2. In what Town, Township, or Parish, and in what Country were you born?..... Liverpool, Eng.
3. What is the name of your next-of-kin?..... Stephen Smith, Brother,
4. What is the address of your next-of-kin?..... Longwood, R.R. No. 2. Ont. Canada.
5. What is the date of your birth?..... Aug. 3rd. 1897.
6. What is your trade or calling?..... Farmhand.
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... *inoculated*..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

John James Smith (Signature of Man.)
C. W. Brown (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John J. Smith, do solemnly declare that the above answers made by me to the above questions 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 Oct 10 1915 John James Smith (Signature of Recruit.)
C. W. Brown (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John J. Smith, 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 Oct 10 1915 John James Smith (Signature of Recruit.)
C. W. Brown (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 PETERBOROUGH, Ont. this OCT 20 1915 day of 1915.

H. W. Smith J.P. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. J. Johnston C. Col. (Approving Officer.)

DESCRIPTION OF Smith, John J.

ON ENLISTMENT.

Apparent Age 18 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 1/2 ins.Chest measurement { Girth when fully expanded 33 ins.
Range of expansion 3 ins.Complexion Fair.NoneEyes Brown.Hair Dk. Brown.Religious Denominations { Church of England
Presbyterian Yes
Methodist
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
Jewish

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* fit for the Canadian Over-Seas Expeditionary Force.Date Oct. 2nd. 191 5Place Peterboro, ONT.J. H. Eastwood
Major M. Regt.
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:—

CERTIFICATE OF OFFICER COMMANDING UNIT

John J. Smith 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.Date Nov. 9th 191 7 J. J. Johnson Lt. Col. (Signature of Officer.)

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..... **93rd O/S Battalion C.E.F.**

.....

(2) Regimental Number..... **195214**

(3) Full Name of Soldier..... **Smith, John James**

.....

(4) Place of Birth..... **Derby Rd., Liverpool, England.**

.....

(5) Are you married, or not? **No**

(6) If married, state,

(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower? **No**

..... **No**

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

Unknown

(9) Is your Father alive?.....

If so, state name and address

Unknown

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

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

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

(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.

Stephen Smith

(Brother)

c/o Mr. Duncan White, R.R. # 1 Mooretown,

Ontario, Canada.

(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.

No

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

No

If so, in what Company?.....

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

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

Date.....

JUN 27 1912

T. J. Johnson

Officer Commanding.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 195214 (Rank) Private

Name (in full) John James Smith enlisted in

the 93rd Battalion

CANADIAN EXPEDITIONARY FORCE at Pekahoro on the Tenth

day of October 1918

HE served in Canada - England & France

and is now discharged from the service by reason of Medical Unfitness

for further service arising from Sickness

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

Age 20 yrs 10 Mos

Height 5' 4 1/2"

Complexion Fair

Eyes Brown

Hair Dark Brown

Marks or Scars

None

J. J. Smith
Signature of Soldier

Amant Major
for O. C. Detachment No. 3
Issuing Officer

Date of Discharge 1-6-18

Rank

Appointment

Signed at Kingston this 1-6-18 day of June 1918

in Military District No. 3

File Reference No. 3-S-387

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.

1891

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CANADIAN CONTINGENT EXPEDITIONARY FORCE

QUADRUPLICATE

LAST PAY CERTIFICATE

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

Regimental No. 105214 Rank Pte. Name Smith, J.J.

Corps 93rd Battalion who was* Discharged

On June 1st 1918 to Category "B"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 9th 1918
to June 1st 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month <u>L.P.C.</u>	<u>336</u>	<u>76</u>
Advances by } No.....			Reg'tl Pay..... <u>54</u> days at \$..... <u>1</u> c.....	<u>54</u>	<u>00</u>
Cheques } No.....			Field Allow. <u>54</u> days at \$.....c <u>10</u>	<u>5</u>	<u>40</u>
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly)		
Other charges.....			Other Allowances* <u>Clothing</u>	<u>8</u>	<u>00</u>
Payment on transfer or discharge No. <u>3098</u>	<u>415</u>	<u>36</u>	Other Credits* <u>Landing Leave Subs</u>	<u>11</u>	<u>20</u>
Balance Cr. (to be paid by the new unit).....			B.O. <u>17</u>		
			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>415</u>	<u>36</u>	Total.....	<u>415</u>	<u>36</u>

* Give particulars.

A monthly stoppage of \$ 111 (†) has.....(†) been paid on account of Assigned
{ Pay for the month of.....191..... } (to) Assignee.....
{ and Sep'n Allce. for month of.....191..... }
(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment Oct. 10th, 1915
(2) if married and if a Separation Allowance Card has been submitted No
(3) cause of discharge..... authority 5ND 88-S-491
(4) authority for transfer.....

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

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 5th, 1918

Place Kingston, Ont.

W. Peters CAPTAIN
PAYMASTER, NO. 3 DISTRICT DEPOT
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque #3098 attached

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE March 4, 1971

NAME Service No. CPC No.
NOM SMITH, John James Matricule No 195214 WW1 CCP No 38372

WVA No.
AAC No 23565

Information Received from: Greer, Kelly, Jermyn & Pollitt Barristers etc. 114 King St. East,
Information reçue de: Oshawa, Ontario. Letter Jan. 15, 1971

Date of Death
Date du Décès Dec. 21, 1970

Place
Endroit not stated

Distribution: WSR-DASC
VI - ASS
~~XDOXBDX~~
HO - BC

Pour le chef,
J. F. Boules
for Chief, Central Registry Division.
Dépôt central des dossiers.

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

Casualty Form—Active Service.

