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

Unit Rank Lieut. Name Price, John W.

OFFICERS' DECLARATION PAPER

ORIGINAL.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Price
   (b) What are your Christian Names? John Warren
2. (a) Where were you born? (State place and country) Petitcodiac N.B.
   (b) What is your present address? 16½ Church St Moncton N.B
3. What is the date of your birth? 25th Jan 1892
4. What is (a) the name of your next-of-kin? Mrs C.W. Price
   (b) the address of your next-of-kin? 16½ Church St Moncton N.B
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Commission Merchant
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 3rd N.B. Regt. C.G.A.
9. State particulars of any former Military Service 5 years 19th Field Batty
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

John W Price (Signature of Officer.)

Taken on strength (place) 1st July 1916

(date) St John N.B

[signature] Major

O. C. #9 Siege Battery C. E. F. (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Aug 2 1916

Place St John N.B

[signature illegible] Capt

Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

REGIMENTAL DOCUMENTS

NAME Price John Warren REGT. NO. Lieut UNIT 9th Sup Bty H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					Died 9 Oct 18
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H.Q. 2			DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)		18-4-22			Category
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)			7181		
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
a 7146					
1 Mdc 67					
1 Nil					
2 a42/1237					
1 a7 33 181					
1 M.F.W. 82					
1 Mine					
20					
Issue					

INT 10/6

W. 2589
100M-11-19
1772-39-1377

Lieut.	PRICE	John Warren
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 7977

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

FORM R. 149.
7106—250m—7/2/17.

Name PRICE John Warren *Rank* Lieut. *Reg. No.*

Unit Can.Arty.att.RFC.

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-9	39 Stat.Hosp.	France.	Concussion	794		
28/9/17	Drafted to duty			797	R.T.E. 24-10-17	
			27/10/17			

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

R. 149.

Name PRICE, John Warren *Rank* Lieut. *Reg. No.*

Unit Can.Depot Seige Arty.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
		13-2-17.Moore Bks.Hosp.S'cliffe	Bronchitis	607		
3-3-17	Casualty Discharged		Bronchitis ac 617			

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

FORM R. 149.
7106—250m—7/2/17.

Name PRICE Rank Lieut. Reg. No. 91606.

Unit John Warren

CARD ~~att~~ ~~RFC~~ Seod R.A.F.

Next of Kin ~~Canada~~ Mrs. E. W. Price (Mother) 163 Church St. Moncton N.B.

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
6-11-17.	24 Gen. Hosp. Etaples		NYD Slt.	827		
15 11 17	Hos 6 Grosvenor Place	Debrary		835		
28 11 17	Discharge (1749)			850		
29-11-17	Pertinacious Bull					
9-10-18	Dept Aeronautics Canada.					
	Military Hos. Ontario			1336		
	Died.		Pneumonia		20/1/19	

Date	Movement	Place	Casualty	List No.	Notified N[illegible]O.	W.O. List

D 10 18

402-2-2

SURNAME. Price.

CARD NO.

CHRISTIAN NAMES John. Warren.

FOLL.

REGL. NO. RANK Lieut. att. R.F.C.

UNIT No 9 Siege Bty. (1st R.D.)

FORMER CORPS 3rd Regt. H.G.A. (5 yrs) 19th Fld Bty

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Price. Mrs C. W.

RELATIONSHIP TO SOLDIER Mother

ADDRESS 163 Church St. Moncton N.B.

COUNTRY OF BIRTH Canada Petitcodiac N.B. DATE Jan. 25th 1892.

PLACE OF ATTESTATION St John. N.B. DATE July 1st 1916

auth for R.F.C. (RO Turner) Jan 16/18. L 6 59

MARRIED SINGLE WIDOWER

TRADE OR CALLING Commission Merchant. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE St John. N.B. DATE Aug 2nd 1916.

Present Address: 163 Church St Moncton. N.B.

Form D.M.S.1317.
1202—15m—21/11/16.

MOORE BARRACKS.
CANADIAN HOSPITAL
SHORNCLIFFE.

Canadian "O.C.S."

HOSPITAL.

A. & D. No. 25041 Ward 23

Unit C.F.A. Res Bde Sick or ~~Wounded~~.

