No. VIII O. S. FIELD AMBULANCE DEPOT, C.E.F. Original.

ATTESTATION PAPER.

No. 53631

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Price
1a. What are your Christian names? ..... John Hazen
1b. What is your present address? ..... Canterbury Station York Co N.B.
2. In what Town, Township or Parish, and in what Country were you born? ..... Canterbury Station York Co N.B. Canada
3. What is the name of your next-of kin? ..... Mrs Geo Price
4. What is the address of your next-of-kin? ..... Canterbury Station York Co N.B.
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... Aug 17 1895
6. What is your Trade or Calling? ..... Blacksmith
7. Are you married? ..... Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Hazen Price, 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.

J. H. Price (Signature of Recruit)

Date Sept. 6 1916. Harry Sellen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Hazen Price, 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.

J. H. Price (Signature of Recruit)

Date Sept. 6 1916. Harry Sellen (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 St. John, N.B. this Sixth day of September 1916.

W. D. McKay (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-89-241

Description of John Hayes Price on Enlistment.

Apparent Age 18 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes L. Blue

Hair L. Brown

Religious denominations.
- Church of England
- Presbyterian
- Methodist Yes
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attacn a slip to that effect, for the information of the Approving Officer).

First & second fingers left hand slightly deformed at tips

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 6-9 1916 Lawrence Thy Cole

Place St John N.B. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Hayes Price 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.

G G Corbet major (Signature of Officer)

LT. COLONEL
OC. No. VIII C. S. FIELD AMBULANCE DEPOT C. E. F.

Date Sept 6 1916.

REGIMENTAL DOCUMENTS

NAME PRICE JOHN HENRY REGT. NO. 5[illegible] UNIT 8th Fld Amb H. Q. FILE NO.

26 Mar 19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
2	DENTAL HISTORY SHEET (M.F.B. 465)				
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
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)				
2	Misc				
2	A.F.P 1237				
1	K.U.B. 181				
1	R.149				
1	A+O				
1	P-122				
	Pay-Card-				

RECORDS RECEIVED

762

4/8/693

NON-EFFECTIVE BY DEATH

Category

DISCHARGE

Category Demob

DESERTION

29 — 3 — 8

23 — 9

W 2589
[illegible]
1922 [illegible]

Form DMS 1401.

Local

Princess Patricia Canadian Red Cross Hospital, HOSPITAL.

A. & D. CARD

AT Cooden Camp, Bexhill.

A.& D. No. 536312 PL. OF ACTION London. 1937

RANK Pte. REG. No. UNIT C.A.M.C. 4 Fld. Amb. SICK OR WOUNDED

NAME Price J. H. AGE 20 RELIGION Meth.

PLACE IN HOSPITAL Ward II.

DIAGNOSIS Influenza

ADMITTED 16-1-19 FROM Dvt. M. H. Orpington

DISCHARGED 11-2-19 TO C.A.M.C. D.S. Shorncliffe

TRANSFERRED

SERVICE AT HOME 32/12 IN FIELD 12/12

RESULTS

DISCHARGED TO DUTY.

Cata

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Farmer

S.

Jan. 24th 1917

St. John N.B.

Copied for IB

DISCHARGED TO DUTY

57

No. 536312 RANK Pte. NAME Price, J. N.

T. O. S. UNIT A. M. C. Field Ambulance Depot.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Sept. 6	Sept. 30	N.		
	Oct.	✓.		
	Nov.	N.		
	Dec.	N.		
	1917			
Jan. 1	Jan. 24	N.	Gone overseas	MO 22 of 25. 1. 17

Form R. 149.

Name PRICE. John. Hazen. Rank Pte. Reg. No. 536312.

Unit ~~4 C.F.A.~~ C.A.M.C. Cas Coy.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-3-18	4. C.F.A. To Unit	No. 2 1624	Buttock	A 179 A 179	2. 169	
4-7-18	16. C.G.H. Etretat		Influenza	B 406	7 FEB	4290
17-1-19	P.P.C.L.I. Bexhill		"	B 419		5994
14-2-19	Disch.		"	B 438		16844
20-4-19	9. C. Gen Kinmel Pk.		Scabies	C 501		9984
30-4-19	Discharged -		-	C. 507		36333

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

9 R P.

Number	536312 Pte
Surname	PRICE
Christian Name	John Hagen
Unit	C.A.M.C. Theatre of War France
Date of Service	24-11-17.
Remarks	
Latest Address	Canterbury Sta. York Co. N.B.
Roll No.	"B" Page 10732

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

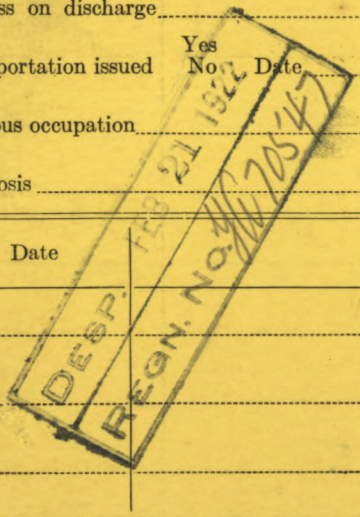
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

536312 PTE.

PRICE, JOHN H.

