

ATTESTATION PAPER.

No. 746136

116TH OVERSEAS BATTALION C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Walker
- 1a. What are your Christian names? John
- 1b. What is your present address? Nassau Street, Oshawa Ontario Canada
- 2. In what Town, Township or Parish, and in what Country were you born? Glasgow, Scotland
- 3. What is the name of your next-of-kin? Mary Walker
- 4. What is the address of your next-of-kin? Nassau Street, Oshawa Ontario Canada
- 4a. What is the relationship of your next-of-kin? Wife
- 5. What is the date of your birth? February 7th 1878
- 6. What is your Trade or Calling? Carpenter
- 7. Are you married? Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? 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 Walker, 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 January 8th 1916  
John Walker (Signature of Recruit)  
Alex W. Walker (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Walker, 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 January 8th 1916  
John Walker (Signature of Recruit)  
Alex W. Walker (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 Oshawa Ontario this 8th day of January 1916

A. Campbell (Signature of Justice)  
Police Magistrate Town of Oshawa

Description of John Walker on Enlistment.

Apparent Age 37 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. 3 1/2 ins.

Chest measurement { Girth when fully expanded ..... 34 ins.  
Range of expansion ..... 3 ins.

Complexion Fair .....

Eyes Blue .....

Hair Dark Brown .....

Religious denominations. { Church of England.....  
Presbyterian A.....  
Methodist.....  
Baptist or Congregationalist.....  
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 January 8th 1916 191 .....

Place Oshawa Ontario .....

*James Moore*  
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 Walker ..... 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.

*A. Sharpe* LT. COL. (Signature of Officer)  
O. C. 116TH OVERSEAS BATTALION C.E.F.

**MAY 15 1916**  
Date ..... 191 .....

REGIMENTAL DOCUMENTS

NAME

WALKER John

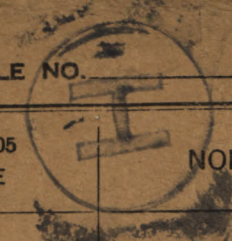
REGT. NO.

746136

UNIT

116<sup>th</sup> Inf

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Remb.*

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

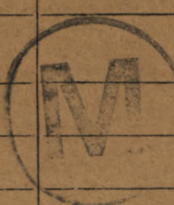
*Misc.*

*Case 85009*

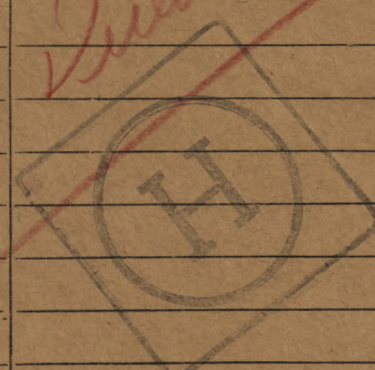
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*book*

*19 12 00*



*Forwarded 28-1-58*



02284

*42-29.*

*4-28*

*6-28*

*1.*



Number

746136

Rank

Pte.

Surname

WALKER

Christian Name

John

Units

18th Bn Can. Inf

Theatre of War

France

Date of Service

6-10-16

Remarks

Latest Address

~~A. P. O. Oshawa~~

~~Ont.~~

Roll No.

B. Page 13677.

200m.-2-21.M.

215 Nassau St., Oshawa, Ont.

DESP. JUN 7 1922  
REGN. NO. *HA 19609*

No 746136

RANK

*etc*

NAME

*Walker John*T. O. S. 8-1-16  
(W. O. 9 of 20-1-16)

UNIT

*116<sup>th</sup> Battalion*

M. D. 2

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

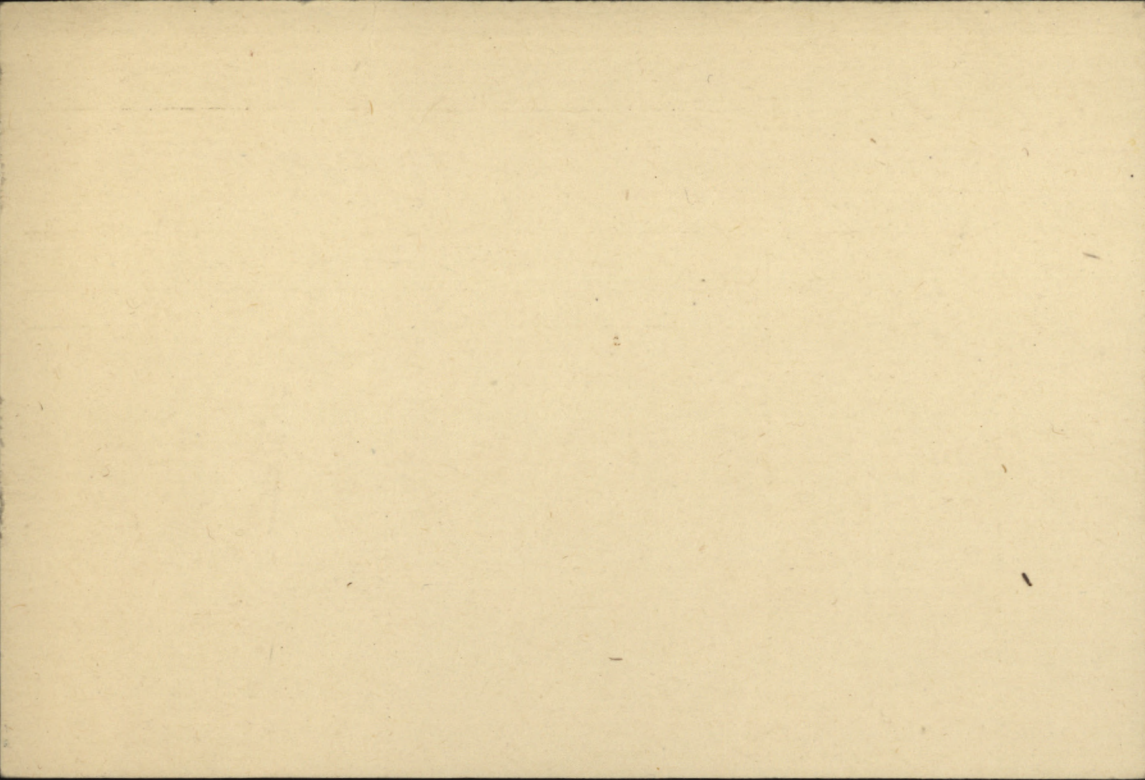
PARTICULARS

AUTHORITY

*1916**1916**Jan**8 Jan 31**Feb**Mar**Apr**May**June**July**✓**✓**✓**✓**✓**✓**✓*

UNIT SAILED

JUL 23 1916





SURNAME.

