

1918-8-19

REGIMENTAL DOCUMENTS

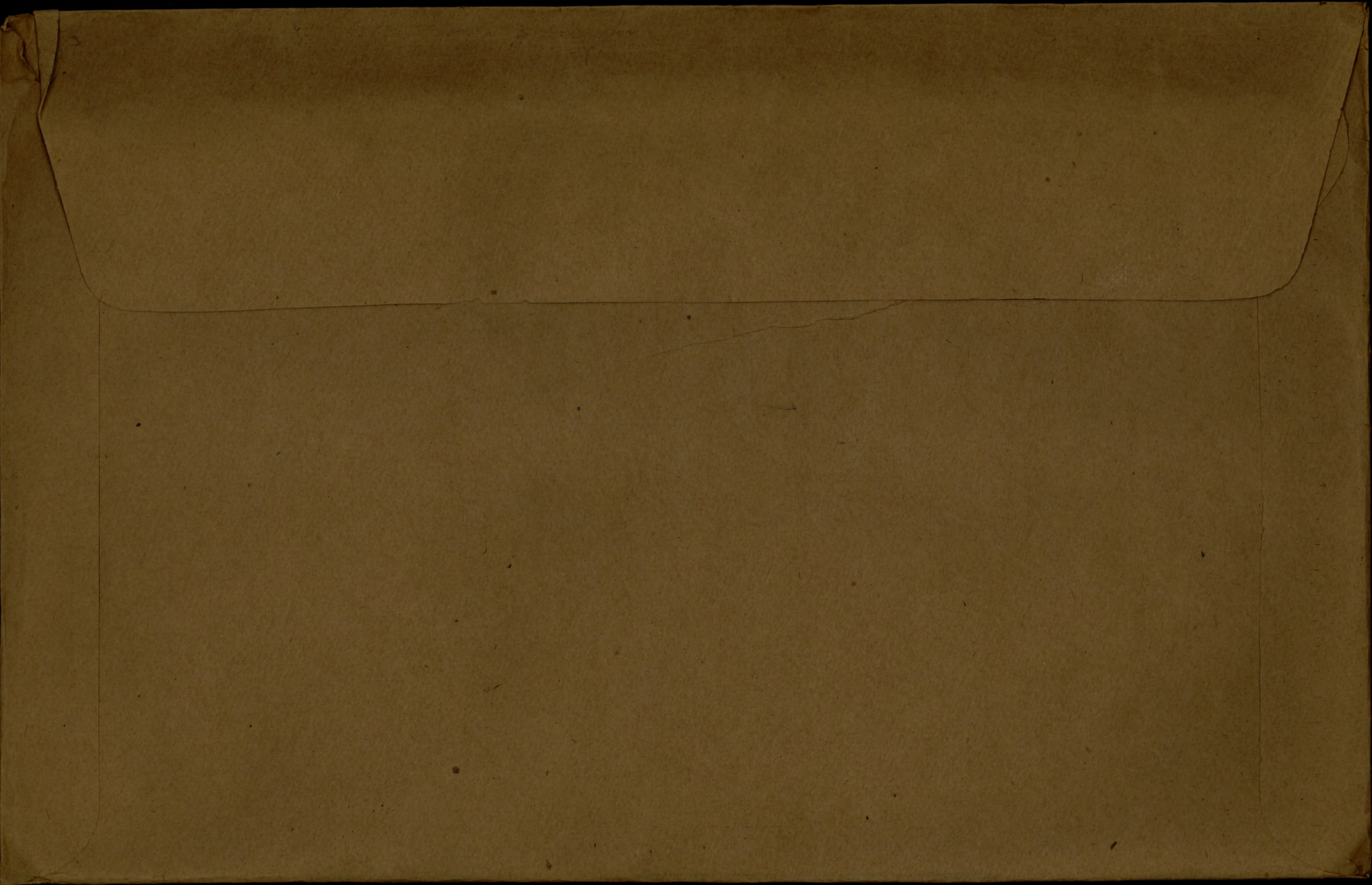
4173

NAME ALEXANDER, JAMES, RUTHEFORD REGT. NO. 33 10 389 UNIT 2nd Div. C. I. P. H. Q. FILE NO.