B.W.M.
V.M

299 FORMAN Ave
Toronto
Ontario

forward unengraved
GR

10/5/57

10/5/57

C

SURNAME. Price,

CHRISTIAN NAMES John Hazen

REGL. No. 536312 RANK Pte

UNIT Fld Amb Depot (1st. R. D.)

FORMER CORPS Nil

CARD NO. 76

SOS Lio-10-5-19

Demob # 700

Do. 133 Fo 43 3-5-19

NEXT OF KIN.

NAMES IN FULL Price, Mrs. George

RELATIONSHIP TO SOLDIER Mother

ADDRESS Canterbury Station York Co. N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Canterbury Sta N.B. DATE May 17th 1898

PLACE OF ATTESTATION St. John, N.B. DATE Sept 6th 1916

O/S 26.1.17 677E 3.

Pte. R/C. 9-5-19. 318

L. L. 94504. M. & D. 6512.

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

34.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Blacksmith RELIGION Methodist

DESCRIPTION.

APPARENT AGE 18 YEARS 4 MONTHS

HEIGHT 5- FEET 7 1/2 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Light Blue HAIR Light Brn.

DISTINGUISHING MARKS First and second finger left hand slightly deformed at tip

MEDICAL EXAMINATION. PLACE St. John, N.B. DATE Sept. 6th. 1916

Present Address. Canterbury Station York Co. N.B.

REGT'L. No. 536312

NAME Price, John Hazen

H. Q. FILE No. 649

RANK AND CORPS Pte. H.T. Fld. Amb. Dep.

FOLLOWS No.

FOLLOWS

Copied for V.B.

CABLE No.	DATE	"C"	NATURE OF CASUALTY
"I" 169 (5-5)	6-4-18		Adm. 4th. Fld. Amb. Dep. Mar. 31st
			Disch. from Hosp. Mar. 31st. 1918
			Lgsw. left buttock. ✓

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A179	No 4 Can. Fld Amb.	31-3-18	G.S.W. L. Btk.
A179	" " " "	31-3-18	" " " disch.
B406	16 Can. Gen Orpington	4-1-19	Influenza.
B419	P.P. Can R.C. Blyhill	17-1-19	Influenza.
B438	Disch	11-2-19	Influenza
C501½	9 Can Gen Kinmel Pk	20-4-19	Scabies
C507	Disch	30-4-19	"

Copied for VB

D M S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
PRICE.	J.H.	536312.

Copied for VB

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		C.A.M.C.	4FA.	

HOSPITAL — DATE OF ADMISSION

4. C.F. Amb. 31-3-18.
16 C. G. Orpington 4-1-19
1. Princess H. Eastcliff Hosp. 17-1-19
2. 9 C. G. Kinmel Park. Hosp. 20.4.19
3. Hosp.
4. Hosp.

DIAGNOSIS

1. G.S.W. Lt. Btk. Qr
2. Influenza W/
3. Scabies W/

DISPOSITION	DATE
C.L. 6-4-18. A179. Dis. 31-3-18.	
" 8-1-19 B406	
23-1-19 B419	
15-2-19 B438	
25.4.19 C501.	
2.5.19. C507.	

REMARKS

Disch 11.2.19

Discharged. 30.4.19.

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

EPITOME OF HOSPITAL TREATMENT

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Copied by VB

THIS IS TO CERTIFY that No. 536312 (Rank) Private

Name (in full) John Henry Price enlisted in

the 8th Field ambulance

CANADIAN EXPEDITIONARY FORCE at St John N.B. on the 6th

day of September 1916

HE served in Great Britain, France, and Belgium

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 21 yrs.

Height 5 ft 7½ ins

Complexion Fair

Eyes light blue

Hair light brown

Marks or Scars 1st & 2nd fingers left hand slightly deformed at tips

H H Price
Signature of Soldier

Date of Discharge

Dispersal Station "C" MAY 10 1919 Military District No. 7

Ranger Capt.
Issuing Officer

DISPERSAL STATION, ST. JOHN, N. B. O. C.
O. C. DISTRICT DEPOT #7 FOR
Rank

Date MAY 10 19 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.

CLASS A
WAR SERVICE BADGE
NO. 26533 Issued

Form R 122.
2353—100M—9-12-16.

J.P. Rank — Name PRICE, John Hazen — Reg'l No. 536312.

Unit Fd. Amb Dft from No.8 F.A.Depot. — If in perm. Corps What Unit? — Married or Single Single.

Place and Date of Enlistment St John N.B. 6th Sept. 1916. — Place of Birth Canterbury Station. N.B.

Name and Address, Next-of-Kin Mrs Geo. Price.

Canterbury Station York Co. N.B. Canada. — Relationship Mother.

