

**ATTESTATION PAPER.**  
*Depot Regiment, Canadian Mounted Rifles.*  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**ORIGINAL**  
 No. **226765**  
 Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS.)

1. What is your surname? *Otto Haynes*
- 1a. What are your Christian names? *Otto Grown*
- 1b. What is your present address? *Reynow Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *St. Vincent British West Indies*
3. What is the name of your next-of-kin? *James Haynes*
4. What is the address of your next-of-kin? *St. Vincent British West Indies*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *December 13<sup>th</sup> 1893*
6. What is your Trade or Calling? *Electrician*
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. Yes. No. Yes.*
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.*

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Otto Haynes*, 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.

Date *May 29<sup>th</sup>* 191*6*, *Otto Grown* (Signature of Recruit)  
*lieut. N. J. Anderson* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Otto Haynes*, 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.

Date *May 29<sup>th</sup>* 191*6*, *Otto Grown* (Signature of Recruit)  
*lieut. N. J. Anderson* (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 *Ottawa* this *29<sup>th</sup>* day of *May* 191*6*.  
*basmet* (Signature of Justice)

# Description of Otto Irwin Gaynes on Enlistment.

Apparent Age 27 years 6 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair black

Religious denominations.  
 Church of England X  
 Presbyterian.....  
 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.)

Scars:—  
one 1/2" back left wrist  
" left side abdomen  
 Vacc. one left  
 Moles:—  
one above both nipples

## 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 May 29 1916.

Place Ottawa

A. P. Davis  
Cap

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.

Otto Irwin Gaynes 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.

W. L. B. B. B. Lt. Colonel (Signature of Officer)

Date May 23 1916

O. C. Depot Regt., C. M. R.

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

HAYNES OTTO IRWIN

226765

C.M.R.

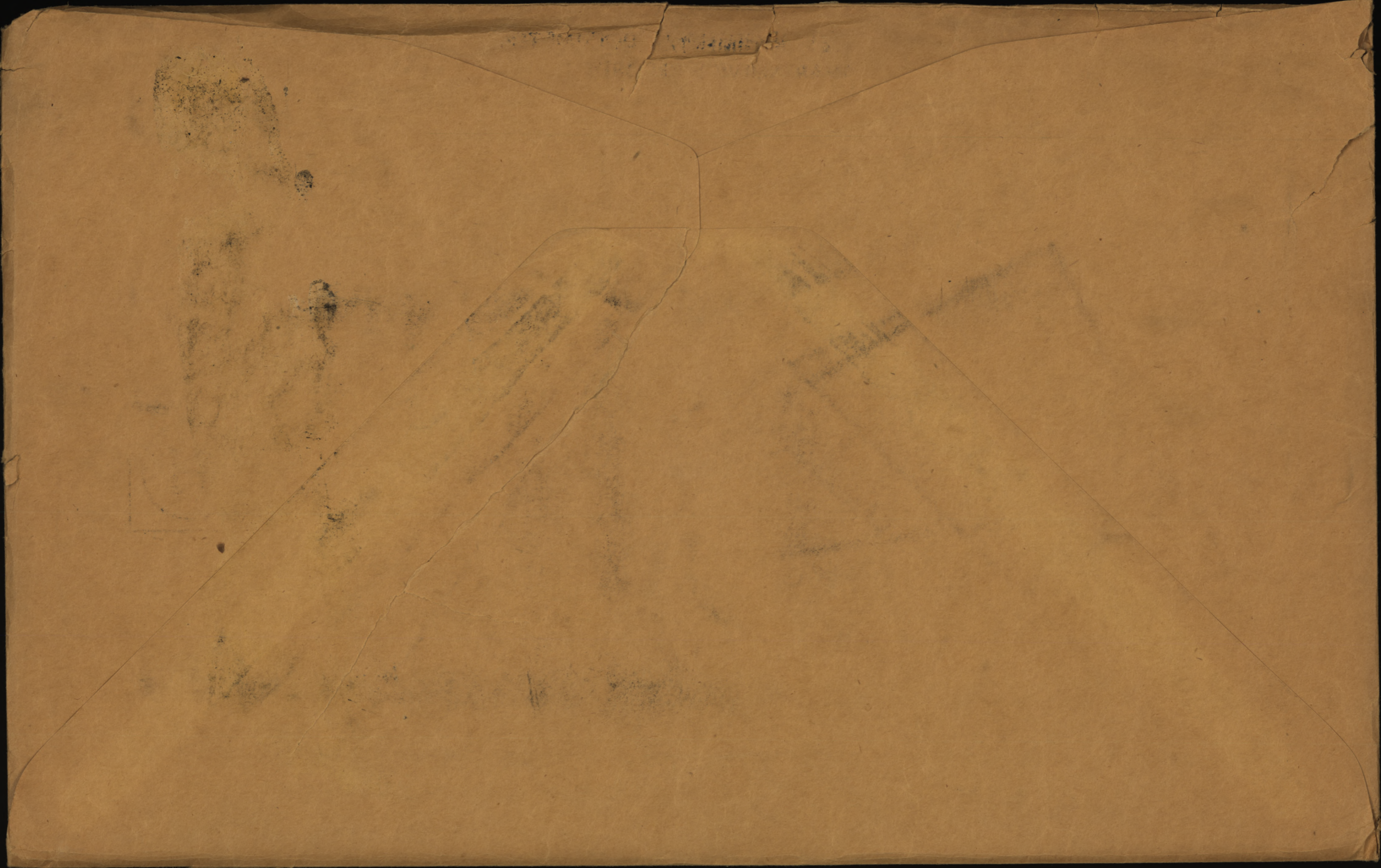
16353

DEMOB

CANADIAN FORCES  
RECORDS CENTRE  
PERS JACKET  
ROOM



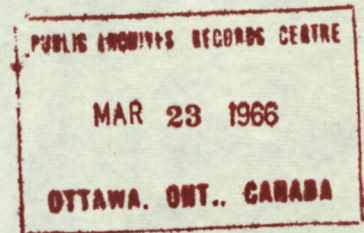
Box  
406118



File: RQ-4/2-1

Public Archives Records Centre,  
Ottawa 3, Ontario.

To: MRS. I. HAYNES.  
100 MAIN ST.  
SWEETSBURG, P.Q.



Re: Request for Details of Birth

Name: 226 765 HAYNES, OTTO IRWIN.

Dear Sirs:

According to our records, details of birth pertaining to the above-mentioned veteran are as follows:

- (1) Date and place of birth (as given on Attestation):  
13 DEC. 1893, ST. VINCENT, BRITISH WEST INDIES.
- (2) Date of Attestation (i.e. enlistment) 29 MAY 1916
- (3) Age given at time of discharge 25 YRS. 6 MOS.
- (4) Date of discharge 7 JUNE 1919.

