Duplicate

931159

card 7,14
20.10.16.

No. 2 Construction Batt'n. C. E. F.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Johnston William
1a. What are your Christian names? ..... William
1b. What is your present address? ..... 131 Gottingen St Halifax NS
2. In what Town, Township or Parish, and in what Country were you born? ..... Halifax Nova Scotia
3. What is the name of your next-of kin? ..... Mable Johnston
4. What is the address of your next-of-kin? ..... 131 Gottingen St Halifax NS
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 23 Oct 1887
6. What is your Trade or Calling? ..... Clerk
7. Are you married? ..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm. 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.

Wm. Johnston (Signature of Recruit)

Date August 8 = 1916. Robt A Buchk Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm 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.

Wm Johnston (Signature of Recruit)

Date August 8 = 1916. Robt A Buchk Sergt (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 Halifax NS this 8 day of Aug 1916.

W. Wallace Mythe (Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N.S.

M. S. W. H.
600M.—2-16.
H. Q. 1772-50-561.

2

17

Description of William Johnston on Enlistment.

Apparent Age 21 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6½ ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 3.6 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist ~~or Congregationalist~~ J.C.
- 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).

scar on nose
scar on left thumb
scar on left leg

Weight 138 lbs

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 August 8th 1916. J. M. Murdoch.

Place Halifax N.S. Capt a.m.c.
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.

Wm 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.

C. W. Reis Capt (Signature of Officer)

OCT 14 1916

Date 191 .

REGIMENTAL DOCUMENTS

NAME Johnston William Rufus (Pte.) REGT. NO. 931159 UNIT 2 Constn. Bn. 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
1	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)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL ~~HISTORY SHEET~~ Certy (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				10048	Demob'n.
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	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)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					5–1
1	A.F.W. 3997					19–1
1	M.F.W. 192					32–1
1	D.M.S. 1375					
1	M.F.W. 67					1
1	P149					

406825

W. 2589
100M-11-18
1778-39-1377

Number 931159 Rank ~~Pte~~

Surname JOHNSTON

Christian Name William Rufus

Units ~~N.S.R.~~ C.O.R.C. and D.O.S. Theatre of War ~~France~~

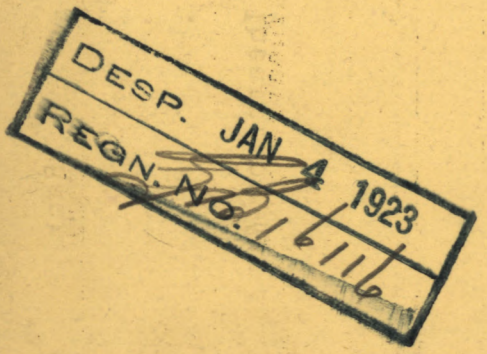
Date of Service 7-4-17.

Remarks

Latest Address 2 Gerrish Lane.
Halifax. N.S.

Roll No. B Cage 12885

200m-2-21.M.


DESP. JAN 4 1923
REGN. NO. 1611

No. 931159 RANK Pte. NAME Johnson William R.

T. O. S. 8-8-16 UNIT No 6 Construction Battalion

D.O. 1422-8-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 8	Aug 31	✓		
Sept		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917	Jany 1917	✓		
Feb.		✓		
Mar		✓		

Form R. 149. WILLIAM

Name JOHNSTON Rank Pte Reg. No. 931159

Unit 2nd Cb Co

Next of Kin CANADA

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-9	C.F.C.H. La Joue		V.D.	A 327.		4279/11
3-11-18	Discharged	20 & 42		A. 371	J2	5325.4

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

64 CARD NO. 6

SURNAME. Johnston

CHRISTIAN NAMES William

REGL. No. 931159 RANK Pte.

UNIT ~~No. 2 Construction~~ 6 DD. ~~Bn.~~

FORMER CORPS Nil.

SS S Dis 12-2-19
Demob FOLL.
auth DO 42-11-2-19
#6 DD

NEXT OF KIN.