M. F. W. 54. AFB 103
150M. 10-15. 1-16
H.Q. 1772-39-920.

Unit, Regiment or Corps 93rd Battalion C.C.F.
Regimental No. 195214 Rank Pte Name John James Smith
Enlisted (a) Oct 18th/15 Terms of Service (a) 2 Yrs Service reckons from (a) Oct 18th 1915
Date of promotion to present rank. } X Date of appointment to lance rank } X Numerical position on roll of N. C. Os. } X
Extended X Re-engaged X Qualification (b) Senior Labourer

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			

Embarked Halifax 15/7/16
Disembarked Liverpool 25/7/16
Transferred to 5th C.M.R. 7/9/16

JE B. M. J. Capt
advt 93rd Bn

8. 9. 16. O. C. C. B. D. Landed in France. Taken on Nom. Roll d/ strength 5th Cdn Bn. 8. 9. 16 Pt II D.O. 38d/ 12. 9. 16.
25. 9. 16 — do. — Left for 3rd Batt 25. 9. 16 Nom. Roll d/ NR
28. 9. 16 C. C. E Bn. Arrived Do 28 9 16 d/ NR
2. 10 16 Do Left for Unit Field 2. 10 16 NR
7. 10 16 Unit Joined Do Do 2. 10 16 B213
6. 1. 17 " P.M.O. adm Straps not stated 4. 1. 17 B213.
15. 1. 17 C.B.D. Taken on strength C.B.D. 15. 1. 17 NR

(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.

195214

Smith J. J.

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				
13-1-17	S.C. 3 A.	General disability "PB" 6	Home	11-1-17	a36. DC. 5 199 23/1/17
1-12-16	WH 2.	Attached for duty to Canadian "P.B." Engineers		12-2-17	OB/1654 1/1/16. R.R. 7666.
28-7-17.	P.B. Eng. Unit	Adm. L. & A. Sect.	Trier.	24-7-17	23213 DC. 262
28-7-17.	226 L.S.	quo.	8 A.T.	25-7-17.	23213 DC. 262.
28-7-17.	8C46	"	1046	25-7-17.	23213 DC. 262.
28-7-17.	P.C. P.B. Eng.	Causes to be attd.	Filed	28-7-17.	B213. Pt II 77 23/8/17.
		on admission to Hospital.		28-7-17.	23213 DC. 262.
29-7-17	106 200.	quo.	22 665	28-7-17.	23213 DC. 262.
12-7-17.	DORIS. Staples	Evacuated to England. ex. 1st Gen. Hosp. Invalids Sect. spoken to 1st. Que Reg. Depot. Shoreham	England.	15-8-17.	State Report 161. 16/20023. Pt II 90 of 24/9/17.
					Captain for Lieut Col. in P.B. 3rd Echelon.
29-9-17.	1st. Q. Regt.	Taken on strength	Shoreham	15-9-17.	Pt II 0, 180
					for Lt Col i/c Records 80M7.
21-12-17.	1st. Que. Regt'l	Transferred to 1st. Que. Regt'l. Thornecliffe.			1st. QUEBEC REG'T'L DEPOT

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 195214Rank PltName Smith J J

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

Date of promotion } _____ Date of appointment } _____ Numerical position on }
to 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				
21-12-17	2.R.D.	T.O.S. No 2 CVH	S'cliffe		Plt II 337/22-12-17
3-1-18	OC No 2 BVH	S.O.S. on transfer to General Depot	S'cliffe	3/1/18	Plt II No 337
					W. J. Prim Lieut C.C. No 2 CAN. VET. HOSPITAL
3.1.18	Gen Depot.	T.O.S. Gen Depot.	S'cliffe	3.1.18	Plt II No 3 3.1.18.
10.1.18	Gen Depot.	S.O.S. Gen Depot on trans to 6458 Reserve duty depot	"	10.1.18	Plt II No 9 10.1.18.
			Allocation		Lieut For O.S. General Depot.
12-1-18	OC CASE RDD.	T.O.S. from Gen. Depot	S'cliffe	10-1-8	Part II 10

(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.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

29-3-18	Case R12A	S.O.S. to case Corp super for return to Canada.	S'cliffe	29-3-18	Part II 75 A. H. Bury, Lt. In oc. case R12A
29-3-18	case. CD	T.O.S. from case. R, DD.	S'cliffe	29-3-18	P1 88.
8-4-18	"	On command 1 st BDD Buxton	"	8-4-18	P2 98 W. Buxton In oc. case. CD
9 APR 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. II ORDER No. 83. EMBARKED FOR CANADA FROM LIVERPOOL			
				Commanding	Lieut.-Col. Canadian Discharge Depôt.

CHS

Rank

Name SMITH John James

Reg'l No.

Unit 93rd, Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Peterborough x Oct 10th. 1915

Place of Birth Liverpool Eng.

Name and Address, Next-of-Kin Stephen Smith

Longwood R.R. No. 2 Peterboro Ont. Canada

Relationship Brother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	2707
File R.L.	
Category	Ch. 1

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England, S. S. Empress of Britain. 25th July 1916					
		OK. 93 rd S.O. S. on trans to 5 th Amb. Otterpool			Pt. II 10.
12.9.16	10 th 5 th Amb.	Taken on strength.	Field	8.9.16	Pt II 038.
5.2.17	---	Adm. 8 Can Field Amb.	---	11.1.17	CL A305. V.D.H. Genl Disability 94
5.2.17	---	Discharged	---	11.1.17	CL A305
10.3.17	---	Attached P.B. Can Engineers Duty	---	12.2.17	Pt II 024
4.8.17	---	No. 1. C. Hosp.	Clayton	29.7.17	CL A436
23.8.17	"	Ceases att'd to P.B. Engineers Field		24.7.17	Pt II 58
24.9.17	"	Ino. S. Posted to 1 Q.R.D.		15.8.17	" 90. (180 29.7.17 Q.R.D.)
27.9.17	10 R.	2 nd Mil Hosp. Old Park Canterbury		18.9.17	CL B22
26.9.17	1 Q R	Onk. Mil Hosp. Depington		21.9.17	CL B21 In fever

A.F.B. 103 CHECKED

12 SEP 1916

27th.

Considered 1954/5

A.F.B. 103 CHECKED

12 SEP 1916

P.M.

