30-4-18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....1.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....2.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1 sent to B.P.C. 7-3-18.

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

a F B 179-1

a. F. B. 122-2

a. F. B. 256-1

D. M. S. 1394-1

a. F. B. 179.-1

a. F. B. 178-1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISC...

Na...

Re...

Co...

Name Booth John J

Regt. No 408745 Rank Gpl

Corps #2 Cas Unit (late 37th Bn)

Phy. Unfit.

28230

R. O. No.....

H. Q. No.....

(4)

7-5

25-5

27-5

4

M. E. B.

B bo 37th ORIGINAL

~~408535~~

ATTESTATION PAPER

No. ~~A8 1745~~

Folio. 408745

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS)
1.	What is your name?	Booth, John J.
2.	In what Town, Township, or Parish, and in what Country were you born?	Penetang, Ont
3.	What is the name of your next-of-kin?	Wm Booth
4.	What is the address of your next-of-kin?	Thessalon P.O. Ont. Canada
5.	What is the date of your birth?	April 17, 1892
6.	What is your trade or calling?	Labourer (G.T.R.)
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	Yes
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
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 J. Booth (Signature of Man.)

R L Dugit (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John J. Booth, 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.

John J. Booth (Signature of Recruit.)

Date June 7th 1915 R L Dugit (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John J. Booth, 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.

John J Booth (Signature of Recruit.)

Date June 7th 1915 R L Dugit (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 Niagara this 12 day of June 1915.

W M McG J P (Signature of Justice.)

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

R A Fraser Lt (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Booth, John J. ON ENLISTMENT.

Apparent Age 23 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 5½ ins.
Chest measurement	Girth when fully expanded	36½ ins.
	Range of expansion	3½ ins.

Complexion Fair

Eyes Brown

Hair Fair

Religious Denominations

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

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.)

Brown mole 1½" above left nipple

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 7th June 1915. W. Gray Lt Col A.M.C.

Place Niagara Camp 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. Booth 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. F. Bick Lt-Col (Signature of Officer.)

Date 9th June 1915. O.C. 37th Batt'n C.E.F.

Thessalon, Ont.

37TH BN. C.E.F.

408745

M D 2

Private

BOOTH. JOHN.J.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 408745

Name Pte John J Booth

Unit 37 Batt C E F

Military Will.

In event of my death I give the whole of my property and effects to my Mother Mrs. William Booth

Nesterville

Ontario

Canada

Signature John J Booth

Rank and Regt. Pte 37 Batt

Date February 14th

(7)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

LAST PAY CERTIFICATE

No. 23

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

Regimental No 408745 Rank Cpl Name J. J. Booth

Corps No 2 Casualty Unit who was* Discharged

On Apr 10 1918. 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 23 1918. 191...., to Apr 10 1918. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	23	34	Bal. Cr. from prev. month		
Advances by Cheques No			Regt'l Pay 57 days at $ 1 c. 10	62	70
Advances by Cheques No			Field Allow. 57 days at $ c. 10	5	70
Assigned Pay and Sep'n Allce. No 9349	8	30	Separation Allowances* (Monthly) Apr	8	30
Other charges			Other Allowances* Sub	12	
Payment on transfer or discharge No 9350	126	06	Other Credits* Clothing	8	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	61	
Total	157	70	Total	157	70

*Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid on account of Assigned

{Pay for the month of Feb 1918 / and Sep'n Allce. for month of Apr 1918} (to) Assignee Mrs Louisa Booth

(Address) Thousalon, Ont.

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge..... authority D.O. 97

(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 8-4-18.

Place Toronto, Ont.

L Burnside

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.

100M.—1-18.
H. Q. 1772-3-903.

Squadron, Battery and Company Conduct Sheet.

No. of Sheet One

Regiment of 37th Battn Signature of O. C. (Squadron / Battery / Company) B R C Wallace Capt

12th RESERVE BATTALION CANADIANS

Regimental Number and Name.		Enlistment.	Trade	Former Service.	Good Conduct Badges.
No. ~~408535~~ 408745	Name. Booth J.J.	Age on 23 years 2 months.	Laborer	Nil	
Joined,	Date 26/4/15				
Re-engaged,	Date		Religion		
Re-engaged,	Date		R. C.		
Re-engaged,	Date	Period of			
Re-engaged,	Date				
Left,	Date				

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Niagara Camp	6/6/15	Pte.		Absent from guarding mounting parade	Sgt Greenhalgh	Admonished	June 7	Capt Tweedie	

Transferred to 12th Reserve Battalion, Shorncliffe Authority 16B-3-136.; dated 4-3-16.

C. F. Brick Lieut Col.
O.C., 37th N.O Battalion. C.E.F.

TRANSFERRED TO 19th Battn in France.

W B Milburn Lt
ASST. ADJ. 12th RESERVE BATTALION C.E.F.

To be carried over

M. F. B. 263a.
50m.—4-15.
H. Q. 61-53-1.

Brought forward

NO. 11 Can. General Hospl.

