

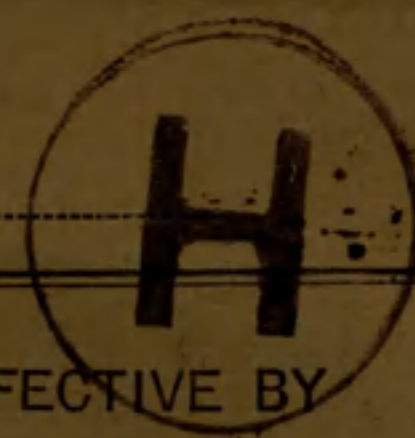
REGIMENTAL DOCUMENTS

NAME BROWN JAMES

Pte REGT. NO. 3039657

UNIT 4th CDR

H. Q. FILE NO.



**CONTENTS**

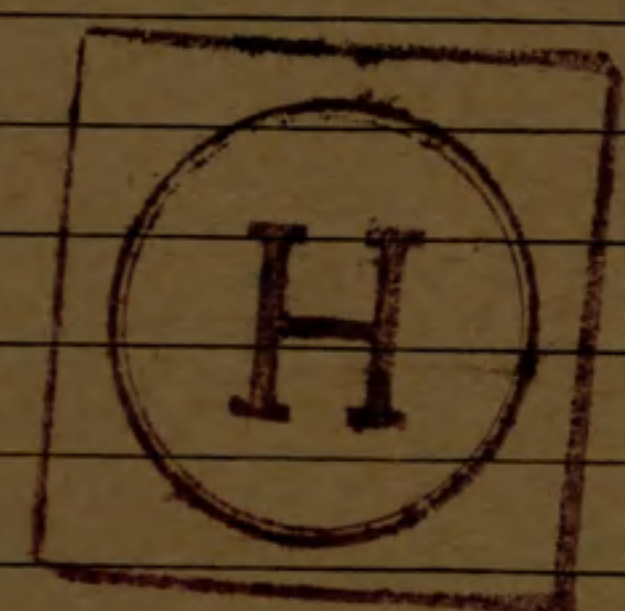
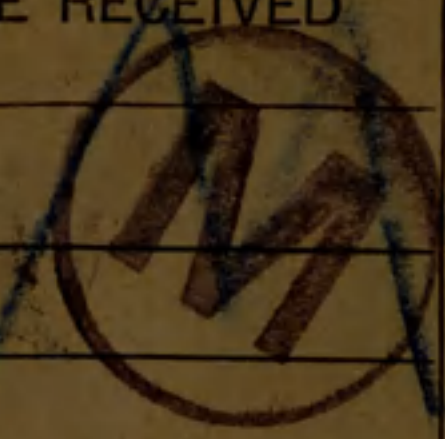
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY



44381

**DEATH**

Category

**DISCHARGE**

Category

Demob.

**DESERTION**

4th CDR

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

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

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

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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

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)