Miss But
CaoConsulted
1954-17

195214 Smith John James

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.			
16.10.17	1 Q R. Can Conv. Hosp.	Bromley	16.10.17	CL B38 V.D.H.
25.10.17	" To Kings. Can. Red. X Hosp.	"	18.10.17	CL B46 "
30.11.17	" Disch'd ex above	"	21.11.17	CL B77.
22.12.17	15 th ARD S.O.S. to C.A.V.C.	Bristol St	21.12.17	ST 20 25K. ^{2CUH} PL 254/354/23 17
3.1.18	Gen Appt. T.O.S. from 2.C.V.H.	S'cliffe	3.1.18	PL 23. ^{2.C.V.H. PM II} 3 d/3.1.18.
10.1.18	" S.O.S. to C.A.S.C.R. & D.D.	"	10.1.18	- 9.
12.1.18	CASCR & DD T.O.S. from Gen'l Depot.	S'cliffe	10.1.18	- 10.
30.3.18	-- S.O.S. to Corps Dep for ret to Canada	--	Rte 29 3/8	PL O. 75.
29.3.18	Corps Dep T.O.S. from R & D D	--	Rte 29 3/8	PL O. 88.
8.4.18	-- On Com to C.D.D. Buxton for ret to Canada as farmer	Rte S'cliffe	8 4/8	PL O. 98.
3.5.18	" Proceeded to Canada for disposal by J. G. Ottawa ceases "on Comm" at C.D.D. Buxton & S.O.S.	"	24.4.18	" 123

MEDICAL HISTORY SHEET. ORIGINAL

Christian Name John J

Approved by

Rank Major 57th regt. M.O.

18 SEP 1917

M.O.

M.O.

MO

M. O.

M.O.

M.O.

M.O.

MO

M.O.

M.O.

SECRET

M.O.

M.O.

MO

Enlisted on 10th day of October 1915 at Peterborough Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	5th C. M. R.	195214		8

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Bushy Creek	15-11-17	O.G. X.	B ¹¹ /L - u. minor major
Lament Bk	19/3/18	V.D.H. slightly	15-11-17 per George Cooper Cox

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.

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-439.




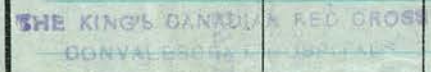
22 MAR 1918

APPROVED

stated on next page.

CANADIAN

Surname *Smith* Christian Name *John James*

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				
 		15	9	17	20	9	17	<i>P. H. O.</i>	6	<i>Trans. to Ontario Mly Hosp. Orpington</i>	<i>Hembury</i> <i>Bapt. R.A.M.C.</i> <i>Registrar.</i>
		20	9	17	10	10	17	<i>V. D. H.</i>	20	<i>Patient still weak, but transferred to Canadian Convalescent Home, Bromley.</i>	
		10	10	17	17	10	17	<i>Do</i>	8	<i>About same still weak to. Condition. Pulse variable but heart does not seem to have organic disease.</i>	<i>208 Garrison</i> <i>It came</i>
		17	10	1917	21	11	17	<i>D. A. H.</i>	35	<i>Heart action fast - but regular - no murmur, no dilatation, no cyanosis. Poorly nourished. Heart L. limit of dullness in L. N. line 9 cm from mid sternum. a Systolic murmur in all areas. Dis to Can Eng. Reg. Depot Stockham.</i>	<i>He was com</i> <i>L.H. murmur</i> <i>major</i>

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pte.* Name *John J.* Surname *Smith.*
Unit of Corps *Gto. 3 B. Co.* (If a soldier) Regtl. No. *195214*
Born at *Liverpool, Eng.* on, (date) *Aug. 3, 1896*
Signature (for identification) *J. J. Smith*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *110* lbs. Colour of eyes *brown.*
Height *5 6* in. Identification Marks *nil.*

2. NUTRITION AND DIATHESIS?

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate?

Intermittence or Irregularity?

Muscular Tone? *5*

6. ARTERIES.—(a) Any hardening or nodulation?

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1.026* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE
or any other part?

10. Is there any evidence of impairment of health or physical condition not mentioned above?
If so, describe.

11. Opinion as to the health and physical condition of the one examined?

Examined at *Fort Henry, Ont.* Signed *J. J. Smith* M. O.
Date *Aug. 3, 1896* Signed *J. J. Smith* M. O.
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

PHYSIOLOGICAL LABORATORY
MEDICAL DEPARTMENT
QUEEN'S UNIVERSITY

DIRECTOR, W. T. CONNELL, M.D.

Kingston, Ont. May 18, 1918

URINE ANALYSIS.

FOR DR. Standing Medical Board

Patient's Name 195214. J. J. Smith

Reaction Acid

Amount voided 24 hours

Specific Gravity 1026

Amount examined

Clearness Clear

Color Amber

Character of sediment (if any)

Odor Normal

CHEMICAL EXAMINATION

Albumin None

Bile None

Sugar None

Indican No Increase

Acetone None

Urea

Diacetic Acid

MICROSCOPICAL EXAMINATION

Epithelium None

Pus None

Blood None

Casts None

Chemical sediments Calcium oxalate crystals

Bacteria

Remarks E

W. T. Connell
Examiner.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	195214	Pte	Smith	J. J.
Year		Unit.	Age.	Service.
1917		C. E.	24	26/12
Station and Date.	Disease			
Clarence Horne 15/11/17.	<p>Poorly nourished individual. Has been losing weight the last three months. Slight cyanosis of the lips. Diffuse Apex Beat - Systolic murmur and apex also over Aortic Area. Patient is that of Breath and intercostal pressure pain.</p>			
	<p>I. H. Murray Capt Barr</p>			
Brushey Park. 15-11-17.	<p>Heart. Left limit of dullness in the L. nipple line 9. C.M. from the mid sternum. Systolic murmur in all areas. Graded B2.</p>			
	<p>I. H. Perry Capt Cand</p>			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.[illegible]

CASE HISTORY SHEET.

Queen's Univ., Military Hospital. Kingston, Station.

No. 195214 Rank Ex-Pte. Name Smith, J.J. Age 22

Unit 93rd Bn. Completed years of service <sup>Where
and
how long</sup> 11 1/2 years.

Date of admission Sept. 30/18. Date of discharge Oct. 12/18.

Diagnosis Influenza. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Man admitted to this Hospital,
suffering from pains all over the body, headache, loss of appetite and
a temperature of 100.4, pulse 90. Examination shows nothing abnormal,
except a slight erythematous rash. Man's condition has improved.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Calomel, Saline, Dovers.
(Especially any specific or special form.)

CONDITION ON DISCHARGE Man's temperature has been normal for 4 days. Man
(and disposal made of case.) able to return to class. Probably it would be advisable
to give him one week's leave.

