FORESTRY DEPOT M.D. 5.

Original

ATTESTATION PAPER.

No. 2245843

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Johnston
1a. What are your Christian names?	Henry Haskall
1b. What is your present address?	East Angus P.Q.
2. In what Town, Township or Parish, and in what Country were you born?	Nordon Mills. Vt. U.S.A.
3. What is the name of your next-of kin?	Jack Johnston
4. What is the address of your next-of-kin?	East Angus, P.Q.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	12th July 1896
6. What is your Trade or Calling?	Teamster
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	—
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	—

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Haskall Johnston, 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.

Henry H. Johnston (Signature of Recruit)

Date October 29th 1917. R.L.Bann (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Haskall Johnston, 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.

Henry H. Johnston (Signature of Recruit)

Date October 30th 1917. R.L.Bann (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 Levis, P.Q. this 30th day of October 1917.

Jas Brodie (Signature of Justice)

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

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

Description of Johnston, Henry Haskall on Enlistment.

Apparent Age 21 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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).

a-2

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 October 30th 1917. Robbins Capt.

Place Levis Armoury, P.Q.

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.

Henry Haskall Johnston 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.

Jas Bardie Captain (Signature of Officer)

ADJUTANT, FORESTRY DEPOT M. D. No. 5.

Date Oct. 30th 1917

91419

REGIMENTAL DOCUMENTS

NAME JOHNSTON. HENRY HASKALL (Pte.) REGT. NO. 2245843 UNIT Forestry Dpo. M.D. 5 H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					1
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET + Catg (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					09177
	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					4-29
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					19-29
1	D.M.S. 1375					32-30
1	M.F.W. 192					
1	M.F.W. 2571					
1	M.F.W. 67					
1	A.149					
1	A.122					-1-

H 06818

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

H2B

Number 2245-843 Rank Pte

Surname JOHNSTON

Christian Name Henry Haskall

Units C.F.C. Theatre of War France

Date of Service 26-1-18

Remarks

Latest Address East Angus. P.Q.

Roll No. B. Page 18090

200m.-2-21.M.

DESP. SEP 22 1926
REGN. No. 1-832

FORM R. 149.
7106—250m—7/2/17.

Henry Haskell

Name JOHNSTON Rank Pte Reg. No 2245843

Unit C.F.C. 56 Coy

Next of Kin Canada

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-12	Connaught Hosp Dieppe		Corpse	C108		9278
21-12	Discharged		—do—	C225		9586

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

*Name JOHNSTON Henry H. Rank Pte Regtl. No 2245843

Fyle Depot 19-J-207

Original unit C.F.C. No. 5 Present unit D.D.#4 M. or S S Age 22 Religion C. of E Ref. H.Q.

Port, ship, and date of arrival St. John. N.B. "SCOTIAN" 1-3-19

Next of kin (F) J. Johnston East Angus Que.

Address on leave As above

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Teamster Date and place of enlistment 20-10-17 Levis Armoury Que.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
4-3-19	T.O.S. from O-S 19-2-19 Posted to Cas. Coy. 2-3-19	
	Fur. W-S to 16-3-19	63-1

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

(over)

Date.	Remarks.	Pt. 2 Order No.
20-3-19	SOS Discharged RO 1420 Para C Demob	#80
	Eff. 19-3-19 Cat A	

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Johnston.	H. H.	2245-843.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	C.F.C.	56 A.		

HOSPITAL — DATE OF ADMISSION

Connaught H. Aldershot. 21.12.17.

1. ..... HOSP.

2. ..... HOSP.

3. ..... HOSP.

4. ..... HOSP.

DIAGNOSIS

1 Coryza. Ho

2.

3

DISPOSITION — DATE

REMARKS

Cl. 10.1.18. C.107.(2)
11.1.18. C.108.(2) — Disp. Pentyon C107.(2)
1.6.18 C 776-4
Dis. 21/1/18

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Army Form B. 103. Sheet 2

Regimental Number 2245843

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte. Surname Johnston Christian Name A. V. N.