Regtl. No. — Pl. of Act'n England

Rank Lieut Name Price, John, W.

Age 25 Religion Pres

Service Compl'd 16/12 Time with Field Force

Diagnosis Bronchitis to Acute Bronchitis

Admitted 12-2-17 Discharged 14-3-17 To Duty

Transferred

St John, NB

RECORD FURTHER REMARKS ON BACK no 5.00 pm

MEDICAL HISTORY SITES

Orig. recd. from 628 Rec 14/2/1917

Dup. recd. from ..../..../191

Orig. sent to ..../..../191

Dup. sent to 27 2 4

Received from Registrar this Orig.

A Wicker

PRICE, J.W. Lieut--R.A.F.

Not Eligible for 1914-15 Star

12115

MEDALS & DECORATIONS

Miss H. Margaret M. Price (Mother)
Borsford St. Extension,
MONCTON. N.B.

PLAQUE & SCROLL

Mrs. Margaret W. Price (Mother)
Borsford St. Extention,
MONCTON. N.B.

Ser# 808305

CROSS OF SACRIFICE

Mother-as above.

Desp JUN 18 1920 M/61234

Scroll Desp. 23/8/21 Reqn. No. 251903

JAN 22 1923

Plague Desp. 2 Reqn. No. 248497

Lode

R.A.F. Canada

m.

422

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

These medals will be adm. by Air Min Aut. 402-2-2

Number ..... Rank ..... LIEUT

Surname ..... PRICE.

Christian Names ..... JOHN WARREN

Unit ..... Theatre of War ..... FRANCE 3/6/17

Date of Service ..... Seconded to RFC 19/7/17 L 30237-d 17/8/17

Remarks ..... air Force. Roll No 2. Page 11
A.M. 252361/20/S.4. of 12.7.20

D

Latest Address .....

.....

Roll No. D Page 4567

art

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

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

Surname	Christian Name
PRICE	J. W,
Rank	Unit
Lieut.	CARD. sec.RAF.

Casualty List	
14-7-19/1336	Military Hospt. Ontario Canada. DIED. "Pneumonia" 9-10-18.

D.M.S.1347. 5M-10-10-18.

Surname | Christian Name | Serial No.

Rank | Unit

Medical Board held at | Date | Condition found by Board

Remarks.

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

Price. J. W.

Lieut. Can.Depot. Sg. Art. att. R. F. C.

Moore Bks. Shorncliffe. 13-2-17.
No. 39 Stationary Hospital France. 26-9-17.
H.S.to Hospital, 6 Grosvenor Place 15-11-17.

Bronchitis. ac.
Concussion.
Debility.

Discharged:-. 3-3-17.
Disch.to Duty:-28-9-17
Discharged:-28-11-17.

C.L. 23-2-17. 607-3.
3-3-17. 614-3.
7-3-17. 617-4.
3-10-17 794.
6-10-17 797.
20-11-17 835-3.
7-12-17 850-3.

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

D. M. S. 1347.

Surname	Christian Name	Reg. No.
PRICE.	J. W.	

Rank	Unit
Lieut.	CFA.

MEDICAL BOARD held at	Date	Serial No.
(1) Shorncliffe.	27-2-17.	

Other Medical Boards at	Date	Serial No.
(2) do.	20-3-17.	
(3)		
(4)		
(5)		

Condition found by Board

Ac. Bronchitis.

Disposition Recommended

(1) Unfit any ser. 3 weeks.

(2) Fit for gen. service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

Army Form B. 103

Regimental Number.....

CERTIFIED CORRECT
CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps Can Gen List Shn

Rank Lieut Surname Price Christian Name J Warren

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

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

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

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

or Corps Trade and Rate.....

Occupation..... .....Signature of Officer.