Date October 11/18. S.M. Asselstine, Capt. A.M.C.
Medical Officer i/c case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 2T3260 Year 1917	Regimental No. 195214	Rank. P ^{ts}	Surname. Smith	Christian Name. J. J.
	Unit. Can Eng Term Base		Age. 21	Service. 2 years.
Station and Date.	Disease V. D. H.			

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

20 SEP 1917

Prev. Occupation: Farmer

Complaint:

- ① Weakness general
- ② Pains over precordium and lower left chest.
- ③

Prev. Illnesses:

Pneumonia 1915 - for 3 weeks

Enlisted Apr Oct 1915 at Peterborough

France Sept. 8. 1916 - Dec 1916 -

noted Shortness of breath and weakness and headache, and weak spells - Co

Have Can Base - Boarded and worked

P.B. July 25. Had fever - weakness and shortness of breath - 20 C.R.S. 25 C.C.S

to #1 Can Hosp Etaples. To Canterbury

Sept 14-15 - Ont Mil Hosp Sept 20

Phy Exam

Poorly nourished - 24th food

Lungs clear

Heart: S3 stolic murmur heard in

mitral pulmonary + aortic

area after exertion. Sys 120 Dia 73

Lungs clear

Abdomen: Clear

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

25

Complains faintness only after exertion
Dizziness on getting up quickly
B.P. 130 - 80

Capt

Mr Phedon Rogers 70 no sound at all areas
Presystole?

Aug 1.

Sent to bed for weakness and pains
in lt side Physical Exam ditto.

Oct. 4.

To Conv Home. Still weak

Oct 5/17.

Transferred to Convalescent Home

W. J. Jameson
Dr. Cairns

CANADIAN CONVALESCENT HOSPITAL
BROMLEY, KENT.

17/10/17

Transferred to Bushy Park for further
treatment

D. Allison

CAPTAIN C.A.M.C.

CANADIAN CONVALESCENT HOSPITAL

1/20
8/20

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	195214	Pte	Smith	J. J.
Year	Unit.	Age.	Service.	
1917	C. C.	21	24/12	
Station and Date.	Disease			
Bushy Park	Occupation	Farmer		
17-10-17	Enlisted at	Peterborough Ont 10-10-15		
	Inoc. I. V. 3	S. P. V. (1)		
	Family History	neg		
	Habits	Cigarettes 2 pks per wk.		
	Personal History	no History of Rheumatic Fever but had measles when a boy and Pneumonia in 1914		
	Hospitals	no 2 Military Hospital 15-9-17		
		Ontario " " 20-9-17		
		C. C. H. Bromley 10-10-17		
		Bushy Park 17-10-17		
	On Admission	Complains of Dyspnoea		
		Palpitation Vertigo Pain Fatigue Sweating		
		Headache on exertion		
	Pulse	at rest 80		
	Physical Examination	Diffuse apex beat but no enlargement of Heart Systolic murmur at Apex and heard at pulmonary area		
	Lung examination	neg. some cyanosis of lips		
Clarence				
Hoover	Complain of dizziness, Bands somewhat			
6/11/17	Constipatal.	open		
		L. H. Munn		

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Bushy Park

7.11.17

Systolic murmur at 2nd. C. Cart. ~~L. limit of dullness.~~

Heart - L. limit of dullness to the L.W. Line.

9 cm from mid sternum.

Systolic murmurs in all areas.

Can Eng. P.B.

(To be attached to Case Sheet.)

Military Hospital

ORPINGTON

No. 195214

Rank and Name

(To be attested)

Smith J. J.

Age 21

Service.

2. fear

Disease

Y. D. A.

Date of admission

20 SEP 1917

Date of discharge

18 . 10 . 17

Result

Consalesan

Dates of

Observation

Days of Disease

Temperature

Fahrenheit

107

106

105

104

103

102

101

100

99

98

97

Pulse per Minute

Respirations per

Motions per 24

Signature _____

W. S. Jamieson & Co. Inc.

In charge of case.

PROCEEDINGS OF A MEDICAL BOARD ON THE
SOLDIER MENTIONED IN PART I.

11. Is the disability fully indicated in Part I.(1)
If not, indicate it.

Yes.

12. Is the cause of the Disability fully indicated in Part I(2)
If not, indicate it.

Yes.

13. Was the disability caused Negligence of (Caused No.
or aggravated by-- the soldier (Aggravated. No.

14. THE ENTIRE DISABILITY:- Not applicable.

15. THE PENSIONABLE DISABILITY:- Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (11)

(1) Is it permanent?

(11) If not permanent, what is its probable minimum duration?

Not applicable.

17. If an operation was advised & declined do you consider the
refusal to have been unreasonable?

Not applicable.

18. REMARKS

19. Recommendation: (a) Fit for Duty No. be raised in 6 months.
(b) Fit for Base Duty Yes. B.111. not likely to
(c) Invalid to Canada? No.
(d) Discharge from service as permanently unfit? No.

Date of Board.. 19.3.18....

Signatures of the Board:

Station;.. Somerset Barracks.

Not legible.
(Sgd) George Hooper, Capt.

APPROVED. A. Archibald (Sgd)
Capt.

Date. 22 Mar. 1918.

6. HISTORY OF THE CASE:-

In 1914 had an abscess in neck. Dr. told him then he had a heart murmur. In France a year-3 months at the front, 9 months at the Base. Evacuated with P.N.O. In Hospital about three months. Diagnosis changed to V.L.H. and then to D.A.H. Has been doing room orderly work since Nov. 1917. Complains of palpitation, nervousness, pains, shortness of breath and dizziness.

7. PRESENT CONDITION:-

Very poorly nourished. Debilitated looking boy. Does not look strong enough to do anything. Weight about 110-115 lbs. Heart, at rest 96. Touch toes 10 times-30. In three minutes 106. Has a rough systolic murmur at apex left border in nipple line. Chest-right axillary. No other apparent disability.

8. OPERATION: (1) Was one performed?
 (2) If so, state what,
 (3) Was one advised & declined?

No.

9. (1) Is there loss or decay of teeth attributed to Active Service?

No.

(11) If so, describe.

Yes.

One extracted.

10. DO YOU RECOMMEND?

- (a) Fit for Duty?
 (b) Fit for Base Duty?
 (c) Invalid to Canada?
 (d) Discharge from the Service as permanently unfit?

