10 M. D. 1st Depot Battalion Manitoba. Regiment

Regtl. No. 2383469

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

TRIPLICATE COPY

1. Surname Fenton
2. Christian name James Black
3. Present address Flanders P.O. Ontario Canada.
4. Military Service Act letter and number 403034 T.R.
5. Date of birth November 16th 1889.
6. Place of birth (town, township or county and country) Huntly Township Ontario Canada.
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Lumber Jack
10. Name of next-of-kin John Fenton
11. Relationship of next-of-kin Father
12. Address of next-of-kin Perry Sound Box 251 Ontario Canada.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any None.
15. Medical Examination under Military Service Act:—

(a) Place Flanders Ontario Canada (b) Date 21st Nov.1917 (c) Category All

COPIED Archives COPIE

DECLARATION OF RECRUIT

I, Fenton, James Black, do solemnly declare that the above particulars refer to me, and are true.

Jas B. Fenton (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. mths.

Height 5 ft. 5½ ins.

Chest measurement: fully expanded 38 ins.; range of expansion 2½ ins.

Complexion Dark

Eyes Brown

Hair Black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

H H Rutter Major

O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment,

O. C. 1st Depot Bttn.

Manitoba Regt.

Place Port Arthur Ontario Canada. Date January 10th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

COPIED
Archived

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2383469

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class I)

1. Surname Fenton
2. Christian name James Black
3. Present address Flanders P.O., Ont. Can.
4. Military Service Act letter and number 403034 T. R.
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth November 16th 1889
6. Place of birth Huntly Township, Ont., Can.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Lumber Jack
10. Name of next-of-kin John Fenton
11. Relationship of next-of-kin Father
12. Address of next-of-kin Perry Sound, Box 251, Ont. Can.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any None.
15. Medical Examination under Military Service Act :—
(a) Place Flanders, Ont. Canada (b) Date 21st Nov. 1917 (c) Category A 11.

COPIED Archives COPIE

DECLARATION OF RECRUIT

I, Fenton, James Black, do solemnly declare that the above particulars refer to me, and are true.

Sgd. Jas. B. Fenton (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	28 yrs.	mths.
Height	5' ft.	5½ ins.
Chest measurement	fully expanded	38 ins.
	range of expansion	3½ ins.
Complexion	Dark	
Eyes	Brown	
Hair	Black	

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Sgd. H. N. Ruttan Mjr.
O. C. 1st. OC. H. Co. 1st. Depo. Bn
Manitoba Regt.

Place Port Arthur, Ont. Canada Date Jan. 10th 1918.

M. F. W. 133.
500M.—7-18.
1772—39—1158.

D. Douglas Lt.
certified copy for D. of R.

2.4

REGIMENTAL DOCUMENTS

NAME Fenton James Black REGT. NO. 2383469 UNIT ..... 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)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				03819	Ken 2
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
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)					1
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					13-16
Cardboard					13-16
Misc					11-17
Orig					
R 122					

AO-119-3036 Box ~~404965~~

W 2583
100M-11-19
1772-39-1377

31804

P. 85.

203361

FORM OF WILL.

I, James Black Fenton (Name in full)
Regimental Number 2383469, serving in 11th Res. Batt.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to my mother

Mrs Mary Ann Fenton Perry Sound, Ontario Canada	Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand

this 6th day of June A.D. 1918

J. B. Fenton Signature.

*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.

Name of Witness Wa Cruse
Address of Witness 11th Reserve Batt.
Occupation of Witness Soldier
Name of Witness George Stickland
Address of Witness 11th Res Ba:
Occupation of Witness Soldier

ESTATES BRANCH
NOV 25 1918
MILITIA DEPT.

Canadian Nov: 5-18

P. 85. 10,000. 9-9-15.

FORM OF WILL.

I, ... (Name in full)

Regimental Number ..... serving in .....

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Name & Address of person or persons to receive personal estate* (see note).

In Witness whereof I have hereunto set my hand this ..... day of ..... A.D. 1918

Signature.

* N.B.—Personal estate includes money, 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 at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness .....

Address of Witness .....

Occupation of Witness .....

Name of Witness .....

Address of Witness .....

Occupation of Witness .....

ESTATES BRANCH
REGISTERED.
WILLS-SECTION
13 JUN 1918

Fenton, James, Black.

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 3rd Dft. Depot Batt. Manitoba

Regimental No. 2383469 Rank Private Name Fenton James Black.

