

Certified true copy

ATTESTATION PAPER.

No. 3039628

1st Depot Bn 1st C.O.R.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Kitchen.
- 1a. What are your Christian names?..... James Alexander.
- 1b. What is your present address?..... 2217 Gratiot Ave., Detroit Mich
- 2. In what Town, Township or Parish, and in what Country were you born?..... Deseronto, Ont., Canada.
- 3. What is the name of your next-of kin?..... Sidney Kitchen.
- 4. What is the address of your next-of-kin?..... Deseronto, Ont., Canada.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... June 25th, 1898.
- 6. What is your Trade or Calling?..... Printer.
- 7. Are you married?..... Single.
- 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.
 Naval, or
- 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?..... Yes.
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Alexander Kitchen, 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.

James Alexander Kitchen (Signature of Recruit)

Date June 3rd 1918 191 . D. Tauton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Alexander Kitchen, 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.

James Alexander Kitchen (Signature of Recruit)

Date June 3rd 1918 191 . D. Tauton (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 Detroit Mich this 3rd day of June 191 8

E. B. Baxter Capt. (Signature of Justice)

18
98
20

Description of James Alexander Kitchen on Enlistment.

Apparent Age 20 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement. { Girth when fully expanded..... 35½ ins.
 Range of expansion..... 3½ ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... R.C.
 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 from boil size of bean middle of back

Hearing Normal Nose deflected septum throat Normal Each eye D. 20

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye ; his heart and lungs are healthy ; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date..... May 25th 1918 191 Date M. King.

Place..... Detroit Mich USA
 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.

James Alexander Kitchen.

.....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.

Major (Signature of Officer)

for O. C. 1st Depot Bn., 1st C. O. R.

Date..... JUN 4 - 1918 191 .

REGIMENTAL DOCUMENTS

15-4-19

NAME *Kitchen James Alex*

REGT. NO. *3039628* UNIT *703 Dist. Dpt.* H. Q. FILE NO.

3

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category *Demob.*

DESERTION

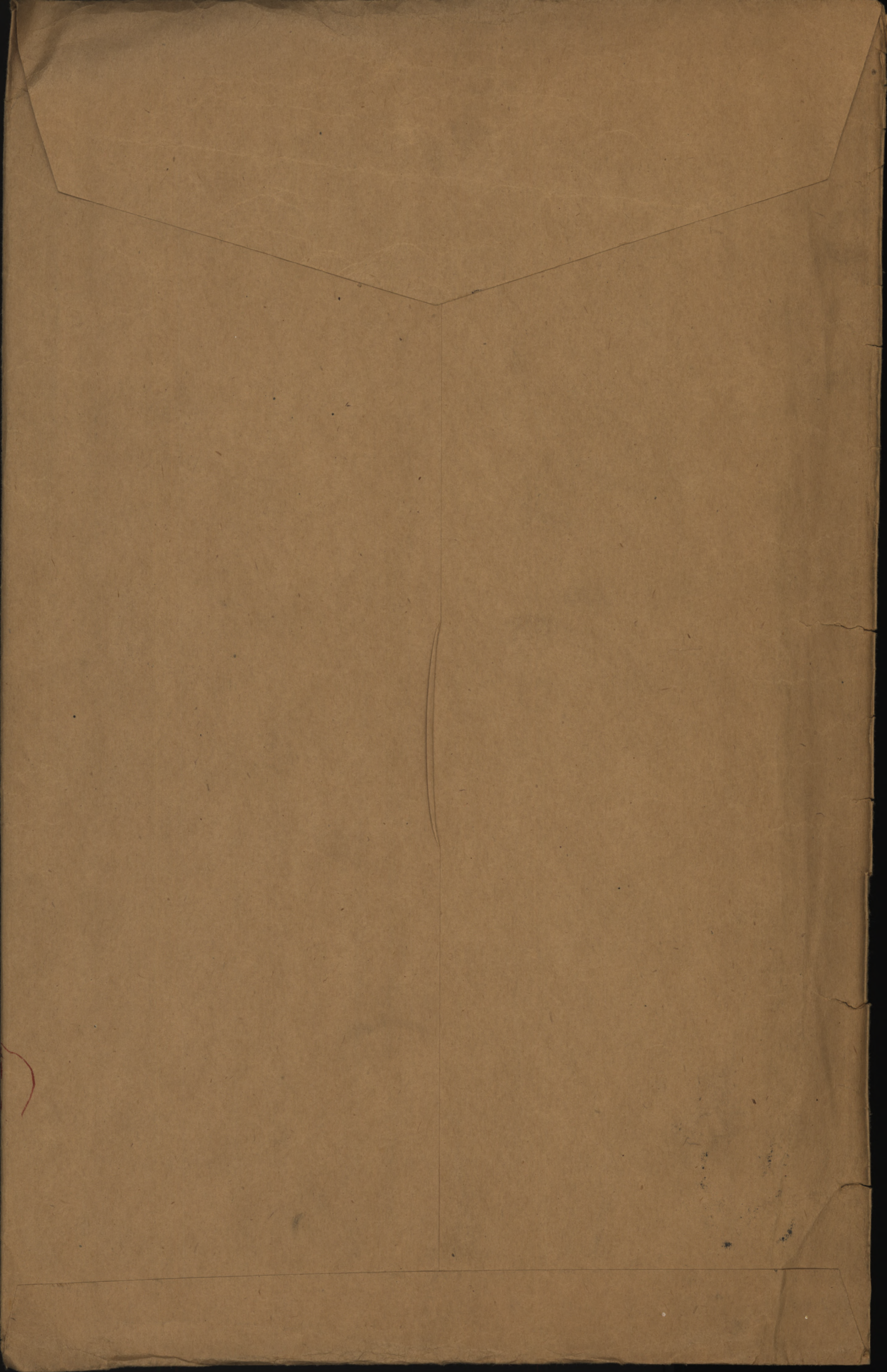
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11435