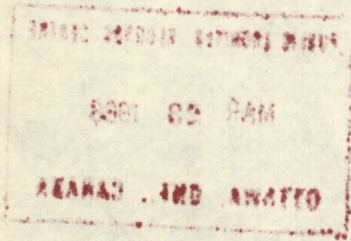
Dec 1918  
Dec 1893  
5

Yours sincerely,

J. H. Logan,  
Head, Accessions and Reference.

File: RG-47-1

Public Archives Records Centre,  
Ottawa, Ontario.



For:

Re: Request for Details of Birth

Name: \_\_\_\_\_

Dear Sir:

According to our records, details of birth pertaining  
to the above-mentioned veteran are as follows:

(1) Date and place of birth (as given on Attestation):  
\_\_\_\_\_

(2) Date of Attestation (i.e., enlistment):  
\_\_\_\_\_

(3) Age given at time of discharge:  
\_\_\_\_\_

(4) Date of discharge:  
\_\_\_\_\_

Yours sincerely,

J. H. Logan,  
Head, Accessions and Reference

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

*Depot Regiment, Canadian Mounted Rifles*

(2) Regimental Number.....

226765

(3) Full Name of Soldier.....

HAYNES

(4) Place of Birth.....

Otto Irwin

St. Vincent, BWI

British West Indias

(5) Are you married, or not?.....

No

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....Yes.....

If so, state name and address James Haynes, St. Vincent, British West Indias

(10) Is your Mother alive?.....Yes.....

If so, state name and address Rose Haynes

St. Vincent, British West Indias

(11) If your Mother is a widow.....No.....

Are you her sole support, or not?.....No.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....No.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... 29/9/16 .....

*L. J. Hall*  
for O. C. Depot *Regt. C. M. I.*  
Officer Commanding.



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

*Webb Class. a* 46

M. F. W. 54.  
150M. 10-15.  
H.Q. 1773-39-228.

# Casualty Form—Active Service.

Unit, Regiment or Corps DEPOT REGIMENT, CANADIAN MOUNTED RIFLES, C. E. F.

Regimental No. 226765 Rank Tpr. Name Haynes, Otto Irwin.

Enlisted (a) 29-5-16 Terms of Service (a) Def. Mar Service reckons from (a) 29-5-16

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) Electrician *Leslie*

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	25.10.16	SS Mauretania
		Disembarked	England	31.10.16	
2.11.16	JC LSHRR	Taken on strength LSHRR	Shorncliffe	1.11.16	LSHRR Part II Order No 144 of 2.11.16
3.11.16	OC LSHRR	Transferred to 4th Can. Traing Brigade	Shorncliffe	3.11.16	LSHRR Part II Order No 145 of 3.11.16
3-11-16	O.C. 11th	Taken on strength 11th Battalion.	Shorncliffe	3-11-16	Pt. II. Bn. O. 263.
3-2-17	O.C. 11th Bn	Trans. to 14th. C n. Res. Bn.	Ditgate	31-1-17	Pt II. Bn. O 27
2-2-17	O.C. 14th Res. Batt.	T.O.S. from 2nd C.R.B. Signal Base.	Ditgate.	10-2-17	Lieut. & A/Adj. 11th. Can. Res. Batt'n B.O. Pt. 2, No. 39 App.

*A. E. White* Lieut & Adj. L.S.H. (RC) Res. Regt.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT.

11 APR 1917

GAIN RECORDS, LONDON.

Date	From whom received	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.
3/4/17	O.C. 14th Res. Batt.	S.O.S. to 16th Battalion, B.E.F., France.		Dibgate	3/4/17	Pt. 2, No. 89. Capt. Adjt., 14th Reserve Battalion.
10.4.17	P.O.	Arrived in France			4.4.17	2036
14.4.17	ocbn.	Joined Unit			10.4.17	B773-450
5.10.17	12.6.7a	L.T. L. Stand	11.6.7a.		5.10.17	236-23861
7.10.17	4.6.7a	"	10 "		7.10.17	24429
7.10.17	10 "	"	6 CCS.		7.10.17	"
13.10.17	ocbn.	Illness			5.10.17	B213
14.10.17	6 CCS	Det. L. Stand	to Unit		14.10.17	apt. 25770
20.10.17	ocbn.	From Hospital			15.10.17	B773
18.12.17	ocbn.	Actd. 3rd Det. HQ. (Signals)			13.12.17	B773
29.12.17		Rejoined Unit			23.12.17	
19.1.18		GRANTED 14 DAYS LEAVE	all		15.1.18	Pt. II No. 6. d. 1918
2.2.18		Rejoined Unit			31.1.18	B773
5.10.18		Lt. Army Rest Camp			1.10.18	B773
18.10.18	ocbn.	aptd. at H. Pl.			1.10.18	18/N724 } 173/18
15.10.18		ten. in sand of H. Pl.			7.10.18	"
19.10.18	ocbn.	Rejoined Unit			16.10.18	B773
18.1.19	"	14 days leave to U.K.			15.1.19	Pt II 6/1919.
11-2-19	Records.	Granted Extension from 31-1-19 to 10-2-19				N.R. 167 Pt II 0.11.
15.2.19	ocbn.	Rejoined from leave.	Field.		14.2.19	B. 213. 15/2.
	Emb Camp	Proceeded to England.			22.3.19	N.R. Pt II 0.20.

*at hand*

Lieut.  
for Lt.-Col.  
aag.

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-  
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 518 G.W.P.Co.(3490)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps Regtl. No.
--	-------------------------------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(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 (vide 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	(Signature of
(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:—	

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, Shoing-smith, &c.

Date.	From whom received	(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
-------	--------------------	--	--	--------------------------	---	---

PROCEEDED TO CANACAPT. 2-O-NO 12 DATE 29-4-19  
*W. G. LIUT*  
 FOR O.C. GROUP 19

29th April 1919 Embarked  
 S-S Baltic Liverpool.

*B. M. Mearns*

CAPTAIN & ADJUTANT,  
 No. 16 TRANS. ATLANTIC,  
 CONDUCTING STAFF,  
 C, E, F.

29-4-19 T.O.S. No. 2 District Depot D.O. 132

*W. Mearns* Captain,  
 For O.C. No. 2 District Depot

7-6-19 S.O.S. (Discharged) No. 2 District Depot  
 Part II, D.O. No. 135

*W. Mearns*  
 Capt  
 For  
 O.C. No. 2 District Depot

26-8-19 16<sup>th</sup> Bn After Orders 11 Awarded Bar to m.m. (Auth L. G. 31469 d/23-7-19)

*W. G. LIUT*  
 Lieut  
 For Director of Records

Nothing to be written in this margin.

Signalling  
Barr

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Haynes Christian Name John James

Examined on 29 day of May 1916  
at Shaw

Approved by A P Davis

Birthplace { City or Town St Vincent  
County B. W. I.

Rank capt M.O.

Apparent age 22

Trade or occupation Electrician

Height 5 Feet " Inches.

Weight 175 Lbs.

