238th. BATTALION C. E. F.

3.

# ATTESTATION PAPER.

238th Batt'n

No. 1036201

Folio. p.36

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

| | |
|---|---|
| 1. What is your surname? | PAYIE |
| 1a. What are your Christian names? | John |
| 1b. What is your present address? | 695 Brock Ave, Toronto, Ont, Canada |
| 2. In what Town, Township or Parish, and in what Country were you born? | Clarence, Russell Township, Ont, Canada |
| 3. What is the name of your next-of kin? | Rachel Payie |
| 4. What is the address of your next-of-kin? | Parry Sound, Ont, Canada |
| 4a. What is the relationship of your next-of-kin? | Wife |
| 5. What is the date of your birth? | Aug 2nd, 1871 |
| 6. What is your Trade or Calling? | Labourer |
| 7. Are you married? | Married |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes |
| 9. Do you now belong to the Active Militia? | No |
| 10. Have you ever served in any Military Force? If so, state particulars of former Service. | No |
| 11. Do you understand the nature and terms of your engagement? | Yes |
| 12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? | Yes |

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Payie, 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.

John Payie (Signature of Recruit)

Date June 26th, 1916 191 . E. L. Tisdall (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Payie, 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.

John Payie (Signature of Recruit)

Date June 26th, 1916 191 . E. L. Tisdall (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 Toronto this 26th day of June, 1916 191 .

W. A. Mays (Signature of Justice)

M F. W. 23
750M—3-16
H. Q. 1772-39-341

## Description of John Payie on Enlistment.

Apparent Age 45 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6¾ ins.

Chest measurement.
- Girth when fully expanded 34½ ins.
- Range of expansion 2 ins.

Complexion Dark

Eyes Grey

Hair Dark 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).

Small scars back of neck.

## 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 June 26th, 1916 191 . W. Caswell Lieut

Place Toronto, Ont Medical Officer.

*Insert here "fit" or "unfit."

Toronto Recruiting Depot

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.

John Payie 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.

(Signature of Officer)

Date AUG 17 1916 191 .

REGIMENTAL DOCUMENTS

Pte NAME PAVIE JOHN REGT. NO. 1036201 UNIT C.M.R. 238th Bn. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| 2 | 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) | | | | 8608 | |
| 1 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| 1 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| 1 | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| | MEDICAL EXAMINATION (M.F.W. 129) | | | | | Demobe |
| 1 | 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) | | | | | |
| 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) | | | | | |
| 1 | Misc | | | | | |
| 1 | Emg Med Bk | | | | | |
| 1 | A 1 172 | | | | | |
| 1 | Paycard | | | | | |

W 2589
100M-11-18
1772-39-1577

No. 1036201 RANK Pte, NAME Payne, John

T. O. S. 26-6-16-M.O. 28 of 10-7-16 UNIT 238th. Battalion, Forestry C

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 June 26 Sept. | 1916 July 31 Ledg. no a/c | ✓ ✓ | | |

UNIT SAILED
SEP 11 1916

"G" 2 CARD NO.

S.O.S. Dis. 14-5-19.
Demob. FOLL.
D.O. 142 of 22-5-19
from 2.D.D.

SURNAME. Payie

CHRISTIAN NAMES John

REGL. No. 1036201 RANK Pte

UNIT 238th Bn

FORMER CORPS Trail

NEXT OF KIN.

NAMES IN FULL Payie Mrs Rachel

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~Parry Sound, Ont. Box 317.~~ 695 Brock Ave. Toronto Ont

CHANGE OF ADDRESS

Will. 3.a.a.L. 16-4-19

COUNTRY OF BIRTH Canada Clarence Ont. DATE Aug 2nd 1871

PLACE OF ATTESTATION Toronto, Ont. DATE June 26th 1916

Sailed from Halifax per SS Scandinavian 11-9-16

L. L. 94504. M. & D. 6512. S 34 18

M. F. W. 22. 250M.—2-16. ~~H. Q. 1772-39-339.~~ 323 5-2

R/e 18-3-19 Pte

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 45 YEARS 10 MONTHS

HEIGHT 5 FEET 6 3/4 INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Grey HAIR Dark Brown

DISTINGUISHING MARKS Small scar back of neck

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE June 26th 1916

Present Address 695 Brock Ave, Toronto, Ont.

Can Inf

Number 1036201 Rank Pte

Surname PAYE

Christian Name John

Units 23rd Bn. Can. Inf. Theatre of War England

Date of Service 22-9-16

Remarks

Latest Address 965 Brock St

Toronto

Roll No. A Page 1866 Remarks Date

Rank Regtl. No.

Fyle Depot

M. or S. Age Religion Ref. H.Q.

Date Character on discharge

Date and place of enlistment

Date of Medical Boards

| Remarks | Pt. 2 Order No. |
| --- | --- |
| | |

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1036201 (Rank) Pte

Name (in full) John Boyce enlisted in

the 238 Bn

CANADIAN EXPEDITIONARY FORCE at Toronto on the 26

day of June 1916

HE served in C.F.C. England

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 48

Height 5' 6 3/4"

Complexion dark

Eyes grey

Hair dark brown

Marks or Scars small scar back of neck.

John Boyce
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 17 1919
TORONTO

J. Boswell Lt
Issuing Officer

For
O.C. No. 2 District Depot.
Rank

Date MAY 17 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.

CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE

To be made out in duplicate. 238th. BATTALION C. E. F. 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..... 238th. BATTALION C. E. F.

(2) Regimental Number ..... 1036201

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

(4) Place of Birth..... Ottawa East

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

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

(b) Present Postal Address..... 965 Brock Ave
Toronto Ont

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

(8) Have you any children ?..... 5

If so, give number of boys and girls..... 4 Boys 1 Girl

Also their names and ages..... Ernest 19 yrs Leo 18 yrs Gertude 17 yrs
Clinton 12 yrs Lawrence 8 yrs

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? no

If so, state name and address —

(10) Is your Mother alive ? no

If so, state name and address —

(11) If your Mother is a widow no

Are you her sole support, or not ? no

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

no

(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 ? yes

If so, in what Company ? United Workmen Parry Sound Ont

Have you made arrangements for payment of your Insurance premium Yes

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

W W Smythe

*Officer Commanding.*

Date Sep 10 1916

Army Form B. 103. Regimental Number 1036201

# Casualty Form—Active Service.

Regiment or Corps 238th Battalion, C.E.F.

Rank Pte. Surname Payte (Paye) PAYIE Christian Name John

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

Enlisted (a) June 26/16 Terms of Service (a) D. of War Service reckons from (a) June 26/16

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

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

or Corps Trade and Rate .....

..... Signature of Officer.

| Report: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| | | Embarked ... | Halifax, N.S. | 11-9-16 | |
| | | Disembarked... | Liverpool | 22-9-16 | |
| 23-1-17 | O.C. 238th Bn. | S.O.S. 238th Bn. | Witley | 22.11.16 | D.O. "20 (CFC) |
| | | R. Cassels | | Capt. & | Adj. 238th Bn. |
| 25.11.16 | D. of T.O. | T.O.S. Can. Forestry Corps | London | 22.11.16 | D.O. No. 4 |
| | | E. W. Wilson | | Lt. & Asst Adj. C.F.C. | |
| 31-7-18 | O.C. No 52 Dist C.F.C. | Granted one good Conduct Stripe | Carlisle | 16-6-18 | A.F.B. Do. No. 39 |
| | | | | | Capt & Adjt for O.C. No 52 Dist C.F.C. |
| 31-3-19 | Do | S.O.S. No. 52 District, Carlisle, at 1/3 Coy. on Posting to Base Depot | 30-3-19 | Part II, D.O. No. 26 | Capt. & Adjt. No. 52 Dist., C.... |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| ~~4/6/19~~ | ~~O.C. C.F.C.~~ | ~~T.O.S. Base Depot, C.F.C. Sunningdale~~ from 113 Coy. Otd 52 | 30/3/19 | | |
| 19-4-19 | B.D.C.F.C. | S.O.S. BASE DEPOT C.F.C. SUNNINGDALE on posting to Can Camps Rhyl | | 5-4-19 | Pte. H.D.O. 169 L. Bradley Lt. for O.C. B.D.C.F.C. |
| | | Attached C.C.C. Kinmel Park for return to Canada. Part I Orders No....., Ceases to be attached C.C.C. Kinmel Park for Canada, Part II Order No 112 - 12.5.19. | | | |
| | | O.C. Commanding ..... Wing Kinmel Park Camp | | | Embkd Lvpl-Celtic May 7 19 |
| MAY 7 1919 | O.S. | T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D.O. 142 | | | |
| MAY 17 1919 | S.O.S. | (DISCHARGED FROM H.M.S.) No. 2 DIS. DEPOT, PART II D.O. 142 | | | |

Lieut.
For O.C. No. 2 District Depot.

R—122

A.C. Rank Pte Name PAYIE, John. Reg'l No. 1036201

Unit 238th. Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Toronto, 26th. June.1916. Place of Birth Clarence, Russell Tp. Ont.,

Name and Address, Next-of-Kin Rachel Payie.

Parry Sound P.O. Ont., Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 14842
File R.L.
Category ORGan

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

| 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 S.S. Scandinavian | | 22, 9. 16 | |
| 18. 10. 16 | 238th Bn. | Attchd. 224th Bn. for Duty D. R.O. | Witley | 18. 10. 16 | D.O. R.T. 116 |
| 6. 11. 16 | 224th Bn. | Attchd for Duty R | London | 19. 10. 16 | " " " 139 |
| 23. 1. 17. | C. F. C. | S.O.S. (238th.) to C.F.C. | | 22. 11. 16. | " " 20. |
| | 25. 11, 16 | C, F, C, T, O, S | 22. 11, 16. | Pt. II | DO, 4. |
| 2. 5. 17 | 2 Dis. C.F.C. | On Strength (13 Co.) | Carlisle | 1. 5. 17 | " 24. |
| 31. 7. 18 | 52 Dist C.F.C. | Awarded 1 G. C. Badge | Pte " | 26. 6. 18 | " 39. |
| 31. 3. 19 | " | T.O.S. to B.D.B.C. | " " | 29. 3. 19 | D.O. 26. |
| 4-4-19. | B.D.C.F.C. | T.O.S from 52 Dist | " S'dale. | 30-3-19 | — 94. |
| 21-4-19. | See C.F.C. 2. M.D.C.W. | T.O.S - P. R. C. | " Rhyl | 19-4-19 | — 94. S.O.S. B.D.C.F.C. D.O 109. d 19-4-19 |
| | | | 50 L | 7. 5. 19 | |

| 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. |
|---|---|---|---|---|---|
| 12-5-19. | 2. M.D.C.W. | S.O.S to Canada. | Pte | Rhyl. 7-5-19 | D.C.M. 12. |

238th. BATTALION C. E. F.