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

1 cadet's log

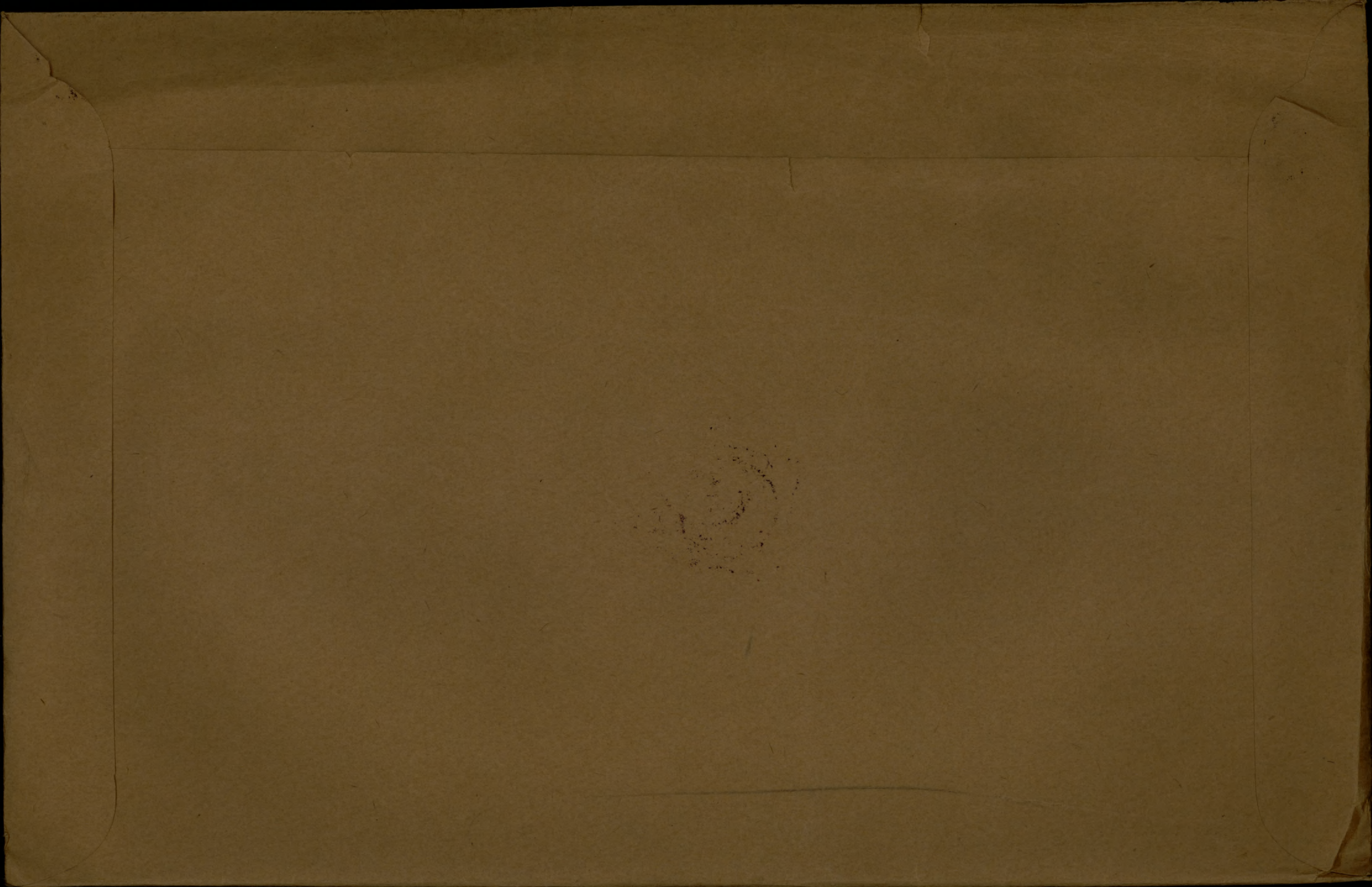
2 discharge

1 pass card

1 R 12/2

1 hand card







Certified true copy.

Chas. Brady

ATTESTATION PAPER.

1st Depot Bn. 1st C.O. Regt.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 3039657 Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... B R O W N.
- 1a. What are your Christian names?..... James.
- 1b. What is your present address?..... 139, 100th St. W. New York City, U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Liverpool, England.
- 3. What is the name of your next-of-kin?..... Jessie Brown.
- 4. What is the address of your next-of-kin?..... 6 Conniston St, Liverpool, England
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... June 12th, 1897.
- 6. What is your Trade or Calling?..... Seaman.
- 7. Are you married?..... Single.
- 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.   
 Naval or.
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Brown, 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.

J. Brown. (Signature of Recruit)

Date June 3rd, 1918. 191 Frances Haller. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Brown, 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.

J. Brown. (Signature of Recruit)

Date June 3rd, 1918. 191 Frances Haller. (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 NEW YORK this 3rd day of June, 1918. 191

W.C. McIvor. Lt. (Signature of Justice)

C



JAMES BROWN

Description of James Brown. on Enlistment.

Apparent Age 20 years 6 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. 7 1/4 ins.

Nil.

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

Complexion Medium.

Eyes Brown.