Walker

CHRISTIAN NAMES

John

REGL. NO.

746136

RANK

Pte,

UNIT

116th

Bn

FORMER CORPS

nil

S.O.S. 2/4/19 Demob.  
 FOLL. 2.D.D.  
 And 105/15/4/19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Walker Mrs. Mary

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Nassau Street, Ushawa, Ont.

COUNTRY OF BIRTH

Scotland Glasgow

DATE

Feb 7th. 1848

PLACE OF ATTESTATION

Ushawa Ont.

DATE

Jan 8th. 1916

Sailed from Halifax per S.S. "Olympic" 23-7-16. 491

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

37

YEARS

MONTHS

HEIGHT

5

FEET

3 1/2

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Oshawa, Ont.

DATE

Jan. 8th. 1916

Present Address Nassau Street Oshawa, Ont.

NAME *Walker J.*  
RANK AND CORPS *Pt 18th Bn*

REG'TL NO *746136*  
H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

00433	No 1 Conv Depo Boulogne	6-2-17	Sick .
243470	No 13 Stat. Boulogne	6-2-17	Cataract R.
2437	Disc. to Beau Details	9-2-17	Cataract R.

R. 149.  
2345-5m-5/12/16.

Name **WALKER, John**

Rank

Pte.

Reg. No. **746136**

Unit **18th Bn.**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<b>1917</b>						
<b>6-2</b>	<b>1 C.D. Boulogne</b>		<b>Sick</b>	<b>A433</b>		
<b>6-2</b>	<b>13 S.H. Boulogne</b>		<b>Cataract R.</b>	<b>A434</b>		
<b>9-2</b>	<b>Disch. to Base Details</b>		<b>-do-</b>	<b>A437</b>		



Surname **walker** Christian Name or Names **J.** Reg. No. **746136**  
 Rank **Pte.** Unit **18th Bn.** Co. Troop Batty

Hospital **1 Conval Boulogne** Date of Admission **6-2-17.**

Transferred **13 Stat. Boulogne** Hosp. **6-2-17**

Hosp.  
Hosp.  
Hosp.

Diagnosis **Cataract R.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 13-2-17 A433

14-2-17 A434.

17-2-17 at 437

Dis to Genl Dep. Etaples Date 9-2-17  
REMARKS

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

oh

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.



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

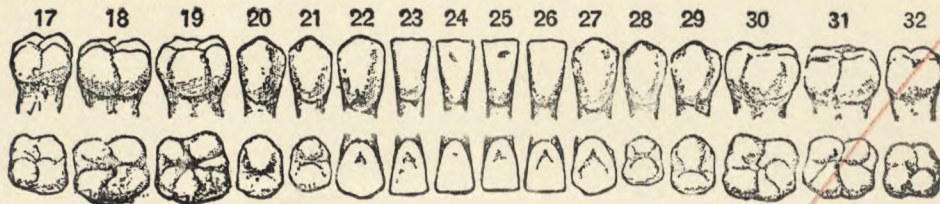
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WALKER, J.

REGIMENT 676 RANK Plt No. 746136

Date of Examination in England 4-2-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

None

None  
1. 2. 3. 4. 5. 13. 14. 15. 16

None

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

—  
—  
- yes

Signature of Dental Officer

W. S. S. [Signature]

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

WALKER J

1876

WALKER J

1876

1876

1876

1876

1876

1876

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889 -PP 1150 IM 5/18 G.W.P.Co.(3490)

(1)*Substantive rank *Acting rank *{To be entered in pencil to facilitate alteration.} (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)		
(19) Pivotal-man (f)	(20) Qualifications (g)	(Place)	(Date)
		or (21) Corps trade and rate	
(22) Extended {		(23) Re-engaged {	
(24) Miscellaneous entries:—			

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoehing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

MAR 1919

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. \_\_\_\_\_. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No. \_\_\_\_\_

*A. Bullman*  
Commanding \_\_\_\_\_ Wing,  
Kinmel Park camp.

SAILING NO 42

S S REGINA FROM  
L POOL 22 3 19

*Stinson*  
Adjt. No. 14 C.T.O.S.

MAR 22 1919 O. S.

APR 2 1919 S. O. S.

T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919

(DISCHARGED FROM H. M. S.)

No. 2 DIS. DEPOT, PART II D. O. 105

*[Signature]*  
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

Lieut.

29  
H.A. 10/1/16

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

M. F. W. 53.  
150M. 10-15.  
H.Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 116th Battalion, C.E.F.

Regimental No. 746136 Rank Pte. Name Walker, John  
C. E. F.

Enlisted (a) 8/1/16 Terms of Service (a) War & Six months Service reckons from (a) 8/1/16

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) \_\_\_\_\_

CERTIFIED CORRECT.  
18 OCT 1916  
CAN. RECORDS, LONDON.

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		<b>Embarked, Canada, Halifax.</b>		<b>23/7/16.</b>	<i>Walker, John</i> <i>Capt Adj</i> For O.C. 116th. Battalion
		<b>Arrived England. Liverpool</b>		<b>31/7/16.</b>	
		<b>Transferred for overseas Service with Battn. 18<sup>th</sup></b>			
		<b>OCT 5 1916</b>			
6-10-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	6.10.16	Nom Roll Pt II Ord 52 d-6.11.16
28-10-16	18 BN	Joined unit	In the Fld	22.10.16	B. 213.
3-2-17	S C.F.A.	Opacity, eye R. Adm.	S C.F.A.	2-2-17	A 36. DES. 272.
6-2-17	1 Cons. Dep.	Sick.	Adm. No. 1 Cons. Dep.	6-2-17	W 3034.
9-2-17	do	Unfit.	Dischgd. to Base Details	9-2-17	do.
12-3-17					

(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.

