HS.
22/9/19

REGIMENTAL DOCUMENTS

NAME Butler, John, REGT. NO. 931804 UNIT F 2 Constr. Bn. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				54968	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	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)					
	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
	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					Deserter
2	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)					

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

TRIPLICATE 931 804

ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Butler
1a. What are your Christian names? ..... John
1b. What is your present address? ..... Detroit Mich. USA.
2. In what Town, Township or Parish, and in what Country were you born? ..... Washington Penn. USA.
3. What is the name of your next-of kin? ..... None
4. What is the address of your next-of-kin? .....
4a. What is the relationship of your next-of-kin? .....
5. What is the date of your birth? ..... October 17th 1884
6. What is your Trade or Calling? ..... Laborer
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 Canadian Over-Seas Expeditionary Force? ..... Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .....
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? .....
16. If so, what was the reason? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Butler, 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.

John Butler (Signature of Recruit)

Date February 8th 191 7. D. J. O'L. Humphrey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Butler, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

John Butler (Signature of Recruit)

Date Febuary 8th 191 7 D. J. O'L. Humphrey (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 Windsor. Ont. this 8th day of Febuary 191 7.

James G. Bryson (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

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 Butler on Enlistment.

Apparent Age 30 years 4 months.

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

Height 5ft 3 ins.

Chest measurement: Girth when fully expanded 36 ins.

Range of expansion 3 ins.

Complexion Colored

Eyes Dark

Hair Dark

Religious denominations:

- Church of England
- Presbyterian Yes
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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).

Both eyes 20/20

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 Febuary 8th 191 7 — W. Bruce Mayo

Place Windsor, Ont. — Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Butler 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.

D. H. Sutherland Lieut.Col. (Signature of Officer)
No. 2 Construction Batt'n. C. E. F.

Date Febuary 8th 191 7

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 931804 Rank Private Name John Butler

Corps # 2 Construction Battn. who was * Absent without Leave

On March 25 1917 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

From MAR 1 - 1917 To MAR 25 1917

Dr.	$	c.
Bal. Dr. from previous month		
Total payments during period from		
Assigned Pay		
Other Charges (give particulars)		
A.W.L. 23-2-17 : 25-3-17	34	10
Bal. Cr. on discharge or transfer	16	35
Total	50	45

From MAR 1 - 1917 To MAR 25 1917

Cr.	$	c.
Regimental pay 25 days at $ 1 00	25	00
Field allowance 25 " $ 10	2	50
Other allowances Clothing	10	00
Other Credits (give particulars)		
Ck. 7036 Redeposited	12	95
Bal. Dr. on discharge or transfer		
Total	50	45

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is ....., and has been charged in Pay-list for month of .....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment February 8 1917

(2) if married and if a Separation Allowance Card has been submitted No; No.

(3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date MAR 25 1917

Place Truro, N.S.

Captain
P. M. No. 2 Construction Battn. C. E. F.

Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 931804 Rank Private Name John Butler

Corps # 2 Construction Battn. who was * Absent without Leave

On March 25 1917 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

From MAR 1 - 1917 To MAR 25 1917

Dr.	$	c.
Bal. Dr. from previous month		
Total payments during period from		
Assigned Pay		
Other Charges (give particulars)		
A.W.L. 23-2-17 : 25-3-17	34	10
Bal. Cr. on discharge or transfer	16	35
Total	50	45

From MAR 1 - 1917 To MAR 25 1917

Cr.	$	c.
Regimental pay 25 days at $ 1 00	25	00
Field allowance 25 " $ 10	2	50
Other allowances Clothing	10	00
Other Credits (give particulars)		
Ck. 7036 Redeposited	12	95
Bal. Dr. on discharge or transfer		
Total	50	45

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is ....., and has been charged in Pay-list for month of .....

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment February 8 1917

(2) if married and if a Separation Allowance Card has been submitted No; No.

(3) cause of discharge and authority .....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date MAR 25 1917

Place Truro, N.S.

Captain
P. M. No. 2 Construction Batt'n. C. E. F.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

ORIGINAL

N 921804

MEDICAL HISTORY SHEET.

Surname Butler *Christian Name* John

Examined { on 8th day of Feb. 191 7
at Windsor, Ont.

Birthplace { City or Town Washington Penn.
County USA.

Apparent age 30

Trade or occupation Laborer

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches.
Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left.
Number .....

When Vaccinated last .....

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

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
17/2/17		B. S. Steffler
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 8th *day of* Febuary *191*7 *at* Windsor, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	42 Coust Battn, C.E.F.	921804		8/2/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont. J. H. Cruickshank Major, A. M. C.	FEB 9 1917	on enlistment J. H. Bryson Lloyd Capt., A. M. C.	Fit B. S. Steffler Capt. - Bmt.

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Butler Christian Name John

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.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C E F

Regimental No. 931804 Rank Private Name John Butler

C. E. F.

Enlisted (a) 8/2/17 Terms of Service (a) Duration of War + Six Mos. after. Service reckons from (a) 8/2/17

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) Laborer

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				
March 1917	2 Con Bln.	SOS Deserter · O.A.L. 23.2.17	Thurso NS	23.2.17	Pay List March.
Cm					G. Walker Pro D of R

(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				

No. 931804. RANK Pte. NAME Butler John

T. O. S. 8-2-17. UNIT No. 2 Construction Battalion

L.O.40 15-2-17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Feb. 8.	Feb. 28	on.		
Mar 1	Mar 25	"	a W. L. since 23-2-17.	Mar paylist