NAMES IN FULL Johnston, Mrs. Mabel

RELATIONSHIP TO SOLDIER Wife

ADDRESS 131 Gottingen St., Halifax, N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Halifax, N.S. DATE Oct. 23th 1887

PLACE OF ATTESTATION Halifax, N.S. DATE Aug. 8th 1916

9/6 25-1-19 256/68 Pte

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED yes, SINGLE WIDOWER

TRADE OR CALLING Clerk. RELIGION Baptist

DESCRIPTION.

APPARENT AGE 29 YEARS 10 MONTHS

HEIGHT 5 FEET 6 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Scar on nose. Scar on left thumb. Scar on left leg.

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE Aug. 8th 1916

Present Address:- 131 Gottingen St., Halifax, N.S.

NAME Johnston, William REGT. No. 931159

RANK AND UNIT Pte. N. S. Regt.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

DIL

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1327	Can For. Corps, La Joux, Jura	20-9-18	V. D.
1371	Discharged	3-11-18	20 + 42

*Name Johnston H. R. Rank Pte Regtl. No 931159

Fyle Depot J-210

Original unit 2 Can Bn Present unit 6 D.D. M. or S. Age 32 Religion Bap Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mrs. M. Johnston, wife

Address on leave 2 Gerrish Lane Halifax N.S.

Address on discharge Halifax, N.S. 2 Gerrish Lane

Transportation issued Yes No Date Character on discharge

Previous occupation Clerk Date and place of enlistment Halifax 8 Aug 16

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T.O.S. 6 D.D. Postet Cosy 22-1-19	DO 29
12-2-19	Discharged Halifax	DO 42

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
JOHNSTON.	W.	931159.
Rank	Unit	
Pte.	N.S. 2Con.	

Cas. List.	
24-9-18.A327.	C.F.C.Hospt.La Joux Jura.20-9-18.
	V.D. G.+V.D.S.E.
15.11-18 @371 (1)	Dis - 3.11-18.

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

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

Cas. List.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 6

NAME OF SOLDIER (Block Letters) JOHNSON W R.

REGIMENT No 2 Constr Bn RANK Pte No. 931159

Date of Examination in England 31/12/18 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 16, 9,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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 No.
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer J. H. Somerville Capt

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931159 Rank Pte. C. E. F. Name Johnston W. R.

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

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) .....

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				
12.1.19	O'seas. T/O/S.	No. 6 W.D. Hlfx. Cory. Co.		22.1.19	Do 29.

A. M. Ferguson Lieut
ASST. ADJT. No. 6 DISTRICT DEPOT

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

~~Unit, Regiment or Corps~~ No 2 Construction Batt C. E. F.

Regimental No. 931159 Rank pte Name William Johnston

C. E. F.

Enlisted (a) 8-8-16 Terms of Service (a) period of War 46 months Service reckons from (a) 8-8-16

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)

CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON.

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.
17/5/17	O.C. 2nd Constn Battn.	Embarked from Canada	Halifax N.S.	15/3/17	
		Disembarked England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	Pte. D.O. # H B Macleay Adjutant, No. 2 Construction Battn, C.E.F. Capt.
21/5/17	OC	Landed fn France 17-5-17 N.R. Forfeits 5 days pay for Making away with Iron Rations	Fld	21/5/17	B 269 Pig. 25/7/17
4-6-18	OC	Still with Unit	Fld	4-6-18	NR & G. 1784
6-7-18	do	Granted 14 days leave lk	5-7-18 to 19-7-18		B 213 HQ 41 of July 1918
27-7-18	do	Rejoined from leave	Field	21-7-18	B 213

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20.9.18	Jura Hosp	VDG. Admitted	—	20.9.18	W 5238
21.9.18	ve	VDG To Hospital		20.9.18	B213
3-11-18	Jura Hosp	VDG & V.D.S. Discharged		3-11-18	W 1002
9-11-18	ve	Repair from Hospital	Field	3-11-18	B213
9-11-18	do	Forfeits Field allowance is placed under stoppage of pay at 50¢ per diem from 20-9-1918 to 3-11-1918 (45 days)			B213 pt II 66 of Nov 1918
11-12-18.	AAG	Trans. to Eng. and posted to N.S. Reg. Depot. Bramshott		14-12-18	KR 344
14.12.18	N.S.R.D	S.O.S. attached to 2 C.C.D for Ors & Rations	B'shott	14.12.18	D.O. 305.
	NSRD	On Command To C.D.D. Kinmel Pk Rhyl	BRAMSHOTT		Part II D.O.
		Embarked for Canada		12/1/19	

C A Hewett
Lieut for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B.E.F.

