#9 OVERSEAS SIEGE BATTERY, C. E. F.

ORIGINAL.

7th M. D. 9th Siege Depot Battery --------- Regiment

Regtl. No. 2100476

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class "One")

1. Surname McQuarrie
2. Christian name John William
3. Present address 174 King Street East, St.John,N.B.
4. Military Service Act letter and number 365411
5. Date of birth September 13th 1893.
6. Place of birth St.John,N.B. Canada
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Cable Telegrapher
10. Name of next-of-kin Mitchell McQuarrie
11. Relationship of next-of-kin Sister
12. Address of next-of-kin 47 Celebration St., St.John,N.B.
13. Whether at present a member of the Active Militia Not
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
    (a) Place Nth Sydney,N.S. (b) Date 17-10-17 (c) Category "A2"

## DECLARATION OF RECRUIT

I, John William McQuarrie, do solemnly declare that the above particulars refer to me, and are true.

Jno McQuarrie (Signature of Recruit)

## DESCRIPTION ON CALLING UP

| | | | |
|---|---|---|---|
| Apparent age | 24 yrs. | 4 mths. | Distinctive marks, and marks indicating congential peculiarities or previous disease. |
| Height | 5 ft. | 10½ ins. | |
| Chest measurement | fully expanded 36 ins. | | |
| | range of expansion 3 ins. | | Nil |
| Complexion | Fair | | |
| Eyes | Blue | | |
| Hair | Brown | | |

F. C. Walker Lieut.,

O. C. 9th Siege Battery Depot ~~Battery~~

--------- Regt.

Place West St John N B Date 7th February 1918.

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

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. .....

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class "One" .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act:—

(a) Place ..... (b) Date ..... (c) Category .....

## DECLARATION OF RECRUIT

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

(Signature of Recruit) .....

## DESCRIPTION ON CALLING UP

| | | | |
|---|---|---|---|
| Apparent age | ..... yrs. | ..... mths. | Distinctive marks, and marks indicating constitutional peculiarities or previous disease: |
| Height | ..... ft. ..... ins. | | |
| Chest measurement | (fully expanded) ..... ins. | | |
| | range of expansion ..... ins. | | |
| Complexion | | | |
| Eyes | | | |
| Hair | | | |

Place ..... Date .....

# C.E.F. REGIMENTAL DOCUMENTS

NAME McQUARRIE John Wm. REGT. No. 2100476 UNIT 9th Siege Bty H. Q. FILE No.

(S)

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|
| ATTESTATION PAPER (M.F.W. 23, 133 or 51) | | | | | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | CATEGORY |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) | | | | | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | | CATEGORY Demob |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | 34022 | |
| 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) | | | | | |
| CARDS | | | | | |
| PAY-SHEETS | | | | | |

M

H

H

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Number 2100476 Rank Gnr

Surname MacGUARRIE

Christian Name John William

Units C.F.R. Theatre of War France

Date of Service 26-10-18

Remarks

Latest Address 174 Prince St. E.
St. John N.B.

Roll No B. Page 6535.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

| Date | Remarks |
| --- | --- |
| | |
| | |
| | |
| | |
| | |

DESP NOV 3 1921
REGN NO 9536673

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

No 2100476 RANK Pte. NAME MacQuarrie Jos. H.m.

T.O.S. 7/2/18 (D058) of 9/2/18 UNIT 9th Overseas Siege Battery.

M.D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1918 Feb. 7 | 1918 Feb. 28 | N. | | |
| Mar. | | V | S.O.L. Proceeded Overseas 24/3/18 | (D.O. 81) of 22/3/18. |

# Dental Examination on Discharge

File No.....

Rank Gnr. Name McQuarrie J M Regt. No. 1257912

Date of enlistment..... Service, where.....

If any dental treatment in army, where.....

Discharge examination at..... Date.....

Treatment to be received Fillings 3 8 9

.....

At..... Examined by A.W. Turner Lieut

Above treatment completed by..... Date.....

Completed History Sheet File No.....

M. F. W. 2572
100m-3-18
1772-39-1359

OTHER SIDE FOR REMARKS

M.S.A.

SURNAME. Macquarrie,

CHRISTIAN NAMES John William

REGL. No. 2100476 RANK Gr.

UNIT 6th. Siege Bty.

FORMER CORPS Nil

46" CARD NO. IX

SOS. 7/4/19 Demob

FOLL. DO. 107 of 7/4/19 DD #7.

NEXT OF KIN.