January 23rd. 1918.

Examined by LT-Col. Chambers.

This man appears to have more goitre than typestyindesin.

S.B.P. 13a. Heart does not increase markedly after exerise.

Seems properly categorized in B 3.

(Signed) C.W. Whittmore.
Captain, C.A.M.C.

For Officer i/c

VES

R—122

Rank Pte. Name BOOTH John J. Reg'l No. 408745

4 boy

Unit 37th Bn If in perm. Corps, What Unit? Married or Single Single

D

Place and Date of Enlistment Niagara, 7 June 1915. Place of Birth Pentang, Ont.

Name and Address, Next-of-Kin Wm. Booth

Thessalon P.O. Ont, Canada.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E F. No. 12396
File R L.
Category Can O.R.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C		Arrived in England	Per S.S. Lapland		11 DEC 1915
16-3-16	O/C 37th Bn	S.O.S. 37th Bn Tfd to 12th Res Bn	Shorncliffe	15-3-16	Pt-II Order 76
16-3.16	Ob 12th	Taken on Strength	Shorncliffe	15-3.16	" " 76
7.5-16	OC 12th	Struck off on Transfer to 19th Batt	Overseas	7.5.16	" 127 AGB 103 ch 17 5 16
14.5.16	O.C. 19th	Arrived from 12th Bn as Reinft and taken on strength 19th from		8.5.16	Pt II 20.
24.8.16	19th	No 3 Can. General Hospital	Boulogne	15.8.16	Cas. List A293 Inf. Mid Ears Slt
2.10.16	"	Disch. to Marl. Detail Camp	"	22.9.16	" " 325 "
25.10.16	"	Rejoined Unit	"	4.10.16	" " 345 "
13-12-16	"	Adm. No 5 Can Field Amb	France	24-11-16	" " A384 Myalgia
22-12-16	"	Transf to Divisional Rest Station	✓	30-11-16	" " A391 "
✓	"	Discharged to Duty.	✓	2-12-16	✓ "

Mucl H

408745 Booth J. J.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
24.2.17	19th	Appointed acting (with pay) Lance Corpl	Field	17.1.17	Part II 12
19.3.17	"	Appt^d. Lance Corporal	"	1.2.17	" " 18.
12-7-17.	19. Bn	" A/Cpl. (with Pay)	A/Cpl	12.7-17.	" " 49.
23.7.17	"	Repld from Base. Sick	"	30.6.17	Cl. A560 Spr Knee
"	"	Rejoined Unit	"	1.7.17	" " "
17-8-17	"	No 6 Cas Clear. Stat.	"	11-8-17	Cl. A582
25-8-17	"	M 51 Gen Hosp.	Pt	14-8-17	Cl. A589.
19-9-17	"	Prom. Corporal.	"	15-7-17	Pt II 066
30-10-17	"	To. Duty	"	20-10-17	Cl. A 50. S.D.G.
12-11-17	"	S.O.S. to Can Lab. Pool	Cpl	31-10-17	Cl. P. 2 of 14.11.17 Pt II 083.
6-12-17	1 CORD	T.O.S. from France	Cpl. Sandling	5-12-17	Pt II 272 1. C.L. Pool Pt II 0 19 d/8 12-17
11-2-18	"	On Comm 1 CDD Buxton	Cpl	11-2-18	Pt II 042
9-3-18	"	S.O.S. to Canada for Disp by A.G.	A/Cpl Witley	23-2-18	Pt II 066

Rank Pte. Name BOOTH John J. Reg'l No. 408745

Unit 37th Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Niagara, 7 June 1915. Place of Birth Pen~~tang~~ea, Ont.

Name and Address, Next-of-Kin Wm. Booth

Thessalon P.O. Ont, Canada. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship SEP 30 1918

Discharge, Date and Place Reason Character

	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amo	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915	1 dec	31 dec	31	1.00	31 –	31	10	3 10		34 10			26 76			26 76	7 34	
1916	1 Jan	31 Jan	31	1.00	31 –	31	10	3 10		34 10	104 170		19 47 7 30			26 77	14 67	
	1 Feb	29 Feb	29	1.00	29 –	29	10	2 90		31 90	214 255		9 73 9 73			19 46	27 11	
	1 Mar	15 Mar	15	1.00	15 –	15	10	1 50		16 50	292		4 87			4 87	38 74	No. 76 Sgd. to 12th Res.
	16/3/16	31/3/16	16		16	16		1 60		17 60							56 34	
					122			12 20		134 20			77 86			77 86	56 34	

BALANCE TRANSFERRED TO NEW LEDGER.

Trans to new Ledger sheet.

19 Bu Boo 7
7/5

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

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. B 270

Name Booth John J.