Assigned Pay Monthly $ — Payable to — Relationship Mother

Separation Allowance $ — Payable to do — Relationship do

Applied for V.B.
M/E. R.L. 729
File R.L.
Category OR CAN

Discharge, Date and Place — Reason — Character

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.
6		Arrived in England Via S.S. Grampian		6.2.17.	
10.2.17.		Lance Cpl. To Son arrival from Canada	Westenhanger	7.2.17.	Pte. Pt. II. AH (G.G. 685)
9.3.17	Do	A.C.S. to Kitchener Hos Brighton	Do	9.3.17	" " 68
14.3.17	OC Kitch. Mil. Hosp	Taken on Strength	Brighton	14.3.17	— ——— 1
2.4.17	Canada	Pt. II O.O. 68 d. 9.3.17 to amended to read proc on Command leaves to be attd to Kit. mil. Hosp.	W'hanger	2.4.17	——— 92
17-10-17	do.	S.O.S. to No 10. C.G.H. Brighton	Pte.	S'cliffe. 19-9-17	Pte. D0290.9 d/20-10-17 (S.O.S.) No 10.C.G.H. Pte. D0185.
19-10-17	do.	T.O.S. on postg from No 10 C.G.H. Brighton	Pte.	do. 17-10-17	Pte. D0292.
24.11.17	do	S.O.S. on proc'dg: Overseas.	Pte.	do. 23-11-17	—"— 328
1-12-17	C. Amb Gen:	T.O.S. on arrival in France as reinf.	Pte.	Field. 24-11-17	—"— 77.

29 NOV. 1917

Report. Date	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
10-12-17.	C.Amb.Gen:	Posted to 4th C.F.Amb:	Field.	Pte.	26-11-17	Pt II D.O. 79.
11-12-17.	No4 F.Amb:	T.O.S. from C.Amb.Gen: as reinf:	do.	Pte.	27-11-17	" - 84.
6.4.18	C.Amb	adm[d] 4 Fld Amb	"	Pte	31 3 18	G.S.W. L.Arm & Buttock
" "	"	Discharged "	"	"	31 3 18	" " 179 " "
13-1-19	C.Amb C.Coy	T.O.S. from 4th F.Amb	S.Cliffe	Pte	14-1-19	10
~~29-1-19~~	~~4 F.Amb~~	~~A.W.L. from 8-12-18~~	~~Field~~	~~Pte~~	~~8/12/18~~	~~6~~ Cancelled H.Q. Fld Amb. Pt II D.O. 14 d/10-3-19
~~29-1-19~~	~~4 F.Amb~~	~~S.O.S. as Deserter 6/24/19.~~ auth. A.A.G. K.D.d	~~Field~~	~~Pte~~	~~14-1-19~~	~~6~~
amended to read:-		Posted to C.A.M.C. Base Coy S'Cliffe on being adm. to hospital whilst on leave in England. 29-11-18. Leave expired 7-12-18				
6.4.19	4th D.C.W.	T.O.S. from C.Amb	Rhyl.	Pte	5.4.19.	D.O. 96
sailing no 53. d/ 3-5-19			Mil. D. ia ~~Disp. area~~		7.	Emt. Roll 24.
3.5.19	4th D.C.W.	T.O.S. to Canada.	Rhyl.	Pte.	3.5.19.	D.O. 123.
7-4-19	C.A.M.C.C.	Having proc. to C.C. Camp Kyle SOS to HO W.	S.Cliffe	Pte	5-4-19	DO 82

Duplicate,

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.

---

(1) Name of Overseas Unit which Soldier joins C. S. FIELD AMBULANCE DEPOT

(2) Regimental Number 536312

(3) Full Name of Soldier John Hazen Price

(4) Place of Birth Canterbury Sta, N.B.

(5) Are you married, or not? No.

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

(b) Present Postal Address Canterbury Sta, N.B.

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? George W Price

If so, state name and address Canterbury Sta, NB

(10) Is your Mother alive? Mrs Evelyn Price

If so, state name and address Canterbury Sta, NB

(11) If your Mother is a widow No

Are you her sole support, or not? —

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

—

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

—

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

—

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

G. J. Corbet Major
Officer Commanding.

Date November 10, 1916

U. S. FIELD AMBULANCE DEPOT,

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

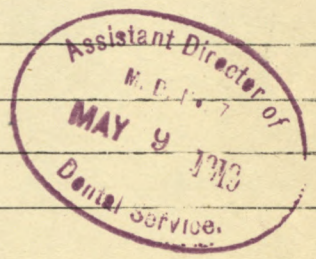
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) Price J H

REGIMENT CAMC RANK Pte No. ~~171302~~ 536312

Date of Examination in England 26/3/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS



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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada Yes.
- (*b*) In England
- (*c*) In France

Signature of Dental Officer W. Sinclair Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division 6

ST. JOHN, N. B.

Name of Soldier Price J.H.

Regiment 11th V.B. 7th Aud Train Rank Private No. 536312

DATE	No.	Fillings				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1916																
Oct 18	1					1									F. A. Sodasse	Previous History
Oct 18	2	2'													F. A. Sodasse	Completed

M. F. B. 465
100m.—7.16.
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division

No. 5 Dental Unit

DATE	No.	FILLINGS: Amalgam	FILLINGS: Cement	Inlays	Crowns	Pivots	Bridges	Artificial Teeth	OPERATION	REMARKS

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. Geo. W. Price,
Address Canterbury, Stn.
York Co.
N.B.
Rate $15.00 FEB 1 1917

By Whom Assigned Price, John H.
Regtl. No. 536312
Rank Pte
Corps Field Amb. Depot.

PAYMENTS

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

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Geo. W. Price

Name of Soldier Price, John H.

PAYMENTS. 536312 - Pte - Field Amb. Depot.

L. L. Job 4503.—Req. 6832.

$15.00

FEB 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		M43673	15	
March		U 50633	15	15-B.
April		S 41800	15	15.8.
May		S 10721	15	
June		R 16701	15	
July		S 24710	15	
Aug.		I 30518	15	
Sept.		M 40449	15	03
Oct.		F 44850	15	
Nov.		M 51767	15	
Dec.		R 60901	15	
Jan.	1918			
Feb.			165	
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.				