OVER

746136 Pte. Walker J.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
12-3-17	2 <sup>nd</sup> Can. Entrench. Bn.	Arrived at 2 <sup>nd</sup> Can. Entrench. Bn.		12-3-17	Non. Roll.
4-4-17	do	Proceeded to rejoin unit. In the Fld.		4-4-17	do.
7-4-17	18 <sup>th</sup> Bn.	Rejoined unit	In the Fld.	4-4-17	O. 213. DCS. 289
11-5-17	4 <sup>th</sup> Can. Inf. Bde H.Q.	Proceeded to Canadian Base Depot		11-5-17	Telegram 11/5/17. (Can. Sect. No. KE. 8862)
	A.A.G., Can. Sect. GHQ, 2 <sup>nd</sup> Ech.	Temporarily attached (pending transfer) to Canadian Base Depot. (Auth: G.O.C., L. of C., C.R. No. 497/A, dated 25/4/17)		11-5-17	(Can. Sect. No. KE. 8862) Pt. II Order 38, 25/5/17.
31-10-17	Can. G.B. Dep.	Taken on strength of Can. Labour Pool (classified B.2)	Can. Gen. Base Depot	31-10-17	Non. Roll. (Can. Sect. No. 263)
		Transfd. to Canadian Labour Pool, and S.O.S. of 18 <sup>th</sup> Can Bn. Ceases to be attached to Canadian Gen. Base Depot.	do	31-10-17	Pt II Ord. 83, 13/11/17.
	a.o.g.	<b>T.O.S. CANADIAN LABOUR POOL, from 18<sup>th</sup> Can. Inf. Batt.</b>		1-11-17.	K.R. 16276. Pt. 2 O. 203 of 17. 11-17.
10-11-17	64. B.D.	Proceeded on leave.		5-11-17	O. 213 O. 204 O. 11 d 27-11-17
12.12.17	-do-	To Adv No 9 Instruct	C.F.C	12.12.17	N/R 813.
24.11.17.	-do-	Rejoined from L of A.		22.11.17.	B213. No. 24. 17.12.17.

**Casualty Form—Active Service.**

Regiment or Corps Can. Labour Pool

Rank Pr Surname Walker Christian Name John

Religion ..... Age on Enlistment..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate.....

Occupation ..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ....			
		Disembarked...			
<u>12.12.17</u>	<u>a. a g</u>	<u>S.O.B. of Can. Labour Pool on</u>			<u>KR 16146</u>
	<u>b. g. B. 10.</u>	<u>transferring to Hqs No 9</u>			<u>N/R. 813.</u>
		<u>reloc. C.F.C.</u>		<u>12.12.17.</u>	<u>P. 2.0 no 27 of 24.12.17</u>
<u>12/12/17.</u>	<u>C &amp; B D</u>	<u>taken on strength H.Q. No 9 Dist C &amp; B on</u>		<u>13/12/17</u>	<u>from Roll 813</u>
		<u>transfer from Can Labour Pool.</u>			<u>can see file KR</u>
					<u>16146 Pt II O no 21</u>
					<u>d. 27/12/17</u>
<u>12/1/18</u>	<u>HQ No 9 Dist</u>	<u>Struck off on transfer to 29 Coy C &amp; B</u>		<u>11/1/18</u>	<u>B213 Pt II O no 3</u>
					<u>d. 19/1/18</u>
<u>13/1/18</u>	<u>29 Coy C &amp; B</u>	<u>Taken on on transfer from H 2 No 9 Dist</u>		<u>12/1/18</u>	<u>B213 Pt II O no 3</u>
					<u>d. 19/1/18</u>
<u>27.3.18</u>	<u>Adj. Cdn. Dep. Vision</u>	<u>Class B 2</u>		<u>27.3.18</u>	<u>KR 457</u>
					<u>pt. II 33</u>
					<u>d. 20.7.18</u>

(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) Signaller, Sheering-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
21-9-18	29 Coy C.F.C.	Granted 14 days leave to U.K.		18-9-18	B213 Pkt 46 Oct 1918
12-10-18	Do	Rejoined from leave	Field	5-10-18	B213
9-11-18	28 Ban Genl	Attached for Camp Duty	Le Depot	4-11-18	authy H.Q. G.S.C. N. A. 2/133 d. " B213 9/11/18
21-12-18	29 Coy C.F.C.	Rejoined Unit	Field	16-12-18	B213
30/19	O.C. Cdn. S.O.S. for demobilisation to C.F.C. Cone. Camp. Le Havre				N/R. K4-1 Pt. 2. O/S. 4 9/1919
			Sunningdale	30/19	
			W. Hewitt		Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q.
3-2-19	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale			31-1-19	Pt. IT D.O. 34
		from C.F.C. France			
1-3-19	B.D.G.F.C.	Transfers M.J.2. Con. camp. Rhyl.		1-3-19	Pt. I 60 Lt. for O.C. B.D.C.



**ORIGINAL**  
**MEDICAL HISTORY SHEET.** 746136

**ORIGINAL**

Surname Walker Christian Name John

Examined { on 8 day of January 1916  
 at Oshawa.

Approved by James Moore

Birthplace { City or Town Glasgow  
 County Scotland

Rank Capt. M.O.

Apparent age 34

Trade or occupation Carpenter M.O.

Height 5 Feet 3 1/2 Inches M.O.

Weight 130 Lbs. M.O.

Chest measurement { Minimum 34 inches M.O.

Maximum expansion 3 inches M.O.

Physical development Good M.O.

Small-Pox Marks none M.O.

Vaccination Marks { Arm Right X Left 1  
 Number one

Date 29/6/16 Result James Moore VACCINATIONS. M.O.

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/4/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
<u>29/4/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
<u>22/8/16</u>	<u>OK</u>	<u>James Moore</u> M.O.

Enlisted on 8 day of January 1916 at Oshawa

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>116 Batt</u>	<u>746136</u>	<u>Good</u>	<u>8/1/16</u>
Transferred to.. ..	<u>18th Bn</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Summingdale</u>	<u>10.2.19</u>	<u>Def. Vision ant. sclerosis (Bone)</u>	<u>Fit Sutherland's</u>

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



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... 116th Battalion C.E.F.

(2) Regimental Number... 746136

(3) Full Name of Soldier... Walker John

(4) Place of Birth... Glasgow Scotland.

(5) Are you married, or not? ... Yes.

(6) If married, state,  
(a) Full name of your wife... Walker Mary

(b) Present Postal Address... Oshawa Ontario Canada.