Hair Brown.

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

Hearing, Normal. V-R.20/30.  
 L.20/30. Nose & throat, Normal

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 June 3rd, 1918. 191 . W. McWilliams.

Place NEW YORK Capt. C. 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 Brown. 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.

Major (Signature of Officer)  
 for O. C. 1st Depot Bn., 1st C. O. R.

Date June 3 1918 191 .

NEW YORK



# CANADIAN EXPEDITIONARY FORCE

War Service Badge

## DISCHARGE CERTIFICATE

Class \_\_\_\_\_

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

issued \_\_\_\_\_

THIS IS TO CERTIFY that No. 3039657 (Rank) Private

Name (in full) Brown James enlisted in

the 1st Depot Battalion C.O.R.

CANADIAN EXPEDITIONARY FORCE at New York on the 3rd

day of June 1918.

HE served in France Belgium

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

Medical Unfitness.

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

Age 21 yrs

Marks or Scars Nil

Height 5' 7 1/4"

Complexion Medium

Eyes Brown

Hair Brown

Brown  
Signature of Soldier

James Brown  
Issuing Officer

Date of Discharge

No. 2 District Depot  
Toronto, Ont.  
JUN 11 1919

FOR  
O.C. No. 2 District Depot.  
Rank

Date JUN 1 1919 1919

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.



# DENTAL HISTORY SHEET

2

CANADIAN ARMY DENTAL CORPS

DISTRICT

20/6/18

NAME OF SOLDIER

Brown J.

REGIMENT

1/1 C.O.R.

RANK

Pte

No. 3039657



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
June 1.3. 20 18											14	14							BR Gardner		
June 26																			Wwy		
27																			Wwy		
28																			Wwy		
July 24																			Wwy		etc



MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Brown Christian name James  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....  
3. Consecutive number on schedule of men reporting for service (if he appears) on it).....  
4. Address (including street and number, if any)..... 139 W. 100 St. N.Y.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3 day of June 1917, by the undersigned medical board sitting at New York

5. Age as stated 21 Years 9 Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months  
7. Height 5 Feet 7 1/4 Inches. 8. Weight 133 Pounds.  
9. Chest measurement { Minimum 31 Ins. 10. Complexion Fair. { Eyes Brown.  
Maximum 34 Ins. { Hair Brown.  
11. Physical development. { Good Fair Poor 12. Smallpox marks nil.

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 4 14. When vaccinated last Inf.  
15. Distinctive marks and marks indicating congenital peculiarities or previous disease upper plate

16. Slight defects but not sufficient to cause rejection mod. flat feet

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Hearing, Normal. V-R.20/30 L.20/30. Nose & throat, Normal

Emeronald President. Ronald Smith Member. Alte Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/6/18</u>	<u>Good</u>	<u>Real left</u>	<u>6/6/18</u>	<u>Good</u>	<u>Real left</u>
		M.O.			M.O.
		M.O.	<u>11/6/18</u>		<u>Real left</u>
		M.O.	<u>15/6/18</u>		M.O.

Joined 3rd day of June, 1918 at New York, U. S. A.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn.</u>	<u>3039657</u>		
Transferred to.....	<u>1st C.O. regt.</u>			
	<u>3rd Regt. 176th In.</u>			<u>8/9/18</u>
	<u>H.Q. 176th In.</u>			<u>29/10/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Niagara Camp</u>	<u>June 24/18</u>		<u>A2 W/Pat</u>

N. B.—This sheet is 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.

Signature of Man James Brown







2

2

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Corrected this document checked with Regimental documents.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names James 2. Surname Brown
- 3. Rank Plt 4. Original Unit 1st Co R 78 Dnpt 5. Reg. No. 3039657
- 6. Address, in full, to which future payments of gratuity are to be forwarded General Post office Buffalo New York U.S.A
- 7. Date of enlistment in the C.E.F. June 3 1918
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge NOT APPLICABLE
- 9. Relationship of such dependent NOT APPLICABLE
- 10. Address, in full, of such dependent NOT APPLICABLE
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? NOT APPLICABLE
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Eleven Months 78 Dnpt 1st Co R H-CMR CORD
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *NOT APPLICABLE*
24. Are you now serving in the C.E.F.? *JUN 11 1918* If not, give:—(a) Date of discharge *DEMobilIZATION*  
(b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?  
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. Brown*

Place of Residence: *445 South Ogden St. Buffalo, N.Y.*

Declared before me at: *Ripon, Yukon*

This *13* day of *May* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED.