Yes. B.I.II. not likely to be raised
 No. in 6 mos.

Date of Report.....191

Signed.....
 Officer in Med.Chge.of Case

Station.....

19.3.18.

B.M.Henry, Capt.

I have satisfied myself of the general accuracy of the above Report, and concur therein.

.....)Officer i/c Hospital.

Dated at..... Station.....191

(Sgd)

F.A.H. Falls, Capt.

Delete if inapplicable..

Somerset Barracks
 Shorncliffe.

19.3.18.

(Copy E.S.)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bushy Park, 15-11-17.

No. 195214 Rank Pte.

Name Smith, J.J.

Overseas Unit. Can. Eng.

Age. 21.

Examination held at The King's Red & Special Hospl. Bushy Park, Hampton Hill.

DISABILITY. D.A.H.

PRESENT CONDITION.

Poorly nourished individual. Has been losing weight last three months. Slight cyanosis of the lips. Diffuse apex has faint beat systolic murmur at the apex and also in aortic area. Patient is short of breath and troubled with precordial pain. Heart-left limit of dullness in the left nipple line 9 c.m. from the mid sternum.

BOARD RECOMMENDS:-

1. Fit for Duty.
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty. weeks'
4. Fit for Permanent Base Duty. B.2.
5. Discharge.

Signatures:- L.M. Murray, Major, CAMC. President.
E.H. Exres, Capt. CAMC. Members.
E.H. Perry, Capt. CAMC.

APPROVED.

Dated 15-11-17.

(Sgd) L.M. Murray, Major. ~~Major~~
for A.D.M.S.

Form DMS1312. AFB.179 Canada

Reg.No..... RankSurname.....Chr.Name.....
Unit (Overseas).....Pte.....(In United Kingdom).....John James.
Born at-Town.....5th C.B.....County.....Country.....C.A.S.O.H.Q.
Date of Birth-Day.....Month.....Year.....Age.....England.....mos.
Joined at.....3.....Aug.....Date.....1896.....21.....7.....
Former trade or Occupation.....Peterborough Ont.....10.10.15.
Permanent marks or peduliarities that will serve for future
identification;

Height.....5' 6".....in.....Colour of eyes.....Brown.
Signature of soldier.....J. J. Smith.

MEDICAL REPORT.

1. DISABILITY:- Group (a)
Group (b)
Group (c) **Risk V.D.H.**
2. CAUSE OF DISABILITY:* **Debility.**
Mil. Place of origin Date of origin
Group (a)
Group (b)
Group (c) **Infection-unknown, Canada Prior to enlistment.**
3. Is the disability due to disease received **Constitutional.** Prior to enlistment?
(1) As to Group (a) above? If yes, has Act.Serv.Aggr.it?
(2) As to Group (b) above? " " " " " " " "
(3) As to Group (c) above? **Yes.** " " " " " " " " **Yes.**
4. Is the disability due to disease received while on Active Service?
(1) As to group (a) above?
(2) As to group (b) above?
(3) As to group (c) above? **No.**
5. If a cuase of disability was an injury received on Active Service was it received?
(1) While on duty? (2) While off duty?
(3) Was a Court of Inquiry held? **N.A.** (4) Where? **N.A.**
(5) When? (6) Opinion of the Court

Filing

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Port Henry DATE 23-5-18.

1. 1 (a) Unit #3 C.C.D.D. (b) Regimental No. 195214 (c) Rank Pto.
 (d) Surname Smith (e) Christian name John James.
 (f) Home address 95 Rudbridge St. Peterboro.
 (g) Next of Kin (h) Relationship
 (i) Address of Next of Kin

2. Age last birthday 21 years Date of birth August 3rd, 1896.
 3. Enlistment, or Appointment (if an Officer) (a) Place Peterboro, Ont. (b) Date Oct. 29/15.
 4. Personal description:
 (a) Height 5' 6" (b) Weight 110 lbs. (c) Complexion Fair.
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
Nil.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	PERIODS	
	From	To
Invalided to Canada. (SICKNESS).		
Canada	Oct. 10/15. Sept. 8/17. Mar. 1917. Apr. 29/18.	Sept. 8/16. Mar. 1917. Apr. 29/18. Date.
England		
France or other theatres of War		
<u>Has he been Overseas. France 3 years</u>		

7. Original disease, or injury

- (a) Date of origin Dr. told him in/17 that (b) Place of origin Peterborough
he had slight heart murmur.
 (c) Cause Not known.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

V.D.H.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

SUBJECTIVE:— Man complains of extreme shortness of breath on slight exertion. Says he cannot walk one mile without stopping to rest. Says hands and feet always feel cold. Says he had numerous dizzy spells, especially after climbing up steps. Says he sleeps and eats poorly. Has palpitation.

OBJECTIVE:/ Man poorly developed and poorly nourished. Apex beat just internal to nipple line. Rough systolic murmur heard at apex and transmitted to axilla. Pulse at rest 100. Rises to 135 after 2 min. rest 110. Marked thrill over precordial region.

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... Cardio-Vascular System..... Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

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

Nil.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

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

11.—(a) Did the disabling condition have its origin before enlistment?

Previous to enlistment from History.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

90%.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitals France and England.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations. Category "B" for Discharge.

(Sgt) E.O. Williams, Capt. AMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

(Sgt) J.J. Smith.

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)	No.
(b) Service abroad, not general service,	(" B)	(Yes or No.)	No.
(c) Home service (Canada only),	(" C)	(Yes or No.)	No.
(d) Temporarily unfit.	(" D)	(Yes or No.)	No.
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	Yes.

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Category "E". Some disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd) M. Delgale, Capt. MRC. President.

PLACE. Kingston, Ont.

Edward Ennock, Capt. AMC

Members

DATE. May 25/18.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

Members

DATE.....

APPROVED BY

APPROVED BY

(Sgd) M. Craig, Capt.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE. May 24, 1918.

DATE.....

88-5-491
(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE 23-5-18.

1. (a) Unit #3. C.C.D.B. Regimental No. 195214. (c) Rank Pte.
(d) Surname Smith. (e) Christian name John James.