Regt'l No. 408745 Rank Corporal File Numbers { P.M. 25.54

Former Units 1 C O R D Original Unit 37th Battalion

Date of arrival in Canada 17-3-18 Boat Grampian Port of Disembarkation St John

Rates of Pay:—Regt'l. $1.10 Field 10¢ Date of arrival in M.D. 2

Separation Allowance. Date paid to 31-3-18 Rate $25.00 If continued by Chief Paymaster, England no

Assigned Pay. Date paid to 31-3-18 Rate $20.00 If continued by Chief Paymaster, England no

Name and address of Beneficiary { Mrs Louise Booth (Mother)
Thessalon Ontario

Pay claimed on English L.P.C. to 12-2-18 to be paid by new Unit from 13-2-18

Name of new Unit No 2 Casualty Cmt Date L.P.C. forwarded to new Unit 3-4-18

A P charged on English L.P.C. to 28-2-18

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out: On Boat		~~At Cl. Depot &c.~~ A P		OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT: Credit		Debit		REMARKS
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	
61	39			61	39													
						9	73											A R. No 5
						5	00											" " " G 5
						50												" " " G. 52.
Debit Balance				23	34			20	00									March 1918
				84	73							84	73			23	34	

JB. 21-3-18
HS 22-3-18

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers {.....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Name and address of Beneficiary {.....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

M. F. W. 41
100M-1-18.
1772-39-889.

Name Corpl. J.J.Booth.

Regimental No. 408745

Unit 37 Bn

Date of enlistment

Place of "

Married (yes or no) Yes

Amount of pay assigned monthly $20.00 pd Mch

To whom payable Mrs Louise Booth
SPC Thessalon, Ont

Name and address of next-of-kin

Date and place discharged Repatd from Apr 1

Reason for discharge

Character on discharge

APR 13 1918

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
															Dr Bal	D.O.91.
Feb 13	Apr 10	57	110	62 70	57	10	57 01 2		9670					233461		Sub. Mar. 19-Apr. 2.
								8		19349			830			dis 0097
								830		19350	12606					830 Rep allce

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

May 1/16

ok Bofr 1-9-17

1L4B7 MER

RATE OF SEPARATION ALLOWANCE

20	25		

1-12-17

1604

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 408745

Rank Pte Promoted Reverted Discharge

Soldier's Name John J. Booth

Battalion 37th Battn "B" Co

Beneficiary Mrs Louise Booth

Relationship Mother

Address Thessalon Ont

Oct 31/17 360 360

PARTICULARS OF ASSIGNMENT

Name Mrs. Wm Booth Louise

Address Thessalon, Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Nov	B 57128		20	20	
Dec	B 61451		20	20	
Dec	U 66136	85		85	R
Jan	B 65881		20	20	M
Feb.	C 92681	25	20	45	
Mar	A 99954	25	20	45	✓
Mar	A 83294	25	0	25	

160

Closed

REMARKS 1846-J-26

M.R.O. 2 B. issued 22-3-18

W mailed 28 12/17

A.P.

$460.00 A/c Closed 31-3-18

Ret'd per S.S. Munroe

S.A.

160 Date 20-3-18 F.X. 22-3-18 to M.D.

Clerk Go E Lindge

U 83294 - $25.00 mailed 23-3-18 to adjust S.A for Jan. 1918 (L.A 2608

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-38-1141
L. L. 22320—M. & D. 7193.

H.Q.649-B-20280

BOOTH, J.J. # 408745

M & D widow Mrs. Eva Booth,
Espanola, Ont.

P & S " "

Memorial X mother Mrs. Louisa Booth,
Soo, Ont.

(soldier married after discharge)

Death is not attributable to Military Service

E. Mid

Number 408745 Rank a/Cpl

Surname BOOTH

Christian Name John J. D

Units 19th Bn Can Inf Theatre of War France (W.)

Date of Service 8/8/16

Remarks Mrs. Eva Booth

Latest Address ~~Thessalon~~ Espanola Ont

Roll No. B. Page 19474

200m.-6-21.

DEEP. AUG 27 1925
REGN. NO. 13647

Deceased. D.M.S. auth. H.Q. file.

SURNAME. Booth.

CHRISTIAN NAMES John. J. 649-B-20280

REGL. No. 408 745 RANK Pte, Essex 4.6.25.

UNIT 37th Batt.

FORMER CORPS Can. Mil.

CARD NO. 9830

SOSdis. 10-4-18

101/2 2

NEXT OF KIN.

NAMES IN FULL Booth. William.

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS Thessalon. Ont. Can.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Penetang Ont, DATE April 17th 1892

PLACE OF ATTESTATION Niagara Ont. DATE June. 12 – 15.

Sailed from Halifax 27/ 11/15 per S.S. "Lapland."

