

Original

(2) Two sets of Papers  
J.M.B.

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *White, John*
  2. In what Town, Township or Parish, and in what Country were you born?..... *North Shields England.*
  3. What is the name of your next-of-kin?..... *William White*
  4. What is the address of your next-of-kin?..... *Yatestead England.*
  5. What is the date of your birth?..... *Nov. 16 1872*
  6. What is your Trade or Calling?..... *Locomotive Blacksmith*
  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?..... *No.*
  10. Have you ever served in any Military Force?.. *No.*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... *Yes.*
  12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes.*
- ..... *John White* (Signature of Man).  
..... *E.A. Baker* (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Jan. 18<sup>th</sup> 1915* ..... *John White* (Signature of Recruit)  
..... *E.A. Baker* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John White*, 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 *Jan 18<sup>th</sup> 1915* ..... *John White* (Signature of Recruit)  
..... *E.A. Baker* (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 *Kington* this *19<sup>th</sup>* day of *January* 191*5*.

..... *[Signature]* (Signature of Justice)

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

..... *E.A. Baker* (Approving Officer)  
*Sicut*

Description of John White on Enlistment.

Apparent Age 42 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes dark blue

Hair Grey

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

2 small scars on back of neck.

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 Jan 16<sup>th</sup> 1915

Place Kingston

R. S. Richardson  
Lieut. AMC  
 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.

.....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.

.....(Signature of Officer)

Date.....1914.

Original

682  
No. ~~21~~

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... John White
- 2. In what Town, Township or Parish, and in what Country were you born?..... North Shields, England
- 3. What is the name of your next-of-kin?..... William White
- 4. What is the address of your next-of-kin?..... Hector St. Gateshead, Eng
- 5. What is the date of your birth?..... November 16/1872
- 6. What is your Trade or Calling?..... Blacksmith (Birmingham)
- 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?..... No
- 10. Have you ever served in any Military Force?.. No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} Yes

John White (Signature of Man).  
James W. Farrell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John White, 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 White (Signature of Recruit)

Date Feb 15 1914. James W. Farrell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John White, 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 White (Signature of Recruit)

Date Feb 15 1914. James W. Farrell (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 Madras this 8th day of February, 1914.

James W. Farrell (Signature of Justice)

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

James W. Farrell (Approving Officer)  
 Lt.-Col., R. C. E.

Description of John White on Enlistment.

Apparent Age 42 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 5 ins.

*2 small scars back of neck.  
 slight varicocele left side*

Chest-measure-ment { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Blue

Hair Grey.

Religious denominations. { Church of England yes  
 Presbyterian —  
 Wesleyan —  
 Baptist or Congregationalist —  
 Other Protestants (Denomination to be stated) —  
 Roman Catholic —  
 Jewish —

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date January 22<sup>nd</sup> 1915

*[Signature]* Lt. Col. *ams.*

Place Ottawa

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 White 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.

*[Signature]* Major. R. C. E. (Signature of Officer)  
 O. C. 6th Field Company, C. E.  
 C. E. F.

Date 1914.

REGIMENTAL DOCUMENTS

NAME

*White John*

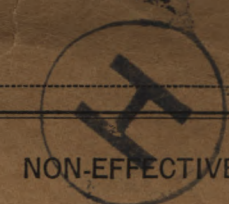
REGT. NO.