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

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

If so, give number of boys and girls... 3 Boys. 4 Girls

Also their names and ages... George Age 13 Years,; William age 11 Years  
John age 3 Months. Nancy Age 8. Years. Gennie age 6 Years  
Margrett 4, Years Lillie 2Years

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

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

(10) Is your Mother alive?.....**No**.....

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

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

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

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

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

(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.

(15) Are you insured?.....**No**.....

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

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

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

*W. Smith*  
for  
Officer Commanding.  
116TH OVERSEAS BATTALION C.E.F.

Date.....**28/6/16.**.....

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 746 133 (Rank) PTE

Name (in full) John Walker enlisted in  
the 116<sup>th</sup> Bn

CANADIAN EXPEDITIONARY FORCE at Oshawa on the 8<sup>th</sup>  
day of Jan 1916

HE served in 18<sup>th</sup> Bn B.E.F.

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

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

Age 31

Marks or Scars nil

Height 5' 3 1/2"

Complexion FAIR

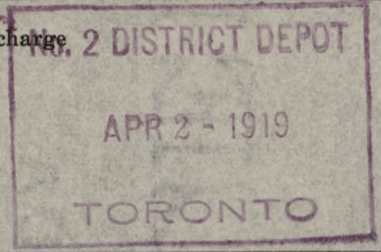
Eyes Blue

Hair Dark Brown

J Walker  
Signature of Soldier

[Signature]  
Issuing Officer

Date of Discharge



For  
O.C. No. 2 District Depot.

Rank

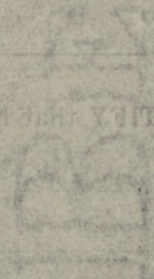
APR 2 - 1919

Date \_\_\_\_\_ 19\_\_\_\_

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



THIS IS TO CERTIFY THAT THE	
(Rank)	Name (in full)
enlisted in	
the	
CANADIAN EXPEDITIONARY FORCE on the	
day of	
He served in	
and is now discharged from the service on the ground of	
Medical Reasons	
Demobilization	
THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:	
Age	Height
Complexion	Eyes
Hair	Build
Marks or Scars	
Signature of Soldier	
Date of Discharge	
Rank	
Signature of Officer	
Date	
1918	1918

NOTE: As no duplicate of this Certificate will be issued, any person holding same is requested to forward to an

most convenient envelope to the Secretary, British Council, Ottawa, Canada.

1230

Rank \_\_\_\_\_ Name **WALKER, John.** Reg'l No. **746136**  
 Unit **116th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married**  
 Place and Date of Enlistment **Oshawa Ont. 8th Jan 1916.** Place of Birth **Glasgow, Scotland.**  
 Name and Address, Next-of-Kin **Mary Walker.**  
**Nassau Street, Oshawa, Ontario, Canada.** Relationship **Wife.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No	1249
File R.L.	
Category	Organ

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arr. in ENGLAND		<i>Y.M.I. 2810.</i> S.S. OLYMPIC 31-7-16	
<i>O.b.</i> 6-10-16	116th	S. O. S. on Tfr. to 18th Bn.	B'shott	5-10-16	PT II DO. 254
6-11-16	18th Bn	Taken on strength.	Field	6-10-16	PT II 52
13-2-17	"	No 1 Conv. Depot	Boulogne	6-2-17	C.L.A 433 Sicks "Q"
14-2-17	18th	No 13 Staty Hospital	"	6-2-17	" 434 Cataract R Eye
17-2-17	"	Discharged to Base Details	"	9-2-17	" 437
25-5-17	"	<i>Canadian Base Details (pending stamps)</i> Temporarily attached to _____	Kitchfield	11-5-17	PT II DO. 28
13-11-17	"	<i>trans to be attached Can in Base</i> S.O.S. trans to Can. Lab pool	"	31-10-17	PT II DO. 83
24-12-17	<i>Can. Lab Pool</i>	S.O.S to 9th Dist: Hqn CFC	Field	12-12-17	-28
27-12-17	HQ 9th Dist	T.O.S from C. L. Pool	Field	13-12-17	" 21

F.B. 103 CHECKED  
 14 JUN 17



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.				
19-1-18	HQ # but one	S.O.S. to 29 <sup>th</sup> Coy CFC 308 to BLCFC, 30 7. 19 29 Coy DO. 4 3.31 1.19 & TOS BDCFC S: DALL BDCFC DO 34, d 3 2 19	Field	11-1-18	Pro 3 + Pro 3 d/19-1-18 29 <sup>th</sup> Coy CFC. T.O.S.
1.3.19	BDCFC	S.O.S to M.D. 2. Ryle	J. S. dau	1.3.19.	leo
3.3.19	2 MDCW See 4 CFC	S.O.S from 67 C	Ryle "	1.2.19 - 52	
				42-1	22-3-19
25-3.19	2 MDCW See 2 CFC	S.O.S to Canada Sailing 42	J. Ryle	22.3.19	- 71

ON HIS MAJESTY'S SERVICE.

FASTEN Envelope by gumming this Label across  
NATIONAL ECONOMY. OPEN by cutting Label instead of tearing Envelope



## SEPARATION ALLOWANCE

Name

*Mary Walker*

Name of Soldier

*Walker John*

Address

*Nassau St  
Oshawa Ont.*

Regtl. No.

Rank

*Pte*

Corps

*116th Batta*

Relation to Soldier

wife, child or mother

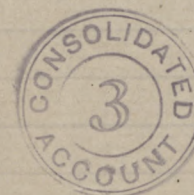
*wife*

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		<i>624451</i>	<i>20</i>	<i>20</i>



4159

1914

10

X

1914

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

I. L. Job 89002.—Req. 6213.

*Mary Walker*

PAYMENTS.

*wife*

Name of Soldier

*Walker John*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M3528	20	20
May		7157	20	20
June		5965	20	20
July		1009	20	20
Aug.		E14411	20	20
Sept.		R17645	20	20
Oct.		Q 20470	20	20
Nov.		a 24703	20	20
Dec.		A 27972	20	20
Jan.	1917	Z 30535	20	20
Feb.		Z 33455	20	20
March		A 37295	20	20
April		X 2926	20	20
May		Z 5701	20	20
June		Z 8989	20	20
July		Z 12679	20	20
Aug.		M 16291	20	20
Sept.		Q 19551	20	20
Oct.		E 22910	20	20
Nov.		L 25301	20	20
Dec.		A 29200	20	20
Jan.	1918			440
Feb.				
March				
April				
May				
June				
July				

↑ 340

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20  
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T  
B  
W 440

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mary Walker*  
 Address *Nassau Street*  
*Oshawa Ont.*

*wife*  
 By Whom Assigned *Walker John*  
 Regtl. No. *746136*  
 Rank *Pte*  
 Corps *116 Batt. D Coy.*

Rate \$ *20<sup>00</sup>*

**AUG 1 1916**

**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  
2  
3  
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6  
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8  
9  
10

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2.