28 1/2 9/C 17-3-18 6 2

98

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 10m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Laborer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 23 YEARS 2 MONTHS

HEIGHT 5- FEET 5½ INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Brown HAIR Fair

DISTINGUISHING MARKS Brown mole 1½" above left nipple

MEDICAL EXAMINATION. PLACE Niagara DATE June 9/15

R. 149.

Name Booth.John,J. *Rank* ~~Pte.~~ A/Cpl. *Reg. No.* 408745

Unit 19th. Battalion.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			Slt.			
15-8	No. 3 C.G.H.	B'gne.	Infl.Mid.Ears.	A293		
22-9-16.	Dis. to Marlboro Dtls Camp.		do.	A325		
4-10-16.	Rejoined Unit.		do.	A345		
24-11.	No.5.Can.F.Amb.		Myalgia	A384		
30-11.	Div. Rest Station		do.	A391		
2-12.	Discharged to Duty		do.	A391		
30-6.	Reported from Base		Sick	A560		
1-7	Rejoined Unit.		Sprn Knee.	A560		
11.8.17	No. 6 Cas. Clearing Station		V.D.G.	A582.		
14.8.	No. 51. Gen Hosp. Etaples		V.D.G. Mild	A589.		
20-10	To Duty (HA 15470)		do	A50		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L s

No. A 8745, RANK Pte. NAME Booth. John J.

408535.
Sept. paybst.

T.O.S. 26-4-15. UNIT 37th Battalion.
Oct-P.L.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1915 May 26	1915 May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec		✓		

UNIT SAILED
NOV 27 1915

REGT'L No 408743

NAME Booth J. J.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 19th Battn.

FOLLOWS

No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 293	No. 3 Can. Gen. Boulogne	15-8-16	Infl. Mid Ears. Slt.
a 325	Ex Disch. to "Marlborough" Details		
	Camp	22-9-16	" " " "
a 345	Rept from Base rej unit	4-10-16	" " "
a 384	#5 Can Fld Amb	24-11-16	Myalgia
a 391	Div Rest Stat #8 Can Fld Amb	30-11-16	"
a 391	Disch to duty	2-12-16	"
a 560	Rept. from Base — Sick	30-6-17	Sprain Knee
"	Rej. Unit —	1-7-17	" "
a 582.	6 Cas. Clr. Sta.	11-8-17	V. D. G
a 589.	51 Gen. Etaples -	14-8-17	" " Mild
a 50 (4)	"Disc. to" Duty	20-10-17	V. D. G Opt. Cent. Out

D.M.S. 1300.

Surname: Booth
Christian Name or Names: J. J.
Reg. No.: 408.745

Rank: ~~Pte.~~ a/Cpl
Unit: 19th Batt.
Co.: 1st Cent Ont.
Troop:
Batty:

Hospital: No 3 Can Gen. Boulogne
Date of Admission: 15-8-16

Transferred: 5 C F Amb — Hosp. 24-11-16
Div. Rest Sta. — Hosp. 30-11-16
6 Cas. Clg. Stn. — Hosp. 11.8.17.
51 Gen Hos Etaples — Hosp. 14.8.17

Diagnosis: Infl. Mid. Ears (slt)

(1)
Later Diagnosis (if changed): Nyalgia
(2) Sprain Knee H.
(3) H. W. G. Jt

Additional Diagnoses: If more than one state present

DISPOSITION: Dis. to Marlboro Det. Camp. 22.9.16
Rej. unit. 4.10.16.
Disc. to Duty 2-12-16
Dis. to duty. 30.10.17.

Date

REMARKS

CL. 24-8-16 A293
2.10.16. A325.2.
25.10-16. A345.
13-12-16 A384
" 22-12-16 a 391 R.F.B sick. 30-6-17
23-7-17 a 560 R.F.B rej unit. 1.7.17
17.8.17 a 582.
25.8.17 A 589.(2)
31.10.17 A 50(4).

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

368651/736
M2S
01846-J-3

Name Booth, John J.
Surname Christian Name

Regimental Number 408745 Rank Cpl.

Address (in full) Thessalon, Ont.

Unit 37th Bn.

Original Unit

District where paid M.D. 5.

Date of Discharge 10-4-18.

P. D. P. Filing Number 2-466-2.

Rates:—Regimental pay $ 1.10 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
184 20	7701	10-5-18	61 00	7429	10-6-18	62 20				61 00	123 20

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks: Debit P.D.P. #2. Cas. Unit.

File No. 1846 J-22

WAR SERVICE GRATUITY.

Register No. 3686-736

Reg. No. 408745 Cpl.

Name Booth J. L.

Address

Dependent ~~Eva~~ Booth Wife (~~Mother~~)

Address ~~Sault St Marie~~ Thessalon Ont.

Dec'n No..... W.S.G. File No.....

Award.....days at $..... per day $.....

S. A.....months at $..... per mo. $.....

Less P, D. P. Credited $.....

Less further debit balance Net due paid as below $.....

Pay Soldier $

Pay Dependent $ ~~500.00~~ 315.80

TO RECEIVE SOLDIER'S DEPENDENT

Ac. No.	Ch. No.	Amount	Ac. No.	Ch. No.	Amount
Total			Total		

Days 153 Rate 100 Due 500.00

Less P.D.P. credited 184.20

Less further Dr. Bal. or overpayment.

