

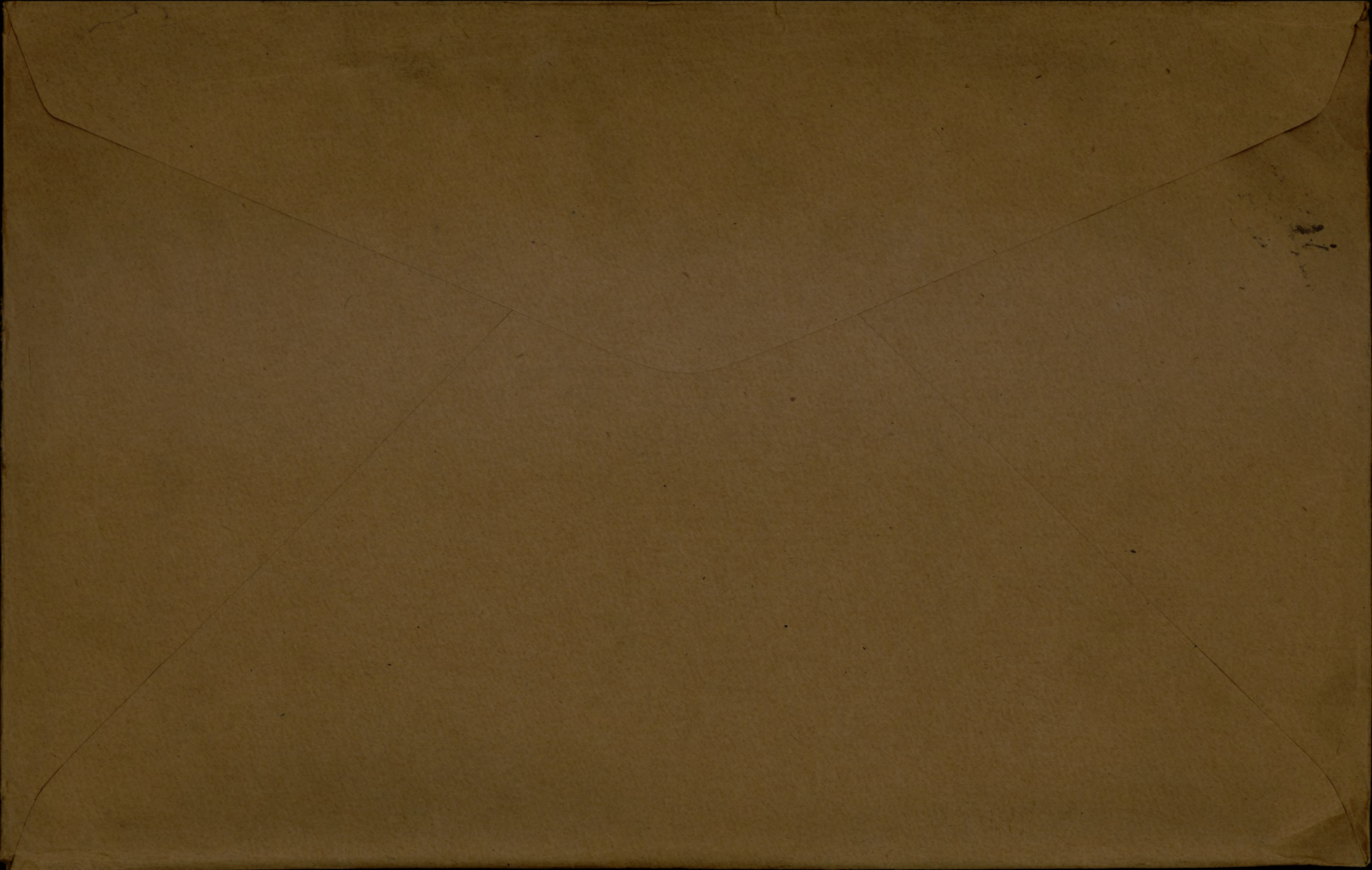
REGIMENTAL DOCUMENTS

408

NAME Backus John Joseph PLC REGT. NO. 931264 UNIT 2 Com Bn H. Q. FILE NO. _____

31-3-19

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH H
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob^N</i>
/ MEDICAL EXAMINATION (M.F.W. 129)					
/ TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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1 AFW 3997					
1 MFW 192					
1 DMS 1375					
1 CADC 5009					
4 MFW 67					
2 card					



ORIGINAL

No. 2 - *Const Batta*
Dupont
931264
ATTESTATION PAPER.
No. 2 Construction Batta, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname? *Backus*
- 1a. What are your Christian names? *John J. Backus Joseph*
- 1b. What is your present address? *116 Imperial Ave. Montreal*
2. In what Town, Township or Parish, and in what Country were you born? *Gayshrough - No. 2*
3. What is the name of your next-of-kin? *Mrs. Annie Backus*
4. What is the address of your next-of-kin? *Goldenville No. 2*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *20th Dec. 1876*
6. What is your Trade or Calling? *Teamster & Veterinary*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Sept 16th* 191*1*. *John J. Backus* (Signature of Recruit)
Sp-Chas Stewart (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Joseph Backus*, 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 *Sept 16th* 191*1*. *John J. Backus* (Signature of Recruit)
Chas Stewart (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Montreal* this *16th* day of *Sept* 191*1*.
John Arabin (Signature of Justice)

Description of John Joseph Backus on Enlistment.