33
S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		C			DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				DISCHARGE	
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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				<i>Demob.</i>	
1 MEDICAL EXAMINATION (M.F.W. 129)			H		
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1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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3



ORIGINAL

M. D. Depot Battalion **2nd. DEPOT BN. 2nd. C. O. R.** Regiment

Regtl. No. ~~5310389~~
3310389

M.S.A.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname..... **ALEXANDER**

2. Christian name..... **James Rutherford**

3. Present address..... **R. R. #1, Waterdown, Ont.**

4. Military Service Act letter and number..... **Waterdown, Ont. 503391**

5. Date of birth..... **August 11th, 1897**

6. Place of birth..... **Galashiels, Scotland**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Presbyterian**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **Maggie Alexander**

11. Relationship of next-of-kin..... **Mother**

12. Address of next-of-kin..... **Gilling East, Malton, Yorkshire**
England

13. Whether at present a member of the Active Militia..... **No**

14. Particulars of previous military or naval service, if any..... **No**

15. Medical Examination under Military Service Act:—
(a) Place **Hamilton, Ont.** (b) Date **November 7/17** (c) Category **A 2**

Rutherford DECLARATION OF RECRUIT

I, James/Alexander, do solemnly declare that the above particulars refer to me, and are true.

James Rutherford Alexander (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	20	yrs.....	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....	5	ft.....	9 1/2 ins.	
Chest measurement } measurement }	fully expanded.....	37	ins.	} Rash on back
	range of expansion.....	3	ins.	
Complexion.....	Ruddy			} left varicocele
Eyes.....	Brown			
Hair.....	Brown			

W. J. Davis
O. C. Depot Btl. **2nd**
2nd C. O. R. Regt.

Place **Brantford, Ontario.** Date **January 16th, 1918.**

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3310389 (Rank) Lance Corporal
Name (in full) James Rutherford Alexander enlisted in
the 2nd Depot Coy, 2nd C.O.R.
CANADIAN EXPEDITIONARY FORCE at Brantford, Ont. on the 16th
day of January 19 18.
HE served in Canada
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 <u>21 yrs. 6 mths</u>	Marks or Scars <u>Rash on back</u>
Height <u>5 ft. 9 1/2 in</u>	<u>Scar 1/2" on right knee.</u>
Complexion <u>Ruddy</u>	<u>Left varicella</u>
Eyes <u>Brown</u>	
Hair <u>Brown</u>	


J. R. Alexander
Signature of Soldier

R. M. M. M. M. M.
Issuing Officer

Captain D.A.P.M.
Rank

Date 6th August 19 19

Date of Discharge AUG 6 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.

CASE HISTORY SHEET.

9.

BASE

TORONTO

Hospital.

Station.

No. 3310389 Rank Cpl Name Alexander, J. Age 21
 Unit 1/2 Co R Completed years of service 10 1/2 Where and how long Can
 Date of admission OCT 21 1918 Date of discharge 31/10/18
 Diagnosis Flu Place of origin Es Camp

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints Headache
Fever
Slight Cough
Pain in back

Oct. 23/18 Chest clear, slight cough

Nov 1st Feels well only weak

6-11-18 discharge permit must recommended for leave.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

Routine
1/11/18 Syphilis negative

TREATMENT.

(Especially any specific or special form.)

Transfer to Guelph. 31/10/18.

CONDITION ON DISCHARGE.

(and disposal made of case.)