Mary Walker

L. L. Job 310.—Req. 6574.

**PAYMENTS.**

Name of Soldier

Walker John  
 Pte 16 Batt D.C.

746136  
 \$ 20<sup>00</sup>

Remarks.

AUG 1 1916

ad

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		M 15237	20	
Sept.		L 2726	20	
Oct.		70 25592	20	
Nov.		29294	20	
Dec.		E 35318	20	
Jan.	1917	T 42028	20	
Feb.		W 43990	20	
March		C 53883	20	
April		B 5355	20	20 (W)
May		B 11620	20	
June		Z 20805	20	20
July		P 25991	20	
Aug.		F 37502	20	
Sept.		R 40956	20	
Oct.		B 49246	20	
Nov.		J 53684	20	
Dec.		O 62116	20	340 <sup>00</sup> 906
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.	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.				



P. 559.  
MARRIED OR SINGLE

*Married*

PLACE OF BIRTH

*Glasgow, Scotland*

NAME AND ADDRESS OF NEXT OF KIN

*Mary Walker,  
Nassau St. Oshawa, Ont. Can.*

RELATIONSHIP OF NEXT OF KIN

*Wife.*

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

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *746136* RANK *Private* NAME *Walker, John.*

IF IN PERM. CORPS WHAT UNIT UNIT *116th Bata*

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION *Oshawa, Ont.*

DATE OF ATTESTATION *Jan'y 8-1916.*

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Aug 1-1916-*

PAYABLE TO *Mrs. Mary Walker Nassau St Oshawa, Ont. Canada.* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

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

EFFECTIVE REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

RELATIONSHIP

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT				
			\$	c.						\$	c.																	No.	DATE	No.	DATE
<i>1916</i>																															
<i>July 31</i>								<i>18 60</i>	<i>18 60</i>																						
<i>Aug 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>			<i>32 10</i>											<i>20</i>		<i>20</i>									
<i>Sept 30</i>	<i>30</i>		<i>30</i>		<i>30</i>				<i>33</i>											<i>30</i>		<i>51 63</i>									
<i>Oct 15</i>	<i>15</i>		<i>15</i>		<i>15</i>				<i>16 50</i>											<i>20</i>		<i>20</i>									
<i>Oct 31</i>	<i>16</i>		<i>16</i>		<i>16</i>				<i>17 60</i>													<i>244</i>									
<i>Nov 10</i>	<i>10</i>		<i>10</i>		<i>10</i>				<i>11</i>											<i>20</i>		<i>20</i>							<i>Trans. 18 Feb. No 257. 6-16</i>		
<i>Nov 30</i>	<i>20</i>		<i>20</i>		<i>20</i>				<i>22</i>																						
<i>Dec 31</i>	<i>31</i>		<i>31</i>		<i>31</i>				<i>34 10</i>																						
			<i>15 30</i>		<i>15 30</i>																										
<i>Jan</i>	<i>31</i>	<i>100</i>	<i>34 10</i>						<i>34 10</i>																						
<i>Feb</i>	<i>28</i>	<i>100</i>	<i>30 80</i>						<i>30 80</i>																						
<i>Mar</i>	<i>31</i>	<i>100</i>	<i>34 10</i>						<i>34 10</i>																						
<i>April</i>	<i>30</i>		<i>33 00</i>						<i>38 00</i>																						

Checked: *[Signature]*

*C1*



ASSIGNED  
PAY.

ENGLAND OR  
CANADA.

SEPARATION  
ALLOWANCE.

57

ENGLAND OR  
CANADA.

NAME:- WALKER John

EFFECTIVE  
DATE:- 1-8-16

EFFECTIVE  
DATE:-

NUMBER:- 746136

AMOUNT:- 20

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE  
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY

DATE  
EFFECTIVE

RANK OR APPOINTMENT

Mrs Mary Walker, Wife  
Madam Street,  
Oshawa, Ont.

*stopped 1/3/19*

Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 116<sup>th</sup> Battalion

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY

DATE  
EFFECTIVE

DATE LEDGER  
SHEET T'S/F/D

UNIT TRANSFERRED TO

C.F.B. France

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED  
BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/2/19	7339	B.C.A.C.	9.73				
12/2/19	7463		14.60				
			74.33				

*P850 13/19 off 30.9.18*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE  
ALL'CE

1 00

10

PARTICULARS OF RENDERING NON-EFFECTIVE:

*Discharged to Canada 28/2/18. NR #3011/18 dale m D 2.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
arch				Balance Forward					46.18		
apr	P. P.	33-		b.c.a.p.				20-			
				AR 20 17/4/18 29 <sup>th</sup> Coy	2.68						
				AR 45 30/4/18 -	4.46				52.04		
may	P. P.	33- 34.10		b.c.a.p.	7.14			20-			
				AR 90 15/5/18 29 <sup>th</sup> Coy	3.57						
				AR 96 29/5/18 -	3.57				59.00		
June	Pay	34.10 33-		b.c.a.p.	7.14			20-			
				AR 122 15-6-18 29 <sup>th</sup> Coy	3.57						
				" 149 27-6-18 -	3.57				64.86		
July	Pay	33 34.10		b.c.a.p.	7.14			20-			
				" 197 15-7-18 -	3.57						
				" 225 30-7-18 -	3.57				71.82		
Aug	Pay	34.10 34.10		b.c.a.p.	7.14			20-			
				" 254 15-8-18 -	3.57						
				" 285 30-8-18 -	3.57				78.78		
Sept	"	34.10 33-		C.A.P.	7.14			20-			
				" 314 16-9-18 -	3.57						
				" 4476 -	87.60				- 61		
					91.17			20-			
Oct.	"	34.10 34.10		C.A.P.				20-	14.71		
								20-			
Nov.	"	33-		"				20-			
				" 960 5.11.18 2nd C.G. Hosp.	4.66						
				" 1045 15.11.18 -	9.33						
Dec.	"	34.10		b.c.a.p.				20-			
Jan	"	34.10		" 494 18.12.18 29 <sup>th</sup> Coy	3.73						
				" 117 30.1.18 2nd C.G. Hosp.	9.33						
					27.05			40-			