Apparent Age 40 years 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. 9 1/2 ins.

Chest measurement. { Girth when fully expanded 31 1/2 ins.
 Range of expansion 3 ins.

Complexion Coloured

Eyes "

Hair "

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

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 Sept 20 1916

Place Turkey [Signature]
 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 Joseph Backus 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.

C. W. Ross Capt (Signature of Officer)

OCT 20 1916

Date..... 1916 . O. Comd'g No. 2 Construction Battalion, C. E. E. LT. COL.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931264 (Rank) Pte

Name (in full) John Joseph Backus enlisted in
the No 2 Grenadier Batt'n

CANADIAN EXPEDITIONARY FORCE at Montreal on the 16
day of September 1916

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 42 years 1 mos.

Height 5 ft. 9 1/2 ins.

Complexion Coloured

Eyes Brown

Hair Black

Marks or Scars Nil

Backus J J
Signature of Soldier

C. W. Macdonald CAPTAIN,
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT,
Issuing Officer

Date of Discharge February 19, 1919

Rank

Signed at Halifax N.S. this 15th day of February 1919

Appointment

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge *Maldenville Guy Co US*

Character and Conduct

Former Occupation *Tramper & Sailor*

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at *London* this _____ day of _____ 19

Name of Officer

Rank

Appointment

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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..... *No. 2 CONSTRUCTION, Bn. C.E.F.*

(2) Regimental Number..... *931264*

(3) Full Name of Soldier..... *John Joseph Backus*

(4) Place of Birth..... *Goldenville Essex Co. Nova Scotia*

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

(6) If married, state,
(a) Full name of your wife..... *None*

(b) Present Postal Address..... *None*

(7) Are you a widower?..... *Yes*

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

If so, give number of boys and girls..... *Two (Girls)*

Also their names and ages..... *Gertrude 24 years*

Maud 26 years

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

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

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

If so, state name and address..... *Mrs. Anne Backus*

..... *Goldenville U.S.*

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

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

(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.

..... *X*

(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.

..... *X*

(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.

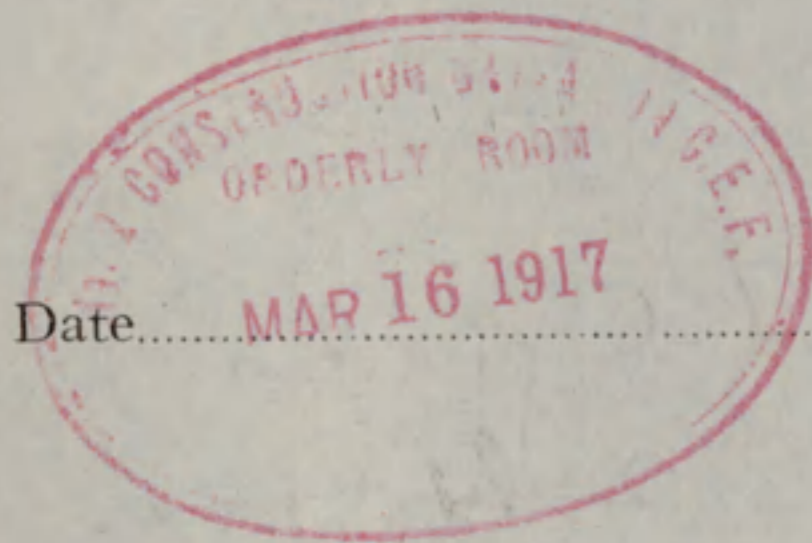
..... *X*
No

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

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

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

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



Date.....

W. Bowie
..... *Lieut-Col.*
Caplan for
..... *Officer Commanding.*
No. 2 Construction Bn. U.S.E.F.

ORIGINAL

931264

MEDICAL HISTORY SHEET

Surname Baekus Christian Name John Joseph

Examined { on 20th day of Sept. 1916
at Trenton N.S.

Approved by H.V. Kent

Birthplace { City or Town Goldensville
County Cuyahoga Co N.S.

Rank Major Amble M.O.

Apparent age 40

Trade or occupation Tramster

Height 5 feet 9 1/2 Inches

Weight 162 lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 38 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left Left
Number 2

When Vaccinated last 3 years ago

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>18/2/17</u>		<u>Dankworth</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/1/17</u>	<u>S.S.R.</u>	<u>H.V. Kent - Major Amble</u> M.O.
<u>19/1/17</u>	<u>S.S.R.</u>	<u>H.V. Kent - Major Amble</u> M.O.
<u>26/1/17</u>	<u>S.S.R.</u>	<u>H.V. Kent - Major Amble</u> M.O.