*682*

UNIT

*1st Bn C.E.*

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

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

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2 / *Miscellaneous*

1 / *CPB*

1 / *R 122*

DEATH

Category

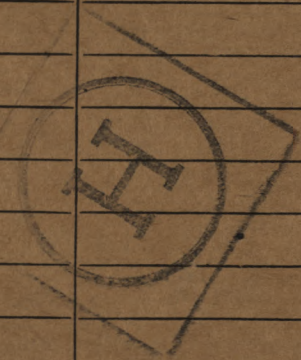
DISCHARGE

Category

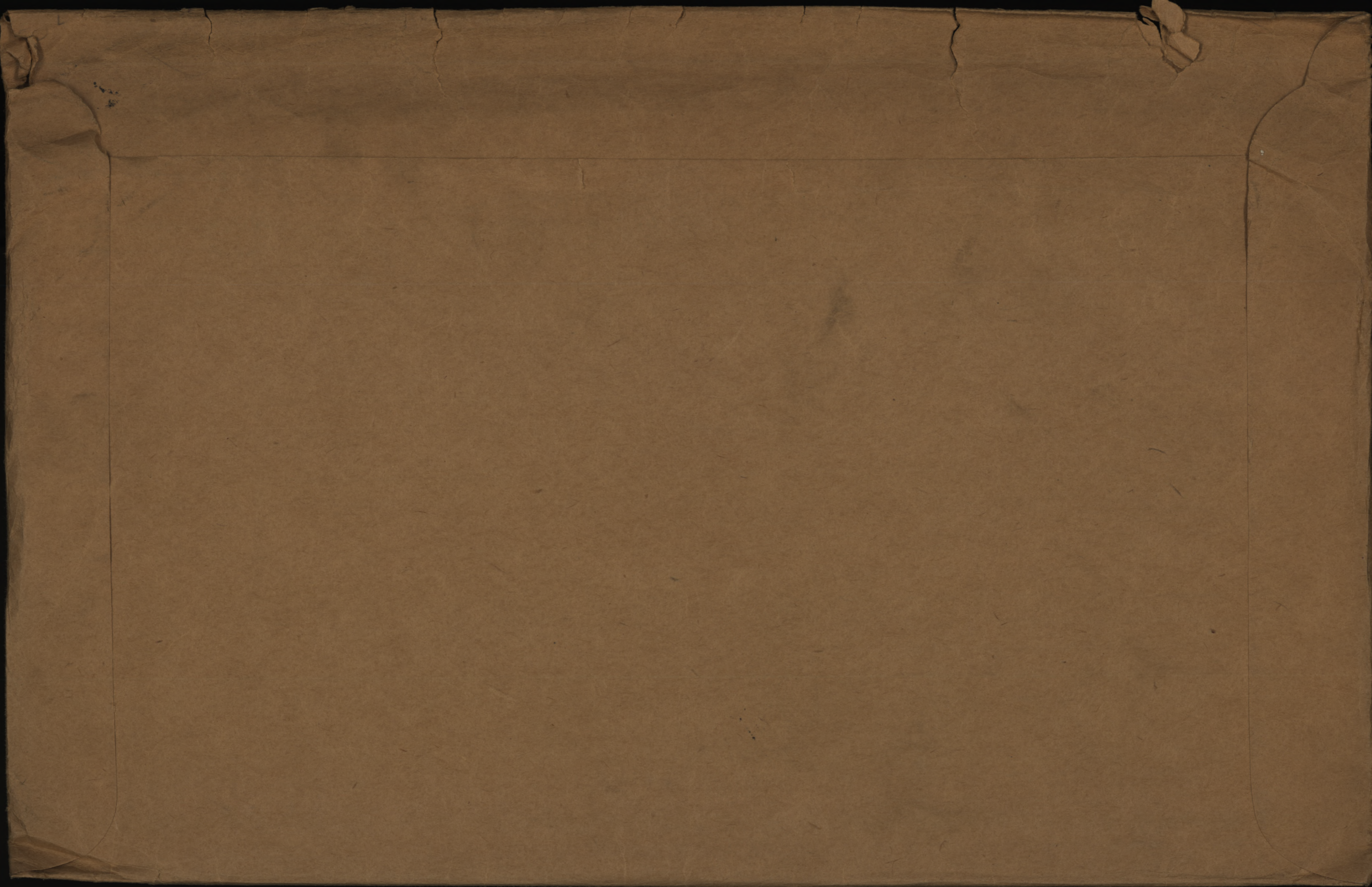
*Demobilization*

DESERTION

17606



*7/19/53*



SURNAME.

*White.*

9<sup>3</sup> CARD NO. ✓  
D.O.B. 29-5-193  
FOLL. *David*  
D.O. 164 of 13-6-19<sup>2</sup> 300

CHRISTIAN NAMES

*John*

REGL. No.

~~747~~. 682.

RANK

*Sapper.*

UNIT

*No. 6 Co. Engineers 2<sup>nd</sup> Division*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*White William*

RELATIONSHIP TO SOLDIER

ADDRESS

*Hector St. Gateshead  
Eng.*

COUNTRY OF BIRTH

*England North Shields.*

DATE

PLACE OF ATTESTATION

*Ottawa Ont.*

DATE

*Feb. 8th. 1915.*

*o/s. 18-4-15 <sup>33</sup>/<sub>14</sub>*

*P/C. 27-5-19 <sup>336</sup>/<sub>59</sub> Apr.*

MARRIED

SINGLE

*yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE



ac  
P Number, 682 Rank, Spr  
Surname, WHITE  
Christian Names, John  
Unit, C.I.B. Theatre of War, France  
Date of Service, 15-9-18  
Remarks,  
Latest Address, Sydenham Hospital  
~~72 Princess St Kingston~~  
Ont  
Roll No. B  
Page 2196  
52nd Div Eng  
45-68th Br

~~DESP. JAN 9 1923~~  
~~REPA. NO.~~  
31303

W. S. B. Glass "A"

Casualty Form—Active Service.

CERTIFIED CORRECT,  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

Regiment or Corps 6th Field Co. C.E.

Regimental No. 682 Rank Sapper Name White, J.

Enlisted (a) 22.1.15 Terms of Service (a) War Service reckons from (a) 8.2.15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 913, Army Form A. 36, or other official documents.
Date	From whom received				

Disembarked name

15.9.15.

28/1/17

O.C.

On Leave. 10dp

Eng

23/7/17

B213 P/47. Jy

1/1/17

✓

Off leave

-

4/8/17

B 213 P/37.

1/1/17

de

On O.C. Badge

✓

8/2/17

B 213 P/4

S O S 6 F C C E O N

TRANS TO 6 C.E. EN

T, O, S, 6 C E B A T T -

Field

4-6-18

PT 2, 30.D.2, ...

"

5-6-18

P2/O. 1.

6.9.18.

6 Bn. C.E.

Granted 14 days leave to U.K.

U.K.

6.9.18.

B213. P2/O no. 21 d/16.9.18.

27.9.18.

"

Rejoined from leave.

Field

24.9.18.

"

O.C. Emb  
Carr.

ENGLAND GROUP 19

13/4/19

P.35

J. Skelton  
Lieut

S.O.S. ON PROCEEDING TO CANADA.

PART II, "H" WING, C.C.O.

16.5.19.

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. Signalers, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
19-4-19	T.O.S. # 322	sub Depot			HA 164
29-4-19	S.O.S. # 322	Disch	RD 1420		HA 164

*[Signature]*  
 Lieutenant  
 For O. C. No. 3 District Depot.

# CANADIAN EXPEDITIONARY FORCE

War Service Book No. \_\_\_\_\_

Class 'A' No. \_\_\_\_\_

## DISCHARGE CERTIFICATE

Occupational Group No. 1

192258

THIS IS TO CERTIFY that No. 682

(Rank) Sapper

Name (in full) John White

enlisted in

the CDR Engrs

CANADIAN EXPEDITIONARY FORCE at Ringstone

on the 19th

day of January

1915

HE served in 6th Batt C.E.

France

Demobilization.

and is now discharged from the service by reason of

6th Field Coy C.E.

~~Medical Unfitness.~~

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

Age 49

Marks or Scars Two small

Height 5' 3"

scars back of neck.