Chest measurement { Minimum 35 inches.

{ Maximum expansion 38 inches.

Physical development fair

Small-Pox Marks no

Vaccination Marks { Arm Right Left X

{ Number one

When Vaccinated last child

(a) Marks indicating congenital peculiarities or previous disease scars, one back left wrist, one left side of abdomen. mole one above both nipples

(b) Slight defects but not sufficient to cause rejection Slight varicelle left

none ✓ side

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>23/6/16</u>	<u>X</u>	<u>H. W. Martin capt.</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/6/16</u>	<u>X</u>	<u>H. W. Martin capt.</u> M.O.
<u>16/6/16</u>	<u>X</u>	<u>H. W. Martin capt.</u> M.O.
<u>23/6/16</u>	<u>X</u>	<u>H. W. Martin capt.</u> M.O.

Enlisted on 29 day of May 1916 at Drew

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Depot Regt</u>			
	<u>EMR</u>	<u>226765</u>	<u>Good</u>	<u>29/5/16</u>
Transferred to.....	<u>11TH BATTALION</u>			<u>3 - NOV 1916</u>
	<u>(CANADIANS)</u>			<u>10-2-17</u>
	<u>14 C.K.B.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hamilton Amories</u>	<u>31/V/19.</u>	<u>Mil.</u>	<u>Category 2, Stewart Capt</u>

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.

Surname *Haynes* Christian Name *Alto* *Shaw*

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

STATION.	Date of Arrival at the Station.	DATES						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		24	2	17	27	2	17	Furunculosis	4	How well.	<i>Levin</i>
											<i>W. MacLellan</i>

Duplicate Medical History Sheet posted to here.

1000000

ORIGINAL

# 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. 226765 Rank L/cpl Surname HAYNES  
(Given name in full) Otto Irwin  
Unit or Corps 16<sup>th</sup> C.I.B. Birthplace St. Vincent B.W.I.

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

### 1. GENERAL DESCRIPTION:

Physique Good Weight 180 lbs. Height 6 ft. Colour of Eyes Brown  
Nutrition Good  
Pulse 84  
Condition of arteries Good  
Vision Rt. 6/12+ Left 6/12+  
Hearing (conversational voice) Rt. 20 ft.  
Left 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
Scars one on back left wrist one left side chest childhood. mole one above both nipples.

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.

Furunculosis 24 - 2-17. 3 days in Hosp.  
I.C.T Palm hand. 5-10-17. 7 days in C.C.S  
No. Hernia Haemorrhoids Varicose  
veins varicocele or Prostate  
Category A2

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)  
Date 8-4-19 Signed Douglas Wallace M.O.  
*Capt Comd*

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 Otto L. Haynes

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

## THIS SECTION FOR USE IN CANADA—

Examined at Stamullen, Ontario (Canada)  
Date 31/1/19 Signed McLaurin M.O.  
*Capt*

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 Otto L. Haynes

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

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



# CASE HISTORY SHEET

BRANT MILITARY HOSPITAL

Hospital.

Burlington

Station.

No. 226765 Rank. Pns (Ex-2/cpl) Name. Haynes, Otto Edwin Age 25

Unit. SCR Completed years of service } C 5 1/2 E 5 1/2 F 2 yrs  
Where and how long

Date of admission 18-9-19 Date of discharge 23-9-19

Diagnosis. Arsenical poisoning Place of origin. Hamilton

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Pain in stomach. burning pain & stiffness  
legs; lupine rash about mouth

Present illness. Came on following initial  
injection of Phenarsenal at Hamilton  
Military Hospital.

Transferred to Brent Hospital.

Present condition. Has rash from arsenical  
poisoning about mouth & lips. Swelling  
of mucous membrane of mouth.  
Some nausea & vomiting with poison on legs.  
21.9.19. Dealing better.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Better. Slight rash about head.  
Discharged to S. C. for continuation  
of treatment.

Date 23-9-19

H. S. Parke, Capt. C.M.C.  
Medical Officer i/c case.

Washington

BY THE MILITARY HOSPITAL

at service for

Handwritten scribbles at the bottom of the page.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>3728</u> Year <u>1917</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>226765</u>	<u>Pte</u>	<u>Haynes.</u>	<u>Otto Irwin</u>
	Unit.	Age.	Service.	
	<u>2<sup>nd</sup> Res Brigade Sig Base</u>	<u>23</u>	<u>9/12 UK</u>	

Station and Date.  
24 FEB 1917  
Feb. 24<sup>th</sup>  
" 26<sup>th</sup>  
" "

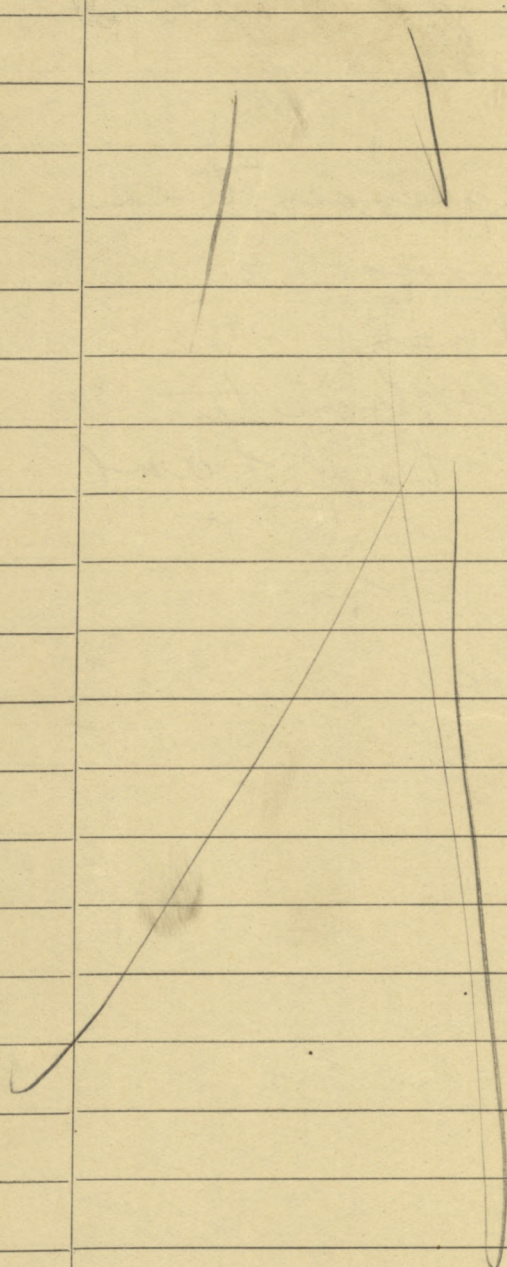
Disease of tuberculosis }  
Boric acid compresses to ea  
Discontinue compresses.  
Discharged to lines  
W G Boulter  
Capt. R.A.M.C.