Religion ..... Age on Enlistment .....years .....months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
5-2-19	B.D.G.F.C.	S.O.S. BASE DEPOT C.F.C. on ~~posting~~ leave to 2nd D4.	SUNNINGDALE 5/2/19		Pt. II D.O. 36
	Can Comp Rdgt		Lieut Hardy Lt. for O.C. B.D.G.F.C.		
5/2/19.	F.D.S.	C.C.C. Kinmel Park for return to Canada. Part II Order No.			
19/2/19	S.O.S.	C.C.C. Kinmel Park Embarking for Canada Part II Order No.	Lieut. Officer i/c Records No. 4 M.D. Concentration Wing.		

(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) Signaller, Shooting-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked S.S. Scotian	Spool	19.2.19	
		Disembarked	~~Halifax~~ St John	1 MAR 1919	
20/3/19	S.O.S.	Demob.	N.S. No 4	14/7/19	D.O.T.F.

H. Fisher Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

QUEBEC 24 NOV 24/17
EMBARKED FROM CANADA
R.M.S. Metagama

Sheet 1

Fill in only.—[illegible]t, 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: Forestry Depot No 5 D.F.C. Disembarked Liverpool 14-12-17

Regimental No. 2245843 Rank Private Name Johnston, Henry ~~Haskell~~ Hanskell

Enlisted (a) 29-10-17 Terms of Service (a) C.E.F. Service reckons from (a) 29-10-17

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) Teamster

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 Quebec 24-11-17 Disembarked Liverpool 14-12-17			
		18/12/17 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 14/12/17 Pt.11.D.O. 201			
28.1.18	UC 6816	S. O. S. on transfer to France	BASE DEPOT C.F.C. SUNNINGDALE	26-1-18	PT. II. CO. NO 24 A. Lugen Capt for O.C. C.F.C. awdy
		Having served in France in T.O.S. 7 No. 56 Coy. C.F.C.	Zeld.	27.1.18	M.R. Cl. B.S. d. 27.1.18 R.R. H.Q. A.D.T.O. letter C.F.C. No 5-106 d. 8.2.18 A.S. 9218
21/1/18	UC	3 days FW 2 & 1 day AW awl 0001 — 5216 15/11/18	Zeld	16/1/18	A.R. 18/3888 p/160 No 6 d. 22-1-1918 B2569 OS3

(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.

CERTIFIED CORRECT. 1 FEB 1918 RECORD EDITION.

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				
		O.C. 1/C Transfer Eng.			NR. d/14.1.19
14/1/19		Records & posted to			
		L.S.H.Q.			
		C.F.C. Depot		14/1/19	P.J. 2. No 3.
		~~Posted~~			
		Sunningdale			Lt. Hewett Lieut
					for
					Lieut Maj A.A.G.
17-1-19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		15-1-19	Pt. 11 D.O. 17
		from H.Q. France			Lt. & A/Adjt.
					For O.C. Base Depot, Canadian Forestry Corps.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JOHNSTON. H. H.

REGIMENT C. A. M. C. RANK Pte. No. 2245848.

Date of Examination in England 25/1/19. | 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS none.
2. EXTRACTIONS 3.
3. CROWNS none
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } none

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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
- (c) In France

} no.

Signature of Dental Officer J. H. Reid Capt.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2245843 (Rank) Private.

Name (in full) JOHNSTON Henry Haskall. enlisted in

the Forestry Depot M.D.5.

CANADIAN EXPEDITIONARY FORCE at Levis, QUEBEC. on the 29th.

day of October 1917.

HE served in - - - - - - - - - - FRANCE - - - - - - - - - -

and is now discharged from the service by reason of - - - - Demobilization - - - - -

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

Age 22 years 8 months

Height 5 feet 6 inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil.

H Henry H Johnston
Signature of Soldier

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Issuing Officer

Rank

Appointment

Date of Discharge March 19th, 1919.

Signed at Montreal, Que. this 19th. day of March 19 19.

in Military District No. 4

File Reference No. DD4 19-J-207

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.

M. F. W. 39a GJ
200m.—2-18.
H.Q. 1772-39-882

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

On demobilization the particulars called for on the back of this certificate will not be completed.

Form R 122.
8730—15M—25-4-17.

DFT. FOR DEPOT M.D.No5 QUE TO BASE DEPOT

LTR

Rank | Name JOHNSTON, Henry Haskall | Reg'l No. 2245843

Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Levis, Oct, 29th, 1917. | Place of Birth Norden Mills, Vt. USA.

Name and Address, Next-of-Kin Jack Johnston

East Angus, P.Q. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—11319-1".