Complexion fair

Eyes dark blue

Hair grey

J White  
Signature of Soldier

J G Bowin  
Issuing Officer

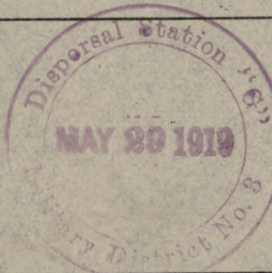
Date of Discharge

Rank LT

Rank

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

Name (in full) \_\_\_\_\_

enlisted in \_\_\_\_\_

Rank \_\_\_\_\_

of \_\_\_\_\_

in the \_\_\_\_\_

of the \_\_\_\_\_

of the \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_

THE DESCRIPTION OF THIS SOLDIER is as follows:

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Build	_____
Mark of Scar	_____

Signature of Soldier \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Date \_\_\_\_\_

THIS IS TO CERTIFY that the Certificate will be issued and the person holding same is referred to forward in the  
attached envelope to the Secretary, Military Control, Ottawa, Ontario.

1917

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

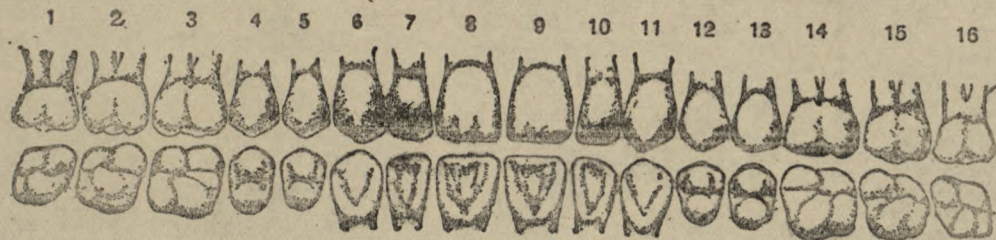
Canadian Printing and Stationery Services, London

DIRECTIONS TO  
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WHITE John

REGIMENT 6 Bn. C.E. RANK Spr. No. 682

Date of Examination in England 11/4/19 Date of Examination in France



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS 7. 31.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada

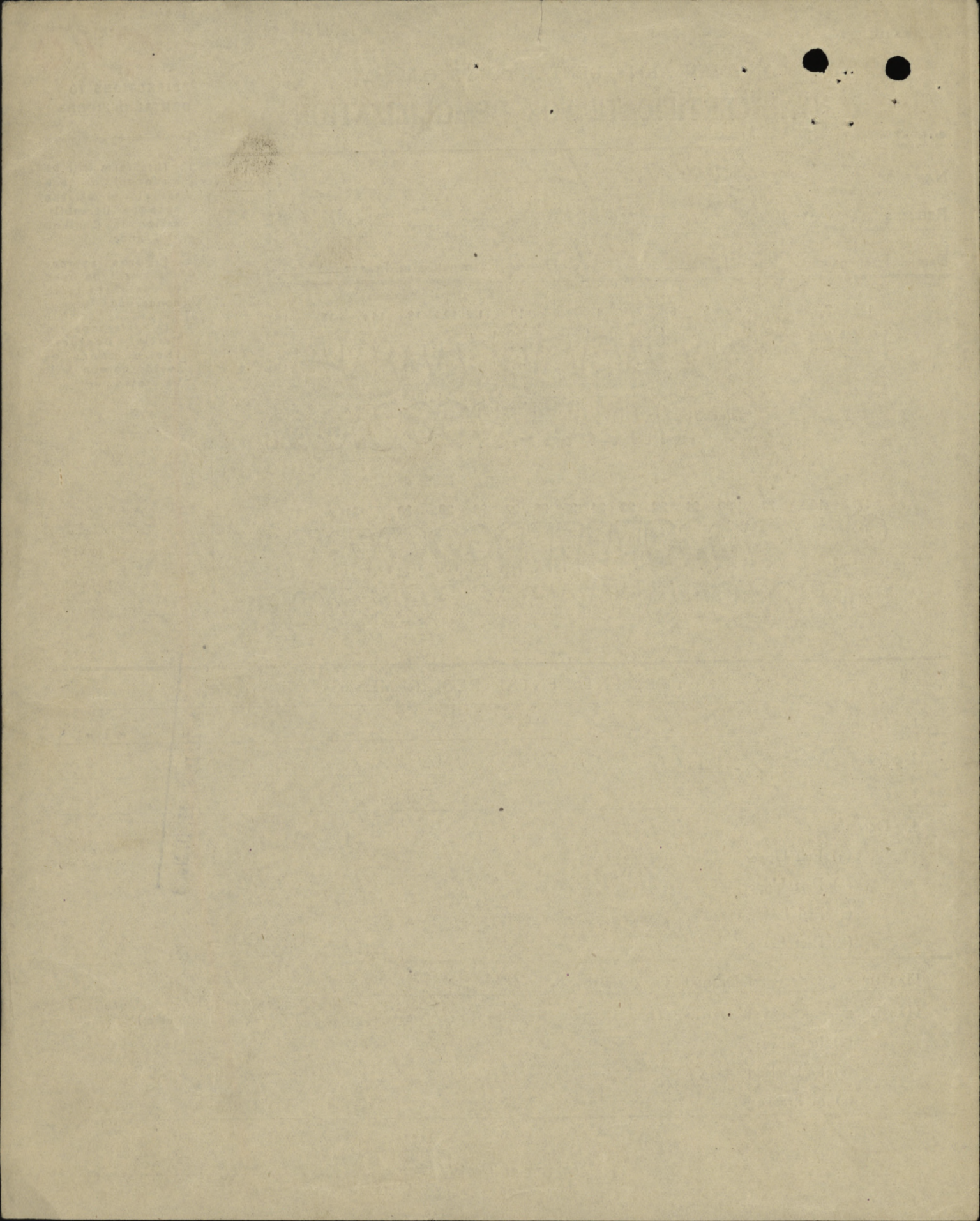
(b) In England

(c) In France

A. I. D. S., M. D. No. 3

Signature of Dental Officer

W. H. Shepherd Capt.





# ORIGINAL MEDICAL HISTORY SHEET

War Service Badge No. 14

Surname White Christian Name John

Examined { on 18<sup>th</sup> day of Jan 1915  
 at Kingston  
 Birthplace { City or Town North Shields  
 County Eng.