NAMES IN FULL Macquarrie, Mitchell

RELATIONSHIP TO SOLDIER Sister

ADDRESS 47 Celebration St., St. John N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada PLACE OF BIRTH St. John, N.B. DATE Sep. 13th. 1893

PLACE OF ATTESTATION West St. John, N.B. DATE Feb. 7th. 1918

O/S. 25-3-18. 1137/3

Rc 5/4/19 - 294 Spr.

L. L. 6945. M. & D. 6694.

M. F. W. 22. 100m.—8-18. H. Q. 1772-30-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

## DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

#9 OVERSEAS SIEGE BATTERY, C. E. F.

ORIGINAL.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins No. 9 o/s Siege Battery C.E.F.

(2) Regimental Number 2100476

(3) Full Name of Soldier John William McQuarrie

(4) Place of Birth St.John,N.B.

N.B.

(5) Are you married, or not? Not

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

(b) Present Postal Address Nil

(7) Are you a widower? Nil

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address Nil

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow Nil

Are you her sole support, or not? Nil

(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.

Nil

(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.

Mitchell McQuarrie (Sister)

47 Celebration St., St.John,N.B.

(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.

Nil

15) Are you insured? No

If so, in what Company? Nil

Have you made arrangements for payment of your Insurance premium Nil

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

F. C. Walker Lieut.,
*Officer Commanding.*
9th Siege Battery
C.E.F.

Date 7th February 1918.

WSB Class A No 1

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2100476 (Rank) Sigler,

Name (in full) McQuarrie John William enlisted in

the 9th Siege Battery

CANADIAN EXPEDITIONARY FORCE at St John N.B. on the 7th 7th

day of ~~February~~ October 1918 February 1918

HE served in 8th Army Bde C.F.A.

In Canada England and France

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

~~Medical Unfitness.~~

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

| | | | |
|---|---|---|---|
| Age | 24 | Marks or Scars | |
| Height | 5' 11" | | |
| Complexion | Fair | | Nil |
| Eyes | Blue | | |
| Hair | Brown | | |

J W Macquarrie
Signature of Soldier

Date of Discharge

Dispersal Station "C" APR 7 19.. Military District No. 7

Ramajn Capt O. C.
DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7
Issuing Officer

Rank

Date APR 7 1919 19

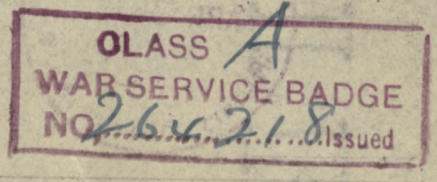
N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing uniform;

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.



C.A.D.C. 5009A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**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.

NAME OF SOLDIER (Block Letters) JOHN MANNERS McQUARRIE.

REGIMENT 8TH ARMY BDE. C.F.A. RANK GNR No. 125792.

Date of Examination in England 17 MAR 1919 | Date of Examination in France

## PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3-8-9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Assistant Director of M. D. No. 7 APR 6 1919 Dental Service.

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England Yes
- (c) In France "

*Signature of Dental Officer* C Mackie Capt

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

A.D.M.S.- HEADQUARTERS CANADIAN TROOPS, 18 MAR 1919 WIFLEY, SURREY.

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. 2100476 Rank Sigler Surname McQuarrie
(Given name in full)
John William

Unit or Corps 8th A.B.C.F.A. Birthplace St John N.B.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 180 lbs. Height 5 ft. 11 in. Colour of Eyes Blue

Nutrition Good

Pulse 78

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 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.

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

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 18/5/19 Signed [signature] 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 [signature]

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

[OVER]

M.F.W. 125.
1033 (D.P.) 500M-11-18.
1772-89-1142.

M.S.A. 15. #9 OVERSEAS SIEGE BATTERY, C. E. F. ORIGINAL.

ORIGINAL.

# MILITARY SERVICE ACT, 1917.

# 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 McQuarrie Christian name John William

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 365411

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

4. Address (including street and number, if any) North Sydney N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of February 1918 by the undersigned medical board sitting at St John West NB

5. Age as stated 24 Years 5 Months. 6. Apparent age 24 Years 5 Months

7. Height 5 Feet 10½ Inches. 8. Weight 168 Pounds.

9. Chest measurement { Minimum 33 Ins / Maximum 36 Ins. 10. Complexion Fair { Eyes Blue / Hair Brown

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

13. Number of vaccination marks { Right arm — / Left arm 2 14. When vaccinated last 14 Years Ago

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

16. Slight defects but not sufficient to cause rejection Nil. Nil.

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

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Vision RD 20/20 LD 20/20 Hearing Normal Both Ears

J R Dishrow President.