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Jan.	B. A. Ford	101	20		27.05			40-	14.71		
							C. A. P.				20-	28.86		
					101	20		27.05			60-			
			Feb.	J. Fay	30	80	AR 526 31.12.18 29.60	3.73						
							" 557 15.1.19 "	3.73						
							C. A. P.				20-	32.20		
							" Bp 229 3.2.19 P.D.	9.73						
							" Bp 963 12.2.19 "	14.60						
							" 144 Himmel (End)	9.73						
					30	80		41.52			20-	1.86		

So. S. Can. 22.3.19  
S.L. 42

A 3 M. FORM REN. Stopped 1/3/19  
DISCHARGED TO Canada DATE 28/2/19  
PAY BOOK VERIFIED 14/2/19  
BAL. 7.57 14/2/19  
AUTHY NR 3011 12/2/19 C. Dale  
m.d. 2.

COMPILED BY J. King

CHECKED BY [Signature]

Amend. Bal. 1.86 Due to AR 144.

WAR SERVICE BADGE CLASS A

M.D. 2

War Service Badge

Class

157358 TORONTO

21/1/33

SERVICE GROUP 6  
OCCUPATIONAL GROUP 2

SHORT FORM No. 157358 TORONTO  
PROCEEDINGS ON DISCHARGE.

Issued Wife  
B.I. CARPENTER



1. No. 746136

2. Rank. Pfc.

3. Name. WALKER.

John

4. Unit. C. I. Co.

116th Bn.

5. Date of Discharge APR 2 - 1919

Place Toronto Ont

6. Reason for Discharge

DEMORILIZATION

742  
FROM  
POOL 22. 3. 19

7. Authority. No. 2, D.D., Part II, D.O. No. 5637

8. Proposed Residence after Discharge

Oshawa Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

J. Walker

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto Ont

Date APR 2 - 1919

Signature

Photocopy  
(O. C. Discharging Unit.)

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1. Name	
2. Rank	
3. Service	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Remarks	
9. Signature of Soldier	
10. Signature of Discharging Officer	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	.....	Misses Form W-2
or Particulars of Receipt	.....	Misses Form W-2B
Field Contact Sheet	.....	Misses Form W-1 (Schedule B)
Causality Form	.....	Misses Form W-2 (Schedule B)
Lost Pay Certificate	.....	Misses Form W-2
Certificate that missing documents are undeliverable	.....	Misses Form W-2
Medical History Sheet	.....	Misses Form W-2 (Schedule B)
Proceedings of Medical Board	.....	M. R. H. Form W-2 (Schedule B)
Dental History Sheet	.....	Misses Form W-2
Medical Report	.....	Misses Form W-2 (Schedule B)
Keynote Report	.....	Misses Form W-2
Company Medical Sheet	.....	Misses Form W-2

**LIST OF DISCHARGE DOCUMENTS.**

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

Group..... *A*  
 Checked by No. .... *20*  
 Date..... *20 MAR 1919*



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Toronto DATE 2/6/19

1. 1 (a) Unit # 2 C. C. (b) Regimental No. 446136 (c) Rank Pte  
 (d) Surname WALKER (e) Christian name Geo.  
 (f) Home address ~~215 Main St. Ushawa, Ont.~~  
 (g) Next of Kin Mary Walker (h) Relationship Wife  
 (i) Address of Next of Kin Ushawa, Ont.

2. Age last birthday 41 Date of birth 4/2/48

3. Enlistment, or Appointment (if an Officer) (a) Place Ushawa (b) Date 8/1/16

4. Personal description:  
 (a) Height 5'4 1/2" (b) Weight 134 (c) Complexion Medium  
(stripped)  
 (d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Carpenter

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

7. Original disease, or injury Defective vision & Arterio Sclerosis

(a) Date of origin 22 Prior to enlistment (b) Place of origin Canada  
 (c) Cause Injury to eye & Unknown

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

1. <sup>partial</sup> ~~Loss~~ Loss of function of eyes.  
2. " " " " " " " " Cardiovascular system

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

1 July. — Overseas spec. report dated 10/2-19. See Eng 179. Penetrating wd of the Rt-eye. R.P.T. Lt 1/2. Iris bowed down by synechia. Traumatic cataract present. Condition present prior to enlistment. No service aggravation.  
1 July — No sight with Rt-eye.  
2 July — Radial artery thickened. Not tortuous on bounding wrist times after 1/2 mile. P. at rest 72 100 42  
R. g. B. P. 130 22 16 22 plainly 16  
July — Get short of breath on walking 2 miles or on going up a flight of stairs fast.

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

Nervous System No Cardio-Vascular System No Genito-Urinary System No  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses No Respiratory System No Integumentary System No  
Disturbances of Mentality No Digestive System No Muscular System No  
Osseous and Joint Systems No Any other general condition No

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

1 Condition present on enlistment. Injured Rt eye in 1912.  
2 Never received any treatment for same.

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

*Nil*

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

*Nil*

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

*100% Yes*

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

*100% No 2 Yes no shortness of breath previous to enlistment.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

*100% No (a & b)*

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

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

*100% Permanent*

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

*100% Nil*

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

*100% No*

16. Can the former trade or occupation be resumed? (If not, briefly state why)

*Yes*

17. Recommendations.

*T. L. Stauffer Capt.*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

*P.P.S.*

*J. Walker* Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

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

PLACE DATE President Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE DATE President Members

APPROVED BY APPROVED BY Assistant Director of Medical Services. Director-General of Medical Services. DATE DATE

Reserved for M.H.C.