C.A. Knight LIEUT,
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931159 (Rank) Private

Name (in full) William Rufus Johnston enlisted in

the 2nd Construction Battalion 4th

CANADIAN EXPEDITIONARY FORCE at Halifax on the

day of August 1916

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 31 yrs 3 mos

Height 5 ft 6 1/2 in

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Nil

W. R. Johnston
Signature of Soldier

C. W. MacAlmon CAPTAIN.
Issuing Officer
O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT.
Rank
Appointment

Date of Discharge Feb. 12th 1919.

Signed at Halifax N.S. this 11th day of February 1919

in Military District No. 6

File Reference No.

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
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.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. file.

P.A.

OTTAWA 4, ONTARIO.
Date FEBRUARY 17, 1966.

Attention of

NAME JOHNSTON William R.

SERVICE NUMBER 931159 W.W. 1 C.P.C. No. W.V.A. No. 18081

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. HALIFAX, N.S. FEBRUARY 14, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death FEBRUARY 13, 1966.
Cause of Death
Place of Death CAMP HILL HOSPTTAL, HALIFAX, N.S.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

Destroy form if advice of death already received.

C.C. Richards
for
Chief, Central Registry

DVA 24

Copy for H.O. file.

Form R 122.
2353—100M—9-12-16.

J.P. Rank Name JOHNSTON, William Reg'l No. 931159.

Unit No2. Const Bn. If in perm. Corps What Unit? Married or Single Married.

Place and Date of Enlistment Halifax. 8th Aug.1916. Place of Birth Halifax. N.S.

Name and Address, Next-of-Kin Mrs. ~~Mable~~ MARBLE Johnston.

5 GERRISH Lane. Halifax. N.S. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6679
File R.L.
Category OR CAN

H. W. V., Ld.—9546-16.

A.F.B. 103 CHECKED 29 MAY 1917

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 ss "Southland"		7-4-17	A.W.W.W.
14.6.17	2nd CCBO.	Arrived in France	Field	17.5.17	Pt. No 115
16.12.18	NSRD	TOS from 2nd CCC	phi Bishoth	14.12.18	DO305 & 71 @ 19.12.18 2nd CCC.
25.1.19	N.S.R.D.	S.O.S. to C.E.F. Canada	" Ripon	12.1.19—18.	

931159 Johnston W.

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.				

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Mable Johnson. (Assignee)

Name of Soldier Johnson, Wm. R.

931/59 - Pte - 2 Constr'n Btn.

$15.00

L. L. Job 5470—Req. 6888.

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4908	15	
May		R 9128	15	15 W.
June		M 17812	15	D
July		R 22622	15	C
Aug.		C 30402	15	Cu
Sept.		Q 36575	15	D.
Oct.		C 42782	15	
Nov.		X 48280	15	
Dec.		J 59589	15	135 -
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

120

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.				

L-L.Job 5470—M. & D. 6888

Wife

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs Mable Johnson,

Address 25 Gerrish Lane,
Halifax,
N.S.

Rate $15.00

By Whom Assigned Johnston, Wm R

Regtl. No. 931159

Rank Pte

Corps No 2 Constrn Btn.

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 4 ACCOUNT

8-8-16.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Mrs. M. Johnston. Wife

Name of Soldier. Johnston. Wm. Pte.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		V 18130	35	35
Oct.		Y. 19408	20	20
Nov.		D 22110	20	20
Dec.		D 26064	20	20
Jan.	1917	J 28765	20	20
Feb.		J 32000	20	20
March		J 35205	20	20
April		L 1[illegible]5	20	20
May		K 4716	20	20
June		M 8165	20	20
July		K 11222	20	20
Aug.		W. 14316	20	Bo
Sept.		V 17494	20	X
Oct.		E 21292	20	[illegible]
Nov.		K 23894	20	B
Dec.		O 26431	20	335-
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

8-8-16.

E. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE Johnson.

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name Mrs. Mable Johnston.

Address 131 Gottingen St,
Halifax, N.S.

Relation to Soldier wife, child or mother } Wife.