Approved by R. B. Richardson  
 Rank Lieut. AMC M.O.

Apparent age 42 1/2  
 Trade or occupation Loc. blacksmith  
 Height 5 Feet 5 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 2 1/2 inches.  
 Physical development \_\_\_\_\_  
 Small-Pox Marks \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left ✓  
 Number three  
 When Vaccinated last childhood  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>1-3-15</u>		<u>J. W. Gray</u> M.O. ✕

(b) Slight defects but not sufficient to cause rejection  
Slight varicocele left side

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5 7/15</u>		<u>J. W. Gray</u> M.O. ✕
<u>16 7/15</u>		<u>J. W. Gray</u> M.O. ✕
<u>June 1917</u>		<u>T.A.B. 1</u> <u>July 6-14-18</u> M.O.

Enlisted on 18<sup>th</sup> day of January 1915 at Kingston

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Com. Engrs.</u>	<u>747</u> <u>682</u>		
Transferred to.. ..				

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

STATION.	DATE.	DISEASE.	RESULT.
<u>C.C.C. Athly</u>	<u>April 22<sup>nd</sup></u> <u>1919</u>	<u>Partial loss of function both eyes, pre-auricular deafness.</u> <u>Rheumatoid Arthritis (due to Active Syphilis) in all fingers but ring finger of right hand</u>	<u>Bit T. Cleverly</u> <u>C.A.</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.

**CANADIAN**



Rank

*Spr.*

Name

WHITE John.

Reg'l No. 682.

Unit

6th Field Co 2nd Div

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment

Ottawa Ont 8th February 1915.

Place of Birth

North Shields Eng.

Name and Address, Next-of-Kin

William White Hector St Gateshead England.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

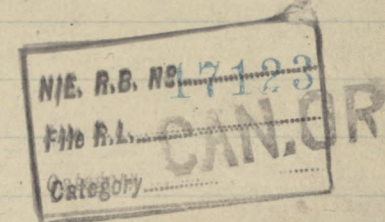
Payable to

Relationship

Discharge, Date and Place

Reason

Character



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				
	O.C. C.E.	Asst in U.K. & Northland		29.4.15	Information Form
		Embarked for France	Southampton	16.9.15	Nominal Roll
9.9.15	2nd Bn C.E.	24 hrs detention, forfeit 2 dy's pay	Sibgate	9.9.15	Pr II O # 170, 2.
		Overstaying Pass 12.30 to 11.15 = 6.9.15			
23-1-18	67th Co	Granted 1st Cl. Badge	Spr. Field	8.2.17	- 4
2.7.18	6th Bn C.E.	T.O.S for 67th Co	"	5.6.18	- 1 + 67th Co 30 $\frac{2}{18}$
24-5-18	H. W. C. C. C.	EOS TO CANADA	Witley	10.5.19	DO 46.
26.4.19	H. W. C. C. C.	T.O.S from 6th Bn C.E.	Witley	14.7.19	5033
			58-9-54	19-5-19	



28709

## MILITIA AND DEFENCE

## ASSIGNED PAY

To whom

*Mrs Sarah Hoaking*  
 Address *44a, Villa Place,*  
*Westgate Road,*  
*Newcastle-on-Tyne.*

Rate

*\$10<sup>00</sup> per mon.*

Date to Commence

*August 1<sup>st</sup> 1915.*

By whom assigned

*White John,*  
 Regtl. No. *682*  
 Rank *Sapper*  
 Corps, &c. *6<sup>th</sup> Field Co., C.E.F.*

## PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May				
June				
July				
Aug.		<i>352400</i>	<i>10</i>	✓
Sept.		<i>46898</i>	<i>10</i>	✓
Oct.		<i>60867</i>	<i>10</i>	✓
Nov.		<i>63661</i>	<i>10</i>	✓
Dec.		<i>95339</i>	<i>10</i>	✓
Jan.	1916			
Feb.				
March			<i>\$ 50</i>	Carried Forward.

# ASSIGNED PAY.

By whom assigned *White John*

Regtl. No. *682 Sapper 6<sup>th</sup> Field C. C.E.F.*

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
			<i>30 -</i>		
Jan.	1916	<i>119145</i>	<i>10</i>	<i>✓</i>	
Feb.		<i>140650</i>	<i>10</i>	<i>✓</i>	
March		<i>152709</i>	<i>10</i>	<i>✓</i>	
Apl.		<i>22716</i>	<i>10</i>	<i>✓</i>	
May.		<i>48980</i>	<i>10</i>	<i>✓</i>	
June		<i>78911</i>	<i>10</i>	<i>✓</i>	
July		<i>100733</i>	<i>10</i>	<i>✓</i>	
Aug.		<i>147744</i>	<i>10</i>	<i>✓</i>	
Sept.		<i>184199</i>	<i>10</i>	<i>✓</i>	
Oct.		<i>219684</i>	<i>10</i>	<i>✓</i>	
Nov.		<i>242944</i>	<i>10</i>	<i>✓</i>	
Dec.		<i>297884</i>	<i>10</i>	<i>✓</i>	
Jan.	1917	<i>341828</i>	<i>10</i>	<i>✓</i>	
Feb.		<i>383947</i>	<i>10</i>	<i>✓</i>	<i>Revd Dec</i>
March		<i>437948</i>	<i>10</i>	<i>✓</i>	<i>Gold R. Checked &amp; found correct</i>
Apl.					<i>for 200 payments</i>
May					<i>J. W. Braden</i>
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Rank

Name

WHITE John.

Reg'l No.

682.

Unit

5th Field Co 2nd Div

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment

C.E.  
Ottawa Ont 8th February 1915.

Place of Birth

North Shields Eng.