Member. Member.

| Date | Result | Vaccinations | Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|---|---|---|
| 7.2.18 | | J R Dishrow M.O. | 7.2.18 | | J R Dishrow M.O. |
| | | M.O. | 20.2.18 | | J R Dishrow M.O. |
| | | M.O. | 11.2.18 | | J R Dishrow M.O. |

Joined 7 day of February 1918 at St John NB

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | #9 O/S Siege Battery | 2100476 | | 7-2-18 |
| Transferred to | PROCEEDED O/SEAS. TO Can Field Arty. | | | 26 OCT 1918 |

Signature of Man J W McQuarrie

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| Battery | 183.19 | Nil A | G D Wilson Capt |

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.

Surname MacQuarrie Christian Name John William

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

# Casualty Form—Active Service.

Unit, Regiment or Corps. 8th Army Bde. C.F.A.

Regimental No. 2100476 Rank Sig. Name Mc. Quarrie, John W.

Enlisted (a) 7-2-18 Terms of Service (a) C. E. F. Dof War Service reckons from (a) 17-12-18.

Date of promotion to present rank } ..... Date of appointment to lance rank } ..... Numerical position on roll of N. C. Os. } .....

Extended ..... Re-engaged ..... Qualification (b) Cable Telegrapher

| 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 | | | | |
| 27-3-19 | Eng. | TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 107 ST. JOHN, N. B. | | | |
| 7-4-19 | | STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 107 | | | [signature] Lieut. & Asst. Adjt. For O. C. District Depot No. 7. |

(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 | | | | |
| | | | | | |

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records
MAR 14 1962
Referred to
Charged to

To ● Copy for H.O. file

Date March 13, 1962

Attention of

NAME MAC QUARRIE, John Wm. Stanley SERVICE G-7259 (ACT.) C.P.C. No. 523673 ~~NAVY~~
NUMBER 2100476 (CEF) W.V.A. No. 45557 ARMY
~~R.C.A.F.~~

The DEPARTMENT has received information from

P.M.E., Canadian Pension Commission, Saint John, N.B., d/8-3-62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death February 28, 1962
Cause of Death
Place of Death Toronto, Ont.

Name and Address of next of kin (if known)

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

} Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA. | SEPARATION ALLOWANCE. * ENGLAND OR CANADA. |
|---|---|
| EFFECTIVE DATE:- 1/3/18 | EFFECTIVE DATE:- |
| AMOUNT:- $ 20.00 | AMOUNT:- |

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Jessie McQuarrie 1/4/18
174 Kingston East.
Mother St Stephen - N.B.
Stopped 1/4/18

NAME:- MacQUARRIE Jo. 15th
NUMBER:- 2100476

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| Can L.F.C. | | Gnr. |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 90/S. S. Bty
DATE ACCOUNT FIRST OPENED:- 1/3/18

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | CRA. |

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 |
|---|---|---|---|---|---|---|---|
| 23/2 | 2979 | 8 C Fa | 7 46 | | | | |
| 7/3 | 3098 | " | 29 20 | | | | |
| | | | 36 66 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| Can L.F.C | 1 | 10 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis't Canada 31/3/19 ZR 4363 Wstly 10/3/19 Wstly ZD 7 Bal LDC Cr 355