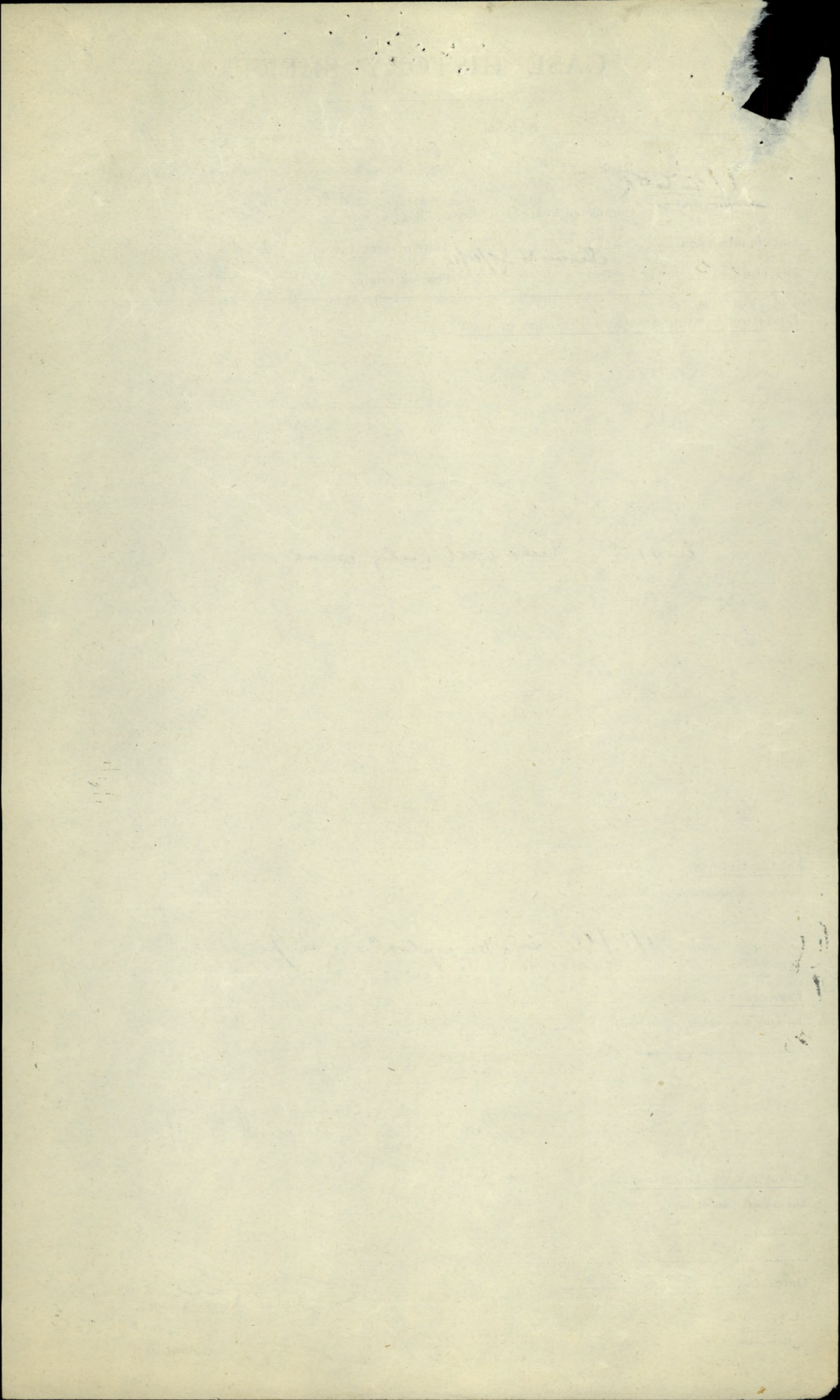
Good Honor

Recommended 10 days leave.

Date Oct 31/18

[Signature]
 Medical Officer i/c case.

B.12793



CASE HISTORY SHEET.

St Andrews Military Hospital. Toronto Station.
No. 3310389 Rank L/corpl Name Alexander J R Age 21
Unit C.M.P.C. Completed years of service 1 year Where and how long Canada
Date of admission February 2nd 1919 Date of discharge Feb 21/19
Diagnosis Influenza Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaint: General pains; sore throat; tenderness both sides of neck; frontal headache
Duration: - One day.
Previous Illness: (1) Influenza in August 1918 Hoop jabs
(2) Influenza " Jan 1919 Hoop jabs
(3) Bronchitis in childhood
(4) Scarlet fever when 15 yrs of age.
Examination: Patient in bed, face flushed, glands in side of neck swollen slightly and tender. Teeth in good condition; tonsils slightly swollen & inflamed.
Respiratory system: normal
Circulatory " "
Alimentary " "

5-1-19 Color light Amber
Reaction Acid
Spec Gr. 10.21
Alb - neg
Sugar - Neg.

Feb 5 - Complaints of neuralgia left side of face, slight tenderness over anticum.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) Feb. 10 pain behind left eye; no pain on pressure over frontal bone.

TREATMENT.

(Especially any specific or special form.)

CONDITION ON DISCHARGE.