A.F.B. 103 CHECKED 31 JAN 1918

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.
	6	Arrived in England		14-12-17	S/S Metagama
18/12/17	B.D.C.F.C.	T.O.S. from Canada	Pte	S'dale	14.12.17 " 0201
28.1.18	" "	S.O.S. to France	"	"	26.1.18 " 24
25.2.18	56th Coy "	T.O.S. on Arrival from Eng	"	Field	27.1.18 " 6
SOS to EDCFC SDALE 14 I 19			TOS from 56Coy CFC 15 I 19		
56Coy CFC Pt.II.O.3 d:17-1-19			EDCFC Pt.II.O.17 d:17-1-19		
5.2.19	B.D.C.F.C.	T.O.S. to C.C.C Rhyl MD 5	"	S'dale	5.2.19 " 36
10.2.19	4th 5th MDC W	T.O.S. from C.F.C.	"	Rhyl	5-2-19 " 36
25-2-19	"	S.O.S to Canada	-		19-2-19 " 49

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.					

L. L. 28912. M. & D. 3363.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom ~~Minister of Finance~~ Ottawa.

Address The ~~Accountant and~~ Paymaster General.

Rate 10^{00} per Mo.

By Whom Assigned H. H. Johnston.

Regtl. No. 2245843

Rank Private

Corps Forestry Battalion ~~403~~ M.D. No 5 C. E. F.

Victory Loan Bond.

VICTORY LOAN. PAYMENTS VICTORY LOAN.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1917			
Sept.				
Oct.				
Nov.				
Dec.			20	Dec & Jany payments in cq U48515.
Jan.	1918			
Feb.			10	Paid in Jan/18 Cq U70887.
March			10	March paymt in Feby Cq U50547.
April			10	Paymt due 1/4/18 in Cq U51478. 28/3/18. List 12
May			10	" " 1/5/18 in Cq 96387. List 14. 25/4/18
June			10	" " 1/6/18 in Cq 91664. List 18. 27/5/18
July			10	" " 1/7/18 in Cq 93083. List 20. 28/6/18
Aug.			10	" " 1/8/18 in Cq K2220. List 22. 30/7/18
Sept.			8	" " 2/9/18 " Cq L1014. List 24. 29/8/18
Oct.			98	
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				

CANADIAN
ASSIGNED PAY AUDITED
O.K. J. M. Rose
AUDIT CLERK
DATE 9/6/19

ORIGINAL Original

2245843

MEDICAL HISTORY SHEET.

FORESTRY DEPOT No 5

Surname Johnston *Christian Name* Henry Haskell

Examined { on 30th day of October 1917
at Levis, P.Q.

Approved by
a2 J Babbin Capt
Rank M.O.

Birthplace { City or Town Nerden, Vt.
County U.S.A.

Apparent age 21

Trade or occupation teamster

Height — 5 Feet 6 Inches.

Weight 127½ Lbs.

Chest measurement { Minimum 33½ inches.
Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm ~~Right~~ ~~Left~~
Number 1

When Vaccinated last child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	Examined for Re-engagement.
Nov 4/17	A.	E R Roberts
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
30-10-17		J Babbin
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
30-10-17		J Babbin
8/11/17		J Babbin M.O.
13/1/18		J Babbin M.O.

Enlisted on 29th *day of* October 1917 *at* Levis, P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Forestry Depot M.D. 5	2245843		29-10-17
Transferred to	C.F.C. 018			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Cunningdale, Canada	21-1-19	Fit A.D.	to Bunnell St Camp.
Montreal	7. 3. 19.	Fit N/A.D. for Discharge.	R C Hutchison Lieut

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.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Windlesham Court	20	12	917	21	1	18	Influenza & Pneumonic patch	32	Came in with pneumonic patch at base of right lung — Cleared up. Afterwards developed Rheumatism — Now well	[illegible] M.O. IIC

WINDLESHAM COURT MILITARY HOSPITAL

Duplicate

To be made out in duplicate. H.Q. 54-21-23-53

FORESTRY DEPOT M. D. 5.

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..... Forestry Depot MD #5

(2) Regimental Number..... 2245 & 43

(3) Full Name of Soldier..... Henry Haskell Johnston

(4) Place of Birt..... Gordon Mills. Vt. USA.

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

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

(8) Have you any children ?..... no.

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

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes.

If so, state name and address Jack Johnston. East Angus. P.Q.

