REGIMENTAL DOCUMENTS

NAME BROWN JOHN BERNARD REGT. NO. Capt. UNIT C.A.D.O.S. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				44681	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Gen'l Demobil
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2M F.W. 2618a					
1 misc					

W. 2589
100M-11-19
1772-39-1377

Unit C. A. D. C. Rank Capt. Name Brown, John Bernard

For Record Purposes Only. Feb. 10th 1922

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname? Brown

   (*b*) What are your Christian Names? John Bernard

2. (*a*) Where were you born? (State place and country) Canada

   (*b*) What is your present address? Bayside, P. E. Island

3. What is the date of your birth? April 2nd 1884

4. What is (*a*) the name of your next-of-kin? James E. Brown

   (*b*) the address of your next-of-kin? Bayside P. E. Island

   (*c*) the relationship of your next-of-kin? Father

5. What is your profession or occupation? Dentist

6. What is your religion? not applicable

7. Are you willing to be vaccinated or re-vaccinated and inoculated? not applicable

8. To what Unit of the Active Militia do you belong? not applicable

9. State particulars of any former Military Service not applicable

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

The undersigned hereby declares that the above answers made by him to the above questions are true.

Signed. John Bernard Brown (*Signature of Officer*)

Taken on strength (place) not applicable

(date) Jan. 1st 1917

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* ..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date ..... 191.....

Place .....

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

CANADIAN EXPEDITIONARY FORCE

W.H.C. 6-42.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) John Bernard BROWN,

Enlisted in Canadian Army Dental Corps.

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Dental Corps.

CANADIAN EXPEDITIONARY FORCE on the First day

of January 1917 .

HE SERVED in CANADA, with the Canadian Army Dental Corps.

and was STRUCK OFF THE STRENGTH on the First day

of December 1919 by reason of General Demobilization

Dated at Ottawa, this Eleventh day

of August 1920

Capt.

for Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

For Record Purposes Only. Feb. 10th 1922. Original not available

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. C. A. D. C.

Regimental No. Nil. Rank Capt. C. E. F. Name Brown, John Bernard

Enlisted (a) 1-1-17. Terms of Service (a) ..... 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				
		S.O.S. Demobilization	M.D.6	1-12-19	Auth: R.O. 2332 M.D.6.

D. Ritchie
Capt
For DofR.

(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				

Name	Brown John Bernard	C.E.F. Rank	Unit	Militia Rank	Unit
File No.	709 — B — 18	Capt.	CAMC	Capt	CAMC
M.D. No. 6	Date				Reference 60
Appointed Capt CAMC	1. 1. 17	Struck off C.E.F.	1. 12. 19		2332
Promoted		Reason	Demob		
	8.17	Struck off C.E.F.			
Transferred		Reason			
	TRANSFERRED TO R.O. G.O. 28	Transfer to R.O., C.E.F.	2. 12. 19		2391
		Transfer to Active List on appt. as			
Sailed		Date			
		Transfer to R.O., C.E.F.			
O.M.F.C. to C.E.F.		Transfer to Active List on appt. as			10.13.
		Transfer to R.O., C.E.F.			
Active Operations					

(OVER)

REMARKS

Date of Birth. 23. 4. 84

M. F. W. 2579.
405-D.P.-10M-5-19.
1772-39-1366 (10159)

H. Q.

M. D. No. 6

Surname Brown

T. O. S. 19

Christian names John Bernard

D. O. Pt. II of

Regtl. No. Rank Capt

S. O. S. 1 - 12 19 19

Unit C.A.D.C.

Reason Demob.

Auth. R.O. 2332 m.D.6.

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S

R/C

W. 22 50M.-3-19. 1772-39-839

CADC

AUDITOR: S | PAYMASTER: Vac

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

M. OR S. [illegible] | REGT. No. | RANK Capt | NAME (IN FULL) BROWN, JOHN BERNARD (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN: James E Brown | RELATIONSHIP: Father

ADDRESS: Bayside, P.E. Island

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Promotion 1/1/17	1/1/17	

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Charlottetown | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION: 1/1/17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED: S.D.C. | PLACE: Halifax Hl. | DATE: 30/11/19 | REASON: Demob | AUTHORITY: DO 349 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account																				
April	30	1.00	30.00	51.00																
1-30/4/19	30	4.00	120.00			201.00			26 28/4/19			201.00					201.00	S		
May	31	1.00	31.00																	
1-31/5/19	31	4.00	124.00	52.70		207.70			53 29/5/19			207.70					207.70	S		
June	30	1.50	45.00	×204.35																×Arrears due on Increase Subsistence #2.53 P.D.
1-30/6/19	30	6.00	180.00	⊘76.50		505.85	2 9/6/19		10 27/6/19	204.35		301.50					505.85	S		
July	31	1.00	31.00																	
1-31/7/19	31	6.00	186.00	52.70		269.70			22 29/7/19			229.20		⊘40.50			269.70	S		⊘Ser. Pmb-P-877
August	31	1.00	31.00																	
1-31/8/19	31	6.00	186.00	52.70		269.70			29 29/8/19			269.70					269.70	S		
Sept.	30	1.00	30.00																	
1-30/9/19	30	6.00	180.00	51.00		261.00			40 26/9/19			259.92			✓1.08		261.00	S		✓C.D.V. No. 1
31.10.19	31	1.00 6.00	217.00	52.70		269.70			53 29/10			269.30			×40		269.70	S		×C.D.V. #2 Light Chtown
Novr	30	1.00 6.00	210.00	51.00		261.00			60 27			261.00					261.00	S		
			1601.00	644.65		2245.65				204.35		1999.32		40.50	1.48		2245.65			

Certified that all payments due on this acct. have been paid.

[signature] CAPT

For Senior Officer Pay Services, M. D. 6

Certified all payment made in this a/c

Paymaster. Capt, 27/20

60m.-11-13. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
			Man																																		
			305	00					305	00		55 3/11					305	00													305	00					WSGH B. 2599

Certified all payments made on this a/c

Paymaster

Capt