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4-30
24-30
30 31
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II

- TESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- C.A.D.C. 5009a*
- Misc.*
- pass card*
- R149*



19bn
7mm

19bn
7mm

Number 3039628 Rank pte

Surname KITCHEN

Christian Name James Alexander

Units 19bn C. Inf Theatre of War France

Date of Service 29-10-18

Remarks Lorne & Dundas
Trenton, Ont.

Latest Address Can.

~~Toronto~~

Roll No. Ont

200m-2-21.M. B. Page 17238.

012

DEPT. JCT 2 1922
REGN. NO. 46977

NAME

Kitchen J.

A.

REGT. No.

3039628

RANK AND UNIT

Pte.

19/Bn.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 412³
A 412³

born of Charles
6 " " "

21-12-18
~~23-12-18~~

Scabies
" Disch

442940

REG. NO. 3039628 NAME Kitchen J
(SURNAME FIRST)

RANK Pte CORPS 111 Co. R. 46

AGE 19 SERVICE 6 1/2

NAME OF HOSPITAL Base PLACE Toronto

DATE OF ADMISSION 11-6-18

DISEASE Stricture N.A.S.

DISCHARGE 28-8-18

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

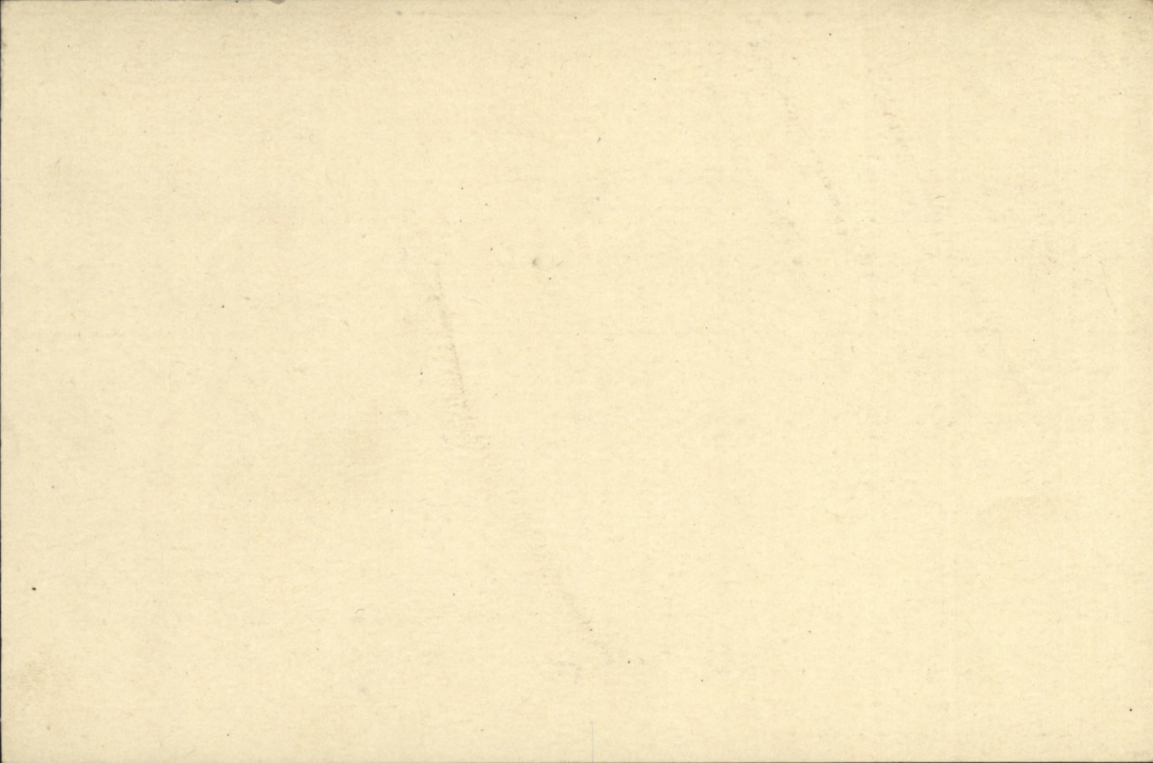
Lined writing area with multiple horizontal lines.

Surname *Kitchen*
Christian names *James Alexander*
Regtl. No. *2039628* Rank *Pte*
Unit *1st Gen. Ont. Regt., 1st Wps Bn (784 RD)*

H. Q. *V*
M. D. No. *23*
T. O. S. *June 4th* 19 *18*
D. O. Pt. II *156* of *5/6/18*
