

TRIPPLICATE

931574

No. 931574

Folio.

ATTESTATION PAPER.

No. 2 CONSTRUCTION, B'n. C.E.F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? **Wright**
- 1a. What are your Christian names? **James Hillier**
- 1b. What is your present address? **#104 Lafayette Detroit Mich. U.S.A.**
- 2. In what Town, Township or Parish, and in what Country were you born? **Chicago Ill. U.S.A.**
- 3. What is the name of your next-of-kin? **Henrietta Wright**
- 4. What is the address of your next-of-kin? **Denver Colorado**
- 4a. What is the relationship of your next-of-kin? **Mother**
- 5. What is the date of your birth? **Sept' 7th. 1888**
- 6. What is your Trade or Calling? **Waiter**
- 7. Are you married? **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes**
- 9. Do you now belong to the Active Militia? **No**
- 10. Have you ever served in any Military Force? **No**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? **Yes**
- 12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

TELEGRAPHIC ADDRESS NO. 10
 243 me de Ouyal St
 Windsor Ont

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **James Hillier Wright**, 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.

x James Hillier Wright (Signature of Recruit)
[Signature] (Signature of Witness)

Date **Oct 9th** 1916 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **James Hillier Wright**, 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.

x James Hillier Wright (Signature of Recruit)
[Signature] (Signature of Witness)

Date **Oct 9th** 1916 .

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 **Windsor Ont.** this **10th** day of **Oct.** 1916 .

[Signature] (Signature of Justice)

Description of James Hillier Wright on Enlistment.

Apparent Age 33 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement. { Girth when fully expanded..... 38 ins.
 Range of expansion..... 3 ins.

Complexion Light Brown

Eyes Dark Grey

Hair Dark

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

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).

One scar on left side of face*

Scars on the 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-Sea Expeditionary Force.

Date Oct. 2th 1916

Place Windsor Ont.

[Signature]
Capt A.M.C.
 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.