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

27 FEB 1917 to Lines

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

*NAINES. O.J.*

REGIMENT

*16th*

RANK

*L/C*

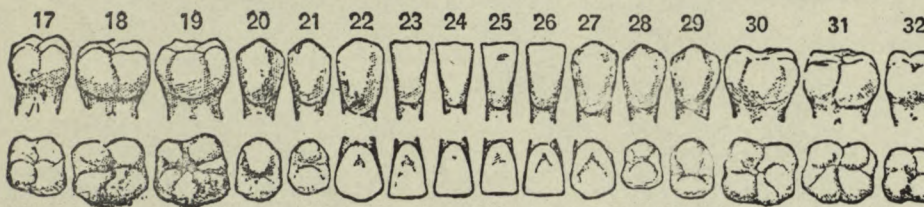
No.

*226766*

Date of Examination in England

*24/3/19*

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

*197*

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*[Handwritten mark]*

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England *Yes*

(c) In France *Yes*

BRAMSHOTT CAMP  
HANTS.

Signature of Dental Officer

*[Handwritten Signature]*

NOTES FOR THE DAY  
1881.0 2.0 1.0  
1881.0 2.0 1.0  
1881.0 2.0 1.0

11

1881.0 2.0 1.0

1881.0 2.0 1.0

1881.0 2.0 1.0

1881.0 2.0 1.0

1881.0 2.0 1.0

1881.0 2.0 1.0

1183



1133

This space to be for numbers.

# Proceedings on Discharge.

A141588

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

No.	226765
Rank	L/Cpl.
Surname	HAYNES
Christian name	OTTO IRWIN
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Depot Rgt. C.M.R. (#2 D.D.)
Date of discharge	June 7 1919
Place of discharge	HAMILTON, ONT.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age <u>25</u> years <u>6</u> months.	
Height <u>6</u> feet <u>11</u> inches.	Vacc SCAR Lt. Arm
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Electrician</u>	
Intended place of residence (To be given as fully as practicable.)	Bank of Hamilton, Hamilton, Ont.

2. The above-named man is discharged in consequence of

**DEMOBILIZATION**

Authority for discharge #2 D.D. Pt 2, D.O. # 153

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

G.B.

(OVER)

26

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

**8. Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Hamilton, Ont. *Alfred Edwin Blaylock* (Signature of Soldier.)

(Date) June 7, 1919 *W. H. [Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

**9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

**10. Statement of Service.**

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

Total.....years.....days.

**11. Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Hamilton, Ont.

(Date) June 7, 1919

(Signature)

*James Young Lt.*  
For  
**O. C. No. 2 District Depot.**



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents**

<p>Medical History Sheet                  (c) Medical History Sheet</p>	<p>W. 82                  W. 30                  W. 44                  B. 402                  B. 237                  W. 34                  Medical History Sheet                  Copies of Certificates by C. P.                  W. 178</p>	<p>Form of Will                  Discharge Certificate                  Last Pay Certificate                  Dental History Sheet                  Medical Report for Invalids                  Casualty Form                  Med. Hist. Sheet                  Copies of Certificates by C. P.                  Field Contact Sheet                  of                  Company                  Battery                  Section</p>
---	---	---

I hereby certify that the following documents are unobtainable:

\_\_\_\_\_  
 Officer Commanding

N.B.—In the case of a man discharged by purchase the date and number of Deposit Receipt with amount of same is to be given below.

Reservations referred to as Para. 8.  
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet.</p>
---	---

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 226765 (Rank) L/Cpl.

Name (in full) HAYNES OTTO IRWIN enlisted in

the Depot Rgt. C.M.B.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 29th

day of May 19 16

HE served in CANADA, ENGLAND, and FRANCE

and is now discharged from the service by reason of

Demobilisation

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

Age 25 yrs 6 mths

Height 6 ft 11 in

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Vaco Scar Lt. Arm

*Otto Irwin Haynes*  
Signature of Soldier

*Jack Young Lt*  
Issuing Officer

Date of Discharge June 7, 1919

For Rank

O. C. No. 2 District Depot.  
Appointment

Signed at Hamilton, Ont. this 7th day of June 19 19

in Military District No. NO. 2

File Reference No. #2 JUN 7, 1919

**DISTRICT DEPOT.**

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.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

Uniform is not to be worn after  
expiration of one month from  
date of discharge, except by special  
permission of G. O. C. District.

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

Number 226765- Rank *Lieut* B

Surname *HAYNES*

Christian Name *Otto Drwin* V

Units *16<sup>th</sup> Can Div* Theatre of War *France*

Date of Service *3-4-17*

Remarks *49 East Lynn Ave., Toronto, Ont. 28<sup>5</sup>/<sub>24</sub>*

Latest Address *Bank of Hamilton*

*Hamilton*

Roll No. *Ont*

200m. - 2-21.M. *B. Page 17628 replacement*

JAN 23 1973

*2112/77*

DESP. MAY 30 1924

REGN. NO. 4684

SURNAME.

*Haynes*

*M. W.*

*87*

CARD NO.

*+*

CHRISTIAN NAMES

*Otto Levan*

*L. G. #31173*

*S. O. S. 7-6-19, Demob.*

FOLL.

*L. O. 155 of 4-6-19*

REGL. NO.

*226 765*

RANK

*Spr.*  
*Bar to M. M. L. G. # 31469 of 23-7-19*

*#2.10.19, 0*

UNIT

*Depot Regt. C. M. R. (6th. R. I. O.)*

FORMER CORPS

*nil*

*also notify*  
NEXT OF KIN.

NAMES IN FULL

*Haynes James*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*St Vincent. B. W. I.*

*M. F. W.*  
CHANGE OF ADDRESS

*Edward Haynes. (brother)*  
*Georgetown. P. O.,*  
*Brideland Glasgow*  
*Scot.*

*54-21-38-1*

COUNTRY OF BIRTH

*British West India St Vincent*

DATE

*Dec 13th 1893*

PLACE OF ATTESTATION

*Ottawa. Ont.*

DATE

*May 29th 1916*

*R/B 7-5-19 320/106*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Electrician*

RELIGION

*yes*  
*Church of England*

DESCRIPTION.

APPARENT AGE

*22* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*11* INCHES

CHEST MEASUREMENT

*38* INCHES

EXPANSION *3* INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Scar: one back & wrist, one side abdomen  
Vacc: one left. One mole above both nipples*

MEDICAL EXAMINATION.