S. O. S. *Dis 17-3-* 19 *19*
Reason *Desert*
Auth. *80 77 18-3-19 3 DD*

Next of kin *Kitchen Sidney* Relationship *Father*
Address *Deseronto, Ont.*
Also notify:

BORN—Place *Canada Deseronto, Ont* Date *June 25th 1895*
ATTESTED—Place *Detroit, Mich* Date *June 3rd 1915*
O/S *20-7-18 1532*
R/C *25-2-19 270 Pte*
16
91



Surname
KITCHEN

Christian Name or Names
J.A.

Reg. No.
3039628

Rank
pte.

Unit
100 19.

Cas. List.

6 CD Etaples 21-12-18.

4-1-19A412-3

Scabies

Dis. 23-12-18.

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.

*Name KITCHEN Jas. Alex Rank Pte Regtl. No. 3039628
 Original unit 1st. Dep. Co. Present unit M or S. Age 31 Religion R. C. Fyle Depot. 3-K-240
 Port, ship, and date of arrival Empress of Britain Halifax 25-2-19
 Next of kin 7) Sidney Kitchen Meseronte Ont
 Address on leave do.

Address on discharge.....
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation Printer Date and place of enlistment 3-6-18 Detroit Mich.
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
5-3-19.	T.O.S. Casualty Company No. 3 District Depot. <u>64.</u> <u>Dismissed</u>	
	for Disposal, Part Two D.O. <u>Eff 28-2-19</u>	
	<u>Leave + Sub 1-3-19 to 14-3-19</u>	
	<u>S.O.S. 3110 Discharged P.O. 1420 Kingston</u>	<u>Pt. 2. Order 71</u>

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

MILITARY SERVICE ACT, 1917.