# MEDICAL HISTORY SHEET

1036201

Surname Boyce Christian Name John Fol. P. 26

Examined { on 26th day of June, 1916 191
at Toronto, Ont

Birthplace { City or Town Clarence, Russell
County Ont, Canada

Apparent age 45 yrs 10 mos

Trade or occupation Labourer

Height 5 feet 6½ Inches

Weight 126¾ lbs.

Chest measurement { Minimum 32½ inches
Maximum expansion 34½ inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left 1
Number 1

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection
L. D. 40. R. D. 60.

Approved by [signature]
Lieut.
Rank M.O.
Toronto Recruiting Depot

| Date | Fit or Unfit | Examined for Re-Engagement | |
|---|---|---|---|
| 13/8/18 | B 200 | [signature] | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |

| Date | Result | Vaccinations | |
|---|---|---|---|
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|
| 4/9/16 | | [signature] | M.O. |
| 16/9/16 | | [signature] | M.O. |
| 20/16 | | [signature] | M.O. |
| 17.2.17 | | [signature] | |

Enlisted on 26th day of June, 1916 191 at Toronto, Ont

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 238th Batt'n | | | |
| Transferred to | CANADIAN FORESTRY CORPS. | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| Toronto | 23/10/17 | Arteriosclerosis | B 200 [signature] Lieut. [illegible] |
| Sunnydale | 6/4/19 | " | B [illegible] [signature] Lieut. [illegible] |

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.

Surname Payle Christian Name John

| 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 | | | | |

11

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PAYIE J.

REGIMENT C 7 Co. RANK Pte No. 1036211

Date of Examination in England 5-4-19 | Date of Examination in France

**DIRECTIONS TO DENTAL OFFICERS**

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

## PRESENT DENTAL REQUIREMENTS

1. FILLINGS None
2. EXTRACTIONS ~~None~~ 19
3. CROWNS None
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } None

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada yes
- (b) In England
- (c) In France

*Signature of Dental Officer* R Jamieson Capt

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs. R. Payie

Address ~~Parry Sound~~ 695 Brock Ave ~~Ont~~ Toronto Ont 14/10/16 11/23

Rate 16.00

SEP 1 - 1916

By Whom Assigned Payie J.

Regtl. No. 1036201

Rank Pte

Corps 238 Bn.

## 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 | | | | |

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs. R. Payie

Name of Soldier Pte Payie J.

238 Bn. 1036201

L. L. Job 310.—Req. 6574.

16 o.c

Remarks. SEP 1- 1916

| Month. | Year. | Cheque No. | Amt. | |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | Y 21107 | 16 — | |
| Oct. | | A P24694 | 16 | |
| Nov. | | M 27344 | 16 | |
| Dec. | | H 33662 | 16 | |
| Jan. | 1917 | T 40672 | 16 | |
| Feb. | | T 46676 | 16 | |
| March | | S 2777 | 16 | 16-L |
| April | | Y 3994 | 16 | 16 W. |
| May | | T 10434 | 16 | |
| June | | F 16616 | 16 | 7h. |
| July | | J. 24258 | 16 | 2 |
| Aug. | | O 30641 | 16 | |
| Sept. | | W 40103 | 16. | 03 |
| Oct. | | B 45442 | 16 | |
| Nov. | | S 52374 | 16 | |
| Dec. | | O 60324 | 16. | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

-26-6-16-

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

Name Mrs Rachael Payne

Address ~~Parry Sound~~ Ont
695 Brock Ave
Toronto

Relation to Soldier wife, child or mother } Wife

Name of Soldier Payne John

Regtl. No. 103621

Rank Pte.

Corps 238th Battn

To what Corps belonging when called out }

✓ V

## 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 7 ACCOUNT

-26-6-16-

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—4-16.
1772—39—818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574

Name of Soldier Payne John.

Mrs Rachael Payne Wife Pte

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | Z 14383 | 43 | 43 |
| Sept. | | Z 16851 | 20 | 20 |
| Oct. | | H 20109 | 20 | 20 |
| Nov. | | Q 22280 | 20 | 20 |
| Dec. | | Q 26327 | 20 | 20 |
| Jan. | 1917 | D 30239 | 20 | 20 |
| Feb. | | D 33044 | 20 | 20 |
| March | | E 36460 | 20 | 20 |
| April | | E 2283 | 20 | 20 |
| May | | E 6031 | 20 | 20 |
| June | | E 9175 | 20 | 20 |
| July | | E. 12530 | 20 | 20 |
| Aug. | | V. 15354 | 20 | 20 |
| Sept. | | V. 18286 | 20 | 20 |
| Oct. | | B. 22684 | 20 | 20 |
| Nov. | | K 24693 | 20 | 20 |
| Dec. | | C 27945 | 20 | 20 |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

243.

365.

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. | | | | |

A Cathcart Cayouette 2nd Comm Dept.
Edith Pelletier Mrs wife
Allotment $ 60 —
5 8/17 RB.

MARRIED OR SINGLE M.