James Hillier Wright having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

C. W. Reis Capt (Signature of Officer)

Date..... 1916

REGIMENTAL DOCUMENTS

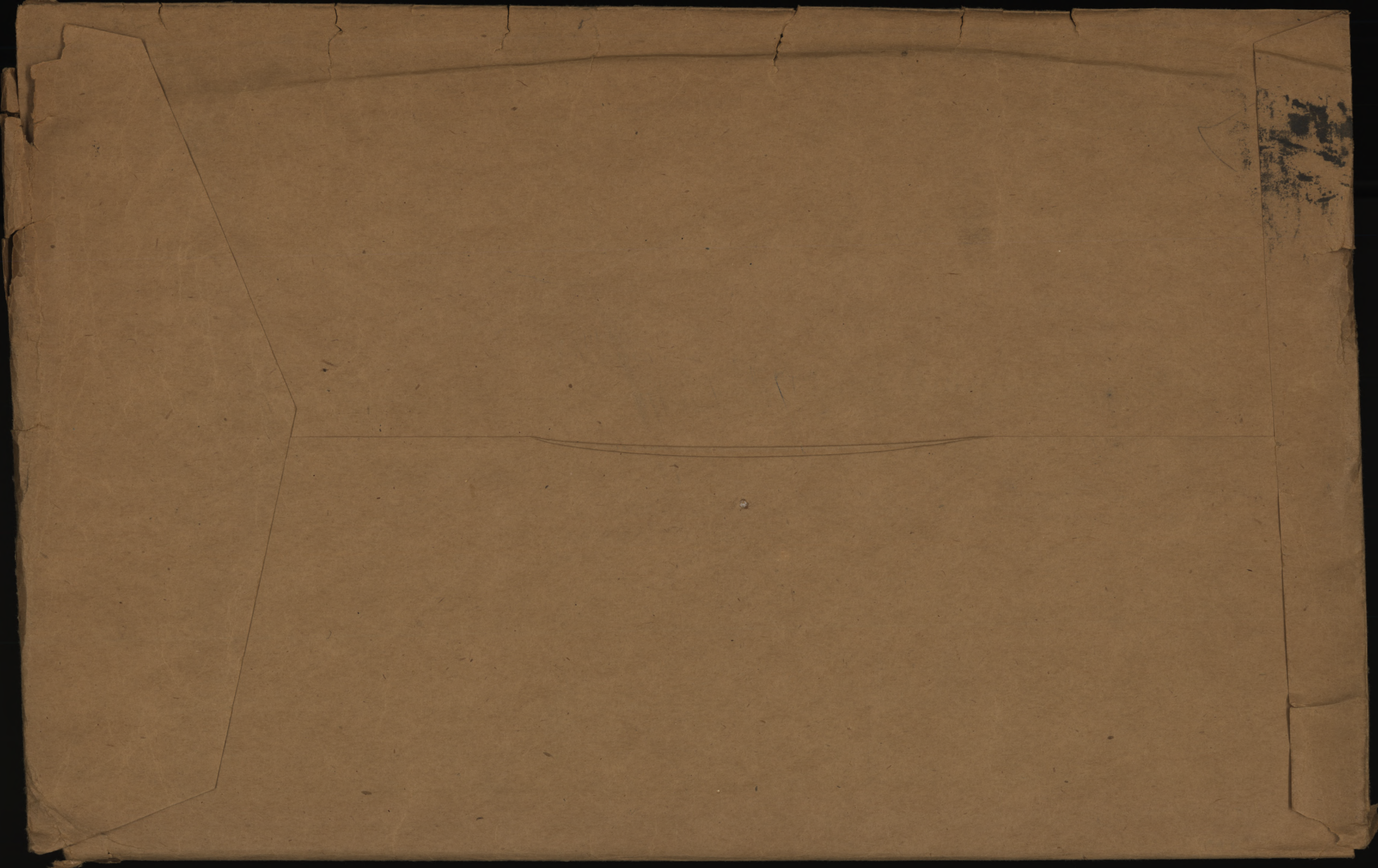
66 M
11-4-19

NAME **WRIGHT JAMES HILLIER**

REGT. NO. **931574**

UNIT **2nd Const Bn 5th** FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(M)			(D) DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				DISCHARGE	
1 DENTAL HISTORY SHEET (M.F.B. 465)				Category	
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				Demob.	
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)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 PARTICULARS OF CHARACTER (A.F.W. 3226)				35274	
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>mfw-192-1</i>					
		(H)			
			10603		



B

B

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number.....

931574

Rank.....

Sto

Surname.....

WRIGHT

Christian Names.....

James Miller

Unit.....

CORPS

Theatre of War.....

France

Date of Service.....

17-5-17

*2A. Goupil Lane
Montreal
Que.*

Remarks.....

Latest Address.....

~~*243 McDougall St.
Windsor, Ont.*~~

Roll No.

B. Page 3166.

NAME

REGT. No.

RANK AND UNIT

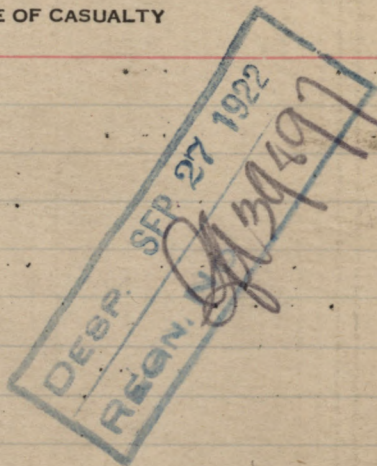
NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE



SURNAME.

Wright,

I. CARD NO.

CHRISTIAN NAMES

James Hillier.

*S.O.S. permob. 8-2-19. I
no-387 FOLL. 7/2/19.
SS#1.*

REGL. NO.

931574

RANK

Pte.

UNIT

No. 2, Construction

Br.

FORMER COPPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wright Mrs. Henrietta

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Denver. Col. U.S.A.

COUNTRY OF BIRTH

U.S.A. Chicago, Ill.

DATE

Sept. 7th 1918

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Oct. 10th. 1918

*R/C. 17/1/19. 25-4
29 I*

From Halifax, P.S.S. "Southland" 38/3/17

MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Waiter

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33.

YEARS

Not stated

MONTHS

HEIGHT

5.

FEET

7.

INCHES

CHEST MEASUREMENT

38.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Light Brown

EYES

Dark Grey

HAIR

Dark

DISTINGUISHING MARKS

One scar on left side of face. Scars on the neck.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Oct. 9th, 1916

Present Address

194 Lafayette St.
Detroit, Mich. USA.

No. 931574. RANK *Pte.*

NAME *Wright James Heller*

T. O. S. 9-10-16

UNIT

No 2. Construction Battalion.