Name and Address, Next-of-Kin

William White Hector St Gateshead England.

Relationship

Assigned Pay Monthly \$ 10<sup>00</sup> Aug 1<sup>st</sup>Payable to Mrs Sarah Haking 44a Villa Place Westgate  
Road N. Coatham or Lyn.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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						
May	31	31	1 <sup>00</sup>	31	31	12	3 10		34 10			30					
June	30	30	✓	30	30	✓	3	4 10	37 10			30					
July	31	31	✓	31	31	✓	3 10	7 10	41 20			30					
								11 20									
								240									Diff. in Exchange July 31
Aug	31	31	✓	31	31	✓	3 10	13 60	47 70			19 46	10				24 hours detention
Sept	30	30	-	30	30	✓	2 00	18 24	57 24				10	3 30	13 30	37 94	Perf 2 days Pay 70a
Oct	31	31		31	31		3 10	37 94	72 04			14 15	10				24 15 47 89
Nov	30	30	✓	30	30	-	2 00	47 89	80 89				10				10 70 89
Dec	31	31	-	31	31	-	3 10	70 89	104 99			14 26	10				24 26 80 73
Jan	31	31	-	31	31	-	3 10	80 73	114 83			10 46	10				20 46 94 37
Feb	29	29	-	29	29	-	2 40	94 37	126 27			5 23	10				15 23 111 14
March	31	31	-	31	31	-	3 10	111 04	148 14			12 56	10				112 56 32 58
				336				33 60	240 372			256 12	80	3 30	339 42	32 58	





MARRIED OR SINGLE *S.*

PLACE OF BIRTH *North Shields Eng.*

NAME AND ADDRESS OF NEXT OF KIN *William White  
Hector St. Gateshead Eng.*

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

*A.P. checked, found correct*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Granted one G.C. Badge</i>	<i>8-2-17</i>	<i>R.O. 4 23-1-18</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *682* RANK *Sapper* NAME *White, John*

IF IN PERM. CORPS WHAT UNIT UNIT *6th Coy 6.E.* TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Ottawa* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *8th Feb 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *10.00* DATE EFFECTIVE *Aug 1st 1918*

PAYABLE TO *Mrs. Sarah Haking 44 Villars Place Westgate Rd. W. Castle on Tyne* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		CREDIT	DEBIT						
			\$	C.			\$	C.			\$	C.														No.	DATE						No.	DATE	No.
<i>March 31</i>			<i>33600</i>				<i>3360</i>							<i>241</i>	<i>372 00</i>												<i>25612</i>			<i>80 00</i>	<i>330</i>	<i>339 42</i>	<i>32 58</i>		
<i>April 30</i>	<i>30</i>	<i>100</i>	<i>30 00</i>	<i>30</i>	<i>10</i>	<i>3 00</i>									<i>23 00</i>													<i>10</i>		<i>10</i>	<i>53 58</i>				
<i>May 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>661 85/16</i>	<i>731 245/16</i>											<i>10</i>		<i>15 11</i>	<i>74 57</i>				
<i>June 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>2 00</i>									<i>33 00</i>	<i>774 46/16</i>												<i>10</i>		<i>12 33</i>	<i>95 02</i>				
<i>July 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>827 94/16</i>	<i>900 156/16</i>											<i>10</i>		<i>15 16</i>	<i>113 96</i>				
<i>Aug 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>911 247/16</i>	<i>971 361/16</i>											<i>10</i>		<i>15 23</i>	<i>132 83</i>				
<i>Sept 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3 00</i>									<i>33 00</i>	<i>1029 18/16</i>												<i>10</i>		<i>12 62</i>	<i>153 21</i>				
<i>Oct 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>1087 237/16</i>	<i>1138 180/16</i>											<i>10</i>		<i>20 46</i>	<i>166 85</i>				
<i>Nov 30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>2 00</i>									<i>33 00</i>													<i>10</i>		<i>10 00</i>	<i>189 85</i>	<i>55 00</i>	<i>134 85</i>		
<i>Dec 31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>1271 257/16</i>	<i>1385 121/16</i>											<i>10</i>		<i>23 96</i>	<i>199 99</i>	<i>63 00</i>			
			<i>61 10</i>																																
<i>Jan 31</i>	<i>31</i>	<i>100</i>	<i>34 10</i>												<i>34 10</i>	<i>1444 251/16</i>	<i>1494 141/16</i>											<i>10</i>		<i>15 23</i>	<i>218 86</i>	<i>68 50</i>			
<i>Feb 28</i>	<i>28</i>		<i>30 80</i>												<i>30 80</i>	<i>1570 21/16</i>												<i>10</i>		<i>12 62</i>	<i>237 04</i>				
			<i>739 -</i>												<i>2 40</i>	<i>739 40</i>											<i>190</i>	<i>3 30</i>	<i>502 36</i>	<i>239 04</i>					

682

White J.

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.																
Sept. 30	10	34	10					2 40	739 40					293 48	15 62			190	3 30	502 36	237 04		73 50				
Oct 31	31	10	34	10				34 10		132 24/17 157 10/26/7 170 24/17				262 262	261			10		17 85	253 29		78 50				
Nov 30	30		33					33						460 193				10		10	276 29		83 50				
Dec 31	31		34	10				34 10		43 9/4/17				486 97	5 23			10		15 23	295 16		88 54				
Jan 30	30		33	00				33 00		129 24/16/7 88 12-25-7				438 98	2 68			10		15 36	312 80		93 50				
Feb 28	28		34	10				34 10						462 318				10		10 00	336 90		98 50				
Mar 31	31		34	16				34 10		231 23/6 152 12/15 283 10/7				London 1/8/17 1099 86	2 67	5 35	29 20	10		49 89	321 11		103 50				
Apr 30	30		33					33		328 10/8 241 29/7 383 21/8	460 4/7			490 29/7 1524 595	2 68 2 68 322 65	2 68	97 34	29 20	260		118 06	236 05		108 50			
			972 40					2 40	974 80										3 30	798 75							