Regt. No. 746136 Rank PTE Surname WALKER Christian Name JOHN  
 Unit or Corps—(a) Overseas from United Kingdom 18th BAT. (b) in United Kingdom C.I.F.C.  
 Born at—Town GLASGOW County of Dumbarton Province Country SCOTLAND  
 Date of Birth—Day 7 Month FEB Year 1877 Age 42 yrs 0 months  
 Joined at OSHAWA, ONTICAN Date 8/1/16  
 Former trade or occupation CARPENTER

Permanent Marks or any peculiarity that will serve for future identification :—

I VAC, LEFT ARM,  
Eyes show different shades of colour

Height—feet 5 inches 5 Colour of eyes BLUE

Signature of Soldier (for identification purposes) J Walker

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

- Disabilities Group (a) DEFECTIVE VISION
- Disabilities Group (b) ARTERIO-SCLEROSIS
- Disabilities Group (c) NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	Injury	Canada	1912
(ii.) As to Group (b) above.	Age.	Canada	Prior to enlistment.
(iii.) As to Group (c) above.	NA	NA	NA

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

- (i.) As to Group (a) above ? Yes If yes, has Active Service aggravated it ? No
- (ii.) As to Group (b) above ? Yes If yes, has Active Service aggravated it ? No
- (iii.) As to Group (c) above ? NA If yes, has Active Service aggravated it ? NA

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

- (i.) As to Group (a) above ? No
- (ii.) As to Group (b) above ? No
- (iii.) As to Group (c) above ? NA

5. MEDICAL HISTORY.

1. Illnesses etc prior to enlistment: - Nil.
2. Occupation - Carpenter.
3. Enlisted: - Jan. 8/16 - Infantry.
4. Arrived in England. July 1916.
5. Went to France: - Transferred to Forestry - Eyes.
6. Evacuated with draft.
7. Documents: (a) Nil. (b) 3.2.17 - Opacity R. Eye.  
31.10.17. - B<sub>2</sub>  
27.3.18 - Def. Vis. - B<sub>2</sub>
8. Man's statements: - Injured right eye in 1912. Has not been able to see with it since. Not aggravated by service. Is 42 yrs old

6. PRESENT CONDITION.

Subjective: - Does not see with right eye. Appetite good. Bowels regular. Sleeps well.

Objective: - Fair development.

Circulatory Syst: - Apex and size of heart normal. No adventitious sounds. Good reaction. Pulse good. Artery palpable.

Respiratory Syst: - Small chest. Good expansion and resonance. Breath sounds normal

Nervous syst: - Apparently normal

Digestive syst: - Apparently normal

Genito Urinary: - Apparently normal.

Specialist Report. - 10-2-19

Penetrating wound of the right eye. Right - P.L. Lt. 6/6

Eye bound down by synechias. Traumatic cataract present Condition present prior to enlistment. Not aggravated by service.

Col. B. Halloway Capt.

7. OPERATION. (i) Was one performed? *No* (ii) If so, state what. *N/A*  
(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.

8. (i) Is there loss or decay of teeth attributable to Active Service? *Yes*  
(ii) If so, describe. *2 pulled because of decay*

9. DO YOU RECOMMEND:—  
(a) Fit for duty? *B<sub>1</sub>* (b) Invalid to Canada? *N/A*  
(c) Discharge from the Service as permanently unfit? *N/A*

Date of Report.....10.....-2.....1919

Signed.....*Frank Smith Capt*.....  
Officer in medical charge of case.

Station.....*Summerdale*.....

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

*Not in hospital* (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at ..... Station, on ..... 191.....

\*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

Yes

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

not

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

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

applicable

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Condition is as described in Part one

Auth A.C. tel 9083-11.11.18

19. RECOMMENDATION:—

(a) Fit for duty? B (one)  
(state category)

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? no

Date of Board 10.2.19

W. Sutherland Capt. D.C.M.C. President.

Station Sunningdale

Signatures of the Board

J. G. Munro Capt. D.C.M.C.

Approved A. H. Gorman Capt.

A.D.M.S.

Dated at for A.D.M.S., Canadians, London Area.

Captain, C.A.M.C.

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. FEB 11 1919 13, BERNERS ST. LONDON, W.1

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England~~)  
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

746136 I, the undersigned, J. Walker.....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:—

John Walker  
Signature of Soldier examined.

Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. N. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

*W*



# DISPERSAL "I" 4-2309

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

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

REGT. No. 746136 RANK Pte. NAME (IN FULL) WALKER J.