P. 559
MARRIED OR SINGLE S

PLACE OF BIRTH Canterbury Sta N. B.

NAME AND ADDRESS OF NEXT OF KIN Mrs Geo Price
Canterbury Sta. York Co. N.B.

RELATIONSHIP OF NEXT OF KIN Mother

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. 536312 RANK Pte NAME Price John H.

IF IN PERMT. CORPS / WHAT UNIT — UNIT amc & camcts

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION St John N.B.

DATE OF ATTESTATION 6 Sept 1916

TRANSFERRED TO K. m. Hosp DATE 21/4/17 AUTHORITY D.O. 14/3/17
TRANSFERRED TO CAMCD DATE 1.11.17 AUTHORITY
TRANSFERRED TO 4th Fld Amb DATE 1/1/18 AUTHORITY DD84 - 11/2/17
TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 DATE EFFECTIVE 1/2/17

PAYABLE TO Mrs Geo Price Canterbury Station N. B RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
														11 40	11 40																11 40				Bal from Canada
2/5/17 to 28/2/17	35	10 4/10	38	50											38	50												15		15	34	90		34	90	
March 1/3	31	10 0/10	34	10											34	10	1571 / 1521	27/3 / 15/3			12 / 1	28/3 / 14/3	Km of		4 / 7	87 / 30		14 / 4	68 / 86	15		46	63	22	37			
April 1/20	20	✓	22												22													15		15		29	37			Trans to K.m.H. D.O.I. 14/3/17 effect 21/4/17.
21/31	11	✓	11												11																	40	37			
May	31	✓	31	10											31	10	9 / 20	13/4 / 2/4							19 / 12	73 / 17				15		36	90	37	57			
June	30	✓	33	00											33	00	40 / 55	16/5 / 25/5							9 / 9	24 / 33				13		32	47	36	10			
July	31		34	10											34	10														15		15	00	55	20			
Aug.	31		34	10											34	10	91 / 77	29/6 / 13/6							9 / 9	73 / 74				15		34	46	37	84			
Sept	30		33												33		143 / 130 / 121	2/8 / 27/7 / 13/7	183	31/8/17					9 / 9	73 / 73	7	30		15		51	49	36	35			
			273	90										11 40	285	20									112	20	7	30	19	46	120		248	95			

536312. Pte Price J.H.

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
	24½	90												11 40	285 30									112 20	4 30	19 46		120 –		248 95	36 35		– –		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sept 1/17	Balance	~~26 35½~~							36 35	–	
Oct 31		34 10					15				
				AR 2nd Kn Hosp 13.9.17	9 73						
				" 235 " " 27.9.17	9 73		15		35 99		
		34 10			19 46						
Nov.				AR. 562 29/10/17. Can Ed.	9 73						
	P. Pay	33					15				
Dec	P. Pay	34 10		a/c Pay Dec			15				
				DAR 267 13/12/17 10th Can Hosp	7 30				56 06		V
1918		67 18			17 03		30				
Jan 31		34 10			11 03		15				
				AR 2180 11th R. A. 31 a.	8 92				90 16		
				" 1035 7th " "	8 03				31 95		
				DR 15							
				" 925 " " bombed	7 30		15		50 91		
		34 10			24 25						
Feb 28	N.P.	30 80		Clear a/c			15				
				AR 1275 26/1 22 a.	3 57						
				" 1200 10/1 "	4 46				58 68		
		30 80			8 03		15				
March 31	N.P.	34 10		Clear a/c (P2)			15				
				AR 1419 12/2 2 a. (P8)	4 46						
				DAR 474 25/1 " Cyba (P13)	4 46						
				AR 1818 27/2 2 a (P33)	3 57						
				" 1672 11/3 "	4 46						
				" 1807 21/3 " (P35)	3 57				57 26		
		34 10			20 84		15				

P 820
12474—375H—13-2-18.

* Strike out whichever is not applicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/2/17		EFFECTIVE DATE:-	
AMOUNT:- 15 00		AMOUNT:-	

NAME:- PRICE. John. H.

NUMBER:- 536312.

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.

Wife Geo Price
Canterbury Station N.B.

Stopped eff. 1/4/19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- Canc. T.S.

DATE ACCOUNT FIRST OPENED:- 25/1/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4 Fld amb.
	1/6/19	16/6/19	Canada Sect.

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~~	~~HH85~~	~~Canc R T D.~~	~~973~~			Ledger Bal	31 01
~~1/3~~	~~11569~~	~~"~~	~~1468~~			Extracts	24 41
			2441			L.P.C. Cr Bal	6 60