Name of Soldier Johnston. William

Regtl. No. 931159.

Rank Pte.

Corps No. 2. Cons. Bn. C.E.F.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

ORIGINAL 931159

MEDICAL HISTORY SHEET

Surname Johnston Christian Name William

Examined on 17 day of Aug 1916 at Pictou N.S.

Birthplace City or Town Halifax County Halifax Co

Apparent age 29 years

Trade or occupation Clerk

Height 5 feet 6 1/2 Inches

Weight 138 lbs.

Chest measurement Minimum 34 inches Maximum expansion 3 inches

Physical development Good

Small-pox Marks none

Vaccination Marks Arm ~~Right~~ Left Number three

When Vaccinated last 1901

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by D J Murray

Rank L T A M C M.O.

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

Date	Result	Vaccinations
10/3/17		Dan Murray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
28/10/16	L.S.R.	H V Kent Major Amb M.O.
11/11/16	L.S.R.	H V Kent Major Amb M.O.
2/12/16	L.S.R.	H V Kent Major Amb M.O.

Enlisted on 8 day of August 1916 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment No. 2 CONSTRUCTION, B.M. C.E.F.		931159		8/8/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

MEDICAL HISTORY SHEET

Surname Johnston Christian Name William

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

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 Medical 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 Johnston Surname William R.

Unit or Corps 17th Reserve. (If a soldier) Regtl. No. 931159

Born at Halifax Nova Scotia on, date Oct. twenty third 1884

Signature (for identification) W. R. Johnston.

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

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

Weight 163 lbs.

Height 5 ft. 7 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?** nil

4. **RESPIRATORY SYSTEM.** nil

5. **HEART?**

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 64 Intermittence or irregularity? nil

6. **ARTERIES.**—Any hardening? nil

7. **DIGESTIVE SYSTEM?** nil

8. **GENITO-URINARY SYSTEM?** nil

Urinalysis—S.G.? 1020 Reaction? ac Albumen? nil Sugar? nil

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. nil

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kinmel Park Signed W. Stephens Capt. M.O.

Date 2 — 1 — 19 Signed W. Graves Lyon Capt. 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. 93159 Rank Pte Surname Johnston
(Given name in full) William R.

Unit or Corps W.D. #6 Birthplace Halifax N.S.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 138 lbs. Height 5 ft. 6½ in. Colour of Eyes dark brown

Nutrition Good

Pulse 71

Condition of arteries Good

Vision Rt. Good Left Good

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

nil

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.

2 Garrison Lane Halifax, N.S.

(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 Halifax (Canada)

Date 10-2-19 Signed D A McAulay 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 W. R. Johnston

(If not satisfied, M.F.B. 227 will be completed by a 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.

To be made out in duplicate. 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 No. 2 Construction Batt'n. C. E. F.

(2) Regimental Number 931159

(3) Full Name of Soldier William Rufus Johnston

(4) Place of Birth Halifax N. S.

(5) Are you married, or not? Married

(6) If married, state,
(a) Full name of your wife Mrs Mabel Johnston
~~131 Gottingen St~~ ~~5 Lemon Lane~~ Halifax N.S.
(b) Present Postal Address 131 Gottingen St
Halifax N.S.

(7) Are you a widower? —

(8) Have you any children? 1 girl 3 boys

If so, give number of boys and girls

Also their names and ages Margaret Johnston 4 years
John Henry Johnston 3 years
~~Jas~~ James Robertson Johnston 1 year
William 6 mos

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address No

(10) Is your Mother alive? (yes) Mrs Elizabeth Ann David

If so, state name and address No 1 Garrish Lane Halifax N. S.

(11) If your Mother is a widow "

Are you her sole support, or not? —

(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.

Yes

(15) Are you insured? —

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.

C. W. Reis Capt

Officer Commanding.

No. 2 Construction Bat'n, C. E. F.

Date Oct. 25th 1916

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Hal.