D.O. 52. 16-10-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Oct-9.</i>	<i>Oct. 31</i>	<i>n.</i>		
	<i>Nov.</i>	<i>v</i>		
	<i>Dec.</i>	<i>v</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>v</i>		
	<i>Feb.</i>	<i>v</i>		
	<i>Mar.</i>	<i>x.</i>		



Name WRIGHT, James Hiller Rank Pte. Regtl. No. 931574

Fyle Depot.....

Original unit 2nd Cons. Bn. Present unit 2nd Cons. Bn. M. or S. Age 36 Religion R. C. Ref. H. Q. Id-30-W-1119

Port, ship and date of arrival Halifax, Olympic, 17-1-19

Next of kin (Mother) Henrietta Wright, Denver, Col.

Address on leave 243 McDougall St., Windsor, Ont.

Address on discharge 243 McDougal St.

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Waiter Date and place of enlistment Windsor, 10th Oct. 1916.

Diagnosis Defective hearing, NW Date of Medical Boards London Ont Feb. 5-19

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>10-1-19</u>	<u>No. 1 D.D.</u>	
<u>20-1-19</u>	<u>Posted to Cas. Coy. and granted furlough with sub. allow. to 6-2-19</u>	<u>29</u>
<u>31-1-19.</u>	<u>Having been granted permission to marry, and having been married to Miss Bernice Jones, at Windsor, Ont.,</u>	<u>30</u>

Date.

Remarks

Pt. 2 Order No.

on 22-1-19, is taken on married strength from that date.

8-2-19

Discharged ffrom H.M.S. On Demobilization, (P D.P)

38

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931574 Rank Pte. Surname WRIGHT
(Given name in full)

James Miller

Unit or Corps I D D Birthplace Chicago, Ill. U.S.A.

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

1. GENERAL DESCRIPTION:

Physique good Weight 141 lbs. Height 5 ft. 7 in. Colour of Eyes Grey

Nutrition good

Pulse 68

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

scar neck

Opinion as to general health and physical condition Good. Cat. A 2

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses yes Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Defective hearing. Prior to enlistment. Slight. No service aggravation

No service disability.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....London, Ont. (Canada)

Date Feb. 5/19 Signed *Sal M. King, Capt.* M.O.

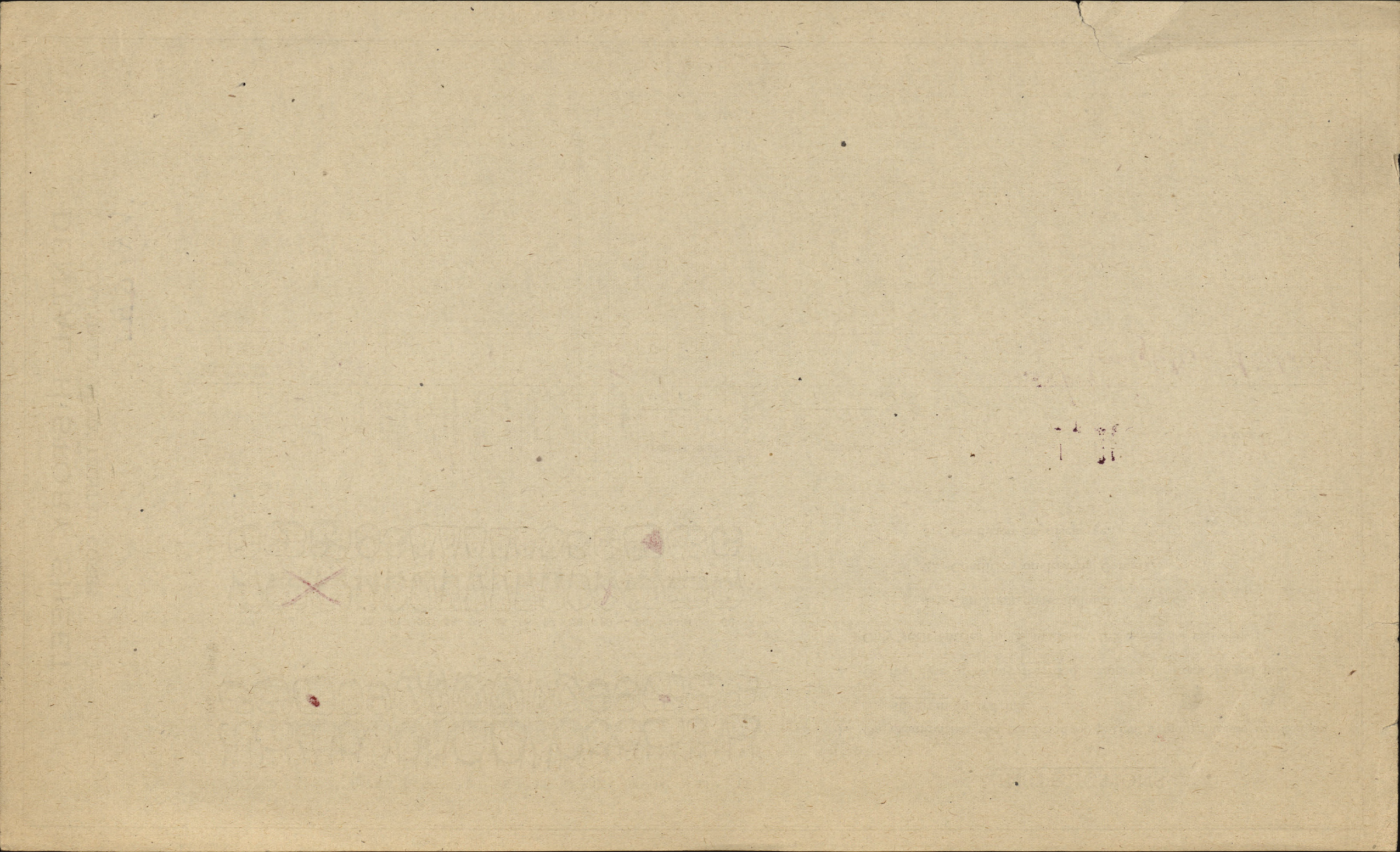
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]