Enlisted on 16 day of Sept 1916 at Bordentown

	CORPS	REG'T L NUMBER	HABITS	DATE
Joined on enlistment		<u>931264</u>		<u>16/9/16</u>
Transferred to	<u>No. 2 CONSTRUCTION, B.N. C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

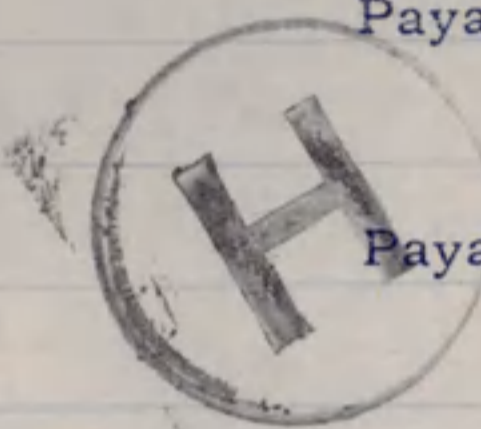
N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

JM

Rank *Pte* Name **BACKUS, John Joseph.** Reg'l No. **931264**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Montreal. 16th Sept 1916.** Place of Birth **Gaysbrough, N.S.**
 Name and Address, Next-of-Kin **Mrs Annie Backus.**
Goldenville, Nova Scotia. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship **Mother.**
 N/E. R.B. No. **6398**
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

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.				
<i>Arrived in England via S.S. Southland 7.4.17</i>					
14-6-17	<i>2nd C.C.</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17-5-17</i>	<i>115</i>
31.8.18	N.S.R.D.	T.O.S. from 17th Par Bn	B'ham	30.8.18	AD 213. 17th Par Bn. 20.8.18. d/30.8.18.
Transferred to R.A.F. Air Depot London					
16.12.18	<i>N.S.R.D.</i>	<i>T.O.S. from 2nd C.C. Pte</i>	<i>Ripon</i>	<i>14-12-18</i>	<i>300 + 71 d/ 19.12.18 2nd C.C.</i>
27.12.18	<i>N.S.R.D.</i>	<i>op to C.D.D. Rhyll</i>	-	<i>27-12-18</i>	<i>3/3</i>
3-2-19	<i>N.S.R.D.</i>	<i>Leaves on Comd C.D.D. Rhyll Pte</i>	<i>Ripon</i>	<i>18-1-19</i>	<i>Phionders 25</i>
<i>S.O.S. to C.E.F. Canada</i>					

A.F.B. 103 CHECKED
28 MAY 1917

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 *John Joseph* 2. Surname *Bactus*
3. Rank *Pte* 4. Original Unit *2 Con Bn* 5. Reg. No. *931264*
6. Address, in full, to which future payments of gratuity are to be forwarded
Goldenville Guysboro Co N.S.
7. Date of enlistment in the C.E.F. *Sept 16 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Mrs Annie Bactus
9. Relationship of such dependent
Mother
10. Address, in full, of such dependent
Goldenville Guysboro Co N.S.
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:—
Yes: 2 Construction Bn from 17-5-17 to 11-12-18.
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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
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 *from 25/3/17 2 Con Bn (Can Eng. France) & N.S. R. A (Eng) to*
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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment 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? *"A" No 76238*
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, 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 applicable.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable.*
24. Are you now serving in the C.E.F.? *No.* If not, give:—(a) Date of discharge *19-2-19* (b) Reason for discharge *Demotion.*
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
26. 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 *Yes. 2 Con. Bn 17-5-17 to 11-12-18*
27. (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? *No.*

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: *Beckus J J*

Place of Residence: *Goldville Guysboro Co. N.S.*

Declared before me at: *Halifax N.S.*

This *13th* day of *Feb* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *A. J. P. in the County of Halifax*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Acct clear sent to 28/1/18</i>			<i>153 ds</i>	<i>38 00</i>
<i>70% of WS gratuity</i>			<i>5 mo</i>	<i>140 00</i>
				<i>490 00</i>

Certified Correct. *[Signature]*

District Paymaster.

FR 7 1919

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 Backus
 Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931264
 Born at Goldenville, N.S. on, date December 24, 1868
 Signature (for identification) John J. Backus

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

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

Weight 160 lbs. no
 Height 5 ft. 11 ins.

2. **NUTRITION AND DIATHESIS?**

Good

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1.020 Reaction? ac Albumen? 0 Sugar? 0

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

no

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

no

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

Good

Examined at Amuse Park. Signed W.P. Smith M.O.
 Date 2/1/19 Signed W. S. ... M.O.

If any disease or impairment of health or physical condition is discovered, 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.

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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. 931264 Rank Pte Surname Backus
(Give name in full)
John Joseph
 Unit or Corps D D #6 Birthplace Goldenville N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 162 lbs. Height 5 ft. 9 1/2 in. Colour of Eyes black
 Nutrition good
 Pulse 76
 Condition of arteries normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 15 ft.
 Left 15 ft.

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

nil

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.

nil

Goldenville Guysborough Co., N.S.
 (If space is insufficient, continue on back of form.)

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.....*Halifax*.....(Canada)

Date*13/3/19*..... Signed*Wapenubell*.....M.O.
Capt.

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*Barcus J J*.....

(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]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 731264 Rank Rt. Lieut. Name L. O. Backus
 Corps 22nd who was* Discharged
 On 19-2-19 191...., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191....
 to 19-2-19 191...., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	48	93	Balance Cr. from prev. month	11	15
Advances by Cheques } No.			Regt'l. Pay <u>50</u> days at \$.../c....	50	00
} No. <u>Mrs. Beattie</u>	70	00	Field Allow. <u>50</u> days at \$...c./10	5	00
Assigned Pay and Sep'n Allee. No. <u>15678 Feb</u>	30	00	Separation Allowances* (Monthly)	30	00
Other charges <u>Rth fund</u>		05	Other Allowances* <u>Charles</u>	55	00
Payment on transfer or discharge No. <u>15679</u>	52	17	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	201	15	Total	201	15

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has been chgd (‡) been paid on account of Assigned
 { Pay for the month of Jan 191... }
 { and Sep'n Allee. for month of Feb 191... } (to) Assignee Mrs. Annie Backus
 (Address) Goldenville
Mrs.