PLACE OF BIRTH Ottawa, Ont.

NAME AND ADDRESS OF NEXT OF KIN Rachael Sayie
Parry Sound. Ont. Can.

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. 1036201 RANK Pte. NAME Sayie John. 416 C ✓

IF IN PERMT. CORPS / WHAT UNIT UNIT 238th Battn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26. 6. 16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 16.00 DATE EFFECTIVE Sept. 1 1916

PAYABLE TO Rachael Sayie. Parry Sound. Ont. Can. 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 $ | FIELD ALLOWANCE AMOUNT c. | WORKING OR SPECIAL PAY No. OF DAYS | WORKING OR SPECIAL PAY RATE | WORKING OR SPECIAL PAY AMOUNT $ | WORKING OR SPECIAL PAY AMOUNT c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY C | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 1 | | | | | | | | | | | | | | 10 - | 10 - | | | | | | | | | | | | | | | | 10 00 | | | | Carried forward from Canada stub |
| Sept 1-30 | 30 | 1.00 | 30 | 00 | 30 | 10 | 300 | | | | | | | | 33 00 | 6 | 7 9 16 | | | | | | | 14 60 | | | | 16 00 | | 30 60 | 12 40 | | | | |
| Oct 1-31 | 31 | 1.00 | 31 | 00 | 31 | 10 | 310 | | | | | | | | 34 10 | | | 9 | 1 30-10 | | | | | | 4 87 | | | 16 00 | | 20 87 | 25 63 | | | | |
| Nov 1-30 | 30 | 1.00 | 30 | 00 | 30 | 10 | 300 | | | | | | | | 33 00 | 1 | 4 7 15-10 | 3 | 0 4 2 4 7 0 | | | | | 4 86 | 4 87 | | | 16 00 | | 25 73 | 37 90 | | | | |
| Dec. | 31 | | 31 | | 31 | | 310 | | | | | | | | 34 10 | | | | | | | | | | | | | 16. | | 16 | 51 00 | | | | |
| 1916 | J. | A. | 12 | 20 | | | - - | | | | | | | | | | | | | | | | | 14 60 | | | | 16 | | 45 30 | 39 90 | | | | |
| 1917 Jan | 31 | 1.00 10 | 34 | 10 | | | | | | | | | | | 34 10 | 2 | 0 8 2 5 6 | 1 | 9 7 4 7 0 | | | | | 14 60 | | | | 16 | | 30 59 | 40 11 | | | | |
| Feb. | 28 | | 30 | 80 | | | | | | | | | | | 30 80 | | 1 0 0 6 9 5 5 | 2 | 7 1 1 8 1 | | | | | 9 73 4 86 | | | | 16 | | 20 59 | 47 63 | 26 58 | | | |
| March | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | | 1 8 2 1 | 1 | 6 1 2 1 9 2 0 | 1 | 3 1 3 | | | 14 60 | 17 03. | | | 16 | | 47 63 | 26 58 | | | | |
| Apl. | 30 | | 33 | | | | | | | | | | | | 33 | | | | | | | | | | | | | 16 | | 16 | 43 58 | | | | |
| May | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | | 2 0 1 3 1 4 | | | | | | | 14 60 | | | | 16 | | 30 60 | 47 08 | | | | |
| June | 30 | | 33 | | | | | | | | | | | | 33 - | | | | | | | | | | | | | 16 | | 16 | 64 08 | | | | |
| July | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | | | | | | | 16 | | 16 | 82 18 | | | | |
| | | | 367 | 40 | | | | | | | | | | 10 - | 377 40 | | | | | | | | | 92 45 | 26 77 | | | 176 | | 295 22 | 82 18 | | | | |
| | | | 367 | 40 | | | | | | | | | | 10 - | 377 40 | | | | | | | | | 92 45 | 26 77 | | | 176 | | 295 22 | 82 18 | | | | |

1036201 Pte Payne J. A/R. 16 Can

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 367 | 40 | | | | | | | | | | 10 - | 377 | 40 | | | | | | | | 92 | 45 | 26 | 77 | 176 | | 295 22 | 82 18 | | | | |
| Aug. | 31 | 1st | 34 | 10 | | | | | | | | | | | 34 | 10 | 121 236 | 15-5 15-6 | | | | | | 17 | 03 | | | | | | | | | | |
| Sept | 30 | | 33 | - | | | | | | | | | | | 33 | - | 317 | 17-7 | | | | | | 17 | 04 | | | 16 | | 50 06 | 66 22 | | | | |
| | | | 434 | 50 | | | | | | | | | | 10 | 444 | 50 | | | | | | | | 143 | 55 | 26 | 77 | 208 | | 33 04 | 66 18 | | | | |
| | | | 434 | 50 | | | | | | | | | | 10 | 444 | 50 | | | | | | | | 143 | 55 | 26 | 77 | 208 | | 378 32 | | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED PAY | SER. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 66 18 | Nil | |
| Oct | P. Pay. | 34 10 | | Can A/R. | | | | 16 | | | |
| | | | | A/R 559. 13th. 11 Cay. | 17 03. | | | | 67 25 | Nil | |
| Nov | P. Pay. | 34 10 / 33 / | | Can A/R | 17 03 | | | 16 / 16 | | | |
| | | | | A/R 629 6.8.6. 12/10/17. | 14 60. | | | | | | |
| | | | | A/R 29 6.8.6. 13 60 13/8/17. | 17 04. | | | | | | |
| Dec. 1918 | P. Pay. | 34 10 / 67 10. | | Can A/R. | 31. 64. | | | 16 / 32 | 70. 71 | Nil. | |
| Jan | " | 34 10 | | Can A/R. | | | | 16 | | | |
| | | | | Q 452 1-10-17. CTC. | - .25 | | | | | | |
| | | | | A/R. C84 - 13-11-17. 11 Cay CTC | 17 03 | | | | | | |
| | | | | " C212 11 17 " " | 17 03 | | | | 54 50 | | |
| Feb. | " | 34 10 / 30 80 | | A/R Can | 34 31 | | | 16 / 16 | | | |
| | | | | A/R. C408 16-18 " " | 14 60 | | | | 54 70 | | |
| | | 30 80 | | | 14 60 | | | 16 | | | |
| March | " | 34 10 | | Can Salary | | | | 16 | | | |
| | | | | Cross Can 2 A/R 3. 11 | 16 | | | | | | |
| | | | | A/R 634 25. 2. 18 Cay 113 | 14 60 | | | | 39 51 | | |
| | | | | " Gillies 19. 3. 18 " " | 17 03 | | | | | | |
| | | 34 10 | | | 33 29 | | | 16 | | | |