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

MARK YOUR REPLY:

Attention: Reference Section

For attention of:

Re: JOHNSTON William Rufus (Surname) (Christian Names) Service No. 931159

Veteran is stated to have served during S. African War ( ) World War 1 (✓)

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) #2 Const. Bn — 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 – (If Canada only, state if with territorial limitations).
Canada – Britain – France

Date(s) embarked for U.K. _____

IF CANADA AND U.K. ONLY

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

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

PUBLIC ARCHIVES RECORDS CENTRE
JAN 17 1967
OTTAWA, ONT., CANADA

3. Any other military service Nil

4. Date and place of all enlistments 8 August 1916 – Halifax, NS

5. Date of all discharges and reason 12 February 1919 – demob.

6. Date and place of birth as per attestation paper 23 October 1887 – Halifax, NS

7. Marital status; If married, name in full of wife Married – Mable Johnston.

8. Religion Baptist

Decorations, if any Nil
WVA 18.

Head, Accessions and Reference Section

P. 559

Married or Single: M.

Place of Birth: Halifax N. S.

Name and Address of Next of Kin: Mrs. Mable Johnston. 5 Gerrish Lane Halifax N. S.

Relationship of Next of Kin: Wife.

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. 931159 Rank — Name: Johnston William

If in Permt. Corps / What Unit — Unit: 2nd Cons. Bn. — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Halifax — Transferred to — Date — Authority

Date of Attestation: 8th Aug. 1916 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 — Date Effective 1-4-17

Payable to: Mrs. Mable Johnson. 5 Gerrish Lane Halifax NS — Relationship: wife

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (date) — Effective — Reason

Discharge Date and Place — Reason and Authority

Account Transferred to Non-Effective Branch (date)

Account Transferred to Officers' Pay Branch (date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount Sep. 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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay A S	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
													5 10	5 10																5 10				Bal from Canada
Apr 1/30	30	1.10	33	00										33 00													15	5 50	20 50	17 60			17 60	5 days F.P. No 2. 25.4.17. D.O. 98. 25.4.17.
May 1.31	31	"	34	10										34 10	29 1/5 1	19/4							9 74 4 86				15		29 60	22 10			22 10	
June 1.30	30	"	33	00										33 00	82	14/5							4 87				15		19 87	35 23			35 23	
July 1.31	31	"	34	10										34 10													15	5 50	20 50	48 83			48 83	forfeits 5 ds pay 21.5.17 D.O. 120. 26.7.17.
Aug "	"	"	34	10										34 10											3 57		15		18 57	64 36			64 36	
Sep 1.30	30	"	33	—										33											3 57 3 57 3 57 3 57		15		29 27	68 09				
			201	30									5 10	206 40									19 47		17 84		90	11	138 31	68 09				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Cr. 3	Dr. 4	Balance	Deferred Allowance Pay Eng.
Sep	Bal	~~68 09~~ 86							68 09 86	
Oct	PP	34 10		A.R. 624. 11/17 9/17. 2 Con Pen att C. for Corp	3 57			15		
				" 575. 27/17 8/17 " " " "	3 57					
				" 464. 13/17 8/17 " " " "	3 57				76 48	
		34 10			10 71			15		

Pte 931159 Johnston W

15 00

Month	Particulars	Cr. 1	Cr. 2	Particulars	Cr. 1	Dr. 2	Dr. 3 / Dr. 4	Balance
Oct Bal								76 48
Nov	P.P.	33 -					15	
				AR 824 28 9/17 C.F.C.	3 57			
				" 848 12 10/17 —	3 57			
				" 970 25 10/17 —	3 57			
DEC	— —	34 10		" 1088 10 11/17 —	3 57		15.	99 30
		67 10			14 28		30	
JAN 1918	P.P.	34 10					15.	
				" 1257 23 11/17 2 Consb Bn	12 49			
				" 1431 21 12/17 — —	7 14			98 77
		34 10	— —		19 63	— —	15	
FEB	—	30 80		Assigned Pay			15	
				" 1583 24 1/19 C.F.C.	3 57			
				" 1597 4/1/18 Jura —	3 57			107 43
		30 80			7 14		15	
MAR 1918	"	34 10		Assay			15	
				AR 2012 14 2/18 CFC Jura	7 14			
				" 2370 18 3/18 —	7 14			112 45
		34 10			14 28		15	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	15 00	AMOUNT:-	

NAME:- JOHNSTON William

NUMBER:- 931159

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 Mabel Johnson wife
5 Gerrish Lane Halifax NS.