Net 315.80

Clerk J. L. Jacques 7/8/19

R-
W 109
11-10-19

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1 17/8/19	6126	S08445	300	00
2						2				
3						3				
4						4 8/9/19	16476	S14027	15	80
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date 7/8/19

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Wm Booth

Address ~~Nestorville, Ont.~~ Thessalon, Ont

11/10/16 W.B.

Rate 20.00 May 1/16 2m 10 5/16 A.S.R.

By Whom Assigned Booth John J.

Regtl. No. 408745

Rank Pte.

Corps B. Co. 37th Bn.

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				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Wm Booth

L. L. Job 310.—Req. 6574.

Name of Soldier Booth John J.
408745 Pte B. Co. 54th Bn.

20.00 May 1/16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		B6280	40	40.00 to adjust
July		H11860	20	
Aug.		D12331	20	
Sept.		C15538	20	
Oct.		C19948	20	
Nov.		K25085	20	
Dec.		F 32277	20	
Jan.	1917	W31758	20	
Feb.		W38735	20	20
March		V44560	20	20
April		X108	20	20
May		U6647	20	
June		C12849	20	20. S.
July		W27659	20	
Aug.		Y 27099	20	
Sept.		339[illegible]3	20	
Oct.		M47871	20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				

minutes only and does not cause any distress. Pulse sitting 94, standing 102, on runn ng 50 yds 120, returns to normal in one minute. Respiration 20, running 50 yds 26, returns to normal in less than 2 minutes.

All other systems normal.

Incapacity due to Hyperthyroidism and pressure caused the goitre.

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. Harrison and Sons.

Examined by Dr. Taylor, Niagara Camp, June 4/15

N O K (Mother) Louisa Booth, Thessalon, Ont.

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

Mans address, Davina Bks, Toronto

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Davina Bks, Toronto DATE Mar. 27/16

1. (a) Unit 72 Can. (b) Regimental No. 408745 (c) Rank Cpl.
   (d) Surname Booth (e) Christian name John J.
2. Age last birthday 23 Date of birth Apr. 17, 1892
3. Enlisted at Niagara Camp, on June 9/15
4. Personal description :—
   (a) Height 5' 5½" (b) Weight 150 (stripped) (c) Complexion Fresh
   (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks Mool left nipple.
5. Address after discharge (for the use of the Board of Pension Commissioners) Thessalon, Ont.
6. Former trade or occupation Laborer.
7. (a) Service

	Years	Days
	2	291

	Periods	
	From	To
37th Bn.	June 9/15	May 6/16
19th Bn.	May 6/16	Mar. 16/18
72 Can.	Mar. 16/18	To Date.

   (b) Has he been overseas ? Yes, France.
8. Present disease or disability (use authorized nomenclature if possible) Goitre
   (a) Date of origin first seen Mar. /16 (b) Place of origin England.
   (c) Cause* Unknown *(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- Complains of ~~thickness~~ "thick neck", shortness of breath, and palpitation of the heart.

OBJECTIVE- All lobes of the thyroid gland enlarged, middle and left slight enlargement of the right more marked, breathing interfered with by pressure on the trachia, only on exertion. The shortness of breath is only on exertion. To march a mile and carry a pack seems to cause a feeling of tightness in the neck. There are no eye symptoms, also no tremor, heart is normal in size, valve sounds normal. Complains of palpitation when lying on his left side at night. This last a few

[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.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

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.

One large vaccination mark on left arm. One mole just over the left nipple. One small scar filled with blood (size of very small pea) 1 inche below outer side right eye.

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? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable.

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

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).

No treatment given.

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? Yes.

20. Recommendations That he be placed in Category E.

E H Adamson

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 J. J. Booth. 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 Booth

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.

#8. a. This man states that the Goitre may have begun earlier, but he never noticed it until he was in training in England in March 1916.

Otherwise we concur.

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).

That he be placed into Category "E" and be discharged as physically unfit

W. T. McLean Major *President*

Members.

STATION Ravina Barracks, Toronto.

DATE Mar. 26. 1918.

APPROVED BY

DATE 1/4/18

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
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."

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.)

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.

M

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

No. 408745

Rank Corporal

Name BOOTH, John J.

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

Corps (Squadron, Battery or Company) #2 Casualty Unit, (late 37th Bn.)

Date of Discharge April 10th., 1918.

Place of Discharge Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 11 months.

Height 5 feet 5½ inches.

Complexion Fair,

Eyes Brown,

Hair Fair,

Trade Labourer,

Intended place of residence (To be given as fully as practicable.) Thessalon, Ont.

Descriptive Marks

Brown mole 1½ inch above left nipple.

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

PHYSICAL UNFITNESS

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.

Very Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

N I L

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

W. S. G. Comp 16-7-19

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

N I L

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

6. Medals and Decorations..... N I L

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)..Toronto, Ont.,.....

(Date)..April 10th., 1918.....

Commanding ..... Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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)..Toronto, Ont.,..... *(Signature of Soldier.)*

(Date)..April 10th., 1918..... *(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 308 days.