C. E. F.

Enlisted (a) 10/1/18 Terms of Service (a) Dft W.O. Service reckons from (a) 10/1/18

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) Civil - Lumber Jack Mil. Nil

Report: Date	Report: From whom received	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 SS "CRETIC"	HALIFAX, NS.	19-2-18	
		DISEMBARKED LIVERPOOL		4-3-18	
6-3-18	O. O. 11th.	TOS 11th C.R.Bn. on arrival in England.	Dibgate	4-3-18	Pt. 11 Bn. O. 55
21-6-18	O.C. 11th	S.O.S. on proceeding overseas to 78th Battn.	Seaford	21-6-18	Pt. 11 Bn. O 146
22-6-18	C. I. B. D.	T. O. S. ~~37~~ 78 TH BN ON ARRIVAL	FRANCE	22-6-18	N. R. 693
"	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	"	N. R. 1294
3-7-18	C. C. R. C.	T. O. S. "	"	3-7-18	N. R. 1021
6-7-18	C. C. R. C.	S. O. S. TO UNIT	"	6-7-18	N. R. 1177
13-7-18	UNIT	JOINED UNIT	"	6-7-18	B. 213

CERTIFIED CORRECT. 28 JUN. 1918 CAN. RECORDS, LONDON.

COPIED Archives COPIE

R. O. Kerans
Lieut. Captain & Adjutant,
11th (Res.) Battalion.
DO. No. 57 of 27-6-18

(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				
7-9.18	78th Batt.	Wounded in Action		2-9-18	B213 Grave Location Cdn Corps Burial Off. Sheet No 20.06 KA18-243
18.9.18	"	Killed in Action		2-9-18	Teleg. AAG. KA. T18085 & above authy. D.O. 98/18

G.S. Davies

Lieut. for Lt Col. A. A. G.
Canadian Section, G. H. Q. - 3rd, Ech.

COPIED Archives COPIE

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

All

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 Fenton Christian name James Black

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 403034 T.R.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) c/o Shevlin Clarke Flander sOntario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of November 1917, by the undersigned medical board sitting at Flanders Ontario

5. Age as stated 28 Years Months. 6. Apparent age Years Months

7. Height 5 Feet 5½ Inches. 8. Weight 141 Pounds.

9. Chest measurement { Minimum 34½ Ins. Maximum 38 Ins. 10. Complexion Dark { Eyes Brown Hair Black

11. Physical development { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 2 14. When vaccinated last Childhood

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

Scar appendix scare above right knee

16. Slight defects but not sufficient to cause rejection

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 All

17. (a) Vision R. 20/20 L. 20/02

(b) Hearing. R. Normal L. Normal

Sgd. A. J. Shilston President.

Sgd. H. J. Scott Member. Sgd. E. Bottomley Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9-2-18		Gw Brown M.O.	12-1-18		Gw Brown M.O.
		M.O.	19-1-18		Gw Brown M.O.
		M.O.	26-1-18		Gw Brown M.O.

Joined 10 day of Jany 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment / Transferred to	1st Depot Batt. MR	2383469		10-1-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man

Surname ..... Christian Name .....

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				

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

A11

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

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3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) c/o Shevlin Clarke Flander sOntario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of November 1917, by the undersigned medical board sitting at Flanders Ontario

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7. Height 5 Feet 5½ Inches. 8. Weight 141 Pounds.

9. Chest measurement { Minimum 34½ Ins. Maximum 38 Ins. 10. Complexion Dark { Eyes Brown Hair Black

11. Physical development { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 2 14. When vaccinated last Childhood

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

Scar appendix scare above right knee

16. Slight defects but not sufficient to cause rejection

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 All

17. (a) Vision R. 20/20 L. 20/02

(b) Hearing. R. Normal L. Normal

Sgd. A. J. Shilston President.

Sgd. H. J. Scott Member. Sgd. E. Bottomley Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9-2-18		Gw Brown M.O.	12-1-18		Gw Brown M.O.
		M.O.	19-1-18		Gw Brown M.O.
		M.O.	26-1-18		Gw Brown M.O.

Joined 10 day of Jany 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt N.R.	2383469		10-1-18
Transferred to	11th C.R. Tm. 78th Tm.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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Signature of Man

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.

M. F. B. 313.

300M.—10-17.

1772-39-439.

Surname ..... Christian Name .....

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				

M.S.A. 15.

NOV 24 1917

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

A II

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 Fenton. Christian name James. Black.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 403034 T.R.

3. Consecutive number on schedule of men reporting for service (if he appears on it) 2

4. Address (including street and number, if any) c/o Shevlin Clarke. Flanders. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of Nov 1917, by the undersigned medical board sitting at Flanders. Ont.

5. Age as stated 28 Years — Months. 6. Apparent age ✓ Years ✓ Months

7. Height 5 Feet 5½ Inches. 8. Weight 141 Pounds.

9. Chest measurement { Minimum 34½ Ins / Maximum 38 Ins. 10. Complexion Dark. { Eyes Brown / Hair Black.

11. Physical development { Good / ~~Fair~~ / ~~Poor~~ 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm / Left arm Two 14. When vaccinated last Childhood.