54 70
34 10
88 80
49 29
39 51

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ~~ENGLAND~~ OR CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:- 1.9.16 | | EFFECTIVE DATE:- | |
| AMOUNT:- 16.00 | | AMOUNT:- | |

NAME:- PAYIE John

NUMBER:- 1036201 H

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.

Zachael Payie
Tarry Hound,
Ont. Can.
Wife

6607
5 Sdale
M.D.2

Stopped A/C 1/5/19

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Pte |
| | | |
| | | |
| | | |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 238th Bn

DATE ACCOUNT FIRST OPENED:- 1.9.16

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | 46th Eng |
| | | | |
| | | | |
| | | | |

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 |
|---|---|---|---|---|---|---|---|
| 1/3/19 | 69 | 2 M. Depot | 2 34 | | | | |
| 9.4.19 | 616 | Base Depot Can/C | 24 33 | | | | |
| | | | 26 67 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 00 | 10 | | |
| | | | | |
| | | | A/C | 25.22 |

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transd Canada 3/4/19 A.R. 660 4/ Sdale 11/4/19 Sdale M.D.2. Ledger Bal. 5189

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mar 31 | Bal Forward | | | | | | | | 39 51 | | |
| April | Pay | 33 | | Can a/c April | | | | 16 | | | |
| | | 33 | | A/C 6280 24.4.18 Coy 113 | 14 60 | | | 16 | 41 91 | | |
| | | | | Can a/c May | | | | 16 | | | |
| May | " " | 34 10 | | A/C 6603 22.5.18 Coy 113 | 14 03 | | | | 42 98 | | |
| | | 34 10 | | | 14 03 | | | 16 | | | |
| June | " " | 33 | | Can a/c | | | | 16 | | | |
| | | | | A/C 6853 19.6.18 Coy 113 | 14 03 | | | | 42 95 | | |
| | | 33 | | | 14 03 | | | 16 | | | |
| July | " " | 34 10 | | Can a/c | | | | 16 | | | |
| | | | | A/C 7197 18.7.18 Coy 113 | 12 60 | | | | 46 45 | | |
| | | 34 10 | | | 12 60 | | | 16 | | | |
| Aug | " " | 34 10 | | Can a/c | | | | 16 | | | |
| | | | | A/C 1548 Coy 113 21.8.18 | 19 [illegible] | | | | 45 08 | | |
| | | 34 10 | | | 19 [illegible] | | | 16 | | | |
| Sep | | 33 00 | | Can a/c | | | | 16 | | | |
| | | | | A/R. 1882 19/9/18. S2 Dis | 17 03 | | | | 45 05 | | |
| | | 33 - | | | 17 03 | | | 16 | | | |
| Oct | | 34 10 | | Can a/c | | | | 16 | | | |
| | | | | A/R 2303 - S2 Dist - 24/10/18 | 14 60 | | | | 48 55 | | |
| Nov | | 34 10 | | | 14 60 | | | 16 | | | |
| | | 33 | | A/R 2684 - " 23/11/18 | 24 33 | | | | | | |
| Dec | | 34 10 | | Can a/c | | | | 16 | | | |
| | | | | " | | | | 16 | | | |
| | | | | A/R 2894 - " 13/12/18 | 24 33 | | | | | | |
| 1919 | | | | Can a/c | | | | 16 | 53 09 | | |
| Jany | | 34 10 | | | | | | | | | |
| | | 10/1/20 | | | 48 66 | | | 48 | | | |

P.S.O. cyabled a/c 30/9/18

COMPILED BY A.W. Fletcher
CHECKED BY [illegible]