(10) Is your Mother alive?

If so, state name and address Mrs. Maud Johnston. East Angus P.Q.

(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.

not applicable

(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.

not applicable

(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.

not applicable

(15) Are you insured? no

If so, in what Company? nil

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.

Jas Brodie Captain
ADJUTANT, FORESTRY DEPOT M.D. No. 5 Officer Commanding.

Date 30th October. 1917.

DENTAL HISTORY SHEET 5

CANADIAN ARMY DENTAL CORPS DISTRICT.....

NAME OF SOLDIER Henry Hatchell Johnston

REGIMENT Forestry Depot No 5 RANK Private No. 2243843

FORESTRY DEPOT M.D. 5

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination								17, 32														
								2.														

A Beaulieu Capt.

M.F.B. 465
20/M-1-17
1772-89 950

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Johnston H. H. DISTRICT 4

REGIMENT 16 FC RANK Pte. No. 3344843

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge. Good

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1916																					m = mesial x to be extracted
Good.	March 17					Dr			Dr											Capt.	4	14 G. G. filled Refuses treatment
																						Henry H. Johnston

M.F.B. 465.
200M.—6-18.
1772-39-950.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Matical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank PTE Name HENRY HASKALL Surname JOHNSTON

Unit or Corps C.F.C. (If a soldier) Regtl. No. 2245843

Born at Morton Mills on, date 12-6-1896

Signature (for identification)

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight

.....lbs.

Height

.....ft.....ins.

2. **NUTRITION AND DIATHESIS?** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** negative

4. **RESPIRATORY SYSTEM.** negative

5. **HEART?**

Abnormal Sounds? none

Abnormal Size? none

Pulse Rate? 72 Intermittence or irregularity? none

6. **ARTERIES.**—Any hardening? none

7. **DIGESTIVE SYSTEM?** negative

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1016 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE** or any other part? negative

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? fit a ii

Examined at Sunningdale Camp Signed C.E. Bennett Lt Capt C M.O.

Date 20-1-19 Signed L.J. Donovan Surgeon M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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. 2245843 Rank Pte. Surname Johnston (Given name in full) Henry Haskell

Unit or Corps C.F.C. Birthplace Norton Mills Vermont U.S.A.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes Grey.

Nutrition Good

Pulse 76

Condition of arteries Good

Vision Rt. OK Left OK

Hearing (conversational voice) Rt. OK ft.

Left OR ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

hi!

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 Yes X

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.

X Influenza with pneumonic patch at Dec: 17
32 days in Hosp. since then O.K.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

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 .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date 17.3.19. Signed D Chisholm Capt M.O.

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 Henry W. Johnston.

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address MTL

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section. For attention of:

Re: JOHNSTON HERRY HASKALL Service No. 2245843
(Surname) (Christian Names)

Veteran is stated to have served during S. African War( ) World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:

(a) C.F.C. PTE.

(b)

(c)

(d)

(e)

(f)

(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE

(a) South African War
Date and port of embarkation

(b) World War I - CANADA BRITAIN FRANCE. (If Canada only, state if with territorial limitations).

IF CANADA AND U.K. ONLY

Date(s) embarked for U.K.

Date(s) disembarked in Canada from U.K.

Period(s) of desertion in U.K.

PUBLIC ARCHIVES RECORDS CENTRE
MAR 13 1964
OTTAWA, ONT., CANADA

3. Any other military service. NIL

4. Date and place of all enlistments. 29 Oct 1917, LEVIS, P.Q.

5. Date of all discharges and reason. 19 march 1919, DEMOB.

6. Date and place of birth as per attestation paper. 12 July 1896, NORDON MILLS, VT., U.S.A.

7. Marital status; If married, name in full of wife. SINGLE.

8. Religion. C of E.

9. Decorations, if any. NIL

WVA 18.

Head, Reference Section.

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address _____

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

Attention: Reference Section.

THANK YOUR REPLY:

For attention of:

Re: _____ _____ Service No. _____
(Surname) (Christian Names)

Veteran is stated to have served during S. African War( ) World War I (-)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (Including final of discharge) HIGHEST RANK IN UNIT:

(a) _____ _____

(b) _____ _____

(c) _____ _____

(d) _____ _____

(e) _____ _____

(f) _____ _____

(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE.