PLACE

*Ottawa, Ont.*

DATE

*May 29th 1916*

*Present Address.*

*Renfrew. Ont.*



NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'TL NO

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

*Haynes J. A.*  
*Pte. 14th Bn.*

REG'TL NO *226765*  
H. Q. FILE NO. 649-

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

35.	Westcliff Park Eye + Ear. Folkestone.	25-2-17	Tuberculosis
38.	Discharged	27-2-17	Tuberculosis
a3	6 Cas. Ctg. Stat.	7-10-17	J.C.I. Lt Hand
a48	6 Cas. Ctg. Stat.	14-10-17.	" " " " Disch.
a480	" #2 Can. Fld. Amb.	11-3-19.	Boils back. L/Cpl.
<del>a480</del>	" Disch to duty.	13-3-19.	" "

Reg. No. *226765* Name *Haynes G.W.*

Rank *xpc* Corps *SBP* Age *25* Service *6 5/12*

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
<i>Military Hospital</i>	<i>18 9 19</i>	<i>Arsenic Poisoning</i>
<i>Des SBP</i>	<i>23 9 19</i>	

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.











No. 226765 RANK

Ipr.

NAME

Waynes Otto Irwin

T. O. S.

29-5-16

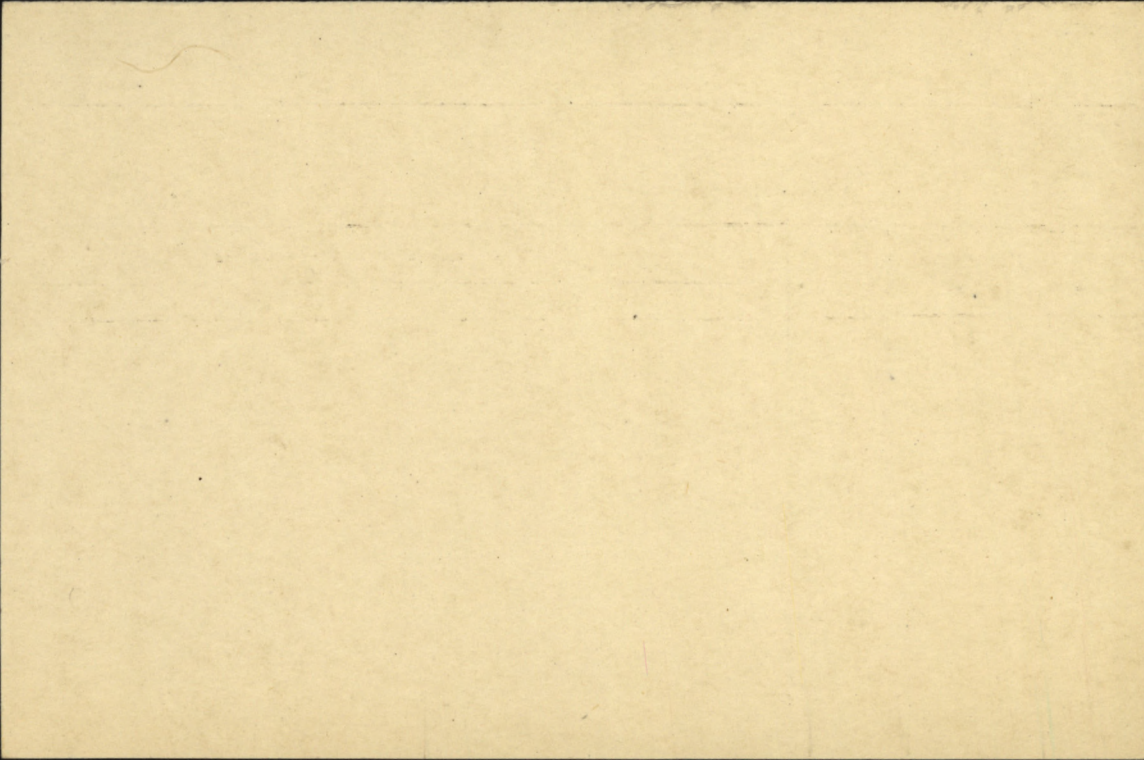
UNIT

Can. Mounted Rifles Depot

D.O. 134.5-6-16

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 29	1916 June 30	L	6th Co's Draft.	
	July	L		
	Aug.	L		
	Sept.	L		
Oct. 1.	Oct. 19.	L		



Name HAYNES, Otto, Irwin. Rank L/Cpl. Regtl. No. 226765

Original unit C.M.R. Present unit Halifax VBALTIC M. or S. 25 Age C.E. Religion C.E. Fyle Depot Ref. H.Q.

Port, ship and date of arrival Halifax VBALTIC

Next of kin Father) James Haynes, St. Vincent B.W.I.

Address on leave 124 Gage Ave., Hamilton, Ont.

Address on discharge -----

Transportation issued Yes Date Lakeview, N. Carolina 6-6-19. Character on discharge -----

Previous occupation Electrician Date and place of enlistment Ottawa 29-5-16

Diagnosis Good physical condition. Date of Medical Boards 2-6-19.

T. Date.	Remarks.	Pt. 2 Order No.
29-4-19	Posted to Casualty Co'y "J" Hamilton 9-5-19	132
7-6-19	S.O.S. Discharged "Demobilization" entitled to WSG	155

\*—Name will be given in full ; surname first.

(over)

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150mi.—5-18

1772-39-1243

Surname **Haynes** Christian Name or Names **O.I** Reg. No. **226765**  
 Rank **Pte** Unit **14th Can R.Bn** Co. **man(16)** Troop **man(16)** Batty.  
 Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

Transferred **Westcliff Can Eye & Ear** Hosp. **25.2.17**

**6 C.C. Stn** Hosp. **7-10-17**  
**2 Can 4th Amb.** Hosp. **11.3.19**

Hosp. \_\_\_\_\_

Diagnosis

- (1) **Furunculosis** <sup>3</sup>  
 Later Diagnosis (if changed) **2 C.T. Lt. Hand.**  
 (2) **Boils beef.**  
 (3) \_\_\_\_\_

Additional Diagnosis: if more than one state present

DISPOSITION

**22.3.17 #35.**  
**C.L.29-3-17 38**

Dis ~~27.2.17~~ <sup>27.2.17</sup> Date

**27-2-17**

**Disch. - 14.10.17.**  
 REMARKS

**12-10-17 A24-1**

**19.10.17. @ 40 61**

**28.3.19. A.H.83**

**28.3.19 A.H.83 - - - - Dis: 13.3.19**

A.M.D. 2 Dept.

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

Rw.

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

FH

Rank Name HAYNES, Otto Irwin,

Reg'l No. 226765

Unit No. 6. dft. Dep. Reg. C.M.R. If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Ottawa, 29 May 1916.

Place of Birth St. Vincent, Brit. West Indies.