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

Operat: Scar Appendix: Scar above R Knee.

16. Slight defects but not sufficient to cause rejection acne

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

(Strike out disease admitted or suspected.)

V.R. 20-20
V.L. 20-20
N. normal
N. — " —

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

A J Philstra Capt President.

H J Scott Capt Member. E B Hornley Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9.2-18		Gr Brown M.O.	12-1-18		Gr Brown M.O.
		M.O.	19-1-18		Gr Brown M.O.
		M.O.	26-1-18		Gr Brown M.O.

Joined 10 day of Jany 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt. MR	2383469		10-1-18
Transferred to	11th CR Bn. 78th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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 Jas. B. Fenton

Ckd. to Schedule by 2 B No. 6

Surname Christian Name

TATION.	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				

[B] 2/9118

SURNAME. Fenton

CHRISTIAN NAMES James Black

REGL. No. 2383469 RANK Pte.

UNIT Mon. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

CARD No. V

FOLL.

NEXT OF KIN.

NAMES IN FULL Fenton, John.

RELATIONSHIP TO SOLDIER Father

ADDRESS Box 251, Parry Sound. Ont.

CHANGE OF ADDRESS

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COUNTRY OF BIRTH Canada Huntley Tp. Ont. DATE Nov. 16th 1889

PLACE OF ATTESTATION Port Arthur Ont. DATE Jan. 10th 1918

O/S 21-2-18 115-7/2

L. L. 25989. 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

FENTON, James B. lack Pte. #2383469, 78th Bn.

14551 not elig. for star

MEDALS & DECORATIONS — Mrs. Mary A. Fenton (Mother)
Box 251, Parry Sound, Ont.

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PLAQUE & SCROLL — John Fred'k. Fenton (Father)
Box 251, Parry Sound, Ont.

Serial No. 793406

MEMORIAL CROSS — Mrs. Mary A. Fenton (Mother)
Box 251, Parry Sound, Ont.

Desp. JUL 16 1920 (m.) C. 15313.

Scroll Desp. MAR 21 1921 Regn. No. 2-30394

P 34592

Plaque Desp. JAN 25 1922 Regn. No.

M

M

154

Number 2383469 Rank Pte

Surname FENTON

Christian Name James Black

Units 48th Bn Can Inf Theatre of War France

Date of Service 21-6-18

Remarks (M) Mrs. Mary A. Fenton.

Latest Address Box 251
Parry Sound, Ont.

CERTIFIED COPY Archives

Roll No. B Page 17186

200m.-2-21.M.

OCT 18 1922
REGN. No. 14905

Form R. 149.

25-F-2109.

Name FENTON, ~~Ames~~ JAMES Black. Rank Pte. Reg. No. 2383469.

Unit 78th Batt.

Next of Kin John Fenton (Father)
Perry Sound (Box 251) Ontario Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-9.	KILLED IN ACTION.			A.326	A.335	3557.
	Pt.2.O.98 dtd 20-9-18.					

COPIED Archives COPIE

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

NAME Fenton, James Black

REGT'L. No. 2383469

H. Q. FILE No 649

RANK AND CORPS Pte. 78th Bn. form. Man. Regt. 1st Depot Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
N. of K.		John Fenton "Father"
		Box 251 Parry Sound, Ont.
9-5 S.335	24-9-18	K. in A. Sept. 2/1918
HLa326	23-9-18	" " " " " "

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L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Surname	Christian Name or Names	Reg. No.
FENTON	J. B.	2383469.
Rank	Unit	
Pte.	Man.7 S.	

Cas. List.	
23-9-18.A326	KILLED IN ACTION 1-9-18.

COPIED Archives COPIE

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S.1300. 50M-30-8-18.

Cas. List.

Form R 122.
10287—65M—28-7-17.

MANITOBA REGT.

LTR Rank Name FENTON, James Black Reg'l No. 2383469

Unit 3rd Dft Ist Bn Man Regt If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Port Arthur, Jan. 10th, 1918. Place of Birth Huntly Twp. Ont. Canada.

Name and Address, Next-of-Kin John Fenton

Perry Sound (Box 251) Ontario Canada Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. N. 12578
File R.L. 25-F-2109
Category KA.

Report. Date.	Report. From whom received.	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.
		Arrived in England		4-3-18	S/S CRETIC
6.3.18	11th Res	Taken on Strength	Pte Selisse	4-3-18	Pt. DO55 R.
21.6.18	-.-	S.O.S proc of Seas to 78th B.	Seaford	21.6.18	-.- 146 78th B. Pt. DO57 d/27.6.18
20.9.18	78th B.	Killed in Action	Pte Field	2.9.18	— 98

A.F.R. 103 CHECKED 27 JUN 1918

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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.					