(a) South African War
Date and port of embarkation _____

(b) World War I - (If Canada only, state if with territorial limitations).

Date(s) embarked for U.K. _____

IF CANADA ALL U.K. ONLY

Date(s) disembarked in Canada from U.K. _____

Period(s) of desertion in U.K. _____

3. Any other military service.

4. Date and place of all enlistments.

5. Date of all discharges and reason.

6. Date and place of birth as per attestation paper.

7. Marital status; If married, name in full of wife.

8. Religion.

9. Decorations, if any.

VVA 12.

Head, Reference Section.

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Nortoe Mills, Vt. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Jack Johnston
East Angus P.Q.

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. 2245843 RANK Pte NAME Johnston, Henry Haskell

IF IN PERMT. CORPS WHAT UNIT | UNIT ~~Forestry Draft Nov 5~~ TRANSFERRED TO C.F.C. Log DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.F.C. Trimes DATE 1/3/18 AUTHORITY A.K.

PLACE OF ATTESTATION Levis P.Q. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 29th Oct. 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

183

61

Canadian Balance

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	DEFER. SER. RED. ALLCE. PAY ENG.
NOV 21 1917	BALANCE FROM CANADA								15 55	
22.11.17. 31-1-18	P. Pay	78 10 / 78 10							93 65 / 93 65	
Feby	P. Pay	30 80 / 30 80		A.R.B.693.26/1/18. 32.	19 47. / 19 47.				104 98	50
Mar	P. pay	34 10		A R 431 6 DIS CFC 16.2.18	3 57					
				" 539 " " 28.2.18	4 46					
				" 628 " " 23.3.18	8 03 / 16 06				123 02	60
		34 10								

1535

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. RED. ALLCE. PAY ENG.

CANADIAN
ASSIGNED PAY AUDITED
AK
AUDIT CLERK
DATE 9/6/19

2245843 Pte. Johnston H K

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			
MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS								DR.1	DR.2	CR.3 DR.4 BALANCE	DEFERRED PAY	SEP. ALLOE. ENG.										MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	CR.3 DR.4 BALANCE		DEFERRED PAY SEP. ALLOE. ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. 206	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/11/17		EFFECTIVE DATE:-	
AMOUNT:- $10 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.

Can Victory War Loan
~~To be deducted to 31/8/18~~
~~and P.M.2 minute 2/6/18 Mgr~~
Stopped 1-9-18. Chg 10⁰⁰ to 31/7/18
" 8⁰⁰ for Aug/18.

Cr Note 2⁰⁰ reg 3/10/18 to
adjust A.P. Aug/18.

We Agreed 3/9/18. L.850

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
~~19/4/18~~	~~6492~~	~~Can Vic War Loan~~	~~97 7~~				
~~26/4/18~~	~~6741~~	"	~~97 7~~				
			19 46				

NAME:- JOHNSTON Henry Hoskall

NUMBER:- 2245843

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Forestry Draft

DATE ACCOUNT FIRST OPENED:- 22-11-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Pte

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 31/1/19. Auth: O.C. 7 Records 24/1/19 Mgr Mtd Cl

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal. fwd								123 02	~~60 00~~	
apr	P. pay	33		AR 47 - 6 D - 15.4.18	3 57						
				Q 578 - CFC. ENG - 26.1.18	7 66						
				AR 132 6 D 30.4.18	4 46				140 33	~~75 00~~	
		33			15 69						
May	P. pay	34 10		" 232 " 17.5.18	3 57						
				" 331 " 31.5.18	4 46				166 40	~~90 00~~	
June	P. pay	34 10			8 03						
		33		" 434 " 15.6.18	3 57						
				~~Can Vic War Loan~~ P.O. from 30/6/18				80 00			
				AR. 530 No 6 Dist. CFC France. 30.6.18	5 35				110 48	35 00	C.V.W.L. A/C
July	P. pay	33			8 97			80 -			
		34 10		Can. Vic. War Loan				10			
				AR. 683 6 Dist. CFC. 15.7.18	3 57						
				" 834 " 31.7.18	5 35				135 66	40	
		34 10			8 97			10 -			
Aug	P. P	34 10		Can Vic War Loan				10 -			
				AR 950 15/8/18 No 6 Dist.	3 57						
				AR 1174 - 31/8/18 "	5 35				140 84	45	
		34 10			8 97			10			
Sept	"	33		A.R. 1385 6 Dist 17-9-18	3 57						
	Credit Note 10798. Can. a.P. August 1918 charged $10 paid $8 vide Min. P-2-H 4-10-18		2	" 1501 " 30-9-18	5 35				166 92	~~60~~ 50 -	
		33 -	2 -		8 97						
Oct	P.P.	34 10		AR 1602 15/10/18 6 Dist.	3 73						
				- 1719 3/10/18 -	5 60				191 69	75	
		34 10			9 33						
Nov	"	33		AR 1827 15/11.	13 06						
				3 days 1st Pd 2 6/11/18. Can 2 000 22/6 15/11/18 4 days pay P.O. 53 30/11/18. 56 60. x 40 60		4 40					
Dec	-	34 10		AR 1913. 30/11 6 Dist	3 73						
				- 2011. 18/12 -	9 33						
	67	67 10			26 12	4 40					