Total..2 years 308 days.

11. **Confirmation of Discharge.**

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

(Place)..Toronto, Ont.,.....

(Date)..April 10th., 1918.....

(Signature) ..... Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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.)

(OVER)

MARRIED OR SINGLE S

PLACE OF BIRTH Penetang. Ont.

NAME AND ADDRESS OF NEXT OF KIN Wm Booth Thessalon P.O. Ontario

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	AUTHORITY
A/Sgt a/L/Cpl with pay	17/1/17	B.O. 12-24/3/17
Appointed Fanad Corps	1/2/17	B.O. 18-19/3/17
Appointed A/Corpl	9/5/17	B.O. 49-12/7/17
Confirmed in Rank	15/7/17	B.O. 66-19/9/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
15/8/17	20/10/17	V	5th Can. Hosp.

REG'L NO. 408745 RANK ~~Pte~~ A/Corpl NAME Booth. John J.

IF IN PERMT. CORPS WHAT UNIT — UNIT 12th Batt'n

TRANSFERRED TO 18th Batt'n DATE 7/6/16 AUTHORITY B.O. 129 7/6/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 1 C.R.D. DATE 1/1/18 AUTHORITY 272-6/12/17

PLACE OF ATTESTATION Niagara

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION June 7-1915.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20.00 DATE EFFECTIVE 1/5/16 Obs # B/571 Ottawa 7/7/17

PAYABLE TO Mrs Wm Booth, ~~Desbarats~~ Thessalon, Ontario RELATIONSHIP 393

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP SEP 28 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped 17/2/18 ~~Awd~~ EFFECTIVE 1/3/18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 13/2/18 REASON AND AUTHORITY 18 OMD 9/2/18 AFB 179 M V

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

P 3

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			122				1220								13 17 20	1166	14/4	1195	24/4					7786						7786	5634				Stores. B.O. 120 29/4/16.
1/4 30/4	30	1 00	30		30	10	3								33	1121	7/4	1183	7/4					12 17 486					44	2234	67				
1/5 31/5	31	1	31		31	10	3	10							34 10									243 244				20		20	81	10			
Checked. H.W. Wiltshire 1/6 10/6	10	1	10		10	10	1								11																92	10			
1/6 20/6	20		20		20		2								22			1100		232 3229	285			511	426					937	104	73			
July 31	31		31		31		3	10							34 10			1095						261				20		2261	116	22			20.00 May not chgd. in June
Aug 31	31		31		31		3	10							34 10	1117								761				20 20		4261	10771				
1-30-9	30		30		30		3								33					360 7/9 324 Gen. Hosp. 6736 249 287					174			20		2174	11897				
1-31-10	31		31		31		3	10							34 10			1358	9/10	7257	344	020		~~22~~ 261	262	436		20		2396	11911				
1-30-11	30		30		30		3								33	1397 12/10 1348 31/10								261 262				20		2523	12688				
Dec 31	31		31		31		3	10							34 10	1510	16/11							262				20		2262	13836				
1917			39 ~~80~~ 70				39 ~~80~~ 70																													
1-31-1	31	1 00 10	31	10											34 10	1452 14/12 1652 16/12		1802	25/12					262 1133	262			20	4	26 40	83	13163			66 ~~22~~ 12 Rm. May 1916. Undercharge A/R. 3465. 6s8. 4-26
			470	80											470 80									11687	2026	1734		180	4	70	339	17	131	63	Cd fwd.

Small Ledger Sheet

408745 Cpl Booth J.J. Assg. 20

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
1917															
B/fwd.			470	80											470 80
Feb 1.	28	1.05 .10	32	20										75	32 95
March 31	31	"	35	65											35 65
April 30	30		34	50											34 50
May 31	31		35	65											35 65
June 30	30	"	34	50											34 50
July 31	31	1.10 .40	37	20										265	39 85
Aug 31	31		37	20											37 20
Sept 30	30		36												36
			753	70										340	757 10

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
1598	29/1						
1919	21/1						
1467	10/2	2096	24/2				
		2113	27/3				
16	4/4						
101	27/4						
2441	4/6						
160	2/5						
393	21/6	488	10/7				
309	13/6						
586	23/7						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
116 87	20 26	17 34		180	4 70	339 17
.262				20		252
.262	.262					
.174	.261			20	.25	249
	.262					
.261				20		226
.262				20		226
.266						
.267				20		25 35
.446	.357			20		218
.357				20		235
.446		.8923		20		1136
146 92	31 68	106 57		340	4 95	630 12