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALICE PAY ENG.
Sept 30			236 05						236 05		
Oct 31	P Pay	34 10		2242 797			10		260 15	113 50	
Nov		34 10		858 382			10				
				499-2 25 14-9-17	2 68						
				584 " 8-10-17	4 46						
Dec		33		889 25			10				
				631 2 26 20-10-17	3 57						
		34 10		662 " 4-11-17	4 46		20		292 08	118 50	
1918 Jan		27 10		903 97			10				
				412 2 26 29-11-17	12 49						
				462 " 13-12-17	4 46						
		34 10		810 " 24-12-17	3 57		10		295 66	125 00	
Feb.		34 10		918 00			10				
		30 80		933 2 <sup>nd</sup> 27 11-18	3 57						
				1717 2 <sup>nd</sup> 28 3-1-18	89						
				845 2 <sup>nd</sup> 28 10-1-18	4 46						
				962 " 10-2-18	4 46				303 08	128 50	
		30 80			13 38		10				
March		34 10		1912 1			10				
				1103 2 <sup>nd</sup> 28 10-3-18	4 46						
				1119 " 23-3-18	3 57				319 15	133 50	
		34 10			8 63		10				

MONTH	PARTICULARS	GR.1	GR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALICE PAY ENG.
Sept 30									236 05		
Oct 31	P Pay	34 10		2242 797			10		260 15	113 50	
Nov		34 10		858 382			10				
Dec		33		889 25			10				
Jan		34 10		662 " 4-11-17	4 46		20		292 08	118 50	
Feb.		34 10		810 " 24-12-17	3 57		10		295 66	125 00	
March		30 80		933 2 <sup>nd</sup> 27 11-18	3 57						
				1717 2 <sup>nd</sup> 28 3-1-18	89						
				845 2 <sup>nd</sup> 28 10-1-18	4 46						
				962 " 10-2-18	4 46				303 08	128 50	
		30 80			13 38		10				
		34 10		1912 1			10				
				1103 2 <sup>nd</sup> 28 10-3-18	4 46						
				1119 " 23-3-18	3 57				319 15	133 50	
		34 10			8 63		10				

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>WHITE John</i>
EFFECTIVE DATE: <i>1-8-1915</i>		EFFECTIVE DATE: -		NUMBER: <i>682</i>
AMOUNT: <i>10.00</i>		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
<i>M<sup>rs</sup> Sarah Haking 44, Villas Place, Westgate Rd Newcastle-on-Tyne, Eng.</i>				<i>Sapper</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT: <i>2<sup>nd</sup> Div. Engineers</i>	DATE ACCOUNT FIRST OPENED: -	AUTHORITY	DATE EFFECTIVE
		DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO

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
<i>5/19/18</i>	<i>62</i>	<i>Field</i>	<i>3.73</i>				
<i>7/19/18</i>	<i>1139</i>	<i>Abble</i>	<i>1.87</i>				
<i>21/19/18</i>	<i>1667</i>		<i>97.33</i>				
			<i>101.93</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE *To Canada 19/19. NR. 7433. Bram to Bram. CR Bal. 249.82 27/19*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March 31<sup>st</sup> 1918</i>	<i>Bal. forward.</i>								<i>319 15 133 50</i>		
<i>April</i>	<i>Pay.</i>	<i>33</i>		<i>A 23189 #18. 2<sup>nd</sup> D.C. 9-4-18.</i>	<i>4 46</i>		<i>10</i>				
				<i>#51. " " 19-4-18.</i>	<i>3 57</i>				<i>334 12 138 50</i>		
		<i>33</i>			<i>8.03</i>		<i>10</i>				
<i>May</i>	<i>Pay.</i>	<i>34 10</i>		<i>B. 81771: #80. 2<sup>nd</sup> D.C. 10-5-18</i>	<i>4 46</i>		<i>10</i>				
				<i>#125. " " 21-5-18.</i>	<i>3 57</i>				<i>350 19 143 50</i>		
		<i>34 10</i>			<i>8.03</i>		<i>10</i>				
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>B. 42371 177 2<sup>nd</sup> D.C. 4/6/18</i>	<i>4 46</i>		<i>10</i>		<i>368 73 148 50</i>		
		<i>33</i>			<i>4 46</i>		<i>10</i>				
<i>July</i>	<i>P.P.</i>	<i>34 10</i>		<i>Eng. AP C 124 82</i>			<i>10</i>				
				<i>127. 1<sup>st</sup> D.C. 6/7/18</i>	<i>8 03</i>				<i>381 23</i>		
		<i>34 10</i>		<i>901. 6<sup>th</sup> D.C. 20-7-18</i>	<i>3 57</i>		<i>10</i>		<i>381 23</i>		
<i>Aug</i>	<i>St.</i>	<i>34 10</i>		<i>C 6977 £2. 1.1.</i>			<i>10</i>				
				<i>157. 5<sup>th</sup> D.C. 6<sup>th</sup> D.C.</i>	<i>3 57</i>				<i>401 76</i>		
		<i>34 10</i>			<i>3 57</i>		<i>10</i>				
<i>Sept</i>		<i>33</i>		<i>B 94979</i>			<i>10</i>		<i>424 76</i>		
				<i>AR 31275. 6/9/18. C.P.M.</i>	<i>97 33</i>						
				<i>" 504. 11/18. 2<sup>nd</sup> D.C.</i>	<i>97 33</i>						
				<i>AR 783. 3/9/19. 6<sup>th</sup> D.C.</i>	<i>3 57</i>				<i>226 53 163 50</i>		
		<i>33</i>			<i>198 23</i>		<i>10</i>				
<i>Oct</i>		<i>34 10</i>		<i>D. 45392. £2-1-1.</i>			<i>10</i>		<i>25 063</i>		
				<i>AR. 548 4/10/18 6 D.C.</i>	<i>3 73</i>				<i>246 90</i>		
				<i>AR. 369 5/8/18 5 D.C.</i>	<i>3 73</i>				<i>248 17</i>		
		<i>34 10</i>			<i>7 46</i>		<i>10</i>				