NUMBER 2245843 RANK Pte NAME JOHNSTON, Henry. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	B/F	67 10			26 12	4 4 0			191 69	75	
Jan	P.P.	34 10							262 37		
		101 20			26 12	4 4 0					
Feby	Int on def pay	2 8 6		A/c. B6492 15/1/19 B.D	9 73				265 23		
				- B6744 24/1/19 -	9 73						
				- 475. 12/2/19	9 73				236 04		
		2 8 6			29 19						

A.F.W. FORM REN'D EFFED
DISCHARGED TO Canada DATE 24/1/19
PAY BOOK VERIFIED 24/1/19
BAL. 24/1/19 P.O. REN'D 27/1/19
AUTHY. 6/46 UR. 2264 24/1/19 236 04

245.77

COMPILED BY ...
CHECKED BY ...

A/c 475 endorsed on L.P.C. corrected Bal.s 236.04

264.37
19.00
245.77

265.23
19.46
245.77

S.o.S. to Canada M.D. 4 18/2/19 S.L. 18

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 9/6/19

WAR SERVICE BADGE
Class "A" No. 248658 ISSUED

This space to be for numbers

Proceedings on Discharge.

79

M

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

No.	2245843
Rank	Pte.
Surname	JOHNSTON
Christian Name	Henry Haskell.

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

Corps (Squadron, Battery or Company)	Forestry Depot C.D.5.
Date of Discharge	March 19, 1919.
Place of Discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years 8 months.
Height	5 feet 6 inches.
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Teamster
Intended place of residence (To be given as fully as practicable.)	East Angus, Que.

Descriptive Marks

Nil.

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

R.O.1420 Para (C) Cat. A. Demob.

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.

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

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

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.)

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 to 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.

(Place) Montreal, Que. Henry K Johnston *(Signature of Soldier.)*

(Date) March 19, 1919. *(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) Montreal, Que.

(Date) March 19, 1919.

(Signature) .....*Lieutenant*

Officer i/c Discharge Section, District Depot No. 4

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.)

NO RESERVATIONS

Henry W. Johnston

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(*a*) Proceedings on Discharge.

(*b*) Attestation.

(*c*) Medical History Sheet (in the event of such having been prepared.)

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.

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 2245843. RANK Pte NAME (IN FULL) JOHNSTON. Ay H

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
J.O.S.	19-2-19	D.O. 63-2

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

PLACE OF ATTESTATION Lens — TRANSFERRED TO St Nicolas — DATE 19/2/19 — AUTHORITY O/S France

DATE OF ATTESTATION 30.10.17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS East Angus Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE D.O. 78 Pg 2

DISCHARGED PLACE Montreal DATE 19/5/19 REASON AUTHORITY D.D.A. 14. J 207 IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account					176 17		176 17																								176 17		Ex 176 17 LRC 21-1-19
1-2-19 March	47	1/0	51	70	12	00	63 70		44713	13-3-19					44	87														7	0		2/0 S 2/37 16/3/19 D063-2
					35																												W.S.G.
			Other Credits		W.S.G.		S.A.		Total						War Service Gratuity										Other Charges		W.S.G.		S.A.		Total		Soldier		Dep'ts
					280	00	280	00																		40	00			40	00	210	00		
19-4-19																										70	00			70	00	140	00		
19-5-19																										70				70		70			
19-6-19																										70				70					

280 -

DD# 233273 2 305219 3 510626 4

Gmid

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

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	