(†) 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.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted Yes 28-2-19
- (3) cause of discharge Resub authority 46
- (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 20-2-19

Place Halifax N.S.

W. W. Ormrod
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.

CAVAGAN CONTINENT EXHIBITIONARY FORCE

FAST PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE MEMBER OF THE FORCE IN ACCORDANCE WITH THE PROVISIONS OF THE FAST PAY ACT, 1950.

NAME OF THE MEMBER: _____

POST OFFICE ADDRESS: _____

REGIMENTAL ADDRESS: _____

DATE OF ISSUANCE: _____

AMOUNT OF FAST PAY: _____

PERIOD FOR WHICH FAST PAY IS DUE: _____

NAME OF THE COMMANDING OFFICER: _____

NAME OF THE OFFICER ISSUING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

NAME OF THE OFFICER SIGNING THE CERTIFICATE: _____

NAME OF THE OFFICER CHECKING THE ACCOUNT: _____

NAME OF THE OFFICER RECEIVING THE PAY: _____

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

HW 6

NAME OF SOLDIER (Block Letters)

BACKUS J.J.

REGIMENT

No 2 Constructors

RANK

Pte

No.

931264

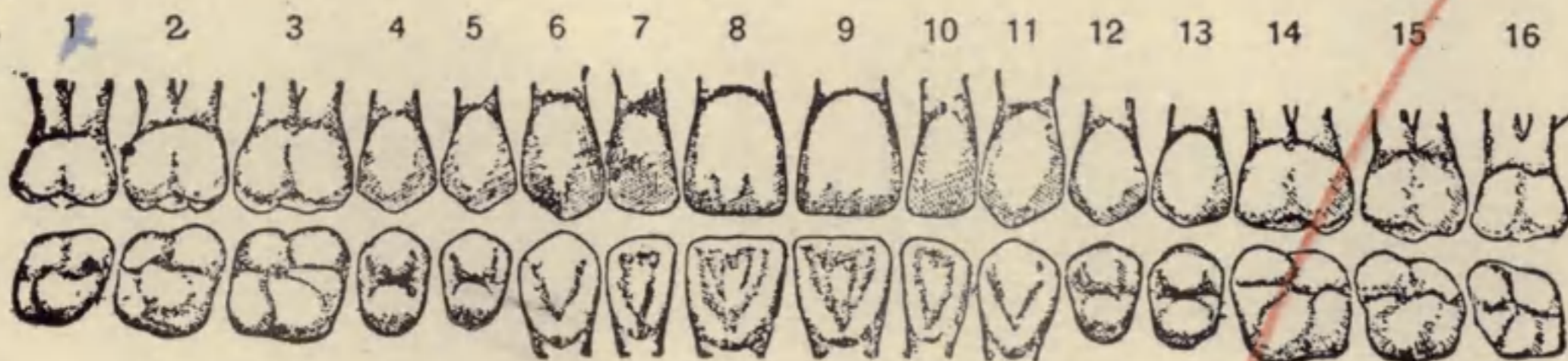
Date of Examination in England

31.12.18

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

W. Kennedy
C. J. J.

KINNEL PARK,
NORTH WALES.

INSTITUTE FOR OBSERVATION

Bankers
The
1911

1911

1911

1911

1911

1911

1911

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Ann Backus,*
Address *Goldenville,*
Guysboro,
N. S.
Rate *\$15.⁰⁰*

By Whom Assigned *Backus, John J.*
Regtl. No. *931264.*
Rank *Ote*
Corps *N^o. 2 Constr'n Btm.*

APR 1917

PAYMENTS

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



1 20.50 12

20.50 12

20.50 12

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

Mrs Ann Backus

Name of Soldier

Backus, John J.

PAYMENTS.

931264 - Pte - No. 2 Const B Co.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4661</i>	<i>15</i>	
May		<i>S. 6234</i>	<i>15</i>	<i>15-7/8</i>
June		<i>113254</i>	<i>15</i>	<i>15-7/8</i>
July		<i>T 20254</i>	<i>15</i>	<i>15</i>
Aug.		<i>U 26333</i>	<i>15</i>	<i>15</i>
Sept.		<i>134270</i>	<i>15</i>	<i>09 \$90.00 O.K.</i>
Oct.		<i>F 46729</i>	<i>15</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15.00

APR 1917

24

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

16 9 / 16

144
164

SEPARATION ALLOWANCE

Name Annie Backus

Name of Soldier Backus John Jos.

Address Goldenville
Guyssboro Co.
N.S.

Regtl. No. 931264

Rank Pvt.

Corps No 2 con, Batt.

Relation to Soldier }
wife, child or mother } Mother

To what Corps belonging }
when called out }

PAYMENTS

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



Handwritten text, possibly a signature or initials, located in the center of the page.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

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

Annie Backus

Mother
PAYMENTS.

Name of Soldier

Backus J. J.
Pm.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		K 26282	70	70 165
Jan.	1917	J 27635	20	20
Feb.		J 30701	20	20
March		J 33807	20	20
April		J 176	20	20
May		J 3151	20	20
June		K 6779	20	20
July		J 9572	20	20
Aug.		L 13404	20	20
Sept.		K 16787	20	20 \$250. ⁰⁰ N.D. ✓
Oct.		E 23390	20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 931264 Rank Pte. Name Bachus J. J.
C. E. F.