931 574

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

931574

Surname ~~James Wright~~ **Wright** Christian Name **James**

Examined { on **9th** day of **Oct.** 191**6**
at **Windsor Ont.**

Approved by *[Signature]*
Rank **A.M.C.** M.O.

Birthplace { City or Town **Chicago**
County **Illinois**

Apparent age **33**

Trade or occupation **Waiter**

Height **5** Feet **7** Inches.

Weight **140** Lbs.

Chest measurement { Minimum **35** inches.
Maximum expansion **38** inches.

Physical development **Good**

Small-Pox Marks **None**

Vaccination Marks { Arm Right Left **Yes**
Number **Two**

When Vaccinated last **1911**

(a) Marks indicating congenital peculiarities or previous disease **None**

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

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

Date.	Result.	VACCINATIONS.
17/2/17		<i>[Signature]</i>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
2/2/17	2/2/17	<i>[Signature]</i>
3/3/17	2/2/17	<i>[Signature]</i>
3/5/17	2/2/17	<i>[Signature]</i>
		M.O.
		M.O.
		M.O.

Enlisted on **9th** day of **Oct.** 191**6** at **Windsor Ont.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>[Signature]</i> 667	931574		9/10/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>[Signature]</i>	Oct. 9/16	<i>[Signature]</i>	<i>[Signature]</i>
<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>

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.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *2nd Con. Bn.*

Regimental No. *931574* Rank *Pte* Name *J. Wright J. H.*

Enlisted (a)..... Terms of Service (a) *2 of 20* Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>10-1-19</i>	<i>From G.P.</i>	<i>Taken on strength No. 1 District Depot</i>	<i>London D.O. 29</i>		
					<i>F.A. Herman Reint</i>
					<i>For G.P. NO. 1 DISTRICT DEPOT</i>
					LONDON, ONT. DISCHARGED FEB -8 1919 ON DEMOBILIZATION
					<i>H.C. MacKendrick</i> <i>For O.C. Discharge Section, No. 1 D.D.</i>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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

Arrow

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form Active Service.

Unit, Regiment or Corps. *No 2 Const Battalion C & F*
 Regimental No. *931574* Rank *Pte* Name *James Miller Wright*
 C. E. F. *HIGHLANDER*
 Enlisted (a) *9-10-16* Terms of Service (a) *Duration of War 6 Months* Service reckons from (a) *9-10-16*
 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.
 MAY 6 JUN 1917
 CAN. RECORDS, LONDON.