50

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Kitchen Christian name James Alex
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) 2217 Gratiot Ave., Detroit, Michigan.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25 day of May 1918 by the undersigned medical board sitting at Detroit Mich

5. Age as stated 20 Years 0 Months. 6. Apparent age 0 Years 0 Months

7. Height 5 Feet 9 Inches. 8. Weight 132 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 35 1/2 Ins. 10. Complexion Medium { Eyes brown Hair brown

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

13. Number of vaccination marks { Right arm 1 nil Left arm 1 14. When vaccinated last 1911

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil
A. R. Testicle

16. Slight defects but not sufficient to cause rejection nil

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Each eye D. 20 Deflected septum Normal Hearing Normal Nose & throat Normal

Signature of Man

President. Member. One sitting Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 6/7/18, 2/7/18, 6/7/18, 10/7/18.

Joined 3rd day of June 1918 at Detroit, Michigan.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 1st Dept Bn 1st, 1st C.O.R., 3039628.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entries: Niagara. Camp, July 2 1918, A2, 20, 1. 2. 19, nil.

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page. Barnfield 13/3/19 nil

URINALYSIS REPORT
(for Board)

3rd Res.

299

REG. No. 3039628 Rank. Plt.
Name Kitchen, J.A. Unit 19th Bn.

Sp. Gravity 1024
Reaction acid
Albumen nil
Sugar nil
Microscopic

Witley

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C. Can. Gen. Laboratory



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) KITCHEN A. J.

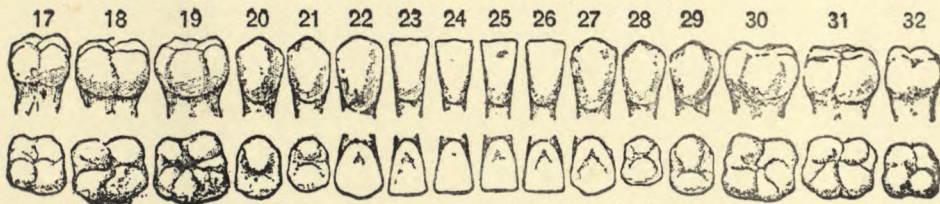
REGIMENT 3rd C.R.B. RANK PTE No. 3039628

Date of Examination in England 30-1-19. Date of Examination in France _____

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
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 [Signature]

... HINGE ...

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NEW YORK

APR 10 1918

OPERATOR

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2. Continuation of the previous page

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8. Continuation of the previous page

11 10 9 8 7 6 5 4 3 2 1
 12 11 10 9 8 7 6 5 4 3 2 1
 13 12 11 10 9 8 7 6 5 4 3 2 1
 14 13 12 11 10 9 8 7 6 5 4 3 2 1
 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

W. S. B. OF ASSAULT

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.


78th Draft
 Unit, Regiment or Corps. 1st Depot Bn. 1st C.O.R.
 Regimental No. 3039623 Rank Pte. Name KITCHEN, James Alexander
C. E. F.
 Enlisted (a) 3-6-18 Terms of Service (a) 2 y 6 m Service reckons from (a) 3rd June 1918.
 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) Printer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada. Arrived England.	<i>Montreal</i>	<i>19/7/18</i>	<i>H. M. J.</i>
			<i>London</i>	<i>8/8/18</i>	<i>Caribbean</i>
<i>20/8/18</i>	<i>Res. Bn. 18th</i>	<i>Go. S. from Canada</i>	<i>Witley</i>	<i>8/8/18</i>	<i>Pt II D.O. 232</i>
<i>29-10-18</i>	<i>G 3rd Res. Bn. C.E.F.</i>	<i>Transferred to</i>	<i>Witley</i>	<i>29-10-18</i>	<i>Pt II Bn O 302</i>
					<i>11. Col</i>
					<i>O.C. 3RD RESERVE BN C.E.F.</i>
<i>30 OCT 1918</i>	<i>C.I.B.D.</i>	<i>Arrived & T O S</i>	<i>19th Bn.</i>	<i>30 OCT 1918</i>	<i>Part II Ord. 119</i>
<i>1 NOV 1918</i>	<i>C.I.B.D.</i>	<i>Left for C.C. Rein. C.</i>		<i>1 NOV 1918</i>	<i>13 NOV 1918</i>
<i>1 NOV 1918</i>	<i>C.C. Rein. C.</i>	<i>Arrived. Can. Corps Rein. Camp.</i>		<i>1 NOV 1918</i>	

CERTIFIED CORRECT.
CAN. RECORDS, LONDON.