*J. M. Cannon*  
*Major*

#### POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.



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

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

No. 3039657 Rank Pte Surname BROWN  
 (Given name in full) James  
 Unit or Corps 1<sup>st</sup> C.O.R.D R.D.W.G. Birthplace \_\_\_\_\_

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

**I. GENERAL DESCRIPTION:**

Physique Good Weight 144 lbs. Height 5 ft. 10 in. Colour of Eyes Grey  
 Nutrition Good  
 Pulse 68  
 Condition of arteries Good  
 Vision Rt. 4/6 Left 6/6  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of Mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

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



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Japan.....(Overseas)

Date 6 5 19.....

Signed + 2 [Signature].....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 [Signature].....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

Signed ..... 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 a Medical Board.)

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

[OVER]



CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) BROWN

REGIMENT 1st C.C.B.P. RANK PTE No. 3039657

Date of Examination in England 13/5/19 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 20

2. EXTRACTIONS \_\_\_\_\_

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 yes
- (b) In England yes
- (c) In France \_\_\_\_\_

Signature of Dental Officer J. E. Thompson, Capt.



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

20.8.18	3 <sup>rd</sup> Reg.	Pl 0232	Arrived in England 8.8.18 TOS	S.S. Corsican Witley	8.8.18	
29.10.18	"	* 302	SOS to 4 <sup>th</sup> C.M.R. Pl	"	29.10.18	
11.1.19	1 <sup>st</sup> CORP	" 9	TOS from 4 <sup>th</sup> C.M.R.	"	10.1.19	
26.2.19	4 <sup>th</sup> C.M.R.	4 <sup>th</sup> C.M.R. 17/198 8/13/19	SOS to UK	Field	13.2.19	

*Y. J. Brown*  
LIEUT.  
FOR LT. COL. I/O RECORD

15.5.19			T.O.S. I.P.C. M.D. 2			
3.6.19			S.O.S. to Canada D.O. 131 G.W. Went Capt. C.E. For O.C. No 2 Wing			
			Embarked Liverpool S.S. Lapland 2 June 1919			

JUN 2 1919 O.S. T.O.S. DISTRICT DEPOT, TORONTO PART II D.O. 165

JUN 1 1919  
S.O.S. No. 2 District Depot  
Part II, D.O. No. 165

*W. J. Roberts*  
Lieut.  
For O. C. No. 2 District Depot

Nothing to be written in this margin.



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.  
Part I.

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

**Nothing to be written in this margin.**

W1889 - PP 1150 IM 5/18 G.W.P.C. (34/10)

<p>(1)*Substantive rank <i>Pl</i></p> <p>*Acting rank <i>2nd</i> *[To be entered in pencil to facilitate alteration.]</p> <p>(4) Surname <i>Brown</i></p> <p>(5) Christian Names <i>James</i></p> <p>(6) Army Form, (number of, Attestation) Form or Record of Service paper )</p> <p>(7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918]</p> <p>(8) Date of birth as stated on enlistment</p> <p>(9) (a)</p>	<p>(2) Regiment or Corps</p> <p style="font-size: 2em; text-align: center;"><i>1st COR</i></p>	<p>(3) Regtl. No.</p> <p style="font-size: 2em; text-align: center;"><i>3059657</i></p>
--	--	---

<p>(10) Enlistment (b)</p> <p>(12) Service reckons from (date)</p> <p>(14) Any subsequent variations (if any) of conditions of service</p>	<p>(11) Engagement (c)</p> <p>(13) Special conditions (if any) of enlistment (d)</p>
(Authority)	(date)

Initials and Rank of an Officer.