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.
	Embarked, Canada Halifax		25/3/17	
	Disembarked, England Liverpool		7/4/17	
	Proceeded overseas Seaford			
				<i>#2 Coy</i> <i>Shaffer Capt</i> <i>for Capt. Capt.</i>
		Landed in France	17-5-17	N.R.
<i>30-8-17</i>	<i>OC. 7 days F.P. N°2 for</i> <i>(1) Disobeying an Order</i> <i>(2) Refusing to work.</i>		<i>24-8-17</i>	<i>B2069 Pf-133</i> <i>18/10/17</i>
<i>18-10-17</i>	<i>OC 7 days F.P. N°2 for</i> <i>(1) Breaking out of camp after Tattoo</i> <i>(2) Disobedience of orders - Out of bounds</i> <i>(3) a wh from 9-30 pm 12-10-17 until apprehended at</i> <i>gates by 7 M P's at 8 pm 13-10-17</i> <i>(3) Perfect 2 days for under 21</i>		<i>15-10-17</i>	<i>B2069 Pf 136 dt 25/10/17</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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				
10/1/18	oc/min	10 days 2P 7/21 for absent w.l. from 6-30 pm 8/1/18 until 9 am 9-1-18 (overlapping a pass) 20 days 2 day pay until RD.		9/1/18	B 2069 P 295 7-3 d/16/1/18
5/1/18	oc	att to 1 Dist CFC	Alencom	30/1/18	B 213
14 9.18	oc 43626	Granted .4 days leave	uk.	15-9-18	B 213 p 537 Sep 1918
13.11.1918	oc 43626	Returned from Leave.	Sued	30.9.18	S.A.I. 45098 ref. K.F. 17-797
31.10.18	oc 43626	7 days 30 h. 2. 30-10-1918 for creating a disturbance in Mess Room	Sued.	20-10-18	W 657 Nov 1918
16-11-18.	43 43626	Returned from Leave.		30.9.18.	B 213.
11 ¹² / ₁₈	uab	Trans to Reg reported to 7. 5. Reg Depot.	Bramshott	14 ¹² / ₁₈	W 344.
17.12.18.	oc H.R.D.	T.O.S. and att'd 2nd Lt. D for Quarters and Nations	Canadian Bramshott	14.12.18	D.O. 305
27-12-18	NSRD	ON COMMAND TO CDD Kimmel	BRAMSHOTT	27-12-18	PART II D.O. J.R.D. 313 27 ¹² / ₁₈
27-12-18	NSRD	2-AS, M.D.I. Road Camp Embarked for Canada	Phyl	27-12-18	W 657 D.E. Wery for OC 2nd B. E. F.

LIEUT,
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

JM Rank Name **WRIGHT, James Hillier.** Reg'l No. **931574**
 Unit **No. 2. Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 9th Oct 1916.** Place of Birth **Chicago, Ill.**
 Name and Address, Next-of-Kin **Henrietta Wright.**
Denver, Colorado, U.S.A. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **5203**
 File R.L.
 Category **OR CAN**

Discharge, Date and Place Reason Character
 H. W. & V., Ld. 9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England per S.S. Southland</i>		<i>7.4.17</i>	<i>AWW</i>
<i>14-6-17</i>	<i>2nd Const</i>	<i>Arrived in France Field</i>		<i>17.5.17</i>	<i>PT 100 115</i>
<i>16-12-18</i>	<i>NSRD</i>	<i>TOS from 2nd cc Coy</i>	<i>1/3 Bshott</i>	<i>14-12-18</i>	<i>+ 305 + 71 d/ 19-12-18</i> <i>2nd cc Coy</i>
<i>27-12-18</i>	<i>NSRD</i>	<i>O/C to C.D.D. Rhye</i>		<i>27-12-18</i>	<i>- 313</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF in</i>	<i>Bshott</i>	<i>9 JAN. 1919</i>	<i>PT 2DO 16</i>
		<i>CANADA</i>			

AFB. 123 CHECKED
 31 MAY 1919



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS
Date.	From whom received.				Taken from Official Documents.