(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.]

Canadian Form - Active Service

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					
5 NOV 1918	Can. Corps Rein. Camp.	Left for Unit	Field	5 NOV 1918		
10 NOV 1918	9th Bn.	Arrived	Field	6-11-18	B213	
8-12-18	64 CCS	Scabies Adm 8 th /18 Trans	IAT	9-12-18	N194	
"	6 CPA	" " 8 th /18 "	64 CCS	8-12-18	N190	
14-12-18	4 Con CCS	" Adm 10 th /18 Trans	COS	12-12-18	N1726	
21/1/19	6 BND.	Transferred to England and posted to 1 st Can. Ont. Reg. Depot Witley		21/1/19	NR	
11-1-19	1 Cold	T.O.S. from Nurse 7 th and depot 60	Witley	9-1-19	9	
14-1-19	" "	S.O.S. to 3 rd Reserve	"	11-1-19	Lieut. of Records	
3 rd Res. Bn.	Struck off strength of 3 rd Can. Cos. Bn. to Military District No. 3, Kinmel Park Regt. DR. TAIN		Witley Camp	5-2-19	Part 11 Orders 36, 1-5-2-19.	
					Lt. Col., Commanding, 3 rd Can. Res. Bn.	

Chas B. Chapwell
 Lieut. for Lt.-Col., A. A. G.

Canadian Section, G. H. O. 3rd Echelon, B. E. F.

J. H. Pease
 Lieut. of Records

Part 11 Orders 36, 1-5-2-19.

EMERISS

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..... *Pt.* Name..... *James Alex* Surname..... *KITCHEN*
 Unit or Corps..... *1st C.O.R.D.* (If a soldier) Regtl. No. *3039628*
 Born at..... *Deseronto* on, date..... *June 25th 1898*
 Signature (for identification)..... *James Alexander Kitchen*

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

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

Weight..... *150* lbs.
 Height..... *5* ft. *9 1/4* ins.

Good

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

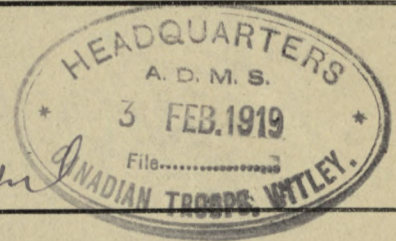
4. RESPIRATORY SYSTEM.

nil

5. HEART?

Abnormal Sounds? *nil*
 Abnormal Size? *nil*
 Pulse Rate? *78*

Intermittence or irregularity? *nil*



6. ARTERIES.—Any hardening?

nil

7. DIGESTIVE SYSTEM?

nil

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.?..... *1024* Reaction?..... *ac* Albumen?..... *nil* Sugar?..... *nil*

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

W.H.E.L./6
W.I.E./6

Shin leg.
Examined & Hearing Normal

W. Chalmer Capt. C.A.M.C.

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..... *Witley* { Signed..... *J.A. Hunsford Capt. M.O.*
 Date..... *1-2-19* { Signed..... *W. Chalmer 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

Officer in general service or a Soldier in for duty

State of New York

County of ...

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MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Severants
One

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. *3039628* Rank *Pvt* Surname *Kitchen*
(Give name in full)
James Alex
Unit or Corps *No 3 Codd* Birthplace *Severants*

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

1. GENERAL DESCRIPTION:

Physique *good* Weight *152* lbs. Height *5* ft. *9 1/2* in. Colour of Eyes *Brown*
Nutrition *good*
Pulse *76*
Condition of arteries *Normal*
Vision Rt. *20/20* Left *20/20*
Hearing (conversational voice) Rt. *5* ft. Left *5* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Small scar back of neck.

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 *yes* 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 *yes*

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.

Had Scabies in France, December 17/18. Cured.
Had V.A.C. in June 1918. Treated at base Hosp. Doreants
No discharge at present.
Feels better than on enlistment. No complaints.

APPROVED
[Signature]
Lieut. A. M. C.
For A. D. M. S. No. 3
13-3-19

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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. *Sarnia*.....(Canada)

Date *13/3/19* Signed *W. Scott*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 *J. Kitchener*.....