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				
		Embarked ...			
		Disembarked...			I/R 8451
10-7-17	Officer i/c R.F.C Records 3rd Sch.	T.O.S of Can Gen List on arrival			203/79/150.
		in France as Reinforcement to R.F.C.		2-6-17	~~Ref 3rd K.R.~~ 16/7563 R.A.F.O 43.
		Posted to 100 Squadron R.F.C.		3-6-17	
7.8.17.	L.G.	To be F.O.O. with seniority from 3-6-17.	Field	19.7.17.	30220. Pt II 56 d/27.8.17.
10.10.17	L.G. 30329.	Seconded to R.F.C.		3.6.17	Pt II 75a/19.10.17
~~3~~2.8.17	39 Stg.	Adm. Influenza. M.	39. Stg.	28.7	A/F X178
7.10.17	do	Dis. to Duty do	H.L.	8.8.17.	A.F.16.756
					P.T.O

(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.

(6228) W.13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.

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				
26.9.17.	39. Stat. Hosp	Concussion ~~etc~~ Adm	39 Stg.	26.9.17	W/2156
		Dis. To Duty.	H.S.	28.9.17	
6.11.17.	24. Gen.	W.D.N. Adm.	24 Gen.	6.11.17.	W303-4 (& 398)
15.11.17.	24 Gen.	Invalided Sick to England			W3083/4361.
		& Posted to Can. Atty.	Putte de		24 & 91 a/27.11.17
		Regtl. Depot. Witley	Comiret.	15.11.17	
			Thos. B. Rodwell Lieut		
			D.I.E.S. 9.12.18		OFFICER i/c RECORDS CANADIAN SECTION G.H.Q. 3RD ECHELON

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 #9 OVERSEAS SIEGE BATTERY, C

Regimental No. ..... Rank Lieut. Name Price, John Warren

Enlisted (a) 1.7.16 Terms of Service (a) Duration of War C.E.F. Service reckons from (a) 1.7.16

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

Extended ..... Re-engaged ..... Qualification (b) Merchant, 3 years C.G.A. 5. 19th Fld Bty CAA

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada	Halifax	25.1.17	
		Disembarked Eng	Liverpool	6-2-17	
8-2-17	O.C. R B, C F A	Taken on strength on arrival from Canada and attached R.B. C.F.A.	Shorncliffe	7-2-17	P II 38 8-2-17 W. C. Mark Major
21.6.17	O.C. Res Bde C.F.A.	Struck off Strength to Regtl. Depot	S/cliffe	21.5.17	P II 172 James Allinson Lt & Adjt Ending CRA
26.6.17	O.C. C.A.R.D.	Taken on Strength of C.A.R.D. On Command to R.F.C.	S/cliffe	21.5.17	C.A.R.D. 109.
27.8.17	" "	Seconded to the R.F.C.	Shorncliffe	19.7.17	Part II 171. Confirmed LIEUT. & ADJT. FOR O.C. CAN. ART REGIMENTAL DEPOT.

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

[P.T.O.

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

Forms R. 150.
3232. 15 M. 14/12/16.

C.T.

Surname PRICE **Christian Names** John Warren

N. Res. C.F.A. 25. 3. 17

Rank Lieutenant

Promotion

Name and Address of Next-of-Kin
Mrs C.W.Price, (Mother)
163, Church St, Moncton,
N.B. Canada.

Unit Dft. No. 9 Siege Bty. to Res. Arty.

Place of birth Petitcodiac. N.B. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada Sailed 24 1 17 **Date and Cause of Resignation**

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
		on Strength & will be shown attached to Res Bde, 7-2-17			
8-2-17	Res Bde C.F.A.	Having arrived from Canada as Reinf are taken		7-2-17	G.R.O. 39
		Discharged		3-3-17	C.L. 617
23-2-17	~~28-2-17~~	Admitted Moore Bks Hosp	Shorncliffe	13-2-17	C.L. 607 (Bronchitis) ac C.L. 614
22-3-17	Res Bde C.F.A.	Reported from Hospital		20-3-17	A.R. II 081
15-4-17	do	Having Proc to R.F.C. at Reading Shornalon from Can. Fld. Artly.		15-4-17	A.R. II no. 105.
16.7.17	Can. G.L.	Lost on arr. in France & Att. to 100th Sqd. R.F.C.		3.6.17	A.R. II 0143
7.8.17	W.O.	to be flying Officer (observer) R.F.C. with seniority from 3-6-17		19/7/17	Substd C.L.S. 30393 9/21-11-17 L.G. 30129 Incorrectly Descd Unit as CF
17-8-17	W.O.	Secd for Duty with the R.F.C.		19.7.17	Lon Gaz 30237.
		Discharged to duty		28.9.17	C.L. 794
2.10.17	C.R.O.	Adm. No. 39 Stat. Hosp.	France	26.9.17	C.L. 794 Concussion
10.10.17	W.O.	Secd. for duty with the R.F.C.		3/6/17	~~L.G. 30237~~ Subst C.L.S. 30393 9/21-11-17 Incorrectly Descd Unit as CF
27-11-17	C.R.O.	Inv Sick & Detchd to C.A.R.D.	Witley	15-11-17	A.R. II 091
		Discharged		28-11-17	C.L. 850.
19-11-17	C.R.O.	Adm Hosp 6 Grosvenor Place	do	15-11-17	C.L. 835. Debility

