REGIMENTAL DOCUMENTS

NAME Brown John Wakling REGT. NO. 3232638 UNIT 2nd Dpo BN H. Q. FILE NO.

H

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)					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)					
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)					
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
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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)					
1 M.F.B. 259					
2 M.F.B. 479					
1 M.F.W. 71					
2 mis					
1 M.F.W. 82					
2 M.F.W. 483					
1 Card					

W. 2589
100M-11-18
1772 39-1377

#3

English

ATTESTATION PAPER.

No. 3232638

2nd Depot ~~Bn-1st~~ C.O.R.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... B R O W N.
1a. What are your Christian names? ..... John Wakling.
1b. What is your present address? ..... Pear Ridge, Port Arthur, Texas U.S.A.
2. In what Town, Township or Parish, and in what Country were you born? ..... London, England.
3. What is the name of your next-of kin? ..... Grace Brown.
4. What is the address of your next-of-kin? ..... Pear Ridge, Port Arthur, Texas U.S.A.
4a. What is the relationship of your next-of-kin? ..... Wife.
5. What is the date of your birth? ..... July 24th 1883.
6. What is your Trade or Calling? ..... Steward or Chef.
7. Are you married? ..... Married.
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 Naval or Military Force? ..... No.
If so, state particulars of former Service. J. W. Brown
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, John Wakling 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. W. Brown (Signature of Recruit)

Date March 5th 1918 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Wakling 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. W. Brown (Signature of Recruit)

Date March 5th 1918 191 . (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 Toronto, Canada this 5th day of March 1918 191 .

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Wakling Brown on Enlistment.

Apparent Age 34 years 7 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5½ ins.

Chest measurement.
- Girth when fully expanded 33½ ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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).

Hearing O.K. Nose & throat O.K.
Each eye D. 20-25

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 March 5th 1918 191

Place Chicago Ill. U.S.A.

Kerr. M.O.
May M.O.
Tyson M.O.

Medical Officer.

*Insert here "fit" or "unfit."

CHICAGO

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 Wakling 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.

A Dinelaw Major (Signature of Officer)

Date 5-3-18 191

for Lt.-Col.
O. C. 2nd Depot Bn., 1st C. O. R.

FORM OF WILL

B.C.R.M.

I, John Wakling Brown (Name in full)

Regimental Number 323638 serving in B. Co. 2nd Depot Bn. 1st C. O. R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs Grace Brown
Pear Ridge
Port Arthur Texas

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Grace Brown
Pear Ridge
Port Arthur
Texas

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 16 day of March A.D. 1918.

John Wakling Brown Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A. Langlois Lt

Address of Witness 158 Bloor St Toronto

Occupation of Witness Officer C.E.F.

Signature of Second Witness Jean Lent

Address of Witness 402 Sherbourne St Toronto

Occupation of Witness Officer C.E.F.

M. F. W. 82.
300M.-12-16.
1772-39-983.

Military Orthopedic Hospital

Report of Medical Board

Classification by Categories.

1. Station Specialist Corps

2. Unit or Corps M.D. No 2

3. Regimental No. 32326384. Rank Pte

5. Surname BROWN Christian Name John Wakling

6. Age 36

7. Enlisted on Feb 5. 1918 at Chicago, Ill.

8. Has he been Overseas? No

9. Former Category C iii

10. Nutrition Good

11. Physique -- any deformity or lameness? If so describe Slightly lame on left foot as a c of accident before enlistment.

12. Nervous System: normal

13. Respiratory System: normal

14. Cardio-Vascular System: normal

15. Digestive System: normal

16. Genito-Urinary System: normal

17. Skin, Ear, Eye, Nose and Throat: normal.

18. Conditions present, necessitating change of Category:

Health improved.

19. Category to which recommended. C iii

Station: Military Orthopedic Hospital

Date: MAY 1 1918

J. L. Rhodes Capt President

F. J. Sudgen Capt } Members.

R. Harris Capt M.H.W.

This form is to be used in all cases for categorization when the individual is being placed in a higher or lower Category.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District ..... #2

Name of Soldier ..... BROWN, J. Walking

Rank ..... Pte.

Regiment ..... A.M.C.T.D. #2

No. 3232639

M.F.B. 465.
200M.—6-18.
1772-39-950.

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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

M.S.A. 15.

B.C.R.M. 5487 26/10

MILITARY SERVICE ACT, 1917

MEDICAL HISTORY SHEET. ORIGINAL

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 John Wakling

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) Pear Ridge, Port Arthur, Texas

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4th day of March 1918 by the undersigned medical board sitting at Chicago, Ill.