NUMBER RANK NAME

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Feby | | 64 90 | | AR 3322 - 52 Dest - 20/1/19 | 14 60 | | | | | | |
| | | | | AR 3645 - " 18/2/19 | 19 47 | | | | | | |
| | | | | " 3890 " 13-3-19 | 17 03 | | | | | | |
| | | | | Can AP. | | | | 16 | | | |
| | | | | " | | | | 16 | 34 89 | | |
| | | 64 90 | | | 51 10 | | | 32 | | | |
| Apl | | 33 | | | | | | 16 | 51 89 | | |
| | | | | AR 616 8.4.19 BD | 7 33 | | | | | | |
| | | | | " 4935 23.4.19 Rhyl (E) | 9 73 | | | | | | |
| | | | | OH 005 - 69. 7.3.19. 113 Coy | 7 37 | | | | 15 49 | | |
| | | 33 | | | 36 43 | | | 16 | | | |
| | | | | Lost 7.5.19 / 250 WAR | | | | | | | |

75 22
E 9 73
15 49

~~WAR SERVICE BADGE CLASS A~~

SERVICE GROUP 9

OCCUPATIONAL GROUP 1

# M.D.2

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)** B

Toronto
Wife
Farming

| | | | |
|---|---|---|---|
| 1. No. | 1036201 | | |
| 2 Rank. | Pte. | | |
| 3. Name. | PAYIE. John. | | |
| 4. Unit. | C. F. C — 238 Bn. | | |
| 5 Date of Discharge | MAY 17 1919 | Place | TORONTO, ONT. |

6 Reason for Discharge..... DEMOBILIZATION

7. Authority. No.2 District Depot, Part II, D.O.No. 14

8. Proposed Residence after Discharge..... 965 Brock Ave Toronto

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.?.....

John Payie
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

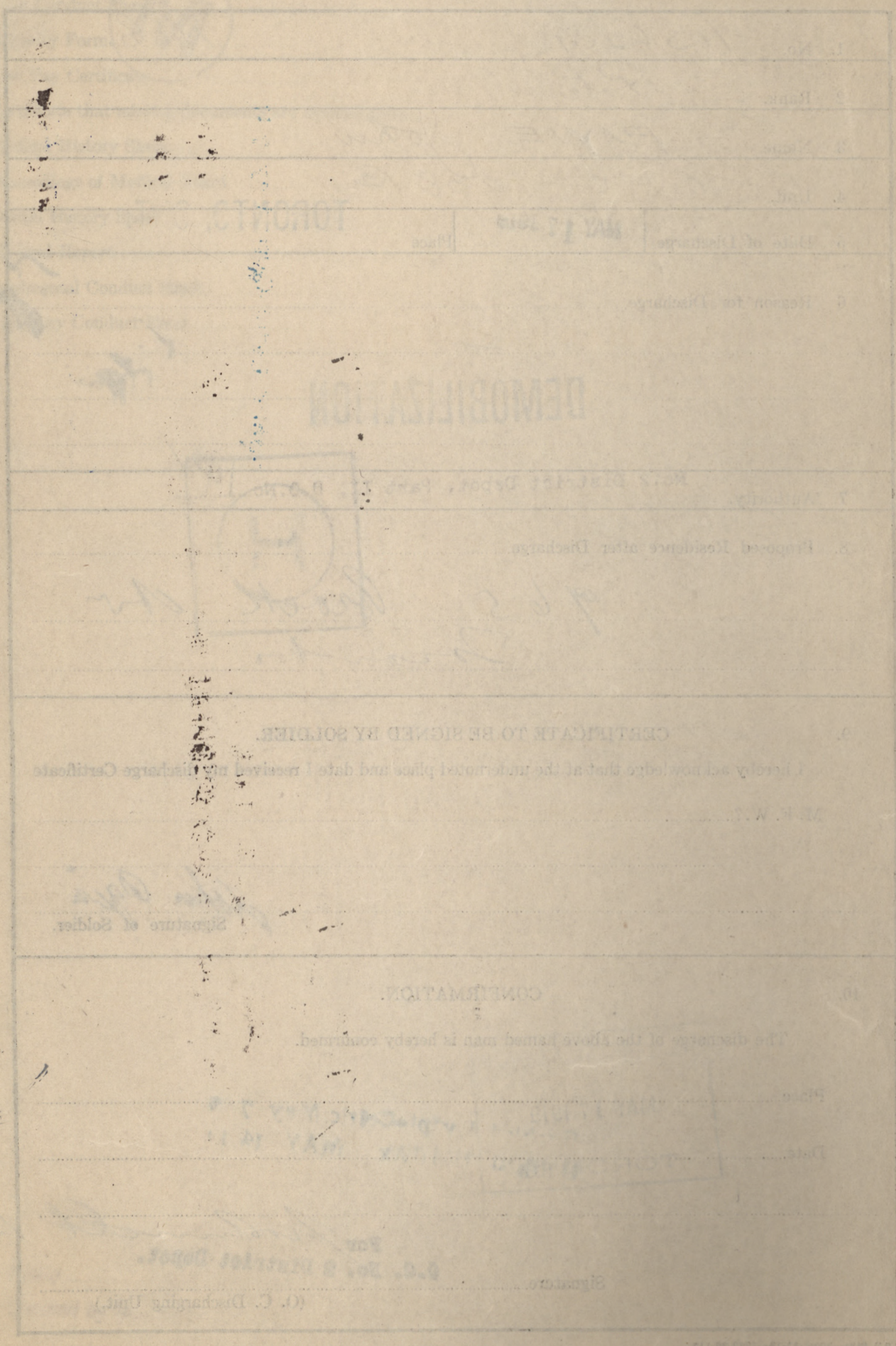
Place..... TORONTO

Date..... MAY 17 1919

For O.C. No. 2 District Depot.