I.F.B. 103. 1 DEC. 1917

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
~~18-4-19~~	~~3rd Bde RA SOS on Posting to Res Bde CFA~~		Refers to Wg Prics.	~~18-4-19~~	I.O.S. Res Bde CFA 4th Prov.
14-7-19	A.M.S.	Died in Military Hosp Ontario Canada		9-10-18	S.O.S. Gunner McPond 200 20726 C. L. 1336. Pneumonia

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.....

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

(2) Regimental Number ..... Lieut

(3) Full Name of Soldier..... Price, John Warren

(4) Place of Birth..... Petitcodiac N.B.

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

(6) If married, state,

(a) Full name of your wife..... —

(b) Present Postal Address.....

(7) Are you a widower ? ..... no

(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? Yes.

If so, state name and address C W Price, 163 Church St Moncton

(10) Is your Mother alive? Yes

If so, state name and address Mrs C W Price
163 Church St Moncton

(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.

/

(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? Yes

If so, in what Company? Sun Life

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.

G W Watmore

Officer Commanding. Major
O. C. #9 Overseas Siege Battery, C. E. F.

Date Aug 7 1916

61·H

FORM OF WILL.

I, John Warren Price (Name in full)

Regimental Number Treatment serving in #9 OVERSEAS SIEGE BATTERY, C. E. F.,

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto (sister)

Helen Margaret McMillan Price
163 Church St
Moncton N.B.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Helen Margaret McMillan Price
163 Church St
Moncton N.B.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 20th day of September A. D. 191 6

John W. Price Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Harry F. Bennett
Address of Witness St. John, N. B.
Occupation of Witness Captain.
Signature of Second Witness Chas. F. Bennett
Address of Witness 104 Charlotte St. Fredericton, N. B.
Occupation of Witness Lieutenant

M. F. W. 82
500M-5-16.
1772-39-983.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

Corps C. F. A. Military Hospital

No. Rank and Name Lieut Price, J. W. Age 25 Service 1/6 1/2

Disease Bronchitis Date of admission 12-2-17. Date of discharge Result Cured.

Dates of Observation	12		13.	14		15	16	17	18	19	20.
Days of Disease											

Temperature Fahrenheit — Time A.M. P.M. (each date)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

6pm 10pm 6am 10am 10pm 6am 9am 5pm 10a

Pulse per minute	96	116	104	100	88	92	80	100	92	96	80	80	88	76	72	76	72	76	76	72	76															
Respirations per Minute	24	24	24	24	24	24	22	24	22	24	22	20	24	20	20	20	20	26	20	22	20															
Motions per 24 Hours																																				

(23342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181. (373)

Signature W. B. Shannon In charge of case.

F[illegible]
I. 1237
11

25041 2 1 8

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
218 25041		Lieut.	PRICE	John Wm.
Year 12.2.17	Unit. C.F.A. Res. Bde.		Age. 25	Service. 16/12.