5. Age as stated 34 Years 7 Months. 6. Apparent age 34 Years 7 Months

7. Height 5 Feet 5 1/2 Inches. 8. Weight 128 1/2 Pounds

9. Chest measurement: Minimum 30 1/2 Ins. Maximum 33 1/2 Ins. 10. Complexion fair Eyes blue Hair brown

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks Nil

13. Number of vaccination marks: Right arm 0 Left arm 3 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

16. Slight defects but not sufficient to cause rejection Nil

The man denies having had (Rheumatism / Tuberculosis / Syphilis) We find no evidence of past (Rheumatism / Tuberculosis / Syphilis)

(Strike out disease admitted or suspected.)

Both Eyes 20-25 Hearing Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [redacted]

MAR 4 1918 BRITISH RECRUITING MISSION

A. Kleinschmidt President. Capt/ C.A.M.C/

Geo. F. Tyson Member. Henry J. Way Member.

Signature of Man John Wakling Brown

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
13/2/18		McRogers Capt M.O.	9/3/18		M.O.
		M.O.	13/3/18	McRogers Capt	M.O.
		M.O.	20/3/18		M.O.

Joined 5th day of March 1918 at Toronto, Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot B'N	3232635		5-3-18
Transferred to	1st. C.O.R.	"		4-4-18
	No. 2 Special Service Co'y A.M.C.T.D #2	"		1-8-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Danville	MAY 1-1918	Defective Lt Foot	C3

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.

Surname Brown Christian Name John Walling

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-'0.

B.C.R.M.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN. 1st C. O. R.

Regimental No. 3232638 Rank Private Name BROWN John Wakling

Enlisted (a) 5-3-18. Terms of Service (a) ~~D. of W. & 6 mths.~~ C. E. F. C.E.F. Service reckons from (a) 5-3-18.

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) Steward or Chef

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				
4-4-18	2nd D. Bn., S.O.S. on TRANSFER to 1st C.O.R. #2 Spec. Service Co		TORONTO, Part II D.O.	4-4-18	# 94
2-8-18	2nd Bn. S.O.S. on TRANSFER to C.G.R. A.M.C.T. D#2		TORONTO	1-8-18 Part II, D.O.	# 33.
Toronto S.O.S. as being Illegally Absent as of 20-2-19, Pt.2 D.O.#56-25-2-19					

(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.* S[illegible]ller, 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				

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS ILLEGALLY ABSENT

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

No. 3232638

Rank. Private

Surname B R O W N

Christian Name John Wakling

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Det., Can. Garr. Regiment, C.E.F.

Date Struck Off February 20th, 1919

Place Struck Off TORONTO

1. DESCRIPTION AT THE TIME STRUCK OFF.

TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

Age 35 years 4 months.
Height 5 feet 5½ inches.
Complexion Fair
Eyes Blue
Hair Brown
Trade Steward of Chef

Descriptive Marks.

NIL.

2. The above man is struck off in consequence of being

ILLEGALLY ABSENT

Authority: Court of Inquiry held 20-2-19.

(a) Date to be struck off 20-2-19 19

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

3. Conduct and character while in the service have been, according to the records, etc.

M. F. B. 479.

50m.—6-18.
1772-39-1160

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

NIL

5. Medals and Decorations..... NIL

6. His account is as stated on last pay certificate attached to proceeding.

(Place) TORONTO

(Date) 20-2-19

P Blackey

Major

Commanding 2nd Bn., Canadian Garrison Regt.

7. **Statement of Service.**

Service toward Engagement to....(the date to which the Record of Service is completed) 0 years 353 days.

Total 0 years 353 days.

8. **Confirmation.**

The striking off of the above-mentioned man as illegally absent is hereby confirmed.

(Place) TORONTO

(*Signature*).....

(Date) 20-2-19

Commanding No. 2 Military District.

Remarks.

No. 3232638 RANK Pte NAME Brown J. W

T. O. S. Trans. from T.M.C. D066. 7-3-18 UNIT 2nd Depot Battalion 1st C.O.R.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1918 Mar. 7	1918 Mar 31	✓		
apr no Gc		m.	Transfd to # 2 S.S. 22-3-18	D.O. 94, 4-4-18.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
TOS as of1-7-18	9	9-7-18	
SOS as of 20-2-19	56	25-2-19	Illegally Absent

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME BROWN, John Wakling

REGIMENTAL NO. 3232628 RANK Private

ENLISTED AT Toronto, Ontario PROMOTIONS, &c. AND DATE

DATE 5-3-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs. Grace Brown RELATIONSHIP Wife

ADDRESS OF Pear Ridge, Port Arthur, Texas, U.S.A.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 32326 38. RANK Pte NAME Brown. J. W.