| MONTH | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | A/P for Mch. deducted from | Can Pay List | | | | | | |
| 31/3/18 | Bal. from Canada. | | | | | | | | 70 85 | | |
| Apr | Gms Pay | 33 00 | | AR 412 20/4/18 CRA. | 2 43 | | | 20 00 | 31 42 | | |
| | | | | A.P. | | | | | | | |
| | | 33 | | | 2 43 | | | 20 | | | |
| May | LP | 34 10 | | AP | | | | 20 | | | |
| | | | | Q4005/3662 CRA 10-5 | 1 60 | | | | | | |
| | | | | AR 738 CRA 1-5 | 2 43 | | | | | | |
| | | | | AR 1478 " 23-5 | 2 43 | | | | 17 16 | | |
| | | 34 10 | | | 28 36 | | | 20 | | | |
| June | LP | 33 | | AP | | | | 20 | | | |
| | | | | AR 1890 CRA 12-6 | 2 43 | | | | | | |
| | | | | AR 2292 " 26-6 | 9 73 | | | | 18 | | |
| | | 33 | | | 12 16 | | | 20 | | | |
| July | LP | 34 10 | | AP | | | | 20 | | | |
| | | | | AR 2698 CRA 10-7 | 4 87 | | | | | | |
| | | | | AR 3091 " 26-7 | 14 60 | | | | | | |
| | | | | AR 3163 " 24-7 | 4 87 | | | | 7 76 | | |
| | | 34 10 | | | 24 34 | | | 20 | | | |
| Aug | LP | 34 10 | | AP | | | | 20 | | | |
| | Br Note 4288 Bam obs. q Liège Mch 1918 H 151 | | 1 16 | AR 4041 CRA 29-8 | 4 87 | | | | 18 15 | | |
| | | 34 10 | 1 16 | | 4 87 | | | 20 | | | |
| Sept | LP | 33 | | AP | | | | 20 | 31 15 | | |
| | | | | AR 4394 CRA 11-9 | 4 87 | | | | 26 28 | | |
| | | | | AR 4747 " 25-9 | 4 87 | | | | 21 41 | | |
| | | 33 | | | 9 74 | | | 20 | | | |
| | | | | ~ Over ~ | | | | | | | |

NUMBER 2100476 RANK Gr. NAME McQUARRIE J W.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1918 Oct | Gm. Pay | 34 10 | | Balance Foward | | | | | 21 41 | | |
| | | | | C.A.P. | | | | 20 | 35 51 | | |
| | | | | C.R.A 5408. 9/10/18. | 4 87 | | | | | | |
| | | | | — 5661 21/10/18. | 2 43 | | | | 28 21 | | |
| | | 34 10 | | | 7 30 30 | | | 20 | | | |
| Nov | — — | 33 | | — — | | | | 20 | | | |
| Dec | — — | 34 10 | | 6 L.S. Sch 4129 ~~#~~ 3/12/18. | 3 73 | | | | | | |
| 1919 Jan | — — | 34 10 | | 8 Bde 1325 21/12/18. | 13 06 | | | | | | |
| | | | | — 1422 9/1/18 | 3 73 | | | | | | |
| | | | | — " — | | | | 20 | | | |
| | | | | — " — | | | | 20 | 48 89 | | |
| | | 101 20 | | | 20 52 | | | 60 | | | |
| | | | | — " — 1699 8/1/19 | 7 46 | | | | | | |
| | | | | — 1748 8/1/19. | 9 33 | | | | | | |
| | | | | — 1921 21/1 | 3 29 73 | | | | | | |
| | | | | — 1996 25/1 | 9 33 | | | | | | |
| | | | | — 2134 — 11/2 | 3 73 | | | | | | |
| Feb | Gm | 30 80 | | C.P. | | | | 20 | | | |
| March | | 34 10 | | | | | | 20 | 40 21 | | |
| | | | | — 2979 23/2/19. | 33 58 7 46 | | | | | | |
| | | | | — 3098 7/3/19 | 29 20 | | | | 3 55 | | |
| | | 64 90 | | | 70 24 | | | 40 | | | |

S.O.S 27/3/19. SL 40 CFA

WSB Class A 10-8-44

3-3-45.

D.A. C 21

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)**

CLASS A WAR SERVICE BADGE NO. 264218 Issued

B

| | |
|---|---|
| 1. No. | 2100476. |
| 2 Rank. | Sig. |
| 3. Name. | McQuarrie, John William |
| 4. Unit. | 8th Army Bde CAA D. D. NO. 7 |
| 5 Date of Discharge | APR 7 1919 Place St John NB. |
| 6 Reason for Discharge | Demobilization |
| 7. Authority. | LR. O. 1420 (C) |
| 8. Proposed Residence after Discharge | 174 King Street E. St John. Canada |

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

Dispersal Station "C" APR 7 1919 Military District No. 7

J W McQuarrie
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "C" APR 7 1919 Military District No. 7

Signature R A Maj. Capt. O. C. DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

## 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 |

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
   (Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 351). and duplicate
13. Pay Book (S.B.G.).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 18

GSBH

Date 26/3/19

W SB
Class A
No 7

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 5th Dft #9 OVERSEAS SIEGE BATTERY, C. E. F.