---

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

(17) Next of Kin

(18) Demobilizer (f) (Place)

(19) Pivotal-man (f) (Date)

(20) Qualifications (g) or (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

(Signature of Posting Officer)

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



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

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

350M.—5

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn. 1st C.O.R.  
 Regimental No. 3039657 Rank Pte. Name BROWN, James  
 Enlisted (a) 3-6-18 Terms of Service (a) 10 y. 10 m. Service reckons from (a) 3rd June 1918.  
 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) Seaman

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				
		Embarked Canada.	Montreal.	19/7/18	A. M. J.
		Arrived England.	London	8/8/18	"Bersican"
20/8/18	OC 3rd Res Bn	Transferred to	Witley	8/8/18	HTL D O 232
29/10/18	G.C. Ser Res. Bn. C.E.F.	Transferred to	Witley	29/10/18	302 Lt Col
30-10-18	CCRC	Landed in France and 103.4th Coy.		30-10-18	N.R./A. 907
1-11-18	"	Left for CCRC	Fls.	1-11-18	Pt. 11. 143
1-11-18	CCRC	Arrived	"	1-11-18	N.R.
5-11-18.	"	Left for Unit	"	5-11-18	N.R./1977
9.11.18	4 C.M.R.	Joined unit	"	6.11.18	B. 213.
25.11.18.	22 Gen	Myalgia Adm 25.11.18	22 Gen.	25.11.18	M 7980
22.11.18	8 C.A. 2	" 21.11.18	8 C.A.	21.11.18	M-7789
1.12.18	C. 200	P.O.S. A	C. 200	1.12.18	DP 525.

(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.







Rank **78th** Unit **1ST BN 1ST C O R** Name **Brown, James.** If in perm. Corps **What Unit?** Reg'l No **303 9657.** Married or Single **Single**  
 Place and Date of Enlistment **New York, U.S.A. June 3, 1918.** Place of Birth **Liverpool, England.**  
 Name and Address, Next-of-Kin **Jessie Brown** Relationship **Mother**  
**6 Conniston St. Liverpool, England.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. # **27551**  
 File R.L.  
 Category **CAN. OR**

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.				
	"C"				
20-8-18	3 Pts	Taken on strength.	WITLEY	8-8-18	8 8 18 S S CORSICAN Pt 10 232
29.10.18	✓	S.O.S. to 4th C.M.R.	Plt. ✓	29.10.18	✓ 302 (4th CMRS 00-143 25-11-18)
11-1-19	1st CORD	T.O.S. from 4th CMR	✓ ✓	10-1-19	- 9
26-2-19	4th M.R.	S.O.S. to U.S.	Pte Field	13-2-19	P. 2. 0. 17 (198/2/19) ERh
24-3-19	1 CORD	On Com. a P M. Witley	Witley	21-3-19	50-67
15-4-19	1 CORD	leave on Com	- Ripon	14-4-19	0082
16-5-19	MD2	T.O.S. from 1 CORD	- Ripon	14-5-19	- 116 (1 CORD 00105, 2/14-5-19)
4-6-19	MD-2	SOS TO CAN		2-6-19	Pt 131 SL-63
10-6-19	1 CORD	For 3 days pay + med for 10 days pay A.W.L. 2 days 10 hrs.	- Witley	3-5-19	- 120 S.L. 63-7-28 2/6/19



Surname

Christian Name or Names

Reg. No.

BROWN.  
Rank  
Pte.

J.  
Unit  
1st.C.O.4CMR.

3039657.

Cas. List.

22. G.H. Camiers.

25-11-18.

4-12-18.A388/2.

Maylgia. Gen. n.

7.12.18@3910

G. G. D. Staples.

27.11.18.

& Broken Venture.

9.12.18@392

Disch.

30.11.18.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.



Cas. List.