T. O. S. UNIT No 2. Special Service Co.

Trans. from 2nd D.B. 1st C.O.R.
22.3.18 (Do. 93 of 3.4.18).

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
April 1.	April 30	✓.		
	May	✓.		
	June.	✓.		

681-2-300.

2. CARD NO. 4

SURNAME. Brown.

CHRISTIAN NAMES John Wakling.

REGL. No. 3232638. RANK Pte.

UNIT 1st Cen. Ont. Regt. 2nd Ops. Bn.

FORMER CORPS Nil.

SOS 20-2-19 Deserter
DO 56 25-2-19, 2nd Det. C.A.R.
FOLL.

T. O. S. Mar. 7. 19 18.
D. O. Part II No. 66.

NEXT OF KIN.

NAMES IN FULL Brown, Mrs. Grace.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Pear Ridge, Port Arthur, Tex., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, London. DATE July 24th, 1883

PLACE OF ATTESTATION Toronto, Ont. DATE Mar. 5th, 1918.

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17 H. Q. 1772-39-339.

MARRIED SINGLE 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

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS ILLEGALLY ABSENT.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. 349.
(c) Attestation Paper or Particulars of Recuit (Original) (Triplicate)	M.F.W. 23 or M.F.B. 235. M.F.W. 133.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate.	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.B. 259 (two copies).

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS ILLEGALLY ABSENT

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

No. 3232638

Rank. Private

Surname B R O W N

Christian Name John Wakling

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Det., Can. Garr. Regiment, C.E.F.

Date Struck Off February 20th, 1919

Place Struck Off TORONTO

1. DESCRIPTION AT THE TIME STRUCK OFF.

TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

		Descriptive Marks.
Age 35 years 4 months.		
Height 5 feet 5½ inches.		
Complexion	Fair	
Eyes	Blue	NIL.
Hair	Brown	
Trade	Steward of Chef	

2. The above man is struck off in consequence of being

ILLEGALLY ABSENT

Authority: Court of Inquiry held 20-2-19.

(a) Date to be struck off 20-2-19 19

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

3. Conduct and character while in the service have been, according to the records, etc.

M. F. B. 479.
50m.—6-18.
1772-39-1160

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

NIL

5. Medals and Decorations..... NIL

6. His account is as stated on last pay certificate attached to proceeding.

(Place) TORONTO

(Date) 20-2-19

R Blackey
Major
Commanding O. C. 2nd Bn., Canadian Garrison Regt.

7. **Statement of Service.**

Service toward Engagement to....(the date to which the Record of Service is completed)....0 years....353 days.

Total....0 years....353 days.

8. **Confirmation.**

The striking off of the above-mentioned man as illegally absent is hereby confirmed.

(Place) TORONTO

(*Signature*).....

(Date) 20-2-19

Commanding No. 2 Military District.

Remarks.

2nd Det., C. G. R.

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

AUDITOR: JPh 2 | PAYMASTER: 1

M. OR S. M | REGT. No. 3232638 | RANK Pte | NAME (IN FULL) Brown, J. W. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN: Mrs J.W. Brown | RELATIONSHIP:

ADDRESS: Pear Ridge, Port Arthur. Tex.

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE:

TO WHOM PAID | RELATIONSHIP:

ADDRESS:

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION: 5-3-18 | 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: PLACE: Toronto | DATE: 23-5-18 | REASON: Desertion | AUTHORITY: F.O. 56 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	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																																					$25 S.A. for Aug. pd in error
Jan	From Aug P/L				-	-	160	25	160	25																	25				103	10			57	15	a.w.l. from 5/23/18. D.O. 170. Debited to 1/8/18 date of Ufr
					57	15			57	15																	78	10							57	15	C.P.C.

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR TO H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2

60m.-11-18. L. L. 51777. M. & D. 9585.

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		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

2nd Det. C.G.R.

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

AUDITOR: FRh | PAYMASTER: 1

M. OR S. | REGT. No. 3232638. | RANK Pte. | NAME (IN FULL) BROWN, J. W.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | 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 | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	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 Jan.	-	-	-	-	-	-	327	45	327	45																	167	20			167	20			160	25	D.O. 170 Cancels D.O. 159 leaving man with A.M.C. as per D.O. 33. D.O. 51 Cancels D.O. 170. D.O. 56 S.O.S. C of E. 23-5-18

160 25

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR TO H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2

60m.-11-18. L. L. 51777. M. & D. 9585.

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		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	