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

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).....

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				
18.1.19	O'Leary. T/O/S. No. 6 D.D. Halifax. Coy. Co. 25, 1.19 D.O. 31				<u>Am. Ferguson</u> ASST. ADJT. No. 6 DISTRICT DEPOT
19.2.19		DISCHARGED at Halifax, N. S.	D.O. 46		<u>[Signature]</u> D. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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.]

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

Curry
M. F. W. 54. (A. F. P. 103.)
250M.—1-16.
H. Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps Att. Construction Batt. C.E.F.
 Regimental No. 931264 Rank pte Name John Joseph Backus
C. E. F.
 Enlisted (a) 16-9-16 Terms of Service (a) period of war and six months after Service reckons from (a) 16-9-16
 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) _____

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				
<div style="border: 1px solid purple; padding: 5px; display: inline-block;"> CERTIFIED CORRECT. 6 JUN. 1917 </div> 17/5/17	Ob 2nd Const Wn CAN. RECORDS, LONDON	Embarked, Canada	Halifax N.S.	25/3/17	Seaford. Att. D. O. # 2227 Major Capt for Capt & adpt
		Disembarked, England	Liverpool	7/4/17	
		Proceeded overseas	Seaford	17/4/17	
		Landed in France		17-5-17	N.R.
6.6.17.	O.C.	Forfeits 20 days pay. 1. Leaving parade without permission 2. Absent from 1 p.m. till 2.30 p.m. 1hr. 30m	Hd	5/6/17	Br 2069. Pt 2.0. 122. 4/17
19 ⁶ / ₇	a	20 days w 2 for. 1) Disobedience of order (absent from work 30 mins) 2) Dues at work	Hd.	13 ⁶ / ₇	Br 2069 O/- 123. 14/17
5/1/18	O.C.	on command to 1 Dist. Alencon		30/12/17	Br 213.

(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.

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				
14.9.18	43 600	Granted 14 days leave	wt.	15.9.18	B 213 p 5 30 Sep 18
5.10.18	do	Repay from leave	Sold	26.9.18	B 213
11.12.18	Mag	Transferred to Army reported to N.S. Reg Depot Bramshott		14.12.18	K 344
17.12.18	at S.R.D.	T.O.S and att'd 2nd b.c.d for Quarters and Nations		14.12.18	D.O. 805
	NSRD ON COMMAND TO	ADD Kimmel Rhyl	BRAMSHOTT		PART II D.O. 313 27/18
12/1/19		S.O. S O.M.F. b. on transfer to L.S.F.			
18/1/19		Discharge barada sailing No 7			
			Kimmel Lieut		

ba Hewitt
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, E. F.

ba. Knight LIEUT.
OFFICER in RECORDS,
NOVA SCOTIA REGTL. DEPOT.

H. M. T. 'AQUITANIA'
EMBKD. LVP'L JAN. 18. 1919
DEBKD. HALIFAX, N.S.
JAN, 24. 1919

*Name *Backus, J. J.* Rank *Pvt* Regtl. No. *931264*

Original unit *2nd Co. 1st Regt. 1st Div. 1st Army* Present unit *1st Co. 1st Regt. 1st Div. 1st Army* Fyle Depot *74-B-964*

M. or S. *M* Age *40* Religion *Bapt* H.Q. *H.Q.*

Port, ship and date of arrival *San Francisco, Cal. "Aquitania" 25/1/19.*

Next of kin *Mr. J. J. Backus, Goldenville, Miss.*

Address on leave *Goldenville, Miss.*

Address on discharge *Goldenville, Miss.*

Transportation issued Yes No Date *1/1/19* Character on discharge *Good*

Previous occupation *Veterinary* Date and place of enlistment *16/19/16*

Diagnosis *None* Date of Medical Boards *None*

Date.	Remarks.	Pt. 2 Order No.
<i>31.1.19</i>	<i>J. J. Backus 18/1/19. Ported back</i>	<i>31</i>
<i>19-2-19</i>	<i>DISCHARGED at Halifax, N.S.</i>	<i>96</i>

*—Name will be given in full; surname first.

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

Name ^{Pt} Buckus. J. J. Folio Reg. 2nd Cav Cont Bn.

Rank Backus. John Joseph Reg. No. 931264. Compy. M. D. B.

Age 49. Service 28/12. Rel. Bapt.

Disease Pleurisy.

Admitted 3-1-19 From Lines Camp 19.

Ward 6.

Transferred To

Discharged 15-1-19 To Unit . Camp 19.

AFW. 3243 & 3243a Medical History Sheet & other Documents. AFW. 3118. 1237.

To *b. wards. 4-1-19.*

To
app to G. M. D. 4-1-19.
Temp to Camp 19. - 16-1-19.

To

From

From

From

SURNAME.

Buckus

CHRISTIAN NAMES

John Joseph

REGL. No

931264

RANK

Pte

UNIT

No 2 Construction

FORMER CORPS

Nil

6 CARD NO. *m m 434*
5.0.5.19-2-19.
Demob.
FOLL.
pt. U.S.D. No of 12-2-17
6.10.19.

Bn

NEXT OF KIN.