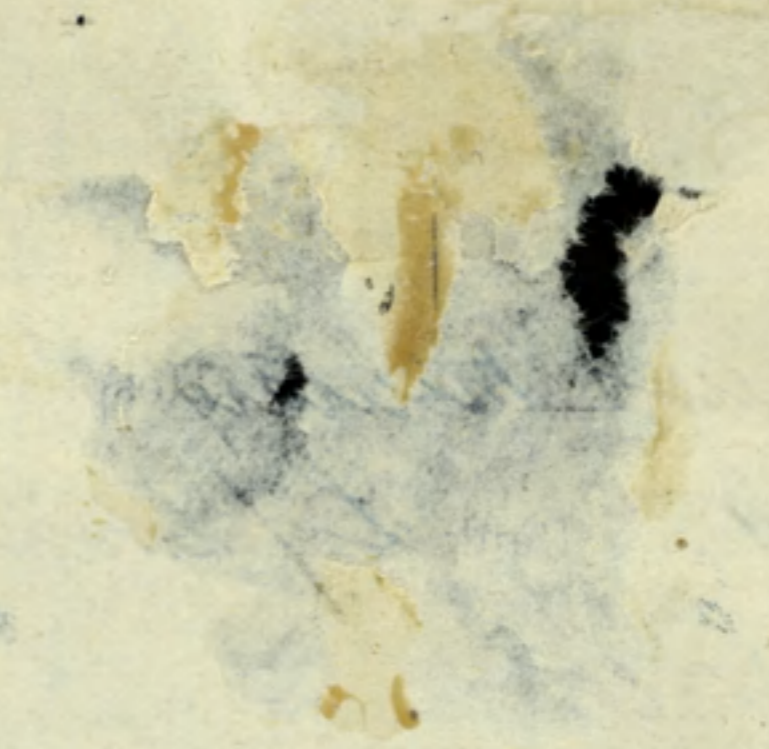
(and disposal made of case.)

All systems normal

Date.....

D. D. Davis Capt
Medical Officer i/c case.

THE HISTORY OF



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[Faint handwriting at the bottom of the page, possibly a signature or name.]

102. 112

CASE HISTORY SHEET.

St Andrew Military Hospital. Toronto Station.
 No. 3310389 Rank Pte Name Alexander, I.R. Age 21
 Unit CMPC Completed years of service 0 Where and how long @ 1 year
 Date of admission 14. 1. 19 Date of discharge Jun 23/19
 Ward 105 Diagnosis Influenza Place of origin Toronto

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint: Intermitting headache & general pains; sore throat.
Duration: Jan 13/19
Exam: - Tonsils large & slightly inflamed. general impaction of pharynx. Heart & lungs are clear. Pulse regular.
Genito Urinary:

16-1-19.

Urinalysis
 Reaction Acid
 Spec Gr. 1031
 Alb. neg.
 Sugar. neg.

Jan 20 Condition much improved; throat about clear; no headache or pains.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

Q. Davis Capt
 Medical Officer i/c case.

B.12415

CASE HISTORY SHEET

Name: *[Faint handwriting]*
 Rank: *[Faint handwriting]*
 Grade: *[Faint handwriting]*
 Date of this case: *[Faint handwriting]*
 Place of origin: *[Faint handwriting]*

[Faint, illegible handwriting]
[Faint, illegible handwriting]
[Faint, illegible handwriting]
[Faint, illegible handwriting]
[Faint, illegible handwriting]

10-1-19
 [Faint handwriting]
 [Faint handwriting]
 [Faint handwriting]

[Faint, illegible handwriting]
[Faint, illegible handwriting]

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CLINICAL CHART.

Corps Infantry Hospital Station Andrews
 No. 3310389 Rank and Name Lt Col Alexander Age 21 Service 1 Year Canada
 Disease Influenza Date of Admission Dec 2nd 1917 Date of Discharge Feb 21/18 Result Cured Serial No. A. & D. Book _____

Dates of Observation	Days of Disease																													
	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
106°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
105°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
104°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
103°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
102°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
101°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
100°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
99°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
98°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
97°	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6	4	2	8	6
Pulse per Minute	96	112	97	84	80	80	72	67	78	72	71	72	71	72	71	72	71	72	71	72	71	72	71	72	71	72	71	72	71	72
Respirations per Minute	24	20	20	22	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20	18	20
Motions																														

Signature W. J. Davis Capt In charge of case.