1 Pm 10-11-11

LAST PAY CERTIFICATE

Regt.No. 931574 Rank *nte* Name *Wright, Jas. Hiller*
Corps *U.S.R.D* who was *dischgd*
on *8-2-19* to

The following is a statement of the account of the above named
from *1-2-19* to *8-2-19*

Bal Dr	from mon. of		Bal. Cr.	from mon. of <i>Jan</i>	<i>273 53</i>
	from I.P.C.			from L.P.C.	
ASSIGNED PAY:			Regt. Pay	<i>8</i> dys. @ <i>100</i>	<i>8 00</i>
SEPARATION ALLOWANCE:			F'ld. All.	<i>8</i> dys. @ <i>10</i>	<i>8 0</i>
OTHER CHARGES:			SEPARATION ALLOWANCE:		
PAYMENTS:	<i>20585</i>	<i>317 33</i>	OTHER CREDITS:		
		<i>273 53</i>	Clothing Allowance	<i>—</i>	<i>35 00</i>
Bal. Credit (to be pd.)			Subsistence,		
<i>Overseas P.M.P.</i>	<i>317 33</i>	<i>273 53</i>	Bal. Dr. (to be deducted)		
			(from soldier \$)		
			(from Dependent \$)		
				<i>317 33</i>	

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been <i>Nil</i> to	has been <i>Nil</i> to	Pd. by other
		Units \$ <i>Nil</i>
		Pd. by this
		Unit \$

Dependent or Beneficiary: *Nil*
Address:

REMARKS: *No 38 Dischgd 8-2-19 on demob.*

Date of Enlistment *9-10-16*
If married and if Separation Allowance card submitted *No/No*

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date:
London, Ontario.

J. D. Patterson Captain.
Paymaster No. 1 District Depot.

THE STATE OF NEW YORK

1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...

...
...
...

...

...

...

...

...

...

...

...

...

...

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 931574 (Rank) PRIVATE

Name (in full) WRIGHT, James, Miller enlisted in

the 2ND CONSTRUCTION BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR ONTARIO on the

day of OCTOBER 1916. NINTH

HE served in FRANCE (WITH THE 2ND CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 35 YEARS

Height 5' 7"

Complexion BROWN

Eyes GREY

Hair BLACK

Marks or Scars SCAR ON NECK.

Signature of Soldier

DISCHARGE SECTION

FEB 8 1919

No. 1 District Depot

Date of Discharge LONDON, ONT.

LONDON, ONT.

Issuing Officer

H.C. MacLennan
for **O.C. Discharge Section, No. 1 D. D.**

Rank CAPTAIN
Appointment

Signed at _____ this _____ day of _____ 19 _____

in Military District No. EIGHTH FEBRUARY 19.

File Reference No. (ONE)

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

DUPLICATE

931574

To be made out in duplicate.

I.L.O. 51-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **No. 2 CONSTRUCTION, B'n. C.E.F.**

(2) Regimental Number..... **931574**

(3) Full Name of Soldier..... **Wright James Hillier**

(4) Place of Birth..... **Chicago Ill.**

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

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

(b) Present Postal Address..... **Rollins Wyoming**

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

(8) Have you any children?..... **No**

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? yes Mr. Dennette Wright

If so, state name and address Rollins Wyoming

(11) If your Mother is a widow No

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.

Att. Sutherland L.T. COL.
Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date Nov. 14th / 16

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *E Mathews.*

Address

*Harrow
 Ont.*

By Whom Assigned

Wright J H.

Regtl. No.

931574

Rank

pte.