Granted one G.C. Badge 82-17 P.T. 4-23-1-18

*md. 3.*

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct.											24317		
Nov	Dec Jan			101	20	6239			10		31437		
						15 <sup>11</sup> / <sub>18</sub>	6 66	746					
						874099			10				
						725885			10		30691		
				101	20			746		20			
Feb	P.P.			30	80	783		17 <sup>14</sup> / <sub>18</sub>	6 66				
						837		22 <sup>14</sup> / <sub>18</sub>					
						817790				10	37181		
						1057		18 <sup>2</sup> / <sub>19</sub>					
						1090		28 <sup>7</sup> / <sub>19</sub>					
Mar				34	10	203964		2-1-1		10			
						1201		12 <sup>3</sup> / <sub>19</sub>	6 66		365		
						1377		21 <sup>3</sup> / <sub>19</sub>			365		
											3292619350		
				64	90			2255		20			
Apr				33	00	230669		2-1-1		10			
						May ad.		230712		10			
	Int on Del Pay			13	49	1687		21 <sup>4</sup> / <sub>19</sub>	24wing Willy	9733			
						62		5 <sup>7</sup> / <sub>19</sub>			368		
						1184		19 <sup>4</sup> / <sub>19</sub>			487		
						4192		6 <sup>5</sup> / <sub>19</sub>	End		973		
						7256		15 <sup>5</sup> / <sub>19</sub>	End		973		
				36	49						22044		
								12531		20			

Sol 19-5-19 Lt 58

329.26  
37.00  
362.26  
20

342.26  
105.93  
236.33

249.82  
236.33  
13.49

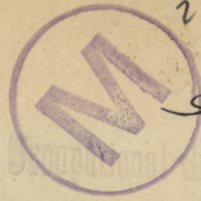
War Service Badge  
Class "A" No.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

192258



26-7-35  
S.A. #ms  
1

1. No.	682	
2. Rank.	Spr.	
3. Name.	White John	
4. Unit.	6th Bu C.E.	
5. Date of Discharge	29-5-19	Place Ottawa
6. Reason for Discharge	Demobilization	
<p>Deceased July 8, 1935. 649 SW-28670</p>		
7. Authority.	Ro 1420	
8. Proposed Residence after Discharge	Vancouver B.C. 42 Princess St Kingston Ont	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? 39</p> <p>Signature of Soldier: <i>John White</i></p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place: <i>Embark. H.M.S. Cadix</i> <i>Liverpool</i> <i>19-5-19.</i></p> <p>Date: <i>19-5-19.</i></p> <p>Signature: <i>G.G. Brown Lt.</i> Captain for O. C. Dispersal Area Station (O. C. Discharging Unit)</p>	



Medical Documents  
Forwarded to  
S.C.R. or B.P.C.  
on  
Date JUN 28 1919



14/15' 1919 5-1919

E.R.J

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. Name	2. Rank	3. Branch	4. Title	5. Date of Discharge	6. Reason for Discharge	7. Authority	8. Proposed Residence after Discharge
<i>W. W. White</i>	<i>Private</i>	<i>Infantry</i>	<i>Private</i>	<i>1919</i>	<i>Discharged</i>	<i>W. W. White</i>	<i>W. W. White</i>

CERTIFICATE TO BE SIGNED BY SOLDIER

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

M. E. W. S.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Medical Department  
 Forwarded to  
 S. C. P. of H. P. C.  
 on  
 Date: *May 22 1919*



Signature

for O. C. [illegible]

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triboats	Medical Form W. 28
or Particulars of Return	Medical Form W. 188
First Conduct Sheet	Medical Form W. 128 or A.F.B. 128
Company Form	Medical Form W. 84 or A.F.B. 103
Last Pay Certificate	Medical Form W. 44
Certificate that missing documents are undischarged	
Medical History Sheet	Medical Form B. 313 or A.F.B. 118
Proceedings of Medical Board	M.R.B. 207, A.F.B. 119 or A.F.A. 40
Second History Sheet	Medical Form B. 408
Medical Report	M. R. W. 129 or D. M. S. 129
Regimental Conduct Sheet	Medical Form B. 268
Company Conduct Sheet	Medical Form B. 268

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1. Certificate of Discharge, M.R.B. 207, A.F.B. 119  
 2. Medical History Sheet, Medical Form B. 313 or A.F.B. 118  
 3. Proceedings of Medical Board, M.R.B. 207, A.F.B. 119  
 4. First Conduct Sheet, Medical Form W. 128 or A.F.B. 128  
 5. Company Form, Medical Form W. 84 or A.F.B. 103  
 6. Last Pay Certificate, Medical Form W. 44  
 7. Certificate that missing documents are undischarged  
 8. Medical Report, M. R. W. 129 or D. M. S. 129  
 9. Regimental Conduct Sheet, Medical Form B. 268  
 10. Company Conduct Sheet, Medical Form B. 268  
 11. Second History Sheet, Medical Form B. 408  
 12. Attestation Paper, Triboats, Medical Form W. 28  
 13. or Particulars of Return, Medical Form W. 188

I hereby certify that the above  
 documents are the original  
 copies of the discharge  
 documents of the  
 above named  
 soldier.