Name and Address, Next-of-Kin Edward Haynes James Haynes

George Town PO St. Vincent, Brit. West Indies,

Relationship Brother Father

Assigned Pay Monthly \$ Payable to

*Auth Rk 29 6 d/15.4.18*

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

NJE. R.B. No. 20241  
File R.L.  
Category O.B. C. 1

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.				
		Arrived in England per S.S. Mauretania		31-10-16	
2-11-16	<i>o/c</i> 2 <sup>nd</sup> S.H.R.R.	Taken on strength.	S'cliffe	1-11-16	Pl. II-0-144
3-11-16	"	Soff's to 11 <sup>th</sup> R. Bn	"	3-11-16	145.
3-11-16	11 <sup>th</sup> Bn	Taken on strength.	"	3-11-16	263.
3-2-17	11 <sup>th</sup> Res	A.O.S to 14 <sup>th</sup> Res Bn.	"	31-1-17	PA II 27
12-2-17	14 <sup>th</sup> Res. Bn	Taken on strength.	Dibgate	31-1-17	" 39
22-3-17	14 Res. Bn.	Adm. Carr. Co & Hosp. F. Stone	F. Stone	25-2-17	<i>Thurmeulais</i> C.L. 35 P#0. 79.
29-3-17	14 " "	discharged " " "	"	27-2-17	b.l. 38.
3-4-17	14 " "	Sot. on proc o/s. to the 16 <sup>th</sup> Bn	S'cliffe PTE	3-4-17	Pt. #0 89 + 16 <sup>th</sup> Bn P#0 86 10-4-17
12.10.17	16 <sup>th</sup> Bn	2 <sup>o</sup> 6 has bearing sta	Ficed	7.10.17	C.L. A 34 I.C.T St. Hand
18.10.17	16 <sup>th</sup> Bn	Dischd from " "	- - -	14.10.17	C.L. a 40 I.C.T St. Hand

NJE. B. 103 CHECKED  
20/11/17

*MM*

165

James O.

Port. 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.
10-18	16 <sup>th</sup> B <sup>n</sup>	App'd 9 <sup>th</sup> Cpl	Fwd	PG 1-10-18	Pr 50 123
23-10-18	---	Confirmed 1 <sup>st</sup> Cpl	Fwd	7-10-18	---
24-3-19	---	Proceeded to England	---	4 <sup>th</sup> 22-3-19	---
1/4/19	CC	50s pending return to Can	---	23/3/19	---
30/4/19	CC	1st to Canada	Bihar HC	29/4/19	---
		Canada 54-J-104.		29.4.19	
26-8-19	16 <sup>th</sup> B <sup>n</sup>	Awarded Bar. m.m.			After Orders 11
		(Auth R.G. 31469d/23-7-19)			

7 R



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

*E*  
*Mr James Haynes*  
*Mesopotamia P.O.*  
*St Vincent B.W.I.*

*Haynes Otto. J.*  
*226768*  
*Tpr*  
*Depot Reg. C.M.R.*

*15<sup>00</sup> Nov. '16*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Cable 9738-4-8-17 as R 8.8.17</i> <i>8258-0-11</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



38314

MILITIA AND DEFENCE

M. F. W. 12a.  
18m.-4-17.  
1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 27  
(Assignee)

*Jas. Haynes*

PAYMENTS.

# Name of Soldier

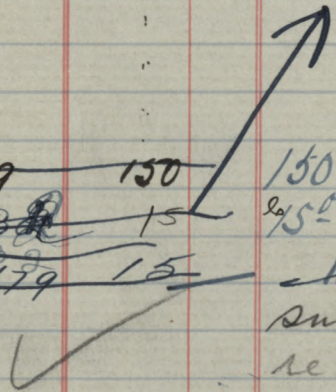
*226765*

*Haynes Otto J.  
Pte Depot Reg C 149*

L. L. Job 10227-M. & D. 7814

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup> Nov 1/16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>A 17619</i>	<i>150</i>	<i>150<sup>00</sup> Aug. Mailed 10/8/17</i>
Sept.		<i>S 41232</i>	<i>15</i>	<i>15<sup>00</sup> future</i>
Oct.		<i>A 41479</i>	<i>15</i>	<i>15<sup>00</sup></i>
Nov.				<i>suspend a/c till next from t/s</i>
Dec.				<i>re assigne auth <del>to</del> 21 O'Brien</i>
Jan.	1918			<i>July 8248-0-1 17 10 17 75V</i>
Feb.				<i>future payment</i>
March				<i>in hand</i>
April				
May				
June				
July				

*ops B*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

# Separation and Assigned Pay Branch

*Nov 1. 16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *226 46 5*

Rank *plé* Promoted Reverted Discharge

Soldier's Name *Otto J Haynes*

Battalion *Depot Reg C M R*

Beneficiary

Relationship

Address

Name *James Haynes*

Address *Mesopotamia P.O. St Vincent*

Change of Address *B.W.I.*

1

2

3

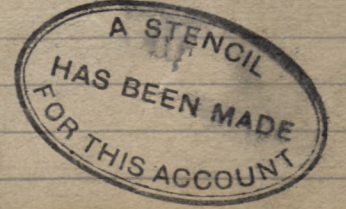
4

*W 7/6/16 #3*

*207 27/1/16*

<i>1917</i>	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31</i>	<i>—</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>File 8258-0-1</i>
<i>Jan</i>	<i>4 65772</i>		<i>45</i>	<i>45</i>	<i>Bo mailed 12-1-18 Y 68792 Ret'd &amp; cancelled 13/18 b.d.</i>
<i>Feb</i>	<i>X 73854</i>		<i>15</i>	<i>15</i>	<i>Suspd acct pending mts. from 40 to assignee.</i>
<i>Mar.</i>	<i>H 100169</i>		<i>15</i>	<i>15</i>	<i>Auth. Lt. O'Brien File 8248-0-1. 45° Jan ct to adq. assignee changed to James Haynes per P.M.R. P. 2 E. 201217 20-12-17 By 18 10-1-18</i>
<p>Ac Closed <i>Battie</i></p> <p>Ret'd per.....</p> <p>Date..... <i>7/5/19</i> M.F.W 187 <i>13/5/19</i> M.D 2</p> <p>Clerk..... <i>G.A. Halbrook</i></p>					<p><i>File 8248-0-1</i></p> <p><i>Suspd. acct. assignee dead. pending mts. from 40 to assignee</i></p> <p><i>H 100169 cancelled 18/3/18 @ 19/3/18</i></p> <p><i>X 73854 Ret'd and Canc. 16 4/16 @</i></p> <p><i>M.P.O. 55624 issued to destroy 21-1-19</i></p>

M. F. W. 128.  
4000c. 6-17-1772-89-1141.  
L. L. 22330-M. & D. 1963.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