27/10/1916

27/10/1916

100
 105
 108
 109
 109
 100
 101
 Discharge
 Copy

27/10/1916
 27/10/1916
 27/10/1916

FRANC JACIMIC

DENTAL HISTORY SHEET

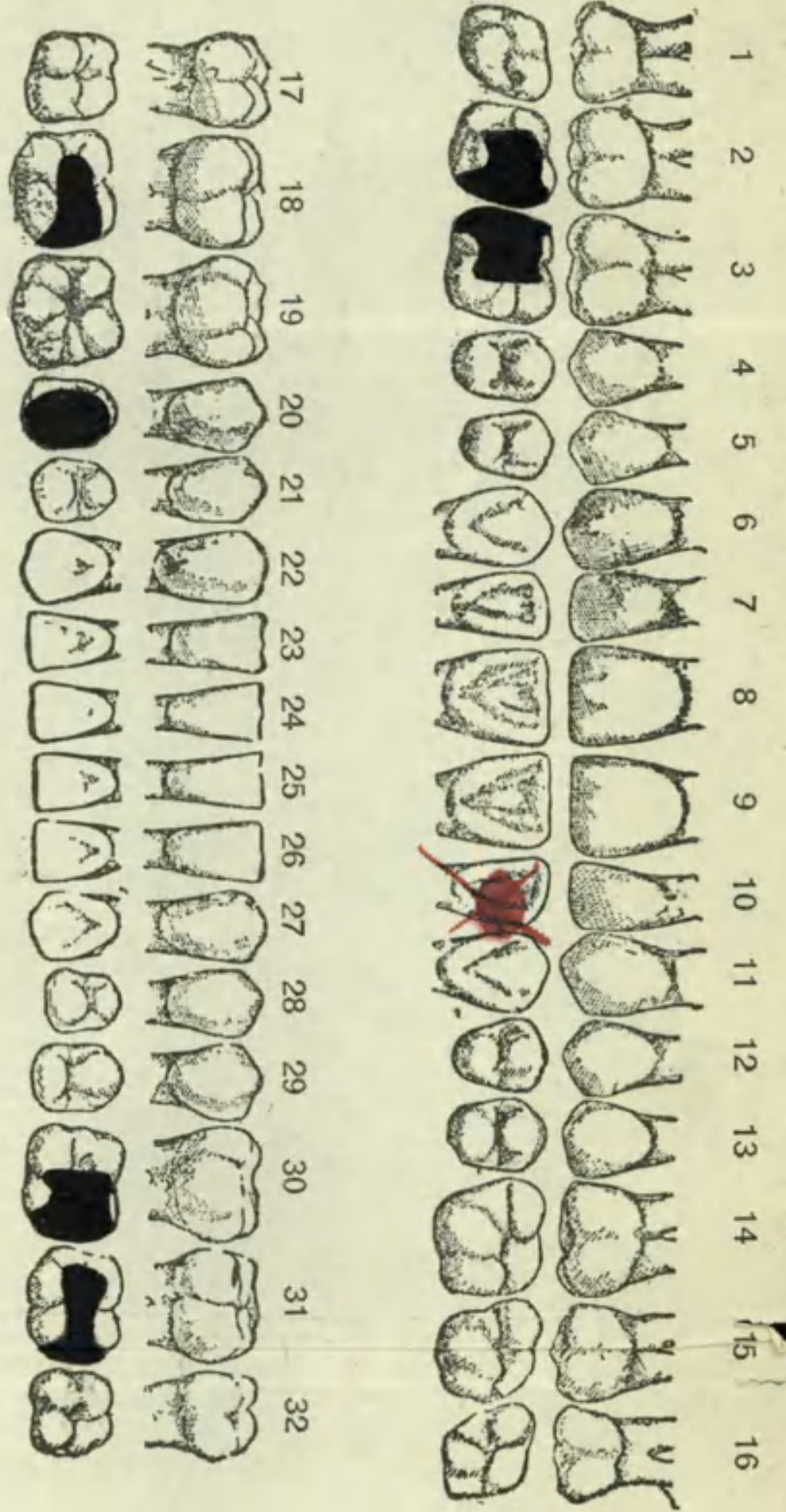
CANADIAN ARMY DENTAL CORPS

DISTRICT **#2**

NAME OF SOLDIER **Alexander, J.R., 91 Yates St., St. Catharines, Ont.**

REGIMENT _____ RANK **Ex. Cpl.** No. **3310389**

Condition on first Examination		Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U L P			Gold Clasp	Gold Filling	CROWNS Gold Porcelain		Bridge Work	OPERATOR	Military District	REMARKS
		1930 Aug 14	2 1/2 1 1/2 31				2 3/4 30	18 31	2 3/4 30								20						Proprietary



Referred to Dr. Fitzgerald St. Catharines, Ont.
for examination **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.~~

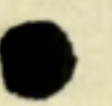
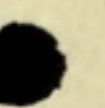
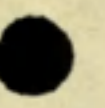
Exam. - 2.00
5 C. and - 10.00
Visit: 2.45 - 10.00
2.45 - 2.00
1 gold. - 10.00
1 gold. - 1.50
35.50

Handwritten notes in red ink, including the word "Список" (List) and several lines of illegible text.