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada 1/4/19 Auth. N.R. 9.4811 - Arcliffe 20/3/19 Arcliffe M.D.7.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan.	Balance fwd								57 26	✓	
Apr	A.P.	33		Can a.f.				15	75 26		
				AR26 1074 2 2a. P2	4 46				70 80		
				" 108 25/4 " P17	3 57				67 23		
May	AP	33 3H 10			8 03			15			
				Can a.f.				15	86 33		
				AR. 199 12/5 2nd Yd Amb P3	4 46				81 87		
				" 303 28/5 " P. P13	3 57				78 30		
June	.	34 10		C.A.P.	8 03			15 15	96 30		
				C.A.R. HH2 2 D.D.C. 10/6.3	3 57				92 73		
				✓ 534. ✓ 25/6 11.	4 46				88 27		
July ✓		33 3H 10		C.A.P.	8 03			15 15	107 37		
				A.F. 672 ✓ 10/7.1.	4 46				102 91		
				✓ 779. ✓ 25/7.8.	3 57				99 34		
Aug. ✓		3H 10 3H 10			8 03			15 15	118 44		
				✓ 876. ✓ 18/8.9.	7 14				111 30	✓	
Sept ✓		3H 10 33 -			7 14			15 15	129 30		
				Forfeits 7 days pay 24/8/18 for absence from Duty 10 hours 1 day pay R.W. D.C.O. H.Q. 10/9/18. H.Tame		880			120 50		
				A.F. 1073 2 D Tame Sept 10	7 14	880		15	113 36	agreed 9/11/18.	
Oct. ✓		33 3H 10			7 14			15	132 46		
				1396 30/10 778a 4	7 46			15	125 00		
		3H 10			7 46						

NUMBER 536312 RANK NAME PRICE John H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Balance Forward								12500		
Nov		33						15	1143 00		
				a/c 15446. 2 DS Tamb 15/11 (66)	3 73				1139 27		
				L.C. 60. ✓ 19/11 (18)	97 33.				41 94		
				a/c. 1600. ✓ 15/11 (14)	3 73.				38 21		
	Dec	34 10			104 79			15	57 31		
				a/c Lond 89266 30/12 (63)	24 33				32 98		
1919	Jan	34 10						15	52 08		
		101 20			129 12			45			
Delay				a/c. 4707. S.P.C.R.+H. 21/1 26	9 73.						
				✓ 11071. 16 Qu H. 15/1 26	41 87.	1 14 60			37 48		
	P.P.	30 80						15	53 28		
				✓ 6225. S.P. C.R.+H. 7/2 70	19 47 ✓				33 81		
	S.P. 12/2/19 to 21/2/19 — 10 days 50 40 came c/as to 17.2.19	7 30							41 11		
				✓ 4181. Camcd. 27/2 10	4 87 ✓				36 24		
Mar	P.P.	34 10		Cal.				15	55 34		
				a/c 6427 P.P.C.R.+Hosp. 10/2 77	24 33				31 01		
				✓ 4485 Camcd 13/3 38	9 73.				21 28		
				✓ 4569 ✓ 18/3 149	14 68				6 60		
		72 20			87 68			30			
				✓ 135 Kinmel 7/4 18	9 73 Endorsed				3 13		
				✓ 1108 ✓ 21/4 31	9 73. do				12 86		
					19 46						
				S.L. 53 Camcd 3/5/19. Soson trans to Canada M.D.7							

W. S. B. CLASS A. No. 265398

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

5-4-19

11-4
4-7-38

M

Category B 1

1. No. 536312
2. Rank. Pte.
3. Name. PRICE John Henry
4. Unit. CAMC CAMDS D. D. NO. 7
5. Date of Discharge MAY 10 1919 Place ST JOHN N. B.

DEMOBILIZATION

6. Reason for Discharge.....

Service in France 12/12

Next of Kin Mother

7. Authority. R. O. 1420 (C)
8. Proposed Residence after Discharge Canterbury Sta. York Co.

Religion Methodist

Occupation Farmer.

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" MAY 10 1919 Military District No. 7

J. H. Price

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "C" MAY 10 1919 Military District No. 7

Place H.M.T. Mauretania

Date Sailing No 53
Embk'd S'th' on 3/5/19
Disemb'k'd Halifax 9/5/19

Medical Documents Forwarded to ~~S. C. R. or~~ B. P. C. ON 19.5.19

Signature [illegible] O. C.
ST JOHN N. B. FOR
(O. C. Discharging Unit.)

DISPERSAL STATION "C" O. C. DISTRICT DEPOT #7

[illegible] Lieut.
~~A/D. R. O. M. D. No. 7~~

M.F.B. 218a—300M-11-18—1772-39-113.

GD
1D11.65-

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)
2. Field Conduct Sheet (M.F.W. 178 or A.F.B. 122)
3. Casualty Form (M.F.W. 54 or A.F.B. 103)
4. Last Pay Certificate (C.A.(F.C.) 2000)
5. Medical History Sheet (A.F.B. 178)
6. Proceedings on Discharge (M.F.B. 227 or M.F.W. 75)
7. Discharge Certificate (M.F.W. 20)
8. Dental History Sheet (M.F.B. 465)
9. Medical Report (M.F.W. 129)
10. Regimental Conduct Sheet (M.F.B. 263)
11. Company Conduct Sheet (M.F.B. 263a)
12. Last Pay Certificate (P. 865)
13. Pay Book (A.B.64)
14. War Service Gratuity (Form M.F.W. 2095),
15. Sundry Documents.

Group.....

Checked by No. 1 Ans.