Regimental No. 2100476 Rank ~~Sergeant~~ Lawvate Name John William ~~Mac Quarrie~~ Mac Quarrie

Enlisted (a) 7-2-18 Terms of Service (a) C. E. F. ~~6 Ed~~ 7 Ed Ar ~~6 Ed~~ Service reckons from (a) ~~Date of Enlistment~~

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. 7-2-18 ~~17-10-17~~ 7-2-18

Extended ..... Re-engaged ..... Qualification (b) Cable Telegrapher - Wireless Opr

| 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 Alfx<br>debarked Glasgow | Canada<br>England | 22-3-18<br>3/4/18 | S.S. Grampain |
| 8/4/18 | Res Bde C.F.A | T.O.S from Canada | Witley | 3/4/18 | B.O.P.D. II 98 |
| 19.9.18 | RB C.F.A | S.O.S to Comp Bde C.R.A. | Witley | 18.9.18 | B.O.P.D. II 262<br>A. W. Gray<br>LIEUT. & ASST. ADJUTANT.<br>RESERVE BRIGADE, CANADIAN FIELD ARTILLERY. |
| 20-9-18 | Comp Bde C.R.A | T.O.S from Res Bde | Witley | 18-9-18 | B.O.Pt II 121 |
| 27 OCT 1918 | Comp Bde C.R.A | PROCEEDED O/SEAS TO Can Fld. Arty | Witley | 26-10-18 | B.O. Pt II 158<br>W. Gatright<br>LIEUT. & ASST. ADJUTANT,<br>COMPOSITE BRIGADE, CANADIAN RESERVE ARTILLERY. |

(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 | | | | |
| 28/10/18 | CGBD | Reinf. Tos Art Pool from Eng | | 28/10/18 | NR 803 Pt. II O. 164 |
| 30/10/18 | [illegible] | Left Base for CCRC | | 30/10/18 | NR. 1445 |
| 30/10/18 | CCRC | Arrived at CCRC | | 30/10/18 | NR. 1730 |
| 24/12/18 | CCRC | posted to 8th A Bde 67A | Fed. | 24/12/18 | NR 00800 D.O. 12 a/1919. |
| 24/12/18 | Do. | Tons. 8th A Bde. 67A | Do. | 25/12/18 | R+R 2240 D.O. 9 a/1919 |
| | Emb. Camp. | PROCEEDED TO ENGLAND | | 2.3.19 | MR. |
| | | S.O.S. OF O.M.F.O. ON PROCEEDING TO CANADA. | | | |
| 26/3/19. | | Pt. II. Orders No. 26. | | 27/3/19. | [illegible] for Lt. Col. A.A.G. H. L. Fetherstonhaugh Capt |
| | | H-M-T NORTHLAND SAILED LIVERP'L MCH-27 1919 ARR'D HALIF'X APL. 5 1919 | | | |

auth Orig a. P.

Form R 122.
2353—100M—9-12-16

ET.

Rank 5th Dft 9th Sge Batty. Name ~~Mc~~ MAC. QUARRIE, John William Reg'l No. 2100476

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

Place and Date of Enlistment West St, John. Feb. 7th. 1918. Place of Birth St, John. NB.

Name and Address, Next-of-Kin Mitchell McQuarrie,

47, Celebration St, St. John. New Brunswick, Canada. Relationship Sister

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 15174
File R.
Category Canada

H. W. & V., Ld.—9546-16.

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS Taken from Official Documents. |
|---|---|---|---|---|---|
| | Arrived in England | 3-4-18 S/S GRAMPIAN | | | |
| 8.4.18. | R.B.C.F.A. | T.O.S. from Canada | Gr. Witley | 3.4.18 | Pt II D 98 |
| 20-9-18 | Comp Bde C.R.A. | T.O.S. on Posting From Res Bde C.F.A. | do Sig. | 18-9-18 | Pt II Do 121 to Res Bde C.F.A. Pt II Do 262 D 19 9/18 |
| 27-10-18 | do | S.O.S. on Proceeding o/Seas as Rnfs. | do Sig. | 26-10-18 | Pt II Do 158 to C.A. Pool. Pt II Do 164 D 1-11-18 |
| 11.2.19 | S.A.B.C.F.A. | T.O.S. from Can Art Pool | Field | 25.12.18 | 9 |
| 7.3.19 | — | Proceeded to England | — | 2.3.19 | 17 |
| | | Proceeding to Canada | | 27.3.19 | 40 — C |
| 27.3.19 | Do. | S.O.S. on proc. to Canada | Sig. Witley | 27.3.19 | Pt. II O. 26 |

| 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. | | | | | |
| | | | | | | |