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1132
1132



MEDICAL HISTORY SHEET.

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

1. Surname Alexander Christian name James Rutherford
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 503391
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Box 34, Waterdown, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of November 1917, by the undersigned medical board sitting at HAMILTON, Ontario.

5. Age as stated 20 Years _____ Months. 6. Apparent age _____ Years _____ Months
 7. Height 5 Feet 9 1/2 Inches. 8. Weight 145 Pounds.
 9. Chest measurement { Minimum 34 Ins. 10. Complexion Ruddy { Eyes Brown
 { Maximum 37 Ins. { Hair Brown
 11. Physical development. { Good
 { Fair 12. Smallpox marks _____
 { Poor
 13. Number of vaccination marks { Right arm _____
 { Left arm one 14. When vaccinated last Infancy
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Rash on back.
Left varicocele

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in category A-2 Visual Acuity Rt. D-20
 Lt. D-30
 Hearing normal.

L. A. J. J. J. Member. R. J. J. President. W. J. J. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/2/18</u>		<u>ORAB</u>	<u>29/1/18</u>		<u>ORAB</u> M.O.
			<u>5/2/18</u>		<u>ORAB</u> M.O.
			<u>12/2/18</u>		<u>ORAB</u> M.O.

Joined 16th day of January 1918 at Brantford

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd C. O. R.</u>	<u>3310389</u>		<u>16-1-18</u>
<u>1st W.B.</u>			<u>14-9-18</u>
<u>2nd C.O.R.</u>			<u>25-11-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Green St School</u>	<u>5/8/19</u>	<u>nil</u>	<u>a = worn Rabb Eff</u>

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

Signature of Man J. B. Alexander

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

No.

20. Have you been issued with a War Service Badge? If so, what class?

No

21. Have you, during the present war, served in the Imperial Forces?

No

22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

Not entitled

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England

Not applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

24. Are you now serving in the C.E.F. If not, give:—(a) Date of discharge

No

Aug 6th 1919

(b) Reason for discharge *Demobilization*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

None

Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit

No

(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

No

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *James R Alexander*

Place of Residence: *15 Walnut St Niagara Falls Ont*

Declared before me at: *Toronto*

This *6th* day of *Aug* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

[Handwritten Signature]

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>6-8-19</i>	<i>\$70</i>	<i>\$30</i>		

Certified Correct.

J. W. James District Paymaster.
PAYMASTER, No. 2 DETACH'MT C.M.P.G.

I hereby certify that I have verified the information stated herein with the applicant's Regimental Documents in accordance with D.O. No. 52.

R. M. M. #2.
Capt, D.A. B. for A.P.M. #2.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *James Rutherford* 2. Surname *Alexander*
3. Rank *L/c.* 4. Original Unit *2nd Batt 2nd C.O.R.* 5. Reg. No. *3310389*
6. Address, in full, to which future payments of gratuity are to be forwarded
*15 Walnut St
Niagara Falls
Ont*
7. Date of enlistment in the C.E.F. *Jan. 16th 1918*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Minnie Alexander*
9. Relationship of such dependent *Wife*
10. Present address, in full, of such dependent *15 Walnut St
Niagara Falls Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
No
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *Canada only*
2nd Batt 2nd C.O.R. Jan 16th 1918 - Oct 5th 1918
C.M.P.C. Oct 5th 1918 - Aug 6th 1919
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
2nd Batt 2nd C.O.R. Jan 16th 1918 - Oct 5th 1918
C.M.P.C. Oct 5th 1918 - Aug 6th 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

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. 331038E Rank S. / capt Surname ALEXANDER
 (Give name in full)
 Unit or Corps C.M.P.C. Birthplace James Rutherford Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 143 lbs. Height 5 ft. 9 in. Colour of Eyes brown
 Nutrition Good
 Pulse 74
 Condition of arteries normal
 Vision Rt. 5 20 Left 5 30
 Hearing (conversational voice) Rt. 21 ft.
 Left 4 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Rash on back
scar 1/2" on right knee.
Left varicocoe.