(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]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3039628 (Rank) Private

Name (in full) KITCHEN, James Alex. enlisted in

the 1st Depot Battalion, C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 3rd

day of June 1918

HE served in Canada, England and France.

and is now discharged from the service by reason of in accordance with R.O. 1420

Demobilization Authority 3DD-3-K-240 D/ 14-3-19

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

Age 20 yrs. 8 months. Marks or Scars

Height 5ft. 9 ins. Small scar Back of neck.

Complexion Medium

Eyes Brown

Hair Brown

James Alex. Kitchen
Signature of Soldier

R. P. Rapp
Issuing Officer
Lieut.
C. O. Charge Section
1st District Depot
Rank

Date of Discharge 17-3-19

Appointment

Signed at Kingston, Ont. this 17th day of March 19

in Military District No. 3

File Reference No. 3DD-3-K-240

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

Kitchen

Rank 78 h. Df 1 Unit 1ST BN 1ST C O R Name Kitchen, James Alexander Reg'l No. 3039628
 If in perm. Corps, What Unit? } Married or Single Single

Place and Date of Enlistment Detroit, Mich. U.S.A. 3rd June, 1918 Place of Birth Doronto, Ont. Can.

Name and Address, Next-of-Kin Lidney Kitchen
Doronto, Ont. Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No 19306
 File R.L.
 Category **CAN. O.R.**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

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.				
		<i>Taken on strength.</i>			8 8 18 S S CORSICAN.
20.8.15	2 Res		<i>Arrived in England 11.12.15</i> WITLEY	8.8.15	P 232
29.10.18	2 Res	SOS to 19 Bn Sp		29.10.18	P 302 (119 13.11.18 19 BN)
14-1-19	19 th Bn	Trans to Eng & pro. 100RD	Yield	2-1-19	-3 [9.11.19 100RD]
16-1-19	3 Res	SOS from 100RD	witly	11-1-19	P 11 (11 14 100RD)
5.2.19	-	SOS to 688 8 Rly	-	5.2.19	RD 36 (33.7/19)
22-2-19	MO 3	SOS to 688 Canada	-	17-2-19	RD 46

* Strike out whichever inapplicable.

N.R.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE:- 1-8-18 EFFECTIVE DATE:-

AMOUNT:- \$15.00 AMOUNT:-

NAME:- KITCHEN James Alexander
NUMBER:- 3039628

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 Annie Kitchen (mother)
Deseronto, Ont.
Stopped 1-2-19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Can	31-7-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft # 78, 1/1 C.O.R
DATE ACCOUNT FIRST OPENED:- 1-8-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
			3 rd Res

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
24.12.18	6393	C.B.D.	466				
10.1.19	14962	Witley	973				
	3525	3 Res	2190				
27.1.19	3968	"	1703				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1.00	10		

NR 470 Witley 31-1-19 Witley - mtd 3 Ledger Balance 71.68
Transferred to Canada 31.1.19 L.P.C. C. Balce 18.36

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-7-18	Bal from Canada.								45.60		
Aug	P. Pay	3410		AR Can				15			
				AR 3479 15/8	487						
				" 4772 19/8	487						
Sept	"	3410		AR Can	974			15	54.96		
		33		AR 1817 12/9	487			15			
				" 1984 26/9	487				63.22		
Oct	"	33			974			15			
		3410		AR 2220 4/9	487						
				9 4005 70613 29.11	21						
				AR 2422 29/10	4867				28.54		
Nov	"	3410			5378			15			
		33		Cap				15			
				AR 272 21/11	373						
				- 943 26/11	933						
Dec	Jan	68.20			1306			30	71.68		
		1012			1306			45			
				6393 20/12 C.B.D.	466						
				14962 10/1 Jan Dat	973						
				3526 15/1 3 Res	2190						
				3983 - 29/11 - 3 Res	1703						
				1012 - 11/2 - Ninned	243						
				APB mtd	2575						
					5575				15.93		

Sgt. M. 18.24 17/19.

GP Smith
Morgan

FORWARDED BY
CHECKED BY

War Service Badge Class *A*
No. *90634* Issue *OFFICE*
MAR 20 1919

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



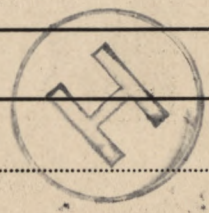
m.