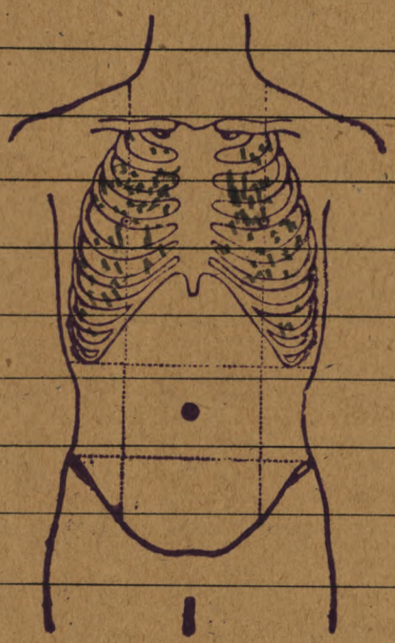
Station and Date.
OORE BARRACKS,
CANADIAN HOSPITAL
SHORNCLIFFE.

Disease ACUTE BRONCHITIS.

om[illegible]int
ration
ysical Exam:

1. Cough II Fever III Hoarseness.
one week.
One week. Catarrhal laryngitis.

T 10.2.



No dulness
diffuse moist and
sibilant rales
harsh B.S.

Other systems - normal.

T
27.2.17

Routine for bronchitis
Temperature elevated for five days , now normal.
Chest clear, boarded.

Previous boards - nil

Service overseas - nil.

Recommended for 2 weeks sick leave.

3 wks sick leave.

W. J. Shannon
CAPT. C. A. M. C.

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Forms
I. 1237
11

278

Army Form I. 1237

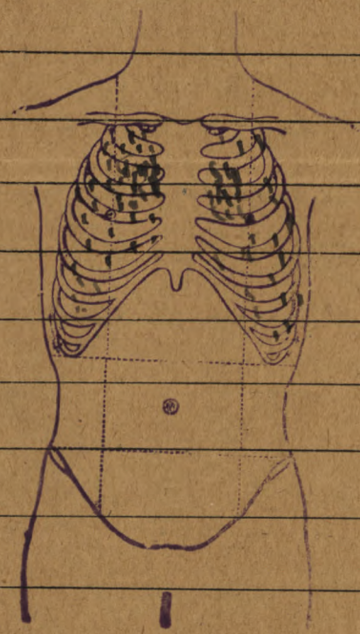
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
278 ~~2/3/14~~		Lieut.	Price	John W.
Year 12/2/14.	Unit. C. F. A., Res. Bde.		Age. 20	Service. 16/12

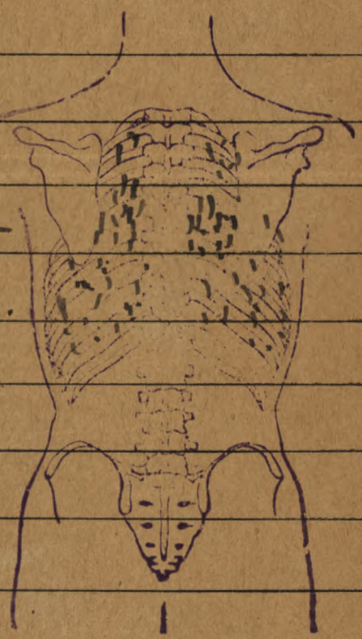
Station and Date. MOORE BARRACKS, CANADIAN HOSPITAL SHORNCLIFFE.

Disease Acute Bronchitis.

Complaints 1 Cough. 2 Fever. 3 Hoarseness.
Duration - one week.
Phy. Exam. - Catarrhal laryngitis.
T. 102.



No dulness
Diffuse moist & sibilant rales.
Heart & B. S.



Other Systems - Normal.
T. Routine for bronchitis
24/2/14. Temperature elevated for five days, now normal. Chest clear. Boarded.
Previous Boards - Nil.
Service Overseas - Nil.
Recommended for 2 wks sick leave.

W. L. Shannon Capt.

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

MEDICAL HISTORY SHEET

DUPLICATE

DUPLICATE

DUPLICATE

Surname Price Christian Name John Warren

Examined on 2 day of Aug 1916
at St John N. B

Approved by Adjutant
Rank Capt. M.O. Came

Birthplace City or Town Petitcodiac
County N.B.

Apparent age 25.

Trade or occupation Com. merch.

Height 5 feet 7 Inches

Weight 166½ lbs.

Chest measurement Minimum 37 inches
Maximum expansion 2½ inches

Physical development Good.