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.

no Varicocoe Venus Piles, Hernia, goitre
urine - no albumen, no sugar.

APPROVED
 AUG 6 1919
J.P. Christie CAPT.
 FOR A. D. M. S. M. D. 2

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Toronto*.....(Canada)

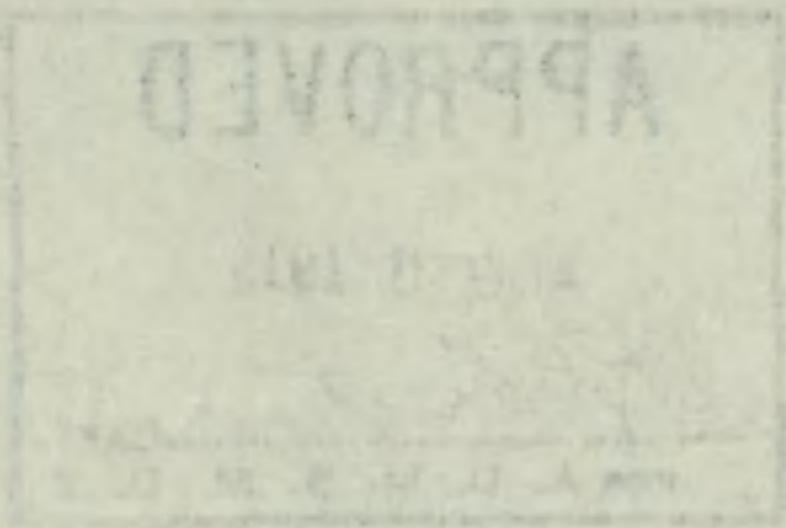
Date *5/8/19* Signed *Wm Robt Eg*.....M.O.

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 *J. P. Alexander*.....

(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]

M.S.A.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 3310389 Rank Pte. Name James Rutherford Alexander
C. E. F.

Enlisted (a) 16/I/18 Terms of Service (a) War & 6 o. Service reckons from (a) 16/II/18

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

Extended Re-engaged Qualification (b) Farmer

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				
3-9-18	PO 246	<p>Promoted to Rank of Corporal</p> <p>S.O.S 2nd. DEPOT BN. 2nd. C. O. R.</p> <p>Trans. 1st D. B. 2nd. C O R /14 9 18</p> <p>Trans. to C. M. P. C from 1st D. B. 2nd C. O. R.</p>	Niagara Camp ont	3-9-18	<p><i>P. J. Cook</i> Lt. & Adj. 2nd Bn., 2nd C. O. B.</p>
August, 6th, 1919.		Toronto, Ont. Discharged on account of Demobilization, Authority, D.O.#218.			
					<p><i>R. M. Miller</i> Capt. D.A.P.M. for A.P.M..M.D.#2.</p>

(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.

LEDGER NO. 8515

2 B. 12793
B 12415, 11411
SERIAL NO.

REG. NUMBER 3310389 NAME Alexander J. R.

RANK Cpl CORPS 1/2 COR.

AGE 21 SERVICE 10/12 Cavado

NAME OF HOSPITAL Base Hospital PLACE Front

DATE OF ADMISSION 2-10-18 2-2-19

DISEASE Influenza Influenza

TRANSFERRED TO OTHER HOSPITALS Transferred to Green St 3-10-18.

OPERATION

DISCHARGED TO 6-11-18 Duty 21 2 19 IN CATEGORY

REMARKS:

⁷ Base Toronto 11-1-19 Influenza

³¹ St Andrews Mel Toronto 2 2 19 Influenza
Dis. 25-1-19
District unit 21-2-19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet.

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

This space to be for numbers.

Proceedings on Discharge.

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

No. *3310389.*

Rank *Lance Corporal.*

Surname *Alexander*

Christian name *James Rutherford*

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) *No. 2 Det. Can. Mil. Police Corps.*

Date of discharge *6th August 1919.*

Place of discharge *Toronto, Ont.*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	<i>21</i> years.....	<i>6</i> months.	Descriptive marks <i>Rash on back.</i> <i>Scar 1/2" on right knee.</i> <i>Left varicose.</i>
Height.....	<i>5</i> feet.....	<i>9 1/2</i> inches.	
Complexion	<i>Ruddy.</i>		
Eyes	<i>Small.</i>		
Hair	<i>Gravel.</i>		
Trade	<i>Farmer.</i>		
Intended place of residence	<i>15 Walnut St. Niagara Falls, Ont.</i>		
(To be given as fully as practicable.)			