Date 21/5/19

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps C.M.G. Regimental Number 536312

*Substantative Rank Pte Surname Grice Christian Names J. H.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

Copied VB 1917

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
22/11/18	Unit		GRANTED 14 DAYS LEAVE	UK	22/11/18	Bn3 Rd 270a 5/12/18
22-1-19	A.A.G.		Absent without leave (Auth AAG KD 18/24/19		*8/2/18	SR 17/1/19 PtO. 6-1-1919
22-1-19	A.A.G.		Having been declared illegally absent by a court of Inquiry is S.O.S. as Deserter		14/1/19	KD 18/24/19 PtO. 6

H H Christie
Lieut.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

13-1-19 Canada 10 SOS. from 4th C. Amb. Schiffer 4-1-19

J O'Brien LIEUT.
FOR LT. COL. I/C RECORDS, C.O.M.F.

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
14.2.19	C.A.M.C.C.C.	40	Reported for Furlough.	Scliffe	12.2.19.	
4-4-19	do.	82	S.O.S. & M. Wing. for Rhyl	"	5.4.19	
5/4/19	CAMCD.					

G. S. Tough Capt.
Officer Commanding C.A.M.C. Cas. Coy.

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 96. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 123

Ford Lieut
V. Quinn
Commanding M.D.7 Wing,
Kinmel Park Camp.

Nothing to be written in this margin.

3-5-19 Eng.

TAKEN ON STRENGTH *District Depot No. 7.*
PART II. ORDER No. 133
ST. JOHN, N. B.

R. W. Sleeves
Lieut. & Asst. Adjt.
For O. C. District Depot No. 7

10-5-19 Dis'd. A. M. S.

STRUCK OFF STRENGTH *District Depot No. 7.*
PART II. ORDER No. 133

Copied for VB

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	536317	Pte	Price	John
Year	Unit.		Age.	Service.
1918	4th Canadian Field Ambulance		20	2 2/12

Station and Date.

Disease Influenza 24

Ladywell 7th.

Temp

Pulse

P.U.O.

Resp. Illness - Went sick yesterday, but was ready at Shaftesbury Hotel, St. Martins - with cold in head, light chest, cough. Stiffness at back of head. No vomiting.

Urine

29.11.18. Pm. State:- Cold in head, + general aches. slept fairly, does not feel very bad. T. falling this morning. Tongue clean. Teeth clean + good. Appetite; B.O. Pale, not discoloured. Chest sore, not tight. Head congested. Pulse good quality not rapid. Ap. Mist. Amm. Chlor. 3 p.c. 5-4-2 Mist. Expectorant 2 3 5 3 6 hrs. N.C. swelling of mucous membrane.

30.11.18. Pain + Stiffness of neck muscles, not tender. Mucous congest + puriform + pus in left chest. Sleeps most of the day.

3.12.18 Temp normal. Feels much better. Slow pulse. Ap. Inj. Pituitrin .5 c.c. Lodic.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[106] W3081/P1296 50m 7/18sv 5 89 Forms/I. 1237/14.

[P.T.O.

Station and Date.	
2-12-18.	Joined. to Co. A. 11th Infantry - Ft. McPherson, Ga.
	Transfer to Infantry 3 Sp. C-ds.
D.D.C.R.	C. Hospital.
11/8/19	Disc to Duty. No disability
	R. Goulden Capt. Cavalry

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Forms I. 1237 .2

Army Form I. 1237.

Copied for VB

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1919	536312	PTE	PRICE	J. W.

Unit.	Age.	Service.
C.A.M.C. 4th C.F. Amb.	20	2y 6m 12d

Station and Date.	Disease Influenza
#16 CANADIAN	Date of Enlistment 6/9/16
GENERAL	" Proceeded overseas to Eng 24/1/17 to France 23/11/17
HOSPITAL	Civil occupation Farmer
ORPINGTON	Religion Meth
KENT	Next to Kin Mother
	Mrs J. W. Price
	Canterbury Sta
	New Brunswick
3/1/19	Admitted to Isolation from Bermondsey Metropolitan Hospl Lady Well Rd S.E. Patient states he was taken sick whilst on leave from France suffering headache, pains all over body, shivers, and general weakness reported sick at Southampton St. W.C. being sent to B. H. 29/11/18
6-1-19	No adventitious sounds on Chest B.S. roughened - Sputum negative T.B.
10.1.19	Transfer to Buckhill convalescent A
	J. T. Hazlewood Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	

4

Report No. 32483

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } 536812 Pte Price Age 20 Corps

Disease Influenza Hospital O.M.H. Orpington

To Officer i/c Laboratory. Ward Isolation

Please carry out an examination of the accompanying specimen of Sputum

with special regard to

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 9-1-19

O. i/c Ward.

LABORATORY REPORT.

M. T. B. found

Date of Examination Jan 9/19

R. D. Mayle
A. Haywood
O. i/c Laboratory.

8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

LABORATORY REPORT

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 Shorncliffe DATE March 29 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 536012 (c) Rank Pte.

(d) Surname PRICE (e) Christian name JOHN HENRY

(f) Home address Canterbury Station N.B.

(g) Next of Kin Eva Price (h) Relationship mother

(i) Address of Next of Kin Canterbury Station N.B.

2. Age last birthday 20 Date of birth May 17 1898

3. Enlistment, or Appointment (if an Officer) (a) Place N.B. (b) Date Sept 16 1916

4. Personal description:

(a) Height 5'9" (b) Weight 160 (stripped) (c) Complexion fair

(d) Colour of hair dark (e) Colour of eyes dark (f) Identification marks, Scars, etc. 1 and 2nd finger of left hand dubbed

5. Former trade or occupation Farmer

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
	3	180

	Periods	
	From	To
Canada	Sept 16 1916	23 June 1917
England	June 23 1917	22 Nov 1917
France or other theatres of War	22 Nove 1917	Nove 22 1918

7. Original disease, or injury R and L. Hyperopic astigmatism

(a) Date of origin childhood (b) Place of origin Canada

(c) Cause unknown.