Small-pox Marks nil

Vaccination Marks Arm Right 2 Left
Number 9

When Vaccinated last 1900

(a) Marks indicating congential peculiarities or previous disease

nil

(b) Slight defects but not sufficient to cause rejection

nil

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

Date	Result	Vaccinations
28.10.16		ADM M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
6/10/16		Adjutant Capt. M.O.
10/10/16		ADM M.O.
19/10/16		ADMS M.O.

Enlisted on 2 day of November 1916 at St John N. B.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	40 SS Batt'y	—		
Transferred to	9 OSS Batt'y	Lieut —		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

Surname Price Christian Name Orrell Alex

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
39th Stat Hosp.	France	26	9	17	28	9	17	Concussion		Discharged to duty.	794-797 VL

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Price Christian Name John W.

Examined { on 2 day of aug 191 6
at St John N.B

Approved by A Macaulay.

Rank Capt. Cane M.O.

Birthplace { City or Town Petitcodiac
County — N.B.

Apparent age 25

Trade or occupation Comm. Merchent

Height 5 Feet 7. Inches.

Weight 166½ Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left. 2
Number 3

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

nil

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

Date.	Result.	Vaccinations.
28/5/16		A Macaulay M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
6/10/16		A Macaulay Capt. M.O.
10/10/16		A Macaulay M.O.
19/10/16		A Macaulay M.O.

Enlisted on 2 day of November 1915 at St John N.B

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	N.B. Dss Bty	—	—	
Transferred to	N.B. Dss Bty			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Folkestone	27.2.17	Bronchitis	3 mths leave to Canada

PRESIDENT,
STANDING MEDICAL BOARD.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Price Christian Name John Warren

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Moore Barracks Hpl Shornecliffe.	75041	12	2	17				Acute Bronchitis		T. elevated for five days. Chest now clear. Sputum neg. for T. B. Boarded.	W. E. Shannon Capt.

M. F. W. 41
100M-1-18.
1772-39-889.

Name St. Price J. W

Regimental No.

Unit 6.7.A.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

Attached L.T.F. Section 7 P.B.C.
27.3.18 - 21.7.18 Pp. 209 & 311

Date and place discharged 21.7.18

Reason for discharge P.M.25 = Pr-42 of 7.8.18

Character on discharge Trans. to R.A.F.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Mar 27	30 June	96	2	192-	96	60	57 60	14-						150-		150.00 Advance
									263 60					220-		by P.M.M. No 7
						Verbal			106 40						370 0	220.00 P.M.M. No 4
1 July	31	31	2	62	31	60	18 60		80 60	1140		100		106 40	206 40	100.00 to P.M. M.O. 2
Aug X								1989	1989					125 80		credit Subsistence from Mar 27 to PM 25 Pr 42 10/7/18.
~~Aug 1~~														~~206 40~~		
														26	15 80	Overpaid. 10 days P & A. July
								470						390		

M. F. W. 41
100M-1-18.
1772-39-889.

Name _____

Regimental No. | Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) | Date and place discharged

Amount of pay assigned monthly $ | Reason for discharge

To whom payable | Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
100M-1-18.
1772-39-839.

Name Price Lieut. John. Warren.

Regimental No.

Unit C.F.A. att. R.F.C.

Date of enlistment

Place of " S.A. Mil } Canada.
A.P. Mil }

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin 402 – 2 – 2
163 Church St.
Moncton N.B.

Date and place discharged Leave 26 – 3 – 18

Reason for discharge Duty with R.A.F. Toronto.

Character on discharge Sick leave expired 26-3-18. returns to Reg. rates from 27-3-18
2 L.P.C. clear 31-1-18

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																249
1.2.18	26.3.18	54	6.00						324 00					✓ 150 00		adv. CK. 73 dy. 2 3/18. M.D.7
														✓ 110 00		" 1697 dy. 16 3/18 MD2
														✓ 50 00		" " 930 - dy. 28 3/18 M.D. 4
											Credit Balance.			14 00	324 00	
									324 00					324 00	324 00	
L.P.C. Sent to M.D.2. on 11-5-18.																
recovered by P.M.2 vide letter dated 11-7-18.									370 00					✓ 220 00		adv. CK. 394 dy 30 4/18. M.D.4
														✓ 150 00	370 00	" " 8 dy. 28 5/18 MD7

M. F. W. 41
100M-1-18.
1772-39-889.

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Res: Bde, C.F.A | | | Lieut: | 6.2.14 | From Canada Mess: P.O. 704 (Selffe) C.J. D d/10.2.14

Name Price.