(101)

Date of Enlistment — Auth of N.R.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 1081

Date of Assignment 1/2/18

9L16F3 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2383469

Rank Pte Promoted Reverted Discharge

Soldier's Name James Black Fenton

Battalion 1st Depot Battn, Man Regt "H" Coy

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Ann Fenton

Address Parry Sound P.O. Ont.

Change of Address

1 MRS.MARY ANN FENTON,
PARRY SOUND P.O.
ONT. 15 15.00

2 % 2383469 PTE JAMES BLACK FENTON

3 FIFTEEN DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb	G 96864		15	15	B	
Mch	A 132751		15	15	B	
Apr	D 10100		15	15	B	
May	Q 16592		15	15	B	
June	K 27306		15	15	B	
Jul	O 33311		15	15	B	
Aug	M 34660		15	15	B	
Sep	R 46172		15	15	B	
			120	120	L	

KILLED IN ACTION / ~~DIED OF WOUNDS~~ DATE 2-9-18
C. L. No 312 fol. 2 DATE 25-9-18
M.R.O. ..... TO DESTROY RENDERED 26-9-18
B. P. C. FORM 4 & C. F. X. COMPLETED ON FILE
5856-J-29
CLERK [signature] DATE 27-9-18

M. F. W. 128.
400M. 6-7—1 72-39-1141
L. L. 22320—M. & D. 7993.

27/9/18 J. Martin

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'Om. 6-7—1'72-39-1141
L. L. 22320—M. & D. 1993.

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/18		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

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.

Mrs Mary Ann Fenton (Wife)
Parry Sound P.O. Ont

NAME:- FENTON Jas. Black

NUMBER:- 2383469

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
K in A 2-9-18	C.R.O. 326	23-9-18

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1 Depot Bn. Mar Rgt

DATE ACCOUNT FIRST OPENED:- 15/3/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	6/3/18		11 Res
1806	1.7.18	23.7.18	78 Bn
		21.10.18	M.D.C.
			Canada

DAILY RATES OF PAY AND ALLOWANCES

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

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- K.i.A. 2.9.18 C.R.O. 326 23.9.18.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal Fwd								30 03		
Apl	P. P.	33		B. A. P				15			
				A.R. 106 13/4/18 11 Res	4 33						
				✓ 20 29/4/18 ✓	4 30				16 40		
		33			31 63			15			
May	"	34 10		B.A.P.				15			
				A.R. 131 3/5/18 "	14 60						
				" 537 29/5/18 "	4 87				16 03		
		34 10			19 47			15			
JUN	"	33		B.A.P.				15			
				A.R. 692 8/6/18 "	9 73						
				" 894 29/6/18 "	4 87				19 43		
		33			14 60			15			
July		34 10		B.A.P.				15			
				A.R. 437 78 Bn. 12.7.18	4 46						
				" 479 " " 15.7.18	4 46				29 61		
		34 10			8 92			15			
Aug.	P.P.	34 10		B.A.P.				15			
				A.R. 535 " 1.8.18	3 57				45 14		
		34 10			3 57			15			
SEP	"	33		B.A.P.	—			15	63 14		
1919		33						15			
June				Dr 90 11 v. Sing. 11.5.19							
				Cr Bal & Can.	63 14						
				Statement rend. 2.1.19							
				Cr Bal. $63.14							

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation

P. 559

Married or Single: Single

Place of Birth: Huntley Township, Ontario

Name and Address of Next of Kin: John Frederic Fenton
Parry Sound P.O., Ontario, Canada.

Relationship of Next of Kin: Father.

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. 2383469 Rank Private Name FENTON. James, Black.

If in Perm't. Corps What Unit: 1st Depot 13th Man: Regt. (Port Arthur Detachment) Unit: 11th RESERVE BATTALION

Transferred to Date 6/3/18 Authority B.O. 55.

Permanent Force Allowances

Transferred to Date Authority

Place of Attestation: Port Arthur. Ont:-

Transferred to Date Authority

Date of Attestation: 10/1/18.

Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective Febry: 1st 1918.

Payable to Mrs Mary Ann Fenton, Parry Sound P.O., Ontario Can:- Relationship Mother.

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: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance: Credit	Balance: Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE			DEFERRED PAY	SER. ALLCE. ENG.											
1918 Feb. 13	Balance from Canada.																		13	20		✓													
13.2.18 to 31.3.18	Sic Pay.				51	70											30																		
													A.R. 2446	11 Reg. 24.3.18		487 ✓			30	03		✓													
					51	70										487	30																		

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance 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.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												