Ston 1.1.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

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

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
9/12	6622	6 F.C.	~~44 66~~				
18/12	3519	A.A.D.G	~~97 3~~ 42 7				

Leave 44.69

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Desk Can 1/1/19 Leave Kal 30.20 AR 161 17/12 AAK

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal fwd								117 25		
apl	P. Pay	33 -		C. A. P.				15 -			
				AR 5 3/4 C.F.C Imra	3 57						
				" 268 22/4 — " —	3 57				123 11		
		33 .			7 14			15 -			
May	P. Pay	34 10		C A P				15 -			
				AR 40 9 3/5. CFC Imra	3 57						
				" 423 23/5 — " —	3 57				135 07		
		34 10			7 14			15 .			
Jun	P.P.	33 <		C A P				15 -			
				AR 710 7/6. CFC 5	3 57						
				" 873 27/6 "	3 57				146 93		
		33			7 14			15			
July	P P	34 10		Can A P				15			
				AR 575 3/7/18. CFC. Imo 5	97 33						
				CF 15434 1 IN 12/7/18	43 80						
				AR 950 10/7 CF C 5	7 14						
				" 1100 25/7 "	3 57				13 19		
		34 10			151 8 14			15			
Aug	P P	34 10		Can A P				15			
				AR 1257 10/8 CFC 5.	3 57						
				AR 1472. 25/8. CF C 5	3 57				25 15		
		34 10			7 14			15			
Sep	P P	33		Can A P				15			
				AR 1694 5/9 CF C 5	3 57						
				AR 1878. 24/9 "	3 57				3601		as agreed
		33			7 14			15			

NUMBER 9911 59. RANK Pte NAME Johnson W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward.				X	36 01		
Oct	Pay	34 6		Bal.				15			
				73 w 26/10 1765.	3 73				51 38		
		34 6			5 13			15			
Nov	Pt Nov-Dec	6 10		CAP Nov-Dec				30	88 48		
				AR2687 11/11 6565	373						
				AR2908 26/11 H.S. from 20/9 to 3/11/18 45 days 10066 2nd Con Co 23/11/18	1306	2700			44 69		
				66 w 10/12 6/BD.	466						
				3579 18/12 ORDY	973				30 30		
		6 10			31 18	29		30			
				AR105 10/1 Hammd 2066	973				2057		
					973						
				S.O.S. to Can 12/1/19 MSRR. 10018 25/1/19							

William Rufus JOHNSTON

931159

Canadian Expeditionary Force

Octbber 23, 1887 Halifax, N.S.

August 8, 1916 Halifax, N.S.

Canada, Britain and France.

February 12, 1919 Halifax, N.S.

Honourable

Private

British War Medal and Victory Medal

Nil

October 5, 1978

Rolland
Extra Strong
HAGEONTENT

William Rufus JOHNSTON

931159

Canadian Expeditionary Force

Octbber 23, 1887 Halifax, N.S.

August 8, 1916 Halifax, N.S.

Canada, Britain and France.

February 12, 1919 Halifax, N.S.

Honourable

Private

British War Medal and Victory Medal

Nil

October 5, 1978

LAD
16-3-19.

This space to be for numbers

Proceedings on Discharge.

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

No. 93159

Rank Private

Surname Johnston,

Christian Name William Rufus

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

Corps (Squadron, Battery or Company) No 2. Coast Batln

Date of Discharge February 12th 1919.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 31 years 3 months.	Descriptive Marks
Height 5 feet 6½ inches.	Nil
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Clerk	
Intended place of residence (To be given as fully as practicable.) 2 Leonard Lane Halifax NS	

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

Demobilization

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

noted Ondey
BW 18/3/19

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) Halifax N.S. W.R. Johnston (*Signature of Soldier.*)

(Date) February 11th 1919 H. Wren (*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) Halifax N.S.

(Date) 12.2.19

(*Signature*) [signature] LIEUT, COL. No. 6 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.)