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
131 63				
139 34				
148 15		60 -	85 15	
157 02				
170 07		60	110 07	
179 22				
191 02				
214 07				
126 98		60	66 98	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER ALLOC. ENG.
		126 98							126 98		
Oct	Pay	37 20		Canad.				20			
				1st Cl 674 @ 65c 15/8/17 - 30/9/17	130 77	40 20			103 98		
		37 20				40 20		20			
Nov.	Cpl Pay	36		Canad				20			
				869 30/10 1880		446					
Dec.	Cpl Pay	37 20		Canad.		446		20	132 72	60	
Jany 1918		1/3 20						20			
				Forfeits 10 days pay by C.O. finding to date 10/12/17 & awarding same. 12/12/17 50 2/1/18 60 R.D.				120			
	6 pls Pay	37 20		Mak 515 25/1/17 1st 60 R.D.	24 33						
				A Mak 489 13/12/17 "	9 72						
				Mak. 4770 25/11/17 CC. R.D.	13 38						
				Mak. 5208 8/12/17 CC R.D	4 46						
				Mak. 4140 10/11/17 CC R.D	6 25				90 67		
		37 20			58 15	1 20		20			
Feb 1/18	6 pls Pay	14 40									
	Int on Deferred Pay	5 62		Can a/c Pay				20	90 59		
		20 02						20			
March				A.K. 719. 7/2/18. 1st Decd.	7 30						
"				AK 630. 29/1/18. 1st Cond	14 60						
"				AK 536. 11/1/18. — do —	7 30				61 39		
June				Can. Pay Liability.	29 20				N.L		
					61 39						

A3m. FORM ... 13/5/18 EFFEC. 1/3/18
DISCHARGED TO Canada DATE 13/5/18
PAYBOOK VERIFIED a 3m
Credit BAL 61.39 L.P.C. REM'D 17/7/18
AUTHY. 160/89 9/7/18 AFB 179 MV

Checked

Reserved for M.H.C.

Regt. No. 408745 Rank Cpl. Surname Booth Christian Name John, Joseph

Unit or Corps—(a) Overseas from United Kingdom 19th Battn. (b) In United Kingdom 1st C.O.R.D.

Born at—Town Penetanguishine County or Province Ontario Country Canada.

Date of Birth—Day 17 Month April Year 1892 Age 25 yrs. 8 months.

Joined at Sault St. Marie + Canada Date 26-5-1915

Former Trade or Occupation Laborer.

Permanent marks or peculiarities that will serve for future identification:— Small brown mole left brest.

Height—feet 5 inches 5½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) J. Booth

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Disordered Heart Action

Disabilities Group (*b*)

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Enlarged Thyroid Gland	France	1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ? no.

(*i.*) As to Group (*a*) above ? no. If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? yes.

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted,

recommend :—

Dated at this day of 191

Date of Board

Station

President.

Signatures of the Board

Approved

Dated at

Station

Classification for the Military Hospitals Commission

1- FEB 1918

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? NOT APPLICABLE. (ii.) While off duty?

(iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

States that he had an operation on right ear in 1916, has had no trouble with ear since. Had an attack of myalgia in knees, elbows and back - in 1916 was in Hospital over four weeks. Has never had myalgia since or before that attach. He noticed a swelling in his neck after going to France, and swelling has increased in size in last year. He has shortness of breath, and palpitation of heart on exertion and is unable to pack a full kit or walk fast. Has nervous attacks and palpitation of heart at night and sleeps poorly. Was in Infantry Battn. and light duty the last three months. Medical History Sheet. C.Gen.Hosp. Bolounge 15-8-16 to 22-9-16. Inflain. Mid. Ear. No. 5. CFA. CEF. and No.6. 24-11-16 to 2-12-16 Myalgia - to duty R.F.B. 30-6-17 to 1-7-16. spr. knee. sick. R.F.B. Rej.Unit.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

PRESENT CONDITION. Height 5 ft. 6½ ins. weight 135 lbs. well npurished and muscular. All lobes of the Thyroid gland are enlarged, the middle and left lobes are slightly. Heart is normal in size and sounds. Pulse rate 90 greatly accelerated on exertion. No tremor and no eye symptoms. Knee jerk normal. Hearing normal. Dysponoca on exertion. All other systems normal.

8. OPERATION. (i.) Was one performed? Yes.

(ii.) If so, state what. Operation on ear not named on Med. His. Sheet.

(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? No.

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? No.

(b) Fit for base duty? No.

(c) Invalid to Canada? No.

(d) Discharge from the Service as permanently unfit? Yes.

Date of Report 7-1-1918. Signed J.H.Belcher - Capt.
Officer in medical charge of case.

Station 1st C.O.R.D. East Sandling.

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

C.E. Hall Capt. Officer i/c Hospital / S.M.O. / Brigade } Strike out one of these.

Dated at East Sandling Station, on 31/1/18 191

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

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

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

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)*
Fifteen percent (15%)

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, ⅕, ⅖, ⅗, ⅘, or all.)*
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? not applicable
(ii.) If not permanent, what is its probable minimum duration *(in months)*? not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable.

18. Remarks. See usual examination by Local Chambers No 11 C.G.H. dated 23/1/18 (since pages 1 and 2 were written) copy of which is attached. The Board agrees with the findings of special report No 11 C.G.H.