NAMES IN FULL

Buckus, Mrs Annie,

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Goldenville, N. S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Guysborough

N.S.
DATE

Dec 25th 1876

PLACE OF ATTESTATION

Montreal. P.Q.

DATE

Sept-16th 1916

15 18/3/17.

P/E 25/1/19. 258 / 121 6 Pte

From Halifax per J.S. Southland 28-3-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Teacher &

RELIGION

Baptist

Veterinary

DESCRIPTION.

APPARENT AGE

40

YEARS

MONTHS

HEIGHT

5

FEET

9 $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Coloured

EYES

—

HAIR

—

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Not stated

DATE

Sept 17th 1916

Present address 16 Imperial Ave, Montreal.
P.Q.

No 93-1264

RANK

Pte

NAME

Backus, John Joseph

T. O. S.

16.9.16

UNIT

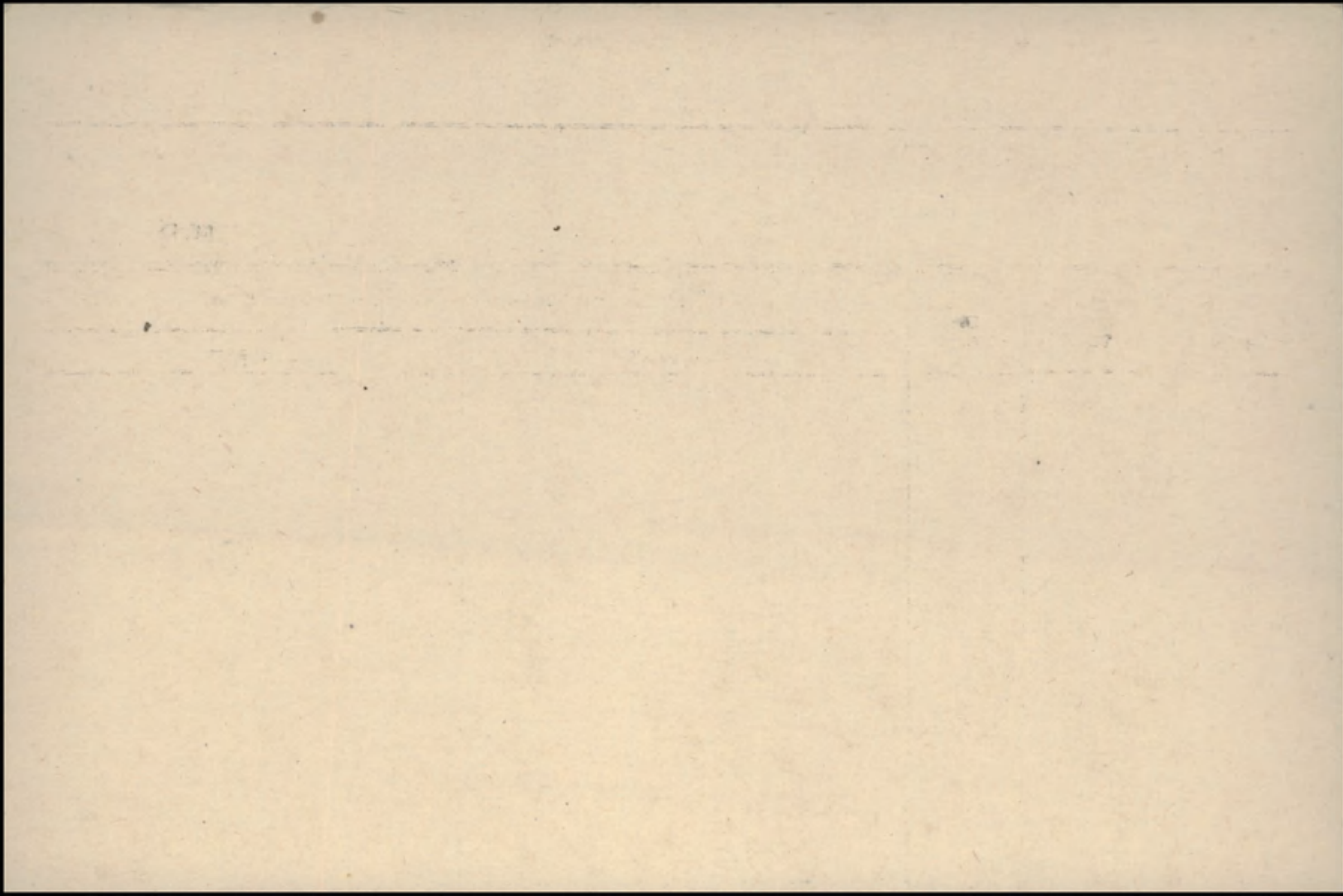
No 2. Construction Battalion

D. O 31.20.9.16

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept. 16	1916 Sept 30	n.		
	Oct.	n.		
	Nov.	v		
	Dec.	v		
1917 Jan 1917		v		
	Feb.	n.		
	Mar	n		

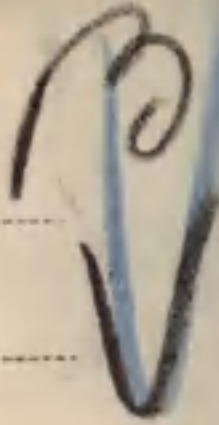


Number

931264

Rank

Plt



Surname

BACKUS

Christian name

John Joseph

Units

COA 66

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

Goldenville, Guy Co.
N.S.