2. The above-named man is discharged in consequence of

Authority for discharge..... *Demobilization R.O. 1470*

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.

3. Conduct and character while in the service have been, according to the records, etc.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

No reference to G. C. 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).....

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) Toronto, Ont. J. R. Alexander (Signature of Soldier.)

(Date) 6th August 1919 [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)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

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

(Place) Toronto

(Date) 6th August 1919

(Signature) [Signature]
for DC # 2 Det [unclear]

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.)

Nil

J. R. Alexander

ORIGINAL

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

REGT. No. 3310389 RANK *L/Cpl.* NAME (IN FULL) *ALEXANDER, James Rutherford*

M. OR S. *Married*

NEXT OF KIN <i>Mrs. Minnie Alexander</i> ADDRESS <i>186 Spadina Rd., Toronto, Ont.</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE <i>22-2-19</i>				PLACE OF ATTESTATION <i>Brantford, Ont.</i>	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID <i>as above</i> ADDRESS	RELATIONSHIP <i>Wife</i>				DATE OF ATTESTATION <i>16-1-18</i>	TRANSFERRED TO DATE AUTHORITY
					ASSIGNED PAY \$ <i>20.00</i>	DATE EFFECTIVE
					PAYABLE TO <i>Mrs. Minnie Alexander</i>	RELATIONSHIP <i>Wife</i>
					ADDRESS <i>186 Spadina Ave., Toronto, Ont.</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>15 Walnut St. Niagara Falls Ont</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>Toronto, Ont. 6-8-19</i>	REASON <i>Remobilization</i>
					PLACE <i>Toronto, Ont.</i>	DATE <i>6-8-19</i>
						REASON <i>Remobilization</i>
						AUTHORITY <i>PO. 1420</i>
						IF ENTITLED TO POST DISCHARGE PAY <i>1 month</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.	
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.												\$
<i>1919</i>																										
<i>April</i>	<i>30</i>	<i>1.15</i>	<i>34.50</i>	<i>24</i>	<i>30</i>	<i>167.55</i>	<i>39</i>	<i>11</i>	<i>28</i>	<i>35</i>	<i>33.55</i>	<i>39</i>	<i>157.55</i>	<i>10</i>	<i>5199507</i>	<i>5199696</i>										
<i>May</i>	<i>31</i>	<i>1.15</i>	<i>35.65</i>	<i>24</i>	<i>30</i>	<i>131.45</i>	<i>19</i>	<i>10</i>	<i>28</i>	<i>35</i>	<i>36.45</i>	<i>50</i>	<i>121.45</i>	<i>10</i>	<i>23</i>	<i>20</i>										
<i>June</i>	<i>30</i>	<i>1.15</i>	<i>34.50</i>	<i>24</i>	<i>30</i>	<i>128.50</i>	<i>35</i>	<i>11</i>	<i>5201009</i>	<i>44</i>	<i>35/6</i>	<i>35</i>	<i>33.50</i>	<i>50</i>	<i>118.50</i>	<i>10</i>	<i>5200847</i>	<i>40</i>	<i>19/6</i>							
<i>July</i>	<i>31</i>	<i>1.15</i>	<i>35.65</i>	<i>24</i>	<i>30</i>	<i>131.45</i>	<i>51</i>	<i>10/7</i>	<i>5201214</i>	<i>51</i>	<i>10/7</i>	<i>35</i>	<i>36.45</i>	<i>50</i>	<i>121.45</i>	<i>10</i>	<i>5201434</i>	<i>57</i>	<i>21/7</i>							
<i>Aug</i>	<i>6</i>	<i>1.15</i>	<i>6.90</i>	<i>4</i>	<i>6</i>	<i>16.870</i>	<i>6</i>		<i>5201782</i>	<i>68</i>	<i>6/8</i>	<i>36</i>	<i>132.70</i>	<i>36</i>	<i>168.70</i>		<i>5201782</i>	<i>68</i>	<i>6/8</i>							
				<i>195</i>	<i>195</i>	<i>727.65</i>	<i>140</i>					<i>272.65</i>	<i>275</i>	<i>687.65</i>	<i>40</i>		<i>J. W. Farmer Capt.</i>									