[Signature]  
 [Name]  
 [Rank]  
 [Regiment]

**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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *17*

Date..... *11 MAY 1918*



Mess Sgt's Original

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

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INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Witley DATE 17-4-19

1. 1 (a) Unit 6th Bn. C.E. (b) Regimental No. 682 (c) Rank Spr  
 (d) Surname White (e) Christian name John  
 (f) Home address Kingslin Ont.  
 (g) Next of Kin Mrs W. White, North Shields Eng (h) Relationship Mother  
 (i) Address of Next of Kin 5 Wilen St. Gateshead on Tyne England

2. Age last birthday 49 Date of birth 16-11-1872

3. Enlistment, or Appointment (if an Officer) (a) Place Kingslin Ont. (b) Date 18-1-15

4. Personal description:  
 (a) Height 5'-5" (b) Weight 160 lb (c) Complexion fair  
(stripped)  
 (d) Colour of hair grey (e) Colour of eyes blue (f) Identification marks, Scars, etc. nil

5. Former trade or occupation Locomotive Blacksmith

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).	Years	Days
	<u>4</u>	<u>94</u>

	PERIODS	
	From	To
Canada	<u>18-1-15</u>	<u>15-9-15</u>
England	<u>15-9-15</u>	
France or other theatres of War	<u>15-9-15</u>	<u>To date</u>

7. Original disease, or injury (1) Retractive ERROR.  
(2) Rheumatoid arth  
RHEUMATOID ARTHRITIS FINGERS  
 (a) Date of origin (1) previous (2) 1917 (b) Place of origin (1) England (2) France  
 (c) Cause (1) unknown  
(2) Active service condition

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) Partial loss of function both eyes (defective vision)  
 (2) Partial loss of function fingers (Rheumatoid arthritis)  
 (all fingers but ring finger left hand)

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) Specialist Report May 18-4-1919

Visual acuity without glasses Rt.  $\frac{6}{18}$  with glasses  $\frac{6}{9}$   
 " " " " L  $\frac{6}{18}$  " "  $\frac{6}{9}$   
 Sph. +1.00  
 " +1.00

Category Recommended is A

Original disease Refractive Error

Present disability Hyperopia

Condition was present previous to enlistment & has not been caused by service It has not been approved by service Wm MacDonald Capt Camp, Subj. Complaint of Shortightedness.

- (2) Second, 3rd & 4th fingers Rt hand & all fingers of left hand have joint between terminal & med phalanges enlarged - bony - no ankyloses  
 Subj. dull aching pain in joints worse at night and in bad weather

(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*

Urine normal

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

- (1) Condition has existed since ~~1912~~ 1912 and has gradually grown worse.

- (2) In 1917 while in France noticed joints of fingers beginning to swell and become painful. Enlargement of joints now permanent

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, scars and deformities.)

*nil*

11.—(a) Did the disabling condition have its origin before enlistment? (1) *yes* (2) *no*

(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.)

(b) 1 *no* 2. *W.A. 4.12.*

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) *permanent* (2) *permanent*

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

(1) *nil* (2) *nil*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) *no*  
(If the answer is "yes" state nature of treatment required and probable duration)

(2) *no*

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

17. Recommendations.....

*W.A. Christie 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, *C.P. Saffery J White* 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.....

*Saffery J White*  
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.

*29/5/19  
2nd Lt. White  
M.P.S.*

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.)

*Yes  
B.C.*

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.)

*R.T.C. Auth. A.G. Tel 9083 of 11/11/18*

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.

*J. C. South*  
President.  
*T. C. O'Hara*  
Members

PLACE *O.C.C. Witley*  
DATE *April 22nd 1919*

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 *W. B. Grant* Assistant Director of Medical Services  
APPROVED BY ..... Director-General of Medical Services.  
DATE.....



To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname W H I T E Christian Name John.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish North Shields. County Eng.

Examined ... { on 18th day of Jan. 191 5  
at Kingston.

Declared Age ... 42 years 2 mos  days.

Trade or Occupation ... Loco Blacksmith

Height ... 5 feet, 5 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 35½ inches.  
Range of Expansion 2½ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left  
Number 3

When Vaccinated ... Childhood

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b) Slight varicocele left side.

Approved by (Signature) R.B. Richardson  
(Rank) Lt. A.M.C. Medical Officer.

Enlisted ... { at Kingston.  
on 18th day of January 191 5.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>Can Engrs.</u>	<u>682</u>
Transferred to ...		

Became non-effective by  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_

(Signature)  
(Rank)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.



**List in the case of Warrant Officers treated in quarters.**

cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

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**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension; Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
1/3/15	<p>VACCINATIONS</p> <p>T.W. Ewing.</p>
5/2/15	<p>ANTI-TYPHOID INOCULATIONS ETC</p> <p>T.W. Ewing.</p>
16/2/15	<p>"</p>
June 1917	<p>T.A.B. File 6-42-18</p>
April 22 <sup>nd</sup> 1919	<p>C.C.C. Witley.</p> <p>Partial loss of function both eyes, pre-estimated by ...</p> <p>Rheumatoid Arthritis due to Active Service in ...</p> <p>Category 13TT</p> <p>T. Wolf C.A.M.C.</p>

I certify the foregoing to be a true copy of an original entry in a Medical History Sheet of the ...

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
<p>for the Officer in Charge of Records Canadian Contingents.</p> <p>C.A.M.C.</p>					



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

M. OR S.

REGT. No. *682*

RANK *Spr.*

NAME (IN FULL) *WHITE, John*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
May & June	34	1. <sup>00</sup>	37.40	35.00 70.00				19.46	9.87	36.87			5.50	39.20			861 Returned "Advis" Bal. per Eng L. P. C. Clothing Allow. and 1st Payment W. G. Pay to Estimate date of discharge Advances in England Road Money Train Money Overpaid 5 days on discharge
War Service Gratuity																	
183 Days Incr.				42.00									70.00	70.00			1st Pay. W. G. #71943
													64.50	140.00	5.50		AR 9.937535 JUN 26 1919
													70.00	210.00			9.954611 JUL 25 1919
													70.00	280.00			9.1298578 25-8-19
													70.00	350.00			9.1715229 24-9-19
													70.00	420.00			9.1530622 24-10-19

BALANCE FROM PREVIOUS ACCOUNT