Signature.....
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-118.



## 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 |

Group.....

Checked by No. 2D.....

.....

Date 2-5-19

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION SUNNINGDALE DATE APRIL 5/19.

1. 1 (a) Unit C.F.C. (b) Regimental No. 1036201 (c) Rank PTE.

(d) Surname PAYIE (e) Christian name JOHN.

(f) Home address 965 TORONTO AVE. TORONTO ONT. CAN.

(g) Next of Kin RACHAEL PAYIE. (h) Relationship WIFE.

(i) Address of Next of Kin AS ABOVE.

2. Age last birthday 52. Date of birth AUG 22 1867

3. Enlistment, or Appointment (if an Officer) (a) Place TORONTO. (b) Date JUNE 26/16.

4. Personal description:

(a) Height 5' 6 3/4 (b) Weight 126 (stripped). (c) Complexion FAIR.

(d) Colour of hair DARK (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. NONE.

5. Former trade or occupation LUMBERMAN.

| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | Days |
|---|---|---|
| | 2 | 297 |

| | Periods | |
|---|---|---|
| | From | To |
| Canada | 26.6.16. | 11.9.16 |
| England | 1.9.16. | |
| France or other theatres of War | | |

7. Original disease, or injury ARTERIO SCLEROSIS

(a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin CANADA

(c) Cause ACCIDENTAL, NOT DUE TO MILITARY LIFE

M. F. B. 227.

40M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

ARTERIOSCLEROSIS patient loss of pulsation of radial vascular organization Disability to do prolonged labor

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE:

Man of 51 years of age hands blue & cold, loss of elasticity of tissue loss of muscular tone & power, Radial artery palpable thickened aortic sound, sound accentuated

SUBJECTIVE:

no complaint

Man states he could walk 3-5 miles

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

10. (a) History (of the condition referred to in Section 9 (a).)

Man states he was a farmer and lumberman in early life, moderate habits

Man states he feels as well as when he enlisted and that he has no disability from service

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

none

(*c*) (Here give a description of wounds, scars and deformities.

none

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n/a

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a) no b) n/a

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

n/a

E. J. Paulson Capt.
*Medical Officer by whom the case is brought forward.*

## STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned John Payne have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A/B

J. Payne Pte
Rank.
*Signature of invalid examined.*

## OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Board Concurs

19. Is the invalid fit for

| | | | |
|---|---|---|---|
| (*a*) General service, | (Category A) | ~~(Yes or No.)~~ | No Yes B II |
| (*b*) Service abroad, not general service, | ( " B) | (Yes or ~~No.~~) | |
| (*c*) Home service (Canada only), | ( " C) | ~~(Yes or No.)~~ | No. |
| (*d*) Temporarily unfit. | ( " D) | ~~(Yes or No.)~~ | No |
| (*e*) Unfit for service in Categories A, B and C | ( " E) | (Yes or ~~No.~~) | No |

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid ~~be discharged.~~ (When not for discharge add special recommendation.)

Boarded for return to Canada
Authority A.G. Tel 9063 11.11.18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

F. J. D. Munro Capt. *President.*

PLACE Sunningdale
DATE 6/4/19

A. H. Sutherland Capt } Members

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

*President*

PLACE.....
DATE.....

} Members

APPROVED BY
J. G. Munro
*Assistant Director of Medical Services.*
DATE.....Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY
*Director-General of Medical Services.*
DATE.....

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN MILITARY FORCES, APR 10 1919
13 HERNERS ST. LONDON, W.1

Form D M S. 1394
5M-10-10-17.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 24/10 1917

No. 1036201 Rank Pte Name PAYIE J.

Local Unit Coll3 C.F.C. Overseas Unit ..... Age 47

Examination held at Alloustm Cumberland

DISABILITY.
~~Overseas~~-Local
(scratch one out). Arterio Sclerosis

## PRESENT CONDITION.

Moderate general arterial thickening
Is able to do manual labor

## BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... B TT ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

( R.P. Boden Capt CAMC President.
( J.D. Adamson Capt CAMC
Members (
(
(

APPROVED

Dated 18 NOV 1917 191 . C.B. Campbell For A.D.M.S.
Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

Form R. & O. 6045
1288-150M-29/11/18.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 24/10/17 ..... 1916.

No. 1036201 Rank Pte. Name PAYIE J.

Local Unit 6a. 112 Overseas Unit C.F.C. Age 47

Examination held at Hoiston Cumberland.

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

Arterio Sclerosis.

PRESENT CONDITION.

Moderate general arterial thickening.
Is able to do manual labour.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty B. Two ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { R.P. Borden Lieut-Col A.M.C. ..... President.
J. Edwards Capt C.A.M.C.
.....

APPROVED

Dated at ..... 8 NOV 1917 ..... 1916.

A.B. Crawford
..... Capt. For A.D.M.S. C.,
for A.D.M.S. Canadians, London Area.

"CELTIC" 15-5-19

AUDITOR | PAYMASTER

P. 2438.

# DISPERSAL "T"

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

M. OR S. M. | REGT. No. 1036201 | RANK Pte. | NAME (IN FULL) PAYIE J. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

Closed by Ottawa 31.5.19.

TO WHOM PAID | RELATIONSHIP

Same.