Nil

W. R. Johnston

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 93115-9 Rank Pte Name Johnson W R

Corps 2nd Con Bn who was* Discharged

On 12-2-19 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...

to 12-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month TPC	34	30	Balance Cr. from prev. month	11	15
Advances by Cheques No. B.70 AR	10	—	Regt'l. Pay 43 days at $ 1 c.	43	—
No. 1375-6	70	—	Field Allow. 43 days at $ c. 10	4	30
Assigned Pay and Sep'n Allce. No. 13755	30	—	Separation Allowances* (Monthly) Feb	30	—
Other charges Reg Fund		05	Other Allowances* Clothing	35	—
Payment on transfer or discharge No. 13754	49	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	—
Total	193	45	Total	193	45

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ..... (‡) been paid on account of Assigned

Pay for the month of January 1919
and Sep'n Allce. for month of February 1919

(to) Assignee Mrs Mable Johnson

(Address) 2 Gerrish Lane
Halifax NS

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ ..... has been paid by Paymaster, Military District No. Made by WPP

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Demob authority 20.42

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 17-2-19

Place Halifax NS

[signature]
Paymaster No. 6 District Depot
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

Taken on Strength 12-1-19 B.O. 29

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 9311 N.S. RANK P/O NAME (IN FULL) Johnston W R (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

ASSIGNED PAY & SEPARATION ALLOWANCE

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

AP 15.00 pd. to 31-1-19

TO WHOM PAID — RELATIONSHIP

Mrs. Mable Johnston Wife

ADDRESS

2 Gerrish Lane
Halifax
NS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1/10	

ORIGINAL UNIT C.E.F. 2nd Con Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

27

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax, N.S. — DATE 12-2-19 — REASON Demob. — AUTHORITY DO 42 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
Jan					11	20			11	20																05				05			11	15		Feb 11 29
1-1-19					11	15					B/70	8/2/19					10																			Cr. Jan
Feb 12-2-19	43	110	47	30	35	00			123	45																	49	10	30	00	05	34	30	123	45		Dr. LRC
					30	00																													
																	137 16															40		40		
																	70																		
	153		350		150				500								War Gratuity																		
																	March 1/19 Gratuity 28						70						70						Cld a.c.
																	March 17/19 Gratuity 82						14						16						
																	April 12/19 15M634						20												
																	April 15/19 15M638						30									14		60	
																							10												
																							30									7		30	15M827 8/5/19
																							10												
																							30								500	Nil		Nil	24.49 1/5 7/6/19
			350		150				500														414						86		500				

Payments Cancelled

H. A. Albrecht Lt

30M-11-18.—L.L. 50877-M. & D. 9553.

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.	

Date of Enlistment 8-8-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch J

OVERSEAS CONTINGENTS

Date of Assignment 3103 Apr. 1917

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 1/12/17	30 1/9/18	

PC 3257 Pb 27536 Mo 26266

RATE OF ASSIGNMENT

15			

5 L 8 J 9 EAJ

PARTICULARS OF SEPARATION ALLOWANCE

No. 931159

Rank Pte. Promoted Reverted Discharge

Soldier's Name Wm. R. Johnston

Battalion No. 2 Constrn Bn.

Beneficiary Mrs. Mable Johnston

Relationship Wife M.J.W. 2554

Address ~~134 Gottingen St.~~ Ret'd OK 22 1/19 Halifax N.S.

PARTICULARS OF ASSIGNMENT (wife)

Name Mrs. Mable Johnston

Address 2 Gerrish Lane

~~Change of Address~~ Halifax N.S.

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	1917 Dec. 31	—	335	135	470		09599-W-299.
1918	Jan	C 72493	30	15	45	D	Sh. shows soldiers name as Wm Johnson
	Feb	A 69694	25	15	40		
	Mar	I 100501	25	15	40		
	Apl	J 14915	25	15	40		
	May	F 11788	25	15	40		
	June	C 20764	25	15	40		
	July	R 30508	25	15	40		
	Aug	H 35740	25	15	40		
	Sept	C 44938	25	15	40	C	
	Oct	N 49197	25	15	40		
	Nov	E 53834	25	15	40		
	Dec	F 67822	45	15	60		
1919	Jan	K 69888	30	15	45		
			690	330	1020		

We Closed 31/1/19 M.O. 61717 A.

Ret'd per Empress of Britain

Date 22/1/19 M.F.W. 187 29/1/19 M.D. #6.

Clerk M. Venturo

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A C... HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7993.