M. F. B. 227.

40UM.—11-18.
1772-30-117.

Passed for V.B.

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*).)

31-3-18 wounded slight lt. buttock recovered.

29-11-18 influenza severe, 3-1-19 convalescent.

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

2 first fingers of left hand ~~stubbed~~ clubbed.

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.)

no

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

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.)

nil

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

none

J.Peake Capt C.A.M.C.

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 Price John Henry 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

CJW

J.H.Price. Rank.

Signature of invalid examined.

Copied for VB

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.)

Defective vision

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.)

Right and left hyperopic astigmatism

RV 6/60 LV 6/60 see attached specialist report 28-3-19 by Capt N.C.Jones

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

Special Senses....no....Respiratory System....no....Integumentary System....no....

Disturbances of Mentality....no....Digestive System....yes....Muscular System....no....

Osseous and Joint Systems....no....Any other general condition....no....

attacks of indigestion

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

eyes always weak.

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.

yes. we concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.)	no
(*b*) Service abroad, not general service,	" B)	(Yes ~~or No.~~)	yes Bii
(*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 Auth AG Tel 9083 of 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.

Chas J. Wheaton Capt. *President.*

PLACE Shorncliffe — C.A. Langmaid Capt. } Members

DATE 29-3-19.

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..... } Members

DATE.....

APPROVED BY

for. *Assistant Director of Medical Services.*

DATE 29-3-19.

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED TRUE COPY

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

P

7326

Date of Assignment Feb 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 536312

Rank Pte Promoted Reverted Discharge

Soldier's Name John H. Price

Battalion Fld. Amb. Dep.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Geo W. Price

Address Canterbury Stn. York, N.B.

Change of Address

1

2

3

4

Date 1919	Cheque No.	Amount S/A	Amount A/P	Total
Dec	-		165	165
Jan 18	K 67982		15	15
Feby:	A 67720		15	15
Mar	Q 93958		16-	15- ✓
Apr	Q 10711		15-	15- ✓
May	M 18695		15-	15- ✓
June	Q 23777		15-	15-
July	J 33587		15-	15-
Aug	Q 40530		15	15
Sept	O 42284		15-	15-
Oct	G 48921		15-	15- ✓
Nov	H 58674		15-	15- ✓
Dec	G 67100		15-	15- ✓
Jan	A 75946		15-	15- ✓
Feb	F 76864		15-	15- ✓
Mch	A 88047		15-	15- ✓
Apr.	A 4932		15-	15- ✓
May	K 7638		15	15 ✓
			430	430

A/c Closed 3/5/19

Ret'd per Mauretania

Date 9/5/19 F.X. M.D.W. 187 Rend

Clerk [illegible] 15/5/19

M.D. 7

014786-J-83

83904

M.R.O. 1P 80786 Dunlop Rend R.W.S.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22230—M. & D. 7693.

M.D. No. 7

G.P.O. Canterbury Station, York Co. N.B.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 536312 RANK Pte. NAME (IN FULL) Price, John H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 6-9-16 — TRANSFERRED TO — DATE — AUTHORITY 25-95.

ASSIGNED PAY $ 1.00 DATE EFFECTIVE

PAYABLE TO Mrs. Geo. Price RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Canterbury Station, N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE St. John. DATE 10-5-19 REASON Demob. AUTHORITY L.O. 133 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Mauretania 9-5-19
War. 10-4-19 to 8-5-19	48	1.10	52	80	35 70	00 00	x			157	80	C 1	C 8	CK 136402				4 87	5	00	105	07					30	00	12	86		12	86					Dr. Bal. Eng. S.O.C. 31-3-19.
																														144	97					x Cloth allow. 1st Pay W.S.G. A.P. 4pro May 6 Wy. Ottawa
			W.S.G.																					W.S.G.												
153 dys at $ min			350	00				350	00															70	00			880			280	00				1st Pay W.S.G. as above.
																														880	27	20				x Over Cr. P+A. on disc.
																								6	20					6	20	210				Cr. 845403 Jy. 66.1 11/nd/19
																								70						70		440				Cr. 1055770 Jy. 11/19
																								70						70		770				Cr. 1256884 Jy. 114. 9 Bill Co.
																								70												Cr. 1544883 Jy. 140. 10/9/19.
																																				Diff. - Effective
a			350					350																341	20			880		350						

MARIS SERVICE GRATUITY.