Surname *Brown* ..... H. Q. .... ✓  
 Christian names *James* ..... M. D. No. *2-1* .....  
 Regtl. No. *3039657* Rank *Pte* ..... T. O. S. *June 7th 1918* .....  
 Unit *1st Gen Ont Regt 1st Dep Bn* ..... D. O. Pt. II *158 of 7-6-18* .....  
 (78th R.O.) Reason *Demob* .....  
 S. O. S. *11-6 1919* .....  
 Auth. *10.0.165 of 14.6.19* .....  
*60502*

Next of kin *Brown Mrs. Jessie* Relationship *mother* .....  
 Address *6 Cornmarket St.* Also notify: .....  
*Liverpool Eng*

BORN—Place *England Liverpool* Date *June 12th 1897* .....  
 ATTESTED—Place *New York N.Y.* Date *June 3rd 1918* .....  
 O/S *20-7-18 1332* ..... R/C *9-6-19 345* .....  
*8* *39 Pte*



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A. 388

22 St. Camille 25-11-18

Myalgia Gen

A. 391

Le Count Dept Chapel 27-11-18

" " +

A. 392

Ditch " 30-11-18

Swollen Denture  
Myalgia Gen & Swollen  
Denture



NAME

*Brown*

REGT. NO.

*3039657*

RANK AND UNIT

*Pte.*

*1st Coy*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE











~~95117~~  
Number... 3039657... Rank... Pte...

B

Surname... BROWN

V

Christian Name... James

Unit... 4<sup>th</sup> C. M. R. Theatre of War, France

Date of Service... 30-10-18

Remarks

Latest address... 445 South Ogden St

Buffalo N.Y.

Roll No. Page 4268



\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- *BROWN James*  
NUMBER:- *3029657*

EFFECTIVE DATE:- *1/8/18*  
EFFECTIVE DATE:-

AMOUNT:- *15.00*  
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>A.P. Canada</i>	<i>31/7/18</i>	<i>Pte.</i>

*R.R.*

*Mrs. Jessie Brown (Mother)  
6 Conniston St. Liverpool, England*

*Stopped 1/4/19*

*Wm. H. ...*

UNIT AND TRANSFERS

ORIGINAL UNIT:- *Craft #8 1/1 C.M.K.*  
DATE ACCOUNT FIRST OPENED:- *1/8/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P. D.	UNIT TRANSFERRED TO
			<i>3" Res</i>

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>28/1</i>	<i>18035</i>	<i>Witley</i>	<i>11.84</i>				
<i>11/2</i>	<i>20529</i>	<i>✓</i>	<i>11.60</i>				
			<i>19.44</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.02</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis 1/3/19 n/R 38 Witley 12/2/19 (A 3051) (M D 2) L.P. O. Dr. Pol 2802*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>July 31</i>	<i>Balance from Canada</i>								<i>33.35</i>		
<i>Aug</i>	<i>P.P.</i>	<i>34/10</i>		<i>to 18.455 £3-1-8</i>			<i>15</i>		<i>52.45</i>		
				<i>AR 3460 12/8 3 Res Bath</i>	<i>4.87</i>						
				<i>4.95 d. 29/8 ✓</i>	<i>4.87</i>				<i>42.71</i>		
		<i>34/10</i>		<i>689747 £3-1-8</i>	<i>9.74</i>		<i>15</i>				
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>AR 1800-14/9-3 Res</i>	<i>4.87</i>						
				<i>AR 1928-20/9 - do</i>	<i>29.20</i>						
				<i>24005-£6.25 B-14/9/18-15</i>	<i>1.21</i>						
				<i>AR 1967-25/9-3 Res</i>	<i>2.42</i>				<i>22.89</i>		
		<i>33</i>		<i>D 35251 £3-1-8</i>	<i>37.82</i>		<i>15</i>		<i>14.23</i>		
<i>Oct</i>	<i>do</i>	<i>34/10</i>		<i>2484 11.10.18 3 Res</i>	<i>4.87</i>				<i>37.12</i>		
				<i>2385 29.10.18 3 Res</i>	<i>21.90</i>				<i>152.2</i>		
		<i>34/10</i>			<i>26.77</i>		<i>15</i>				
	<i>Nov Dec Jan</i>	<i>10/20</i>		<i>85450 £3-1-8</i>			<i>15</i>				
				<i>3839 7.11.18 CCH</i>	<i>3.73</i>						
				<i>2927 12.11.18 8th B</i>	<i>1.87</i>						
				<i>3767 19.11.18 do</i>	<i>9.33</i>						
				<i>£63384 3.1.8</i>			<i>15</i>				
				<i>5672 3/12 6th B.P.</i>	<i>4.66</i>						
				<i>Quoos 16.209 25/10 3 Res</i>	<i>3.20</i>						
				<i>£3.11-8</i>			<i>15</i>		<i>48.63</i>		
					<i>22.79</i>		<i>15</i>				
<i>July</i>	<i>P.P.</i>	<i>3080</i>		<i>790639 £3.1.8</i>							
				<i>AR 15187 1/1/19 Gen Depot</i>	<i>9.73</i>						
				<i>" 6398 19/1 6 G.B.D.</i>	<i>4.66</i>						
				<i>" 6908 1/1/19</i>	<i>4.66</i>						
				<i>CP 8380 17/1/19 London</i>	<i>29.20</i>						
				<i>AR 16623 16/1/19 Gen Depot</i>	<i>9.73</i>						
				<i>(over)</i>	<i>59.98</i>		<i>15</i>		<i>48.63</i>		