Corps

2 Lon Bn

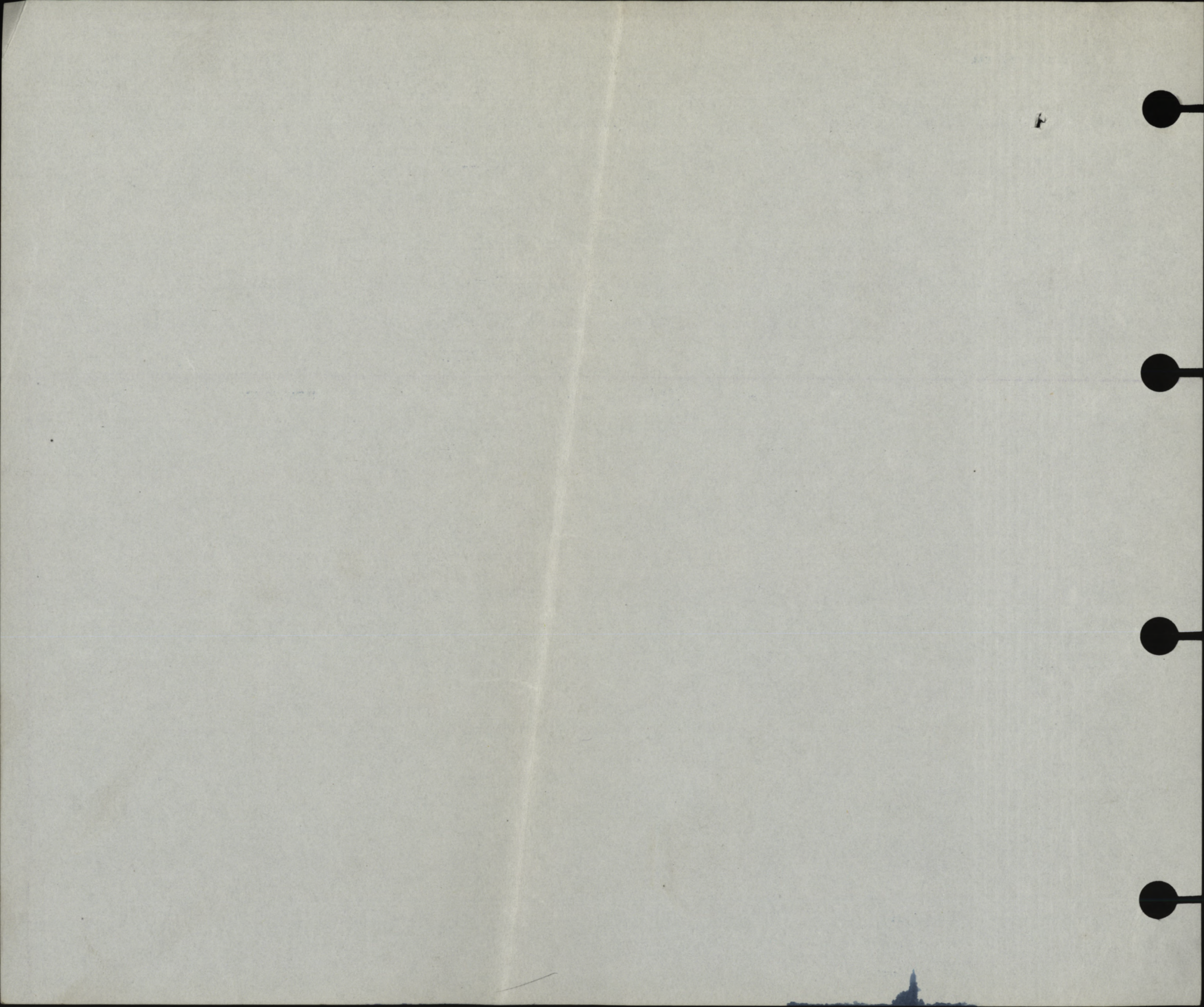
Rate

\$ 30.00

SPECIAL BENEFITANCE

Sched 465. 26. 11. 17
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	<i>647563</i>	<i>30 -</i>	
Feb.				
March				



* Strike out, whichever inapplicable.

ASSIGNED PAY ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **WRIGHT James Hillier E**

EFFECTIVE DATE: EFFECTIVE DATE:

NUMBER: **931574**

AMOUNT: AMOUNT:

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

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

PTC

UNIT AND TRANSFERS

ORIGINAL UNIT: **2 Construction Bn**

DATE ACCOUNT FIRST OPENED: **1 APR 1917**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET TSP'D UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DAILY RATES OF PAY AND ALLOWANCES

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12/18	6762	25 ⁷ / ₁₀₀	466				
18/12/18	3594	B.R.D. 9.	973				
			1439				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharged to Canada 31/12/18 MR. 161 17/12/18 NSRD. Sep Bal 343.69**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
MAR	Bal Forward								259 05 165		
Apl	P. Pay	33		AR 133 6/4 CFC 01	357						
				AR 315 29/4 - " -	357				284 91 180		
		33			714						
May	P. Pay	34 10		AR 510 7/5 CFC 1	268						
				738 25/5 -	446				311 87 195		
		34 10			714						
June	P. Pay	33		AR 925 7/6 CFC 1	357					210	
				1 1121 22/6	357				337 73		
		33			714						
July	P. Pay	34 10		AR 1311 6/7 6765	357						
				AR 1920 22/7	357				364 69 225		
		34 10			714						
Aug	P. Pay	34 10		AR 1715 6/8 CFC 1	357						
				AR 1962 22/8	357				391 65 240		
		34 10			714				33		
Sep	PP	33		AR 2215 6/9 CFC 1	357						
				AR 2298 13/9 CFC 1	178						
				CP 34672 17/9 LIN	4867						
				AR 4327 13/9 CFC 1	9733						
				CP 37288 24/9 LIN	243						
				CP 36283 21/9 LIN	1460				256 27 255		
					16838						