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

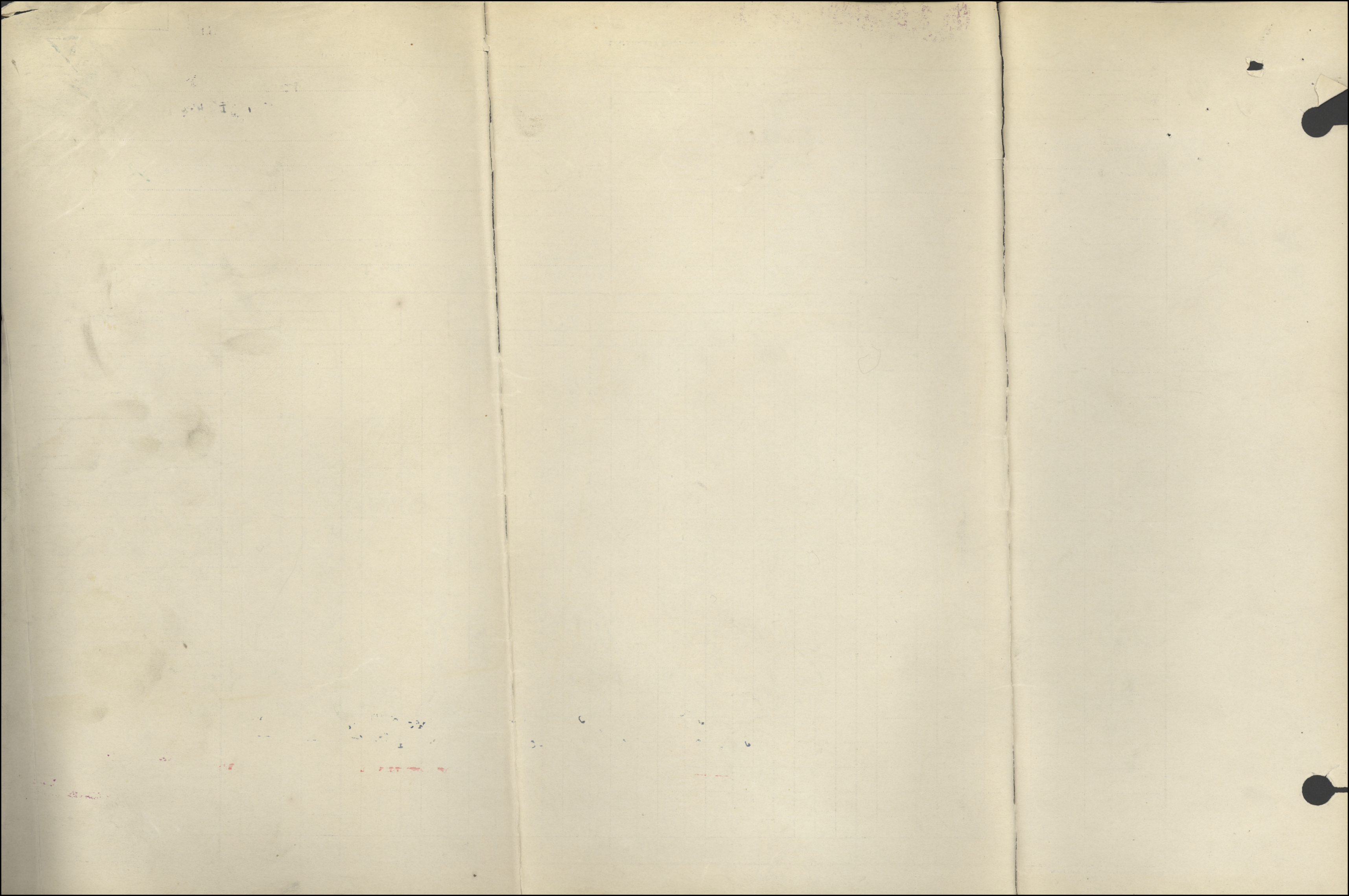
M. F. W. 128.  
 40M. 6-7-172-39-1141  
 L. L. 22320-M. & D. 1983.

M. OR S. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. 225765 RANK L/C NAME (IN FULL) HAYNES, O.I. 3704

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE. Includes handwritten entries for dates like 31/3/19, 15/5/19, 16/5/19 and various amounts.

Handwritten notes and remarks: 'Bal on 1st', 'Train & Boat', 'AMOUNT DUE SOLDIER DEPENDENT', 'W.S.G. PAID IN FULL', 'CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY'

Hold Payments - Out Patient Class 1, S.C.R. 15-9-19
Released from S.C.R. 24-10-19





\* Strike out whichever inapplicable.

ASSIGNED PAY.

ENGLAND OR CANADA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

EFFECTIVE DATE:-

~~1-11-16~~ <sup>Wapped off</sup> 1-15-18

EFFECTIVE DATE:-

AMOUNT:-

~~# 1500~~

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. J. Haynes  
Mesopotamia  
St Vincent  
Assigned Dec 27/12/17 B.W.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
29-3-19	1327	B'slott	<del>107</del>				
30-3-19	1460	-	<del>4867</del>				

PARTICULARS OF RENDERING NON-EFFECTIVE:-

*Dist. Cou. 51 NR-B205-5816 B'slott*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS
March 31	Bal Fwd.			
April	No. 1914. Used pay charged but not paid by Ottawa. charged 1-11-16 to 30-3-18 at 15% per month 25.5% Paid by Ottawa. 1-11-17 to 30-3-18. 60% Authority minute (P.O.P. Sect. 26418)		195.00	AP.
	P.P.	33 -		AR. 102. 16 Pon. 18/4/18
		33	195-	✓ HI. ✓ 11/4/18
May	P.P.	34 10		AR 181. ✓ 8/5/18
				✓ 240 ✓ 15/5.
		34 10		✓ 305 ✓ 30.5.18
June	P. Pay	33		✓ 368 ✓ 14.6.
		33		
July	P. Pay	34 10		✓ 462 ✓ 2.7.18
		34 10		✓ 202 ✓ 14.7.
Aug	P. Pay	34 10		✓ 312 ✓ 2.8.18
	C.N. 5013 - C.A.V. 1/11/16 to 30/4/18 (except Feb 1918) charged & not paid - 17 mo. @ 15% 255.00 less amount already credited 195.00		60 -	✓ 402 ✓ 24.8.18
		34 10	60 -	
Sept	P. Pay	33		✓ 595 ✓ 14.9
		33		✓ 473 ✓ 6.9.
Oct	✓	34 10		✓ 723 ✓ 9
	u/cr. on 2/cpl. 1/10/18 - 31/10/18 = 31 days @ 5¢		1 55	✓ 1133 Prouloque 8
				✓ 919 16 Pon 26
				✓ 938 ✓ 26
		35 65		