Roll No.

10 Page 2013 H

(This form to be filled in by all ranks on voyage to Canada.)

R

RANK

SURNAME

INITIALS

UNIT

al address.....

(Street)

(City or Town)

(Province)

one person to be notified of arrival.....

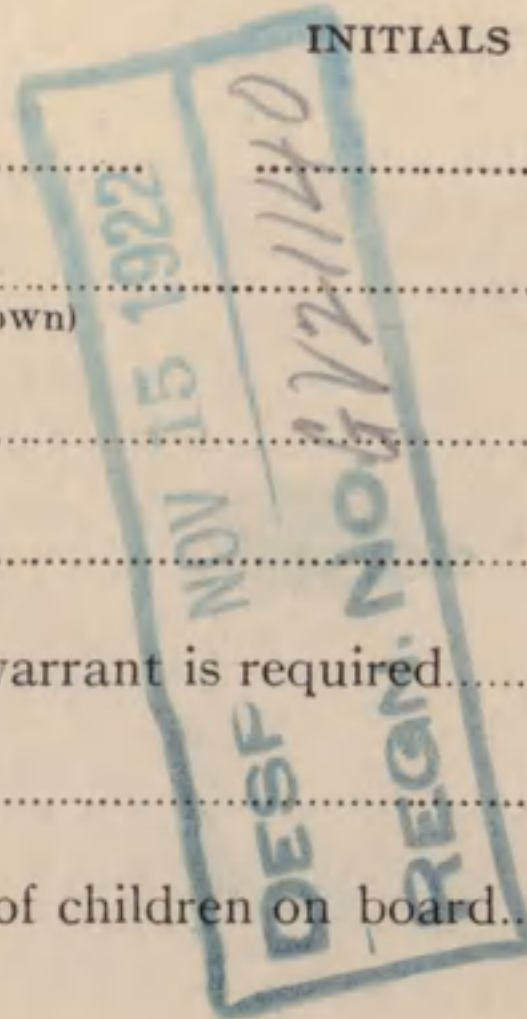
Station in Military District to which a furlough warrant is required.....

Railway.....

l, is your wife on board..... Number of children on board.....

tinuation.....

(Sgd.)



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

16-9-16

Separation and Assigned Pay Branch

B

102

Apr 1/17

RATE OF SEPARATION ALLOWANCE

#20.	2500 1-12-17	3000 1-9-18
------	-----------------	----------------

P.B. 3257 PC 2753
40.46308

RATE OF ASSIGNMENT

15	20		
----	----	--	--

fr 1.4.18

PARTICULARS OF SEPARATION ALLOWANCE

No. **931264**
 Rank **Pto.** Promoted Reverted Discharge
 Soldier's Name **John J. Backus**
 Battalion **No 2 London Battn.**
 Beneficiary **Mrs. Annie Backus**
 Relationship **mother**
 Address

PARTICULARS OF ASSIGNMENT

Name **Mrs Ann Backus**
 Address **Goldenville - Guysboro, N.S.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept. 30/1917		250	90	340	
Oct	E 46729	20	15	35	
Nov	B 53623	20	15	35	
Dec	F 58971	20	15	35	
1918 Jan/18	M 65174	30	15	45	Pr.
Feb	B 95090	25	15	40	✓
March	A 91434	25	15	40	✓
Apr.	X 11557	20	20	45	D.
May	C 9560	25	20	45	D.
June	B 17931	25	20	45	D.
July	Y 30944	25	20	45	b
Aug	G 33532	25	20	45	b
SEP	O 40891	25	20	45	a
OCT	Q 47015	25	20	45	a
NOV	A 55104	25	20	45	✓
DEC	A 63937	45	20	65	✓
Jan/19	B 74171	30	20	50	a
Feb					

REMARKS 686-8-3. M.D #6.

memo 1 B 1.4.18. E.B.
M.R.O = 65435 = 29 1/2

M. F. W. 128
400M. -6-17-1772-59-114
L. L. 23320-M. & D. 7563.

31/1/19 A/c Closed
 Ret'd per **Capt. of Britain**
 Date **22/1/19** P.X. **19/1/19**
 Clerk **J.P. Brown**



List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. 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 (in the event of such having been prepared.)
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. *Only if discharged "Medically unfit."		

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

*War Service Badge
Class "A" # 76238
Issued. AW*

Proceedings on Discharge.

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

No. <i>931264</i>	
Rank <i>Pte</i>	
Surname <i>Baekus</i>	
Christian Name <i>John Joseph</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 2 Lewis Batt</i>	
Date of Discharge <i>February 19, 1919</i>	
Place of Discharge <i>Hatfield</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>42</i> years <i>1</i> months. Height <i>5</i> feet <i>4 1/2</i> inches. Complexion <i>Coloured</i> . Eyes <i>Brown</i> Hair <i>Black</i> Trade <i>Steamer & Sailmaker</i> Intended place of residence <i>Goldenville</i> <small>(To be given as fully as practicable.)</small> <i>Guyana</i>	Descriptive Marks <i>H</i>
2. The above-named man is discharged in consequence of <i>Demobilization.</i>	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.
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.

(Place) *Halifax* *Backus J J* (Signature of Soldier.)