2. Age last birthday 21 years. Date of birth Aug. 3rd, 1896.

3. Enlisted at Peterboro, Ont. on Oct. 10th, 1915.

4. Personal description :—
(a) Height 5' 6". (b) Weight 110 lbs. (c) Complexion Fair
(d) Colour of hair Brown. (e) Colour of eyes Brown. (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners) 95 Rubridge St. Peterboro.

6. Former trade or occupation Farmer.

7. (a) Service

	PERIODS	
	From	To
Invalided to Canada. (SICKNESS) 93rd. Bn. 5th. C.I.P. P.B. Engineers. No. 3. C.U.	Oct. 10/15.	Sept. 8/16.
	Sept. 8/16.	Mar. 1917.
	Mar. 1917.	Apr. 29/18.
	Apr. 29/18.	Date.

(b) Has he been overseas? France 1 years.

8. Present disease or disability (use authorized nomenclature if possible) V.D.H.

(a) Date of origin Dr. told him in/17 that he had slight heart murmur (b) Place of origin Peterborough.
(c) Cause* Not known.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

SUBJECTIVE - Man complains of extreme shortness of breath on slight exertion. Says he cannot walk one mile without stopping to rest. Says hands and feet always feel cold. Says he has numerous dizzy spells, especially after climbing up steps. Says he sleeps and eats poorly. Has palpitation.

OBJECTIVE - Man poorly developed and poorly nourished. Apex beat just internal to nipple line. Rough systolic murmur beat heard at apex and transmitted to axilla. Pulse at rest 100. Exercise for 1/2 min 135 after 2 min rest 110. Marked thrill over præcordial region.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? Previous to enlistment from History.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Yes.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

90%.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitals France and England.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations.

Category "E" for discharge.

capt. AMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. J. Smith
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

- | | | |
|---|---------------------------|------|
| (a) General service, | (Category A) (Yes or No). | No. |
| (b) Service abroad, not general service, | (" B) (Yes or No). | No. |
| (c) Home service, (Canada only), | (" C) (Yes or No). | No. |
| (d) Temporarily unfit, | (" D) (Yes or No). | No. |
| (e) Unfit for service in Categories A, B and C, (| (" E) (Yes or No). | Yes. |

23. It is certified that the soldier

- (a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should not pass under his own control~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "E". Some disability due to service.

+

TO BE COMPLETED WHEN TREATMENT IS REFUSED

W. B. J. J. J. Capt. AMC. President

Edward J. J. J. Capt. AMC. Members.

STATION Krynston, Ont.

DATE May 23/18.

APPROVED BY

MAY 24 1918

DATE

W. C. J. J. Captain A. M. C.
Assistant Director of Medical Services.

For A. D. M. S. District No. 3.

APPROVED BY

DATE

General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. H. K. Lewis and Sons.

NAME

Smith, John James

S.S. His 1-6-18. auch
rt II 56 of 12-6-18 #3 h. h. 10.

RANK & No.

Pte.

198214

CORPS

93rd

Batt.

ENLISTMENT, PLACE

Peterborough.

DATE

Oct. 20th, 1915. S.

FORMER CORPS

Pil.

COUNTRY OF BIRTH

England, Liverpool.

NEXT OF KIN

Smith, Stephen (Brother.)

ADDRESS OF NEXT OF KIN

R.R. No. 2 Longwood, Ont.

DISCHARGE, PLACE

DATE

Sailed from Halifax Per S.S.

R/C. 30-4-18. ¹⁷¹/₁₇ 3

"Empress of Britain"

M.F. W. 22. 100m. - 9-15.

L. L. 85779-M. & D.-6011.

15-7-16. ⁴⁷⁵/₁₈

H. Q. 1772-39-839.

com

REMARKS:

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A305	Sir. Rest Spat	11-1-17	V. S. H. Gen. Debility
A305	" Disch.	11-1-17	"
A436	101 Can. Gen., Esaffes	29-7-17	P. V. O. & French Surge
B21-1	Ont. Mil Orpington	21-9-17	French Surver ^{1stly One Regt}
B22-1	2 Mil Old Rk Canterbury	15-9-17	P. H. O.
	Entry B. 22. should read before B. 21. as B. 21. is later information as per. Cas. list B. 24.		
B335	Ont. Mil Orpington		
B338	Ch. B. Bromley	11-10-17	V d O H.
B46	King's Can. Con. B. P. R.	18-10-17	" " "
B77(2)	Discharged	21-11-17	" " "

THE KING'S CANADIAN RED CROSS
CONVALESCENT HOSPITAL
ADMITTING CARD.

B2784-8

Regt. No. 195214 , A. & D. No. T2243-8
Rank Spv.
Name Smith J. J.
Corps Can Eng.
Religion Pres. Age 21
M. H. Rec'd M. H. Requested M. H. Ret'd
Disease V.D.N. 24/12 12/12.
Admitted 17-10-17. C.C.N. Bromley
Discharged 24/11/17. C.E. R. D. Seaford.
Place in Hospital Clarence House 29-10-17.
Transferred
Results 35. BII

REMARKS:

Heart - left limit of dullness the R. nipple line.
9 cm. from the mid sternum. systolic
murmurs in all areas. Boarded. B2.
15.11.17

Name Smith, John James Rank Private.

Reg. No. 195214

Unit 5 R C. M. Co.

Next of Kin Canada.

Mise

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11.1.17	No 8 Co. I. A.		V.D.H. Genl. A.305.			
11.1.17	Discharged. (To P.B. Duty. Home)		(No.) A.305			
29-7	No 11. Canadian G.H. Etaples	PUO Tr. Fever	A436			
24-9	Ontario M. Co. Orpington		do	B21		
15-9	2nd M. H. Old Park Canterbury		do	B22		
	(Note:- This entry shd. read previous to entry on B.21.)					
11-10	Can Con H - Bromley		do	B38		
18.10	H.C.R.C. Con Bushy Park		do	B46		
21 11	Discharged		do	B77		1580

[illegible]

132184-8 HOSPITAL.

A. & D. No. 12243-8 AT

ADMITTED 17-10-17 DISCHARGED John James WARD No.

REGTL. No. 195214 RANK Sgt NAME Smith J. J.