CANADIAN ASSIGNED PAY LETTER
 DATE 1918/12/15
 AUDIT CLERK

Compiled by: **C. Lester**
 Checked by: **Imrajan**

P. 559
MARRIED OR SINGLE *S*
PLACE OF BIRTH *Chicago Ill. U.S.A.*
NAME AND ADDRESS OF NEXT OF KIN *Henrietta Wright
Denver, Colorado, U.S.A.*
RELATIONSHIP OF NEXT OF KIN *Mother*
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. *931574* RANK NAME *Wright James Hillier*
IF IN PERM. CORPS } UNIT *2nd Con. Bn.* TRANSFERRED TO DATE AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION *Windsor Ont.* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *Oct 9th 1916* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO 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	ACQUITANCE 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	No. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT															
																													\$	c.	\$	\$	\$	\$	\$	\$				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.
Sep	Bal	173	88						173 88		
Oct	PP	34	10	Slid 7 days FP 20 133, 18-10-17	7	70					
				AR 632 11 7/7 2 bank 12 Att. etc	3	57					
				473 13 8/7	3	57					
				Slid 7 days FP 15 7/7 + 2 days RW, DO 136 7/7	7	14	17	60	183 24		

CANADIAN
 ASSIGNED PAY AUDITED
mil
 Ontario
 AUDIT CLERK
 DATE *19/12/19*

This space to be for numbers



Proceedings on Discharge.

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

No.	931574	
Rank	PRIVATE	
Surname	WRIGHT	
Christian Name	JAMES HILLER	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2ND CONSTRUCTION BATTALION C.O.M.F.	
Date of Discharge	FEB 8 1919 <i>DO 38 of 7-2-19</i>	
Place of Discharge	LONDON ONT.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	35..... years.....	months.....
Height.....	5..... feet.....	7..... inches.....
Complexion	BROWN	
Eyes	GREY	
Hair	BLACK	
Trade	WAITER.	
Intended place of residence	243 McDUGALL STREET	
(To be given as fully as practicable.)	WINDSOR ONTARIO	
2.	The above-named man is discharged in consequence of ON DEMOBILIZATION	
	<i>Ro. 1420</i>	
	<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) **LONDON, ONT** *James H. Wright* (Signature of Soldier.)

(Date) **FEB -8 1919** *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) **LONDON, ONT**

(Date) **FEB -8 1919**

[Signature]
O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

James H. Wright

<p>Militia Form B. 355 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 365</p>
<p>B. 318 Proceedings on Discharge</p> <p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>B. 363a Conduct Sheet Squadron Battery Company</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet Militia Form B. 313</p> <p>Medical Report for Invalid " B. 327</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate " D. 877</p> <p>Only if discharged "Medically unfit"</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Part 8, and signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

411

10-20-11

AUDITOR *Am* PAYMASTER *M*

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

REGT. No. 931574 RANK *P6.* NAME (IN FULL) *WRIGHT Jas Miller*

M. OR S. *d*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>M.S.R.D.</i>	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
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	100 PAY AND F.A. 10		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	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$		C.		
Balance from previous account																							
31/12/18					329	30									30	487					289 43	On Rent	
1/1/19	31	110	34	10	289	43				50	00						39	87			273 53	D.O. 30 married strength	
Feb. 1-16/19	8	110	8	80	3200	273	53																
8-2-19					14	40																	
					18	00																	
					70	-				70	-												
8/3/19					280					70													
8/4/19					210					72	40												
10/4/19					140	150					108												
8/5/19					140	60				70		30											
8/6/19					70	30				70		30											
					250	150				352	40	68											
					324	40																	
					532	40																	

WAR SERVICE GRATUITY

Major

Blca

Capt.