M.D.No.7

174 King St East St John N.B.

AUDITOR | PAYMASTER

M. & R S.

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

REGT. No. 2100476 RANK Gnr. NAME (IN FULL) McQuarrie J.W. (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 |
|---|---|---|
| | | |

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

PLACE OF ATTESTATION Siege Batty — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 7-2-18 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 20 00 — DATE EFFECTIVE

PAYABLE TO Mrs J McQuarrie — RELATIONSHIP Mother

ADDRESS 174 King St East St John N.B.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE St John — DATE 7-4-19 — REASON Demob — AUTHORITY 200/107 — IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | PAY AND F.A. RATE | PAY AND F.A. AMOUNT $ | PAY AND F.A. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Northland 5-4-19 |
| Mar. | | | | | | | 3 | 55 | 3 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cr bal Eng L P C 31-3-19 |
| Apr. 11 | 1 10 | 12 | 10 | 35 00 | | | | | 117 | 10 | C1 | C1 | C1 | | CR 1267 | | 4 | 87 | 5 | 00 | 90 | 78 | | | | | 2000 | | | | | | 120 | 65 | | | | | Clo Allce 1st P.W.S.G. Applied by Att. for Lapse |
| | | | | WSG | | | | | WAR SERVICE GRATUITY. | | | | | | | | | | | | | | | | WSG | | | | | | | | | | Soldiers | | | |
| 122 days at $ | | | Minimum | 280 | 00 | | | | 280 | 00 | | | | | | | | | | | | | | | 70 | 00 | | | | | 70 | 00 | 210 | 00 | | | 1st Payment as above |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | 440 | | | 440 | 205 | 60 | | | Cr P.A on Misc. |
| | | | | | | | | | | | | | | | | | | | | | | | | | 65 | 60 | | | | | 65 | 60 | 140 | | | CH 397617 AR 84 7/5/19 |
| | | | | | | | | | | | | | | | | | | | | | | | | | 70 | | | | | | 70 | | 70 | | | CH 844444 AR 63 7/6/19 |
| | | | | | | | | | | | | | | | | | | | | | | | | | 70 | | | | | | 70 | | | | | CR 105480 AR 88 8/7/19 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Non-Effective |
| A | | | | 280 | | | | | 280 | | | | | | | | | | | | | | | | 210 | 60 | | | 440 | | | | 280 | | | | |

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-89-1390.

Date of Enlistment 7-2-18

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

11199

Date of Assignment 1-april-18

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 20- | | | |

7L4MC27 3M

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 9. O.S. Siege Bty. C.G.F.

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.JESSIE MAC QUARRIE,
174 KING ST.,EAST,
ST.JOHN,N.B.

2 20 20.00
% 2100476 GNR JOHN W.MAC QUARRIE
TWENTY DOLLARS

3

4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | | REMARKS |
|---|---|---|---|---|---|---|
| | | | | | | Q12556-J-98 |
| April | ~~X15648~~ | | ~~20~~ | ~~20~~ | ✓ | X15648 cancelled. See file |
| May | B16150 | | 20 | 20 | ✓ | |
| June | L 20496 | | 20 | 20 | ✓ | |
| July | J 28692 | | 20 | 20 | | |
| July | K 4218 | | 20 | 20 | | adj^t 1075 covers april Gtd 2/8/18. Mailed aug 7-18 Gtd |
| Aug | A 38346 | | 20 | 20 | | |
| Sept. | A 42013 | | 20 | 20 | | |
| Oct | V. 52793 | | 20 | 20 | | |
| Nov | A. 58390 | | 20 | 20 | | |
| Dec | Y 62444 | | 20 | 20 | | |
| Jan | V. 72557 | | 20 | 20 | | |
| Feb | T 78304 | | 20 | 20 | ✓ | |
| Mar | C 86429 | | 20 | 20 | ✓ | |
| Apr | N 2510 | | 20 | 20 | ✓ | |
| | | | | 260 | | |

AUTHORITY FOR NEW ACC'T.

M. F. W. 126.
400m.—4-17—7729 N.H.P.
L. L. 22320—M. & D. 1668.

W.D. #7

A/c Closed 30-4-19
Ret'd per North Sand
Date 5-4-19 M.F.W.187 10-4-19
Cl[illegible] C.P.Read

W.R.O. Des. 76524. 10-4-19

AUTHORITY FOR NEW ACC'T. N.R. M.D.7. D.3. R.T.Nagle 19-4-18

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'OM. 6-17—1.72-35-1141
L. L. 22320—M. & D. 4931.