19. Recommendation:—(a) Fit for duty? no
(b) Fit for base duty? Yes, Calgary B III permanently.
(c) Invalid to Canada? no
(d) Discharge from service as permanently unfit? no.

Classification for the Military Hospitals Commission. B

Date of Board Jan 30/1/18

Station East Sandling

Signatures of the Board. Lt Hotten Medical Supt. President.
Fred W. Hotten Capt.

Approved J Bruce CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Dated at SHORNCLIFFE 1 FEB 1918 191

A.D.M.S.

Station

PART III

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Date of Board

Station

Signatures of the Board

President.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 408745 Rank Cpl. Surname Booth Christian Name John Joseph,

Unit or Corps—(a) Overseas from United Kingdom 19th Bn. (b) In United Kingdom 1st C.O.R.D.

Born at—Town Penetanguishene County or Province Ontario Country Canada.

Date of Birth—Day 17 Month April Year 1892 Age 23 yrs. 8 months.

Joined at Sault St. Marie, Canada Date 26-5-1915.

Former Trade or Occupation Laborer.

Permanent marks or peculiarities that will serve for future identification :—

Small brown mole left brest.

Height—feet 5 inches 5½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) H. Booth

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Disordered Heart Action

Disabilities Group (*b*) No.

Disabilities Group (*c*). No.

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Enlarged Thyroid Gland	France	1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above No If yes, has Actiye Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

5. If a cause of disability was an injury received on Active Service, was it received—

NOT APPLICABLE.

(i.) While on duty ?

(ii.) While off duty ?

(iii.) Was a Court of Inquiry held ?

(iv.) Where ?

(v.) When ?

(vi.) Opinion of the Court ?

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).* States that he had an operation on right ear in 1916 has had no trouble with ear since. Had an attack of myalgia in knees, elbows and back - in 1916 was in Hospital over 4 weeks. Has never had myalgia since or before that attack. He noticed a swelling in his neck after going to France, and swelling has increased in size in last year. He has shortness of breath and palpitation of heart on exertion and is unable to pack a full kit or walk fast. Has nervous attacks of palpitation of heart at night and sleeps poorly. Was in Infantry Battn., and light duty the last three months. Medical History Sheet, C.Gen.Hosp. Boloungne 15-8-16 to 22-9-16. Inflain. Mad. Ear. No. 5 CFA. CEF. and No. 6 24-11-16 to 2-12-16 Myalgia to duty R.F.B. 30-6-17 to 1-7-16. spr. knee. sick. R.F.B. Rej. Unit.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

PRESENT CONDITION. Height 5 ft. 6½ inst. WEIGHT 135 lbs. well nourished and muscular. All lobes of the thyroid gland are enlarged; the middle and left lobes are slightly. Heart is normal in size and sounds. Pulse rate 90 greatly accelerated on exertion. No tremor and no eye symtoms. Knee jerk normal. Hearing normal. Dysponoea on exertion. All other systems normal.

8. OPERATION. (*i.*) Was one performed ? Yes.

(*ii.*) If so, state what. Operation on ear not named in Med. His. Sheet

(*iii.*) Was one advised and declined ? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service ? No.

(*ii.*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty ? No.

(*b*) Fit for base duty ? No.

(*c*) Invalid to Canada No.

(*d*) Discharge from the Service as permanently unfit ? Yes.

Date of Report 17-1-1918. Signed F.H. Burton - Capt.
Officer in medical charge of case.

Station 1st C.O.R.D. East Sandling

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

Officer i/c Hospital, A.D.M.S., Brigade } of these. Strike out one

Dated at East Sandling Station, on 31/1/18

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1) ? Yes

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2) ? Yes

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused ? No / Aggravated ? No } (*b*) Misconduct of the Soldier { Caused ? No / Aggravated ? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?
(*Estimate at none,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

Fifteen per cent.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service ?
(*Estimate at none,* ⅕, ⅖, ⅗, ⅘, *or all.*)

Not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(*i.*) Is it permanent ? Not applicable

(*ii.*) If not permanent, what is its probable minimum duration (*in months*) ? Not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable ? Not applicable

18. Remarks.

See result of examination by Lieut.Col. Chambers No, XI. Can. Gen. Hospital, date 23-1-18 (since Pages 1 and 2 were written) copy if wgich is attached, ~~M.O. in charge of case declined to alter his recommendations.~~ The Board agrees with the finding of Special report by Lt. No 11, C.G.H.

19. Recommendation :—(*a*) Fit for duty ? No

(*b*) Fit for base duty ? Yes. Category B.III permanently.

(*c*) Invalid to Canada ? No

(*d*) Discharge from service as permanently unfit ? No

Classification for the Military Hospitals Commission

Date of Board January 30th, 1918

President. L. Hyttenrauch, Capt. CAMC

Signature of the Board. Fred, W. W. Hipwell, Capt.CAMC.

Station East Sandling.

Approved F Burton CAPT FOR A.D.M.S. CANADIANS SHORNCLIFFE

A.D.M.S.

Dated at Station 1 FEB 1918 191