SEPARATION ALLOWANCE.		ENGLAND OR CANADA.		NAME:- <b>HAYNES</b> <i>Otto Irwin</i>	
EFFECTIVE DATE:-		AMOUNT:-		NUMBER:- <b>226765</b> <i>259</i>	
AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		PARTICULARS OF RANK OR APPOINTMENT	
16Pm. D.O. 123 <sup>23/10/18</sup>		1.10.18		P/E	
✓ ✓ 123 <sup>23/10/18</sup>		7.10.18		A/LCE. CPL. with pay Confirmed L/C	
UNIT AND TRANSFERS					
ORIGINAL UNIT:- <i>6 M B</i>					
DATE ACCOUNT FIRST OPENED:- <i>1. 11. 16</i>					
AUTHORITY		DATE EFFECTIVE		DATE LEDGER SHEET T'S F'D	
				UNIT TRANSFERRED TO	
				<i>16 Bn</i>	
PAY-BOOKS					
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK					
AMOUNT		DATE OF PAYMENT		NUMBER OF A.R.	
				UNIT PAID BY	
				AMOUNT	
DAILY RATES OF PAY AND ALLOWANCES					
AUTHORITY		PAY		F.A. P.F.A. SUBS'CE ALL'CE	
		<i>1 05</i>		<i>10</i>	
NON-EFFECTIVE: <i>Dist to Cr. <sup>51</sup>/<sub>3</sub> NR-3205-5816 B'shott <sup>31</sup>/<sub>19</sub> B'shott M.D.R. L.P.C. Bal 554.28</i>					
CR. 1		CR. 2.		PARTICULARS	
DR. 1		DR. 2		DR. 3.	
DR. 4.		BALANCE		DEFERRED	
SEPARATION					
				32 82 Nil	
		19500 AP.		15	
33 -		AR. 102. 16Pm. 18/4/18		3 57	
33		✓ HI. ✓ 11/4/18		446 8 03	
34 10		AR 181. ✓ 8/5/18		446	
34 10		✓ 240 ✓ 15/5.		3 57	
34 10		✓ 305 ✓ 30.5.18		446 12 49	
33		✓ 368 ✓ 14.6.18		3 57	
33				3 57	
34 10		✓ 42 ✓ 2.7.18		446	
34 10		✓ 202 ✓ 14.7.18		3 57 8 03	
34 10		✓ 312 ✓ 2.8.18		3 57	
30/4/18 (except Feb) 20. 2 15.00 any credited 195.00		✓ 402 ✓ 24.8.18		3 57	
34 10		60 -		7 14	
33		✓ 595 ✓ 14.9.18		3 57	
33		✓ 473 ✓ 6.9.18		3 57 7 14	
34 10		✓ 723 ✓ 9.10.18		9 33	
= 31 days @ 5¢ 1 55		✓ 1133 Proulogue 8.10.18		9 33	
		✓ 919 16Bn 26.10.18		3 73	
35 65		✓ 938 ✓ 26.10.18		9 33 31 72	
				431 65 90	
<b>OVER</b>					

NUMBER 226765 RANK

NAME HAYNES O.I.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.
1918	Ford						
Nov.	L/c. Pan	34 50		ARR 1736 1TW.C.C.R.C. 5.11.18	3 73		
				✓ 1657 16 Pan 23.11.18	4 66		
Dec	✓	35 65		✓ 1778 ✓ 16.12.18	13 63		
Jan	✓	35 65					
		105 80			22 02		
Feb		32 20		- 1904 ✓ 30.12.18	9 08		
Mar		35 65		C.G. 9901 London 18.1.19	14 60		
	Int on DPX 21.3.19	344		ARR 2032 16 Pan 16.1.19	4 66		
				DN. ARR. 2.C.14 ✓ 18.1.19	97 33		
				C.G. 26205 London 6.2.19	24 33		
				ARR 4520 Brussels 15.2.19	14 66		
				✓ 3442 16 Pan 15.2.19	4 66		
				✓ 2587 ✓ 15.2.19	11 19		
				✓ 2627 ✓ 3.3.19	4 66		
	Int to 21/2/19 73.44			✓ 4093 ✓ 16.3.19	373		
		71 29			178 90		
Apr				✓ 1460 30/3 B Wing 5	48 67		
				✓ 1372 29/3 do 6	487		
				12/4/19 185 LPEnd ✓	9 73		
				16/4/19 351 ✓ LPEnd	4 84		
				25/4 548 LPEnd W Wing 34	68 14		
					9 73		
					77 87		
				SOS 29/4/19 SL54 W/K			

ME HAYNES. O. I.

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
					431 65	90	
36 12W.C.C.R.C. 5.11.18	3 73						
57 16 Pm 23.11.18	4 66						
8 ✓ 16.12.18	13 63						
					515 43	135	
	22 02						
4 ✓ 30.12.18	9 08				586 72	150	
01 London 18.1.19	14 60				178 90		
32 16 Pm 16.1.19	4 66						
R.d.C.14 ✓ 18.1.19	97 33				407 82		
6205 London 6.2.19	24 33						
520 Brussels 150.00 12.2.19	4 66						
42 16 Pm 15.2.19	4 66						
87 ✓ 150.32 25.2.19	11 19						
7 ✓ 3.3.19	4 66						
93 ✓ 175.17 11.3.19	3 73				407 82		
	178 90						
60 30/3 B Wing 5	48 67						
72 29/3 do 6	4 87						
185 LPEnd ✓	9 73						
351 ✓ LPEnd	4 84						
548 LPEnd W Wing 34	68 14 9 73 77 87				329 95		
	77 87				329 95		

29/4/9 SL54 W.K.R.



PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY

REG'L No. *226465* RANK *Spr.* NAME *Haynes. Otto L. Brown*

IF IN PERM. CORPS } UNIT *C.M.A. draft* TRANSFERRED TO *C.C.D* DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *11 Bn* DATE *11.11.16* AUTHORITY *R.O. 145 3/16*

PLACE OF ATTESTATION *Ottawa.* TRANSFERRED TO *14<sup>th</sup> Res.* DATE *11/4/17* AUTHORITY *Lehit NDC-2*

DATE OF ATTESTATION *29.5.16.* TRANSFERRED TO *16th Bn* DATE *21.8.17* AUTHORITY *AKs.*

ASSIGNED PAY MONTHLY \$*15.* DATE EFFECTIVE *1/11/16.* *Paid from Canada*

PAYABLE TO *Mrs. J. Haynes. Mesopotamia. St Vincent. B.W.F.* RELATIONSHIP

HOSPITAL, &c.

NAME OF HOSPITAL

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)

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS						ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT	DEBIT								
									28 33				<i>2 Lt.</i>
						15		15	24 33				<i>20/11 Bn. 11.11.16 R.O. 145 3/16</i>
									46 33				
<i>26/11</i>	<i>11/11</i>					15		49 06	31 37				
						15		31 47	31				<i>Transf 14<sup>th</sup> Res BO 27.</i>
<i>30/7</i>	<i>15/11</i>					15		44 20	17 60				
								15 00	36 70				<i>14<sup>th</sup> Res. 11/4/17. Lehit NDC-2</i>
						15		15	32 70				
								9 73	41 97				
						15		15	64 07				
						15		41 53	55 54				
						15		15	74 64				
						15		15	81 64				<i>20/16th Bn 21/8/17 AKs.</i>
						63 36		19 47	36 36	150			



H PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

47	36	26	150	268	99				
57	4	36	2433	15	5975	5985	tie		

CR.	OR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
		165 90 10 270 175					
34	10	CAP				15	
		Yr. 1698 Helen 17.2.18	357				
		1709 " 9 3.18	446				
		1830 " 19.3.18	357				32.82
34	10		1160			15	