UNIT Can. Eng. TRANSF'D FROM C.C.N. Bromley

DIAGNOSIS N.S. N. DIAGNOSIS
CHANGED

M.H.S. WRITTEN FOR

0 M.H.S. RECEIVED

FINAL DISPOSAL OF M.H.S.

DATE

TO

DATE

TO

DATE

TO WHOM SENT

17-10-17

C.C.N. Bromley

21-11-17

Asst. Representative

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c FLOOR WARD ON 191

RECEIVED FROM M.O. COMPLETE 191

REMARK8.

OTHER DOCUMENTS (Board Papers, Charge Shee.s. etc.)

LEDGER No. 7566

SERIAL No. B 11673 ✓

REG. NUMBER 195214 NAME Smith, J. J.

RANK E1 Pfc CORPS 93rd Bn

AGE 22 SERVICE 18/12

NAME OF HOSPITAL Queens Hill PLACE Kingston

DATE OF ADMISSION 30-9-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit 12-10-18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

No. *198214* RANK *pte*
198214 Mar. pay list -

NAME *Smith John J.*

T. O. S.

UNIT *93rd Battalion*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915-</i>	<i>1915-</i>			
<i>Nov. 1</i>	<i>Nov. 30</i>	<i>✓</i>		
<i>1916</i>	<i>Dec.</i>	<i>✓</i>		
	<i>1916</i>			
	<i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
<i>July 1</i>	<i>July 15</i>	<i>✓</i>		
<i>July 16</i>	<i>July 31</i>	<i>✓</i>		
			UNIT SAILED JUL 15 1916	

mom
Number

Home
195214

Rank

P15

Surname

SMITH

Christian Name

John James

Units

5th CMB

Theatre of War

France

Date of Service

8-9-16

Remarks

Latest Address

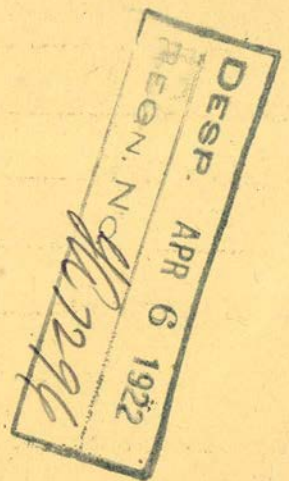
~~95 Rutbridge St-
Peterboro Ont~~

Roll No.

31 Page 12103

200m.-2-21.M.

Cedar Dale, P.O.
Oshawa, Ont.



Surname **Smith** Christian Name or Names **J.J.** Reg. No. **195214**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
 Pte **5th C.M.R.** *1st Que. Reg.*
 Hospital _____ Date of Admission _____

Transferred **S.C.F. Amb.. 11-1-17** Hosp. _____

1 Can Gen & tapes Hosp. *29.7.17*
Out: Mil. Hos. Exnington Hosp. *21.9.17*
2 Mil. Hosp. Old Park Canterbury Hosp. *15.9.17*
Can. Con. Bromley. *4 11-10-17*

Diagnosis **V.D.H. & Gen Debility**

(1) Later Diagnosis (if changed)

P.M.D. & French Fever. B

(2)

V.D.H. Rm

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.I. 5-2-17 A305 Dis 11-1-17 REMARKS

14.8.17 A.H.36

27.9.17 B21(1)

28.9.17 B32

1. 10. 17. B22. (2) No C.B. B22 note this entry should appear in even to B21.

" 17-10-17 B38(2)

28-10-17 B46-1

Dis. - 21-11-17.

1-12-17 - B77(2)

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

10/11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Kings Can. R. C. C. H. Bushey Pk.

18-10-17

2.

3.

4.

5.

6.

7.

*Name *Smith John J.* Rank *Pte* Regtl. No. *195284*
 Original unit *93 Bn* Present unit *3 Cb* or S. Age *21* Religion *Pres* Fyle Depot
 Port, ship and date of arrival *Halifax Argentina 30/4/18*
 Next of kin *Brother S. Smith 9, A Staples Kimble*
 Address on leave *same as above* *Ant*
 Address on discharge
 Transportation issued ^{Yes} No ^{Character on} Date ^{discharge}
 Previous occupation *Farmer* Date and place of enlistment *Peterborough Oct 10th 1915*
 Diagnosis *sicklers* Date of Medical Boards *19/3/18*

Date.	Remarks.	Pt. 2 Order No.
<i>30/4/18</i>	<i>T. O. S no 3 Casualty Coy</i>	<i>D.O. 2816</i>
<i>31/5/18</i>	<i>A.O.S. Dis. Sect. B1-5-18</i>	<i>C.E. no 44.</i>

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5056-102

16966-J-80

Name Smith, John James
Surname Christian Name

Regimental Number 195214 Rank Pte.

Address (in full) 95 Rubridge St.,
Peterboro, Ont.

Unit 93rd Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 1-6-18.

P. D. P. Filing Number 8-127-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid	
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days			
100 10	2496	5-6-18	33 00	2399	5-7-18	33 00	2129	5-8-18	34 10		100 10	
<p>1st 5.7969 20 1/4 70 00</p> <p>2nd 4.2495 4/3/19 71 00</p>												

M. F. W. 127.
68M -6 17.
1772 39-1140.

Remarks:

346. Aylmer St.
Peterboro
Ont.

Dec'n No 5056/102 File No 0169466-J-12

Award days at \$ 70.00 per Mo \$ 350.00

3. A. months at \$ per mo. \$ \$ 100.10

Less P, D, P. Credited \$

Less further debit balance \$ 249.90

Net due paid as below

TO SOLDIER				TO DEPENDENT			
O	g. No	Ch No	Amount	An No	Ch No	Amount	
1	558	7969	70.00				
2	755 A	24395	70.00				
3	311 B	411121	70.00				
4	325 B	448371	39.90				
5							
6							
Total				Total			

20/2/19
4/3/19
7-4-19
3.5.19

GEN'L AUDITOR
Posting checked
[Signature]
Date 1.8-10-19

HL

* Strike out whichever inapplicable

UNIT AND TRANSFERS SEP 14 1918

ORIGINAL UNIT:- 93rd Bn

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
DD 10-12-1-18	1-2-18		Cash R.O.D.
	1-5-18.	21-5-18	N.E. G.