200M-3-19.—L. ... 58783-1... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

W.S.B. A

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps O. S. FIELD AMBULANCE DEPOT,

Regimental No. 526312 Rank Pte Name John Hazen Bruce

Enlisted (a) ~~5/9/16~~ 6/9/16 Terms of Service (a) C. E. F. Dom'n Service reckons from (a) 5/9/16 6/9/16

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

Extended ..... Re-engaged ..... Qualification (b) Blacksmith

W. S. B. CLASS A. No.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks, taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Halifax	1-6-17	H.M.T. Saxonia Embk'd 5th Unit
		Disembarked	Liverpool	6-2	Disem'd's Hall
10-2-17	C.A.M.C. T.S.	TAKEN ON STRENGTH On arrival from Canada	Westerbanger	7-2-17	G 2-17
9-3-17	C.A.M.C. T.S.	TRANSFERRED On Com Brighton	Kitchener Hosp. Westerbanger	9-3-17	G II D.O. 68 J. H. Clarke CAPT. ASST. ADJUTANT. FOR O.C. C.A.M.C. TRAINING SCHOOL.
14-3-17.	K.M.H.	Duty with Kitchener Mil. Hospl. Brighton. Leave granted 3/17 - 9/17		14/3/17	
17-10-17.	"	To C.A.M.C. Depot. Westenhnager.	"	9-3-17. Pt. 11. D.O. 1.	
20/10/17				17-10-17. Pt.11.D.O. 185.	J. J. Thomas. Capt. & Adjutant. For O.C. Kitchener Military Hospital
19-10-17.	Embd	T.O.S. on posting from No. 10 C.G. Hosp. Brighton	Shorncliffe	17-10-17.	G II D.O. 292.

(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.

536312 Pte. Price. J. H.?

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
24-11-17	CAMC	D S C to Overseas	Shornecliffe	23-11-17	Rpt. to D.R.S. 228 Lieutenant CAPT. A.S.T. ASSISTANT, FOR O.C., C.A.M.C. DEPOT.
17/10/17	—"—	Ceases Att to K M H f. S O S to No 10 C G H P Brighton	—"—	19/9/17	Pte II 0290
20/10/17	No 10 C G H	S. O. S	Brighton	19/9/17	—"— 185
24-11-17	6 G B D	DISEMBARKED HAVRE Having arrived as Reinforcement is taken on the strength of 6 am 6 G.M.	Field	24-11-17	MR 14th 77 a/1 12/17
26-11-17	" "	Posted To 4 C.F.C. Camb		26-11-17	MR 14th 579 a/1a 12/17
1-12-17	4 C.F.C.	Taken on strength	"	27/11/17	B213 Pte 84 9-11-17
1-4-18	do	Swd. Block Lt. Duty	"	30/3/18	A36 & 813.
31-3-18	do	wounded and rtd to duty		30/3/18	B213
29-6-18	—"—	fined to forfeit 7 days pay for when on a/s A.W.L. from duty 6-10 am to 4-10 pm 23/8/18 (10 hrs) Forfeits 1 days Pay under R.W.		24/8/18	R 20 & 49 of 10/9/18 B 2069

CERTIFIED TRUE COPY 30 NOV 1917 CAN. RECORD OFFICE LONDON

FOR LT: COL: I/C RECORDS, C.O.M.F.

Army Form

[STORY of—

Christian Names J W

ABLE III.—Boards, Courts of Vaccination, Inoculations, etc.; Exa or Field or Foreign Service; Exte ngagement, or Prolongation of ssue of Surgical Appliances, Parti ental Treatment, etc.

Date	Brief details and Signatur
1/11/19	D Category
2/19	A A Gamble

Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Dat or d

Became non-effective by .....

on .....day of .....

(*Signature*) .....

(*Rank*) .....

	Day	Month	Year	Day	Month	Year			out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Accident Officer
	29	11	18	3	1	19	Influenza	36	Severe case with high Temp, followed by delirium. Convalescent. To Surgical	R. Talbot. Capt.
H. Coulson Hampton	3	1	19	16	1	19	Influenza	14	Convalescent, B.S. weakness Sputum Neg. T.B. Anaemic Transfer to Bexhill	J. F. Hazlewood Capt.
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill.	16	1	19	11	2	19	"	26	Discharge to duty	H. Coulson Capt. RAMC

BERMONDSEY MILITARY HOSPITAL, LADYWELL, S.E.

MEDICAL HISTORY SHEET

Surname Price Christian Name John Hugon

Examined { on 6 day of Sept 1915 / at St John N.B.

Birthplace { City or Town Canterbury Sta / County York Co.

Apparent age 18 4

Trade or occupation Blacksmith

Height 5 feet 7½ Inches

Weight 150 lbs.

Chest measurement { Minimum 35 inches / Maximum expansion 39 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left yes / Number one

When Vaccinated last Calcutta

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

nil

Approved by J Macarthy

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
11/1/19	A	8 - JAN 1919 R. Goulden Capt. Camp M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
31.10.16		Wbrwby cobr M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
July 1918	Tak	1 A-2. 23-1-1
31.10.16		Wbrwby cobr M.O.
5.11.16		Wbrwby cobr M.O.
26.11.16		Wbrwby cobr M.O.
15-11-17		W.m Robb. Capt.

Enlisted on 5 day of Sept 1916 at Fredericton N.B.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	7th F.A.U.	536312	Good	5/9/16
Transferred to	C.A.M.C			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Shorncliffe approved	29.3.19 H Stewart Capt H Adams 29.3.19	R.L. Hyperopic Astigmatism	Bn Lower Whitley

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.

CANADIAN

Surname Bruce Christian Name John Hagen

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				
St John NB	Sept 5-16										
Mil Gen Gen Hosp. Kennet Park Rhyl		19	4	19	20	4	19	Scabies	32	Cured Rejoined Unit	D MacDougall Capt e.a.m.c.