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| See Adjustment. | | |

ORIGINAL UNIT C.E.F. 6.7.6. | IF IN P.F. WHAT UNIT? Bank of Commerce

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

Toronto

DATE OF ATTESTATION 26-6-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

16.00 - Closed by Ottawa 31.5.19

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

Mrs. P. Payie - Wife.

ADDRESS

69 Brock Ave., Toronto, Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAYS

Toronto. | 17-5-19 | Demob. | D.O. 142

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | $ | C. | TOTAL CREDITS $ | 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. | BALANCE CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T.O.S. 4.5.19. D.O. 142 SUBS. ..... TO ..... D.O. ..... |
| 30.4.19 | | | | | | | 25 | 22 | 25 | 22 | | | | | | | | | | | | | Endorsed on L.P.B. 973 | | | | | | | | | | 25 | 22 | Bal. trsp. L.P.B. |
| 1.5.19-23.5.19 | 22 | 1.10 | 24 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1.5.19-22.5.19-RR. |
| | | | | | 35 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Clothing allce. |
| | | | | | 70 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1st Pay't. W.S.S. |
| | | | | | | | | | | | | | | | | | | | | | | | 16 | 00 | | | | | | | | | | | | | A/C. May 19. |
| | | | | | | | | | | | | | | | | | 487 | 500 | | | | | | | | | | | | | | | | | | | Boots Town Expenses. |
| | | | | | | | 129 | 20 | 6.D | 108 | 593. | | | | | | 118 | 82 | | | | | | | | | | | | | 154 | 42 | 0 | | 0 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | 70 | 00 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | 5 | 50 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | 14 | 00 | | | | | | | | | | | AMOUNT DUE SOLDIER DEPENDENT |
| | | W.S.G. | S.A. | | | | | | | | | | | | | | | | | | | | | | | W.S.G. | S.A. | | | | | | | | | |
| 15.3 days | | | 350 | | 150 | | 500 | | | | | | May 17 | | | | | | | | | | | | | | | | | | 89 | 50 | 274 | 50 | 136 | | |
| | | | | | | | | | | | | | June 12 | | 711902 | | | | | | | | 64 | 50 | — | 903 | | | 46 | | 200 | | 210 | | 90 | | |
| | | | | | | | | | | | | | AR 83 July | 9 | 733394 | | | | | | | | 70 | | — | 395 | | | 30 | | 300 | | 140 | | 60 | | |
| | | | | | | | | | | | | | AR 111 Aug | 13 | 1033232 | | | | | | | | 70 | | — | 233 | | | 30 | | 400 | | 70 | | 30 | | |
| | | | | | | | | | | | | | AR 135 Sept | 11 | 1440840 | | | | | | | | 70 | | — | 841 | | | 30 | | 500 | | Rt | | | | |
| | | | 350 | | 150 | | 500 | | | | | | | | | | | | | | | | | 274 | 50 | | | 75 | 50 | 150 | | 500 | | | | | | W.S.G. PAID IN FULL |

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

26-6-16.

1918
PC 2753
M O 21950

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Sept. / 16

RATE OF SEPARATION ALLOWANCE

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

P 002351

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 16 | | | |

P.C.3257

M F-W-2554 Issued JUL 26 1918

## PARTICULARS OF SEPARATION ALLOWANCE

0/R 23/11/18

No. 136201

Rank Pte Promoted Reverted Discharge

Soldier's Name J Payie

Battalion 238 Battn

Beneficiary Mrs. Rachael Payie

Relationship Wife.

Address

## PARTICULARS OF ASSIGNMENT

Name Mrs R Payie

Address ~~695 Brock Ave~~ ~~Toronto Ont~~

Change of Address

1 ~~Parry Sound. Ont. - Box 317~~

2 695 Brock Ave. Toronto Ont.

3

4

| Date 1917 | Cheque No. | Amount S/A | Amount A/P | Total |
|---|---|---|---|---|
| Dec 31 | | 363 | 256 | 619 |
| Jan 1/18 | F 63348 | 30 | 16 | 46 |
| Feby | R 71998 | 25 | 16 | 41 |
| Mar. | P 95509 | 25 | 16 | 41 |
| Apr. | P 11169 | 25 | 16 | 41 |
| May 18 | U 13984 | 25 | 16 | 41 |
| June | O 26898 | 25 | 16 | 41 |
| July | J 28928 | 25 | 16 | 41 |
| Aug | Q 35728 | 25 | 16 | 41 |
| Sept- | E 37066 | 25 | 16 | 41 |
| Oct | C 43828 | 25 | 16 | 41 |
| Nov | G 58947 | 25 | 16 | 41 |
| Dec | H 62916 | 45 | 16 | 61 |
| Jan | A 71277 | 30 | 16 | 46 |
| Feb | C 78349 | 30 | 16 | 46 |
| March | A 84053 | 30 | 16 | 46 |
| Apr | W 4482 | 30 | 16 | 46 |
| May | K 5274 | 30 | 16 | 46 |
| | | 838 | 528 | 1366 |

14306-J-5

REMARKS

M R 068498 Re Chg Add rec'd 7/4/19 O.K. F.L.

see change add

A/c Closed 31-5-19

Ret'd per Cellic

Date 14.5.19 F.X. 21-5-19

Clerk

M R O D C 78849 3 21-5-19

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22220—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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

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—1772-39-1141
L. L. 22320—M. & D. 1493.