(Date) *February 15th 1919* *H. Wren* (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) *Halifax*

(Date) *Feb 19 1919*

Dennis (Signature)..... No. 6 DISTRICT DEPT. LIEUT. COL.

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
Backus J J

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

M. OR S. *Agustina 24/1/19* REGT. No. *931764* RANK *17/12/19* NAME (IN FULL) *Backus JF*

NEXT OF KIN RELATIONSHIP PARTICULARS EFFECTIVE DATE AUTHORITY ORIGINAL UNIT C.E.F. *WR* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS *100 10* PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID *yes* DATE EFFECTIVE *1/2/19* ASSIGNED PAY *20.00* DATE EFFECTIVE *1/2/19* AUTHORITY *Z*

TO WHOM PAID *Mrs. Minnie Backus* RELATIONSHIP *wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Goldenwell WY* ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE *19-2-19* REASON *Demob* AUTHORITY *Do 46* IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3							DEBIT	CREDIT				
<i>1/2/19</i>	<i>1</i>	<i>1.10</i>	<i>1.10</i>		<i>1.20</i>																		<i>11 11</i>	<i>1/2/19</i>
<i>19-2-19</i>	<i>50</i>	<i>1.10</i>	<i>55.00</i>	<i>35.00</i>	<i>30.00</i>	<i>11 15</i>							<i>136.79</i>	<i>32.17</i>	<i>136.98</i>	<i>30.00</i>	<i>05</i>	<i>05</i>	<i>201.15</i>	<i>70.00</i>			<i>11 11</i>	<i>1/2/19</i>
	<i>153 1/2</i>	<i>350</i>	<i>140.00</i>		<i>140.00</i>								<i>157.00</i>	<i>70.00</i>										<i>W.A. Service Gratuity</i>
							<i>Mar 13, 1919</i>			<i>856.57</i>	<i>70</i>									<i>210</i>	<i>90</i>			<i>Man Wife W.S.G.</i>
							<i>13, 1919</i>			<i>856.58</i>	<i>50</i>									<i>140</i>	<i>60</i>			<i>155081-155082 19/4/19</i>
													<i>70</i>	<i>30.00</i>						<i>70</i>	<i>30</i>			<i>584934-551 12-5-19</i>
													<i>70</i>	<i>30</i>						<i>Nil</i>				<i>598144/45 12-6-19</i>
			<i>350</i>	<i>140</i>		<i>140</i>							<i>530</i>	<i>90</i>						<i>1490</i>				

Certified that all payments due on this acct. have been paid.

all payments made

For Senior Officer Pay Services M.D. 6

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: BACKUS John Jos
EFFECTIVE DATE: 1st April 1918		EFFECTIVE DATE: -		NUMBER: 931264
AMOUNT: 20⁰⁰		AMOUNT: -		

NAME, ADDRESS, RELATIONSHIP & AUTHORITY			PARTICULARS OF RANK OR APPOINTMENT		
Mrs Annie Backus Goldenville Guysboro. Co. Stepped 1/1/19			AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT

UNIT AND TRANSFERS			
ORIGINAL UNIT: 2nd Construction Bn			
DATE ACCOUNT FIRST OPENED: 1st April 1917			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
			Canada

DATE OF PAYMENT		NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/1/18	18/1/18	25/18		4.00				
				9.73				
					31/1/18			

Dents Cam 43557. Transfer made in P.A. Bal 30.00 ✓

PARTICULARS OF RENDERING NON-EFFECTIVE: **Rulphing No. 161 17/1/18. WSR. L.P.C. ✓ 15.81**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	BALANCE FORWARD								100.93		
Apr	P.A.	33		Ass Pay				20			
				AR 114 6/4 CFC 201	3.57						
				AR 296 294 -	3.57				106.79		
May	P. Pay	33		Ass Pay	7.14			20			
				AR 491 7/5 CFC 1	2.68						
				AR 719 21/5 5	4.46				113.75		
Jun	P.P.	34	10		7.14			20			
				b.a.p.				20			
				AR 906 7/6 CFC 1	3.57						
				AR 1102 22/6 -	3.57				119.61		
July	P.P.	33			7.14			20			
				b.a.p.				20			
				AR 1292 6/7 CFC 1	3.57						
				AR 1501 22/7 ✓	3.57				139.77		
Aug	P.P.	47	30		7.14			20			
				b.a.p.				20			
				AR 1696 6/8 CFC 1	3.57						
				✓ 1944 22/8 ✓	3.57				146.73		
Sep	P.P.	34	10		7.14			20			
				Can d P				20			
				AR 2199 6/9 CFC 1	3.57						
				AR 2292 13/9 CFC 1	1.98						
				CP 35548 19/9 LIN	24.33						
				AR 4320 13/9 CFC 1	97.33						
				CP 36373 21/9 LIN	19.47				132.5		
					146.48			20			

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									13 25		
Oct	Pay	3410		cat				20			
				2677 10 638	7/10	3 73			25 62		
				2929 ✓	23/10	3 73			19 89		
		3410				7 46		20			
Nov	✓	33		cat				20	32 89		
				3096 ✓	11/6	3 73					
				3303 ✓	25/11	13 06			16 10		
Dec	✓	3410		cat				20	30 20		
				6602 10/12 Base		4 66					
				3565 13/12		9 73			26 71		
		6710				31 18		40	15 81		✓
				13. 10/1. Phys BLPE		4 87			10 94		
						4 87					