1. No. *3039628*
2. Rank *Private*
3. Name *KITCHEN, James Alex.*
4. Unit *No. 3 District Depot.*
5. Date of Discharge *17-3-19* Place *Kingston, Ont.*

6. Reason for Discharge *Demobilization*

7. Authority *3DD-3-K-240 D/ 14-3-19 R.O. 1430*

8. Proposed Residence after Discharge *Deseronto, Ont.*



9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. ? *39*
James Alex Kitchen
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place *Kingston, Ont.*
Date *17-3-19*
Signature *P. C. Rappole* *Lieut*
for *Captain*
O. C. (O.C. Discharging Unit.)
No. 3 District Depot

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Domestic Use)

1. Name of Soldier: _____
2. Grade: _____
3. Branch: _____
4. Date of Discharge: _____
5. Reason for Discharge: _____
6. Authority: _____
7. Proposed Residence after Discharge: _____

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge Certificate

M. A. W. S. _____

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place & _____

Date _____

Signature _____

(U. S. Discharge Book)

CENTRAL DISINFECTANT DEPARTMENT

Medical Dept. No. 1

Medical Dept. No. 2

Medical Dept. No. 3

Medical Dept. No. 4

Medical Dept. No. 5

Medical Dept. No. 6

Medical Dept. No. 7

Medical Dept. No. 8

Medical Dept. No. 9

Medical Dept. No. 10

Medical Dept. No. 11

Medical Dept. No. 12

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

General Hospital, Toronto

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Date of Enlistment

3/6/1918

MILITIA AND DEFENCE

Date of Assignment

Aug 1st 1918

Separation and Assigned Pay Branch

K

4424

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *P6* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *1st Depot Bu. 1st Co. O.R. 78 S.F.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. ANNIE KITCHEN,
 2 DESERONTO,
 3 ONT. 15 15.00
 * 3039628 PTE JAMES ALEXANDER KITCHEN
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918</i>					
<i>Aug</i>	<i>X 40093</i>		<i>15</i>	<i>15.00</i>	<i>✓</i>
<i>Sept</i>	<i>K 42867</i>		<i>15</i>	<i>15.00</i>	<i>✓</i>
<i>Oct</i>	<i>N 53897</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>Nov</i>	<i>E 58490</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>Dec</i>	<i>O 62756</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>1919 Jan</i>	<i>N 74131</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>K 76869</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>105</i>	<i>105</i>	

10132-2-47

A/c Closed *28/2/19*
 Ret'd per *Emp Britani*
 Date *25/2/19* M.F.W.187 *13/19*
 Clerk *M D 13*
M RO. Deshay 65588

ENTERED IN
 AUG 16 1918
 VOUCHER 5

M. F. W. 128.
 4000. G-17-1772-39-1141
 L. L. 22320-M. & D. 7993.

AUTHORITY FOR NEW ACCT
M D. 2-B-9
See over 15/8/19
Co teller

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4704, 6-7-1-17239-1141
 L. L. 22320-M. & D. 1962.

Enlist 25/5/18.
C.F.D # 12631

300. 7/10
No Smear
128/6/18
Hull

BASE HOSPITAL, TORONTO
MEDICAL CASE SHEET
VENEREAL

A 36

Case Number

Reg. No. 3089628. Rank *Plt.* Name *Pte Kitchen J* Unit *1/1 COR.*
 Age *19.* ~~Married~~ or Single
 Diagnosis *N.A.D. Stricture.* Admitted *11/6/18.* Discharged *June 28/18* Result

HISTORY

No. of previous attacks. *Denies.*
 Where and when acquired. *Lord Connaught 2 1/2 weeks ago*
 Date and character of symptoms. *No. appreciable discharge.*