*L.P. O. Comp. by Reg. 14/1/19*



1919

NUMBER 3039657 RANK

NAME Brown Jas

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
July	Brought For	3080			5998		157		4863		
				769752 <del>218 Mar</del>			157		<del>955</del>		
				AR 18035 28/1/19 C.P. Rec	487				1947		
				" 20329 " " Gen Depot	1460				2802		
				<del>AR 11034 13.18</del>					<del>2802</del>		
		3080			7745		30				
				AR 11297 17/5/19 Kimmel	973						
				(L.P.C. endorsed)							
				AR 5424 8/5/19 N.2 R.D.4	487						
				(L.P.C. endorsed)					4262		
					1460						
				forfeits 3 days pay by Reg Co and awarded forfeiture of 10 days pay under Act 46-2 d. on 3/8/19 and under 2814 Act 10-00 11/2/19 2 days 10 hr = 13 days 00 120 - 10/6/19 1 col 10		1430					
									5692		
						1430					
				S.O.S. Canada 26/1/19							
				5263							







10  
11  
12





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. 90094).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.W. 44).
8. Discharge Certificate (M.F.W. 44).
9. Personal Certificate (M.F.W. 44).
10. Equipment Statement (M.F.W. 44).
11. Last Pay Certificate (M.F.W. 44).
12. Pay Book (A.B. 64).
13. War Service Gratuity (Form M.F.W. 2595).
14. Ready Documents.

Group A.  
 Checked by No. 20  
A.H.  
 Date 26-5-19

WAR SERVICE BADGE CLASS 3/283 **M.D. 2** Toronto  
 SERVICE GROUP 32 SHORT FORM. Mother  
 PROCEEDINGS ON DISCHARGE. Clerk.  
 OCCUPATIONAL GROUP 3 (Demobilization.) A1

1. No. <u>3039657</u>	<u>R.L.</u>
2. Rank. <u>PRIVATE</u>	<u>M</u>
3. Name. <u>BROWN James</u>	
4. Unit. <u>4th C.M.P., 156 B.C.P.</u>	
5. Date of Discharge <u>JUN 1 1919</u>	Place <u>Toronto</u>
6. Reason for Discharge <b>DEMOBILIZATION</b>	
7. Authority. <u>No. 2 District Depot, Part II, D.O. No. 165</u>	
8. Proposed Residence after Discharge <u>445 South Ogden St</u> <u>Buffalo ny</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W. ?	
<u>Brown</u> Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	<u>No. 2 District Depot</u> <u>Toronto, Ont.</u>
Date	<u>JUN 11 1919</u>
<u>[Signature]</u> Signature	
For <b>No. 2 District Depot</b> (O. C. Discharging Unit.)	

Embarked Liverpool  
 SS Lapland June 1919  
 Disembarked Halifax 9 June 1919



1880

1880

1880

1880

1880