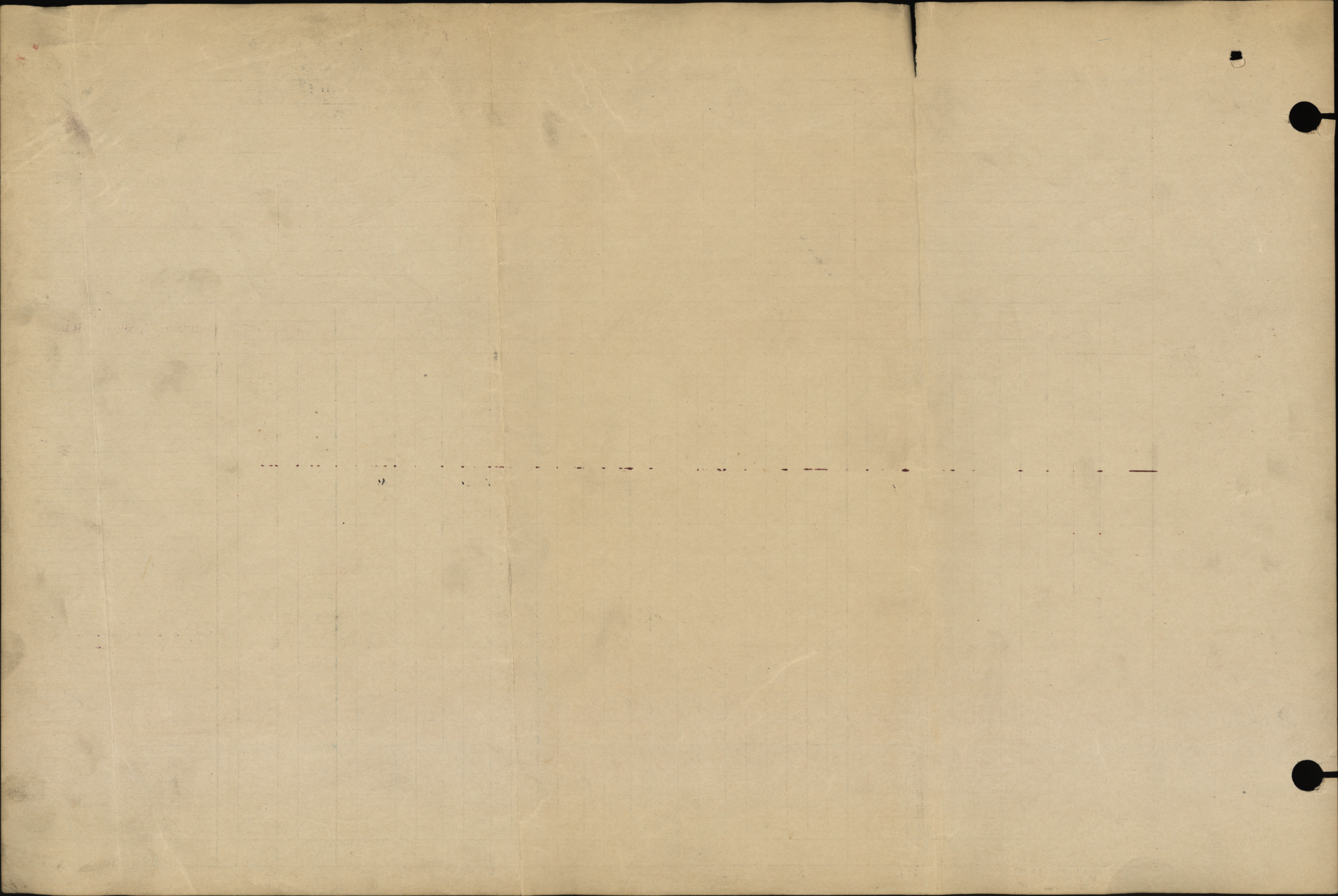
M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					C.F.C.	Oshawa P.O., Ont	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE
Yes. Closed by Ottawa	31/3/19						
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE
Mary Walker	Wife				8-1-16.		
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
Same					20.00	31/3/19	Closed by Ottawa
					PAYABLE TO	RELATIONSHIP (ANY CHANGE IN ASSIGNEE OR ADDRESS)	
					Mary Walker	Wife	
					ADDRESS		
					215 Nassau St. Oshawa, Ont.		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
					Toronto.		2-4-19
						REASON	AUTHORITY
						Demob.	D.O. 105
							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	
28/2/19				7 87												7 87	Bal. a Exp. 1/19
6/4/19	37	1.10	40 70							9 73							Endorsed on L.P.C.
			25 00 70 00														1st Payment 1/19
										40 00							Mar 9 April
										4 87 5 00							Doat 1/19 Money
				145 70						C.F. 113 43							
													173 03	19 46			
										40 00							FIRST PAYMENT SEP. 1918 U.S. G. PAY
			20 00														Dr. Bal from above
			W.S.G. 200 S. a.														W.S.G. paid as paper
183 days			420 00	180 00	622 00					Apr. 2. check 281 497	30 00	4 40		123 86	346 14	152 00	Dr. Bal from above
										May 2 286 263	66 14	28 62 64	32 00	222 00	250 00	20 00	Dr. Bal from above
										May 30 377 637	70 00	377 638	30 00	322 00	210 00	90 00	Dr. Bal from above
										June 30 135 138	70	135 139	30	422	140	60	Dr. Bal from above
										July 15 742 697	70	742 698	30	522	70	30	Dr. Bal from above
										Aug 26 1035 074	70	1035 075	30	622			Dr. Bal from above
																	Closed
			420	22	180	622				416 14	30		23 86	152	622		

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1, 1916

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

<del>20</del>	\$ 25.00	30
1-12-17		

### RATE OF ASSIGNMENT

20			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. 746136

Rank *Pr.* Promoted Reverted Discharge

Soldier's Name

*John Walker*

Battalion

*116 Bn. D. Coy.*

Beneficiary

*Mrs. Mary Walker*

Relationship

*Wife (m. 7. 4 2554 and 26/7/18 Ob 22 1/8)*

Address

### PARTICULARS OF ASSIGNMENT

Name

*Mary Walker*

Address

*Nassau St. Ashawa, Ont.*

Change of Address

1

2

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 31/17</i>		<i>440 00</i>	<i>340 00</i>	<i>780 00</i>
<i>Jan 1/18</i>	<i>L 70798</i>	<i>30</i>	<i>20</i>	<i>50</i>
<i>Feb</i>	<i>73543 B</i>	<i>25</i>	<i>20</i>	<i>45 55</i>
<i>Mar</i>	<i>94544 M.</i>	<i>25</i>	<i>20</i>	<i>45 55</i>
<i>April</i>	<i>10672 W</i>	<i>25</i>	<i>20</i>	<i>45 ✓</i>
<i>May</i>	<i>22343 J</i>	<i>25</i>	<i>20</i>	<i>45 ✓</i>
<i>June</i>	<i>24322 R</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>July</i>	<i>26187 S</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>Aug</i>	<i>41081 J</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>Sept</i>	<i>43873 V</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>Oct</i>	<i>55776 S</i>	<i>25</i>	<i>20</i>	<i>45 ✓</i>
<i>Nov</i>	<i>59297 O</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>Dec</i>	<i>68635 J</i>	<i>45</i>	<i>20</i>	<i>65 ✓</i>
<i>Jan</i>	<i>70724 N</i>	<i>30</i>	<i>20</i>	<i>50</i>
<i>Feb</i>	<i>81904 R</i>	<i>30</i>	<i>20</i>	<i>50 a</i>
<i>Mar</i>	<i>86343 N</i>	<i>30</i>	<i>20</i>	<i>50 a</i>
		<i>855</i>	<i>640</i>	

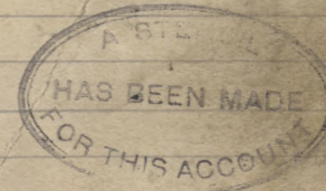
*012696-108*

REMARKS

*M.R O P B 38058 and 2 of 1/8 per P B 2/53*

M. F. W. 128  
4004-637-1772-89-1141  
L. L. 22520-M. & D. 7983.

*31 3/19*  
 ..... A/c Closed  
*Regina*  
 Ret'd pay *30-3-19*  
 Date *5/4/19*  
 Clerk *Ab Howarth*  
 MRO 69714 Destroy 5/2/11



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank          Promoted          Reverted          Discharge

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
 400M.-6-17-1772-89-1141  
 L. S. L. 22320-M. & D. 7593.