Name

Date	Days of Disease	Smear	URINE		Dis-charge	Med.	Irr.	INJECTION	SEALS	Mas-sage	Sound	REMARKS
			1st	2nd								
<i>11</i>			<i>stricture P.S.J</i>									
			<i>Detected by 2000x.</i>									
			<i>S.N. ordered.</i>									
			<i>Polyst 1: 8000.</i>									
<i>12</i>			<i>Prostate massaged</i>									
<i>12</i>	<i>S.N.</i>		<i>Many Pus.</i>									<i>few Epith.</i>
<i>13</i>	<i>Pro</i>		<i>few Pus</i>									<i>little Proo fluid.</i>
<i>14</i>			<i>Metal Sound 22.</i>									
<i>15</i>			<i>Kohlman 30.</i>									<i>approx. equal to Metal Sound 24.</i>
<i>17</i>			<i>Kohlman 33.</i>									<i>" " " " 24 or 25.</i>
<i>19</i>			<i>Kohlman 36</i>									<i>" " " " 26 or 27.</i>
<i>20</i>			<i>Kohlman 26</i>									<i>" " " " 26 or 27.</i>
<i>26</i>			<i>Kohlman 35.</i>									<i>= Metal Sound 26. No discharge.</i>

Rank

Reg. No.

*And -
To have blood test. In a
before leaving
J. W. Buckley
Capt*

A42940
K

BASE HOSPITAL, TORONTO
MEDICAL CASE SHEET
VIR TUBAL

Case Number

Name

Rank

Rank

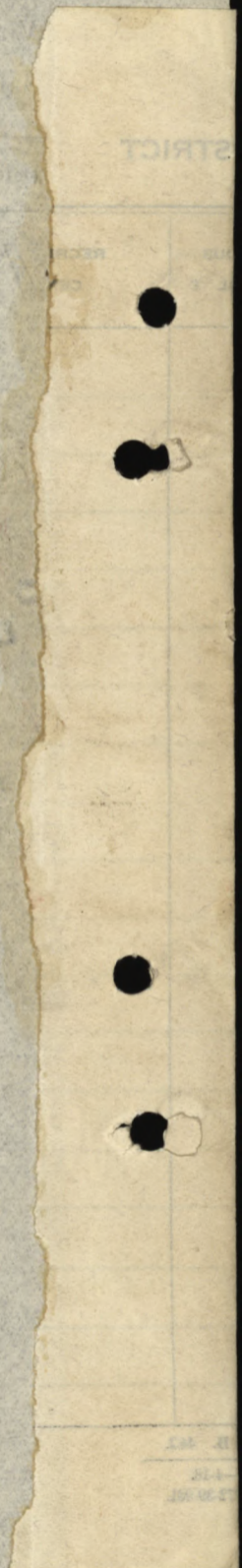
Place of birth

Admitted to hospital

DATE OF EXAMINATION

PHYSICIAN'S REPORT

FAST BOND



SRIC

10-10-10

E. of But. 2, 1, 9.

PASSED TO W. S. G. 15.3.19.

AUDITOR *(Signature)* PAYMASTER *(Signature)*

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

M. OR S. _____ REGT. No. 3039628 RANK *Pte.* NAME (IN FULL) *Kitchen, J. A.*

IF IN P. F. WHAT UNIT? _____ (BLOCK LETTERS, SURNAME FIRST)

ORIGINAL UNIT C. E. F. *3 Res.*

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY, \$ *15.00* DATE EFFECTIVE *1-3-19*

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *1.10 Pte J.A. Kitchen Box 355 Deseronto Ont*

ADDRESS *Mrs. A. Kitchen, Mother Deseronto, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Kingston Ont. Mar 17th 1919* REASON *#300-3-K-240* AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

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	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.	
			\$ C.	\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.	\$

Jan. 28 *1/10* 3080 ✓
 Feb. 17 - 1870 ✓
 Mar. 11 20 3500 ✓
 6490 ✓

1 1/2 / 19
 243 487 4500 1500 ✓
 4676 ✓

1836
 4894 ✓
 1814 ✓
 4676 ✓

Da 63 Subs. 14 days. #6888V

92 days. apl's from 9/19

Sal Llep 210 ✓

War Service Gratuity
8,317.379. ✓
8,332.855 ✓

Sal Llep 70 ✓
70 ✓
70 ✓

Sal Llep 70 ✓
140 ✓
70 ✓
70 ✓

M7W 2395 Rec
#234962 Mar 17/19

Urk

M6