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
23-2-18	2137	Cash £2-0-0	973				
23-2-18	2467	1-0-0	487				
20-3-18	2754	2-0-0	973				
5-4-18	27	3-0-0	1460				

DAILY RATES OF PAY AND ALLOWANCES

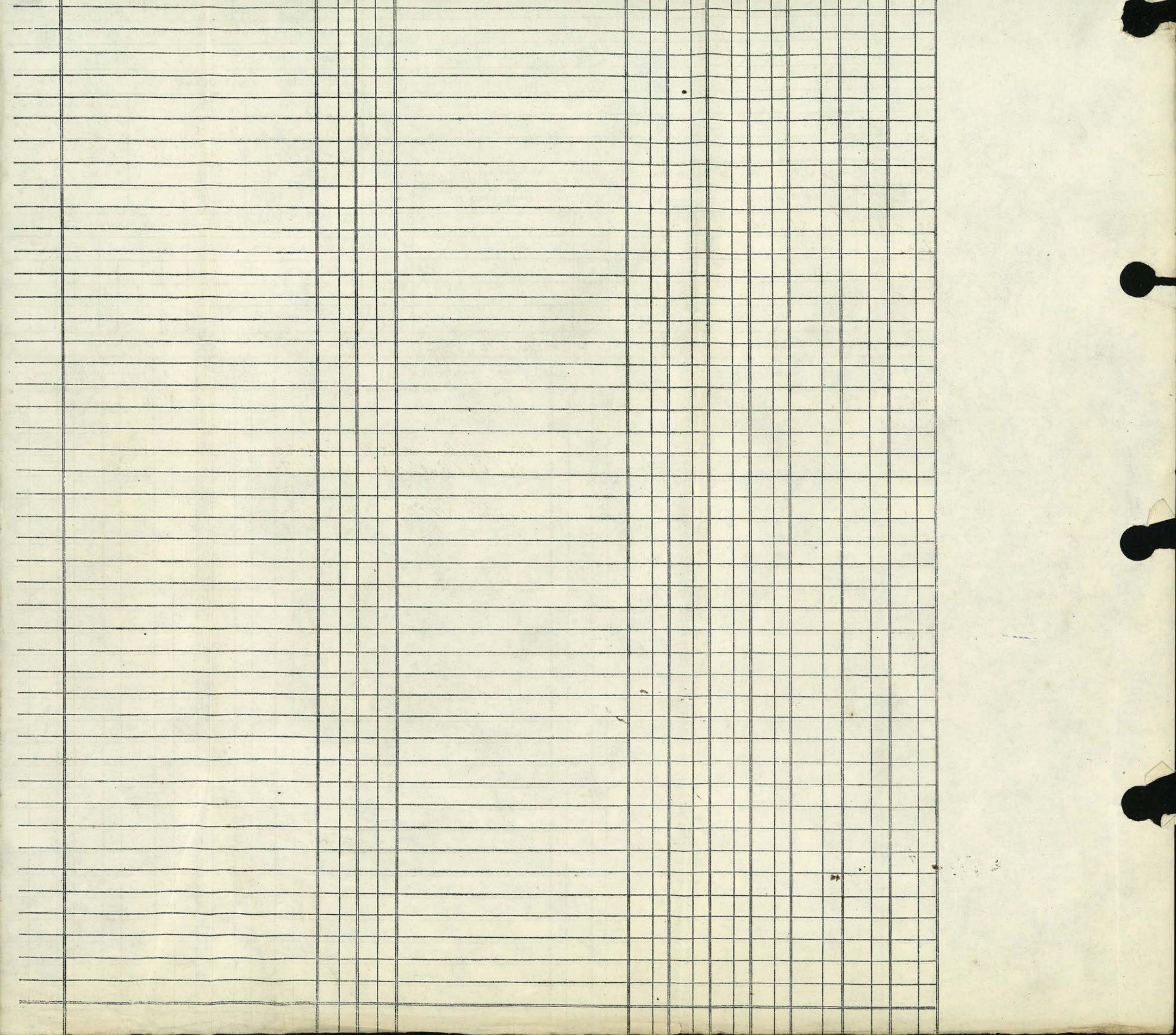
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Disch'd to Canada 8/4/18. Cable 217. 7/2/18. Farmer

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	by Bal Ford								41702		
April	P.P. 1-8	880							42582		
				A.R. 276.0 S.C. 8/4/18 (511)	1460				41122		
				" 1666.6 W.D. Buxton 20/4/18 (517)	973				40149		
		880			2433						
June				Sailing Bal 4/18. 25/4/18. (9)	40149						
					40149						

[illegible]



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

AUTH

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		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				NO	DATE	NO.	DATE	NO.	DATE
1916																					

P. 830-25M-21-2-18

LAST PAY CERTIFICATE.

1. L.P.C. Issued, date 8.4.18 2. Authority 645654.18. table 217.7.2.18
3. Discharged to Canada 4. Pay Book Verified 8.4.18
5. Balance shown on L.P.A. \$ 411.22 6. Balc. shown on Ledger Sheet \$ 450.15
7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
2137	23.2.18	L2-0-0	973	
2467	9.3.18	1-0-0	487	
275(2)	20.3.18	2-0-0	973	
27	5.4.18	3-0-0	1460	
3893			3893	

8. Ass'd Pay Cancelled A3M forms rendered
or
9. Sep. Allce. and Assd. Pay continued to dependent in
England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group "G"

[illegible]

[illegible]

NAME OF HOSPITAL _____

NAME _____

IF IN PERMT. CORPS }
WHAT UNIT }

UNIT

TRANSFERRED TO

DATE _____

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSEFERRED TO

DATE _____

AUTHOR:

PLACE OF ATTESTATION

TRANSFERRED TO

DATE 1/14

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE _____

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

Cable 217. 7/2/18. Farmer

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

[illegible]

[illegible]

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
							990		
							4		
							180		
2 67							195		
2 68				5 35	360 97				
3 35					393 97		240		
							1575		
ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEPR. SER. REQ. ALLGE. PAY ENG.



Library and Archives
Canada
395 Wellington Street
Ottawa, ON K1A 0N4

Bibliothèque et Archives
Canada
395, rue Wellington
Ottawa, ON K1A 0N4

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