Initials J. W.

Bank of Montreal.

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917 March	P+A.f. 1/2/17. Mess. fr. 6/2/17 to 28/2/17. (Bank) Cash.	22187		95 80				
20	do. do. do.	"	95 80			—		
20	March. Pay	"	111 60					
23	Bank.	20822		111 60		—		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.	
Beneficiary							Name	
Address							Initials	
							Bank	
Amount. $								
Separation Allowance issued. Yes or No.....								

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary
Address

Res. Bde. 67 A. R.F.C.

Lieut. 6/2/17 Fr. Canada S.D.O. #707. 67 Bde 10/2/17
Fly. Pay.
Flying Officer 6/2 1917.

Name Price,
Initials J. W.
Bank of Montreal.

Amount. $
Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April	April Pay.	✓	108 -					
24	O/pd. Subs. @ 75¢ p.d. 5dys. fr. 27/1-31/1/17. P.L9-P.681 do. 979			3 75				
25	Bank.	2941		104 25				
May	Pay.	✓	111 60					
24	Bank.	6022		111 60				
June	Pay.	✓	108 -					
23	Bank.	7998		108 -				
July	Pay.	✓	111 60					
23	Bank.			111 60				
19	Trav allce 15-16 4/17 Bank bl. fr. O.C. #100 Sqn.	380				53/6	85¢	
23	Adjush to Fly Pay @ 50¢ p.d. fr. 13/6-31/7/17. R.F.C. No. 6475		24 50					
23	do do. Cash.	12786		24 50			Trans. fr. L.3 to L.5 4/8/17.	
Aug 17	Adjst to F.O/p rates 19/7/17-31/7/17 No 10943		24 70					
17	Bank	15275		24 70				
20	Pay R		186					
~~Sept 8~~ 26	~~Advance~~ Bank	17361		186				
Sept 8	Advance Sept. P & A. Bank	19532		48 67				
13	Advance ap R & A £8 "	19805		38 93				
14	Advin fld 100 Frs. 5/7/17 No 428 L1			17 84				
21	Pay R		180					
24	Bank	21814		74 56				
Octr 8	Advin fld 125 Frs. 19/7/17 No 206 List 1			22 30				
8	" " " 125 " 26/7/17 No 205 " 1			22 30				
8	" " " 100 " 16/8/17 No 540 " 4			17 84				
15	Pay R		186					
22	Bank	26175		123 56				

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT. NAME OF — DATE — AUTHORITY

RANK — DATE — AUTHORITY

NAME.

Beneficiary — les Bde 67a att R.F.C.

Address

Amount. $

Separation Allowance issued. Yes or No.....

Pay # 60 p.d. Lieut Flying Officer Observer. 19/7/17

Name Price

Initials J. W.

Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Nov 16	Pay Nov (R)		180					
22	Bank	30733		180		0		
Dec 10	Pay R Dec		186					
15	Bank	35096		186		0	Leave to Can (5.X to 26 3/18)	
Jany 10	Allce Jany Paid a £5-0-0 Bank	36653		24 33			£ 9 6 to 31/8	
21	Pay R Jany £33-4-5. Bank	38956	186	161 67		6s 6	9 6s to be carried forwd until return	
Feb 15	Feb Pay R		168			168		
Mch 19	March Pay R.		186			354		

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME.

Beneficiary
Address — att R 7 b
Amount. $
Separation Allowance issued. Yes or No.....

Pay 6/- pd. — Lieut
F.A. 4/3 — Flying Officer
Messing — Observer — 19 7/17.

to receive Regt rates 27 3/18 tin future on expiry of 3 mos sick leave 26 3/18 to 2/30 38.

Name Price
Initials J. W.
Bank of Montreal

1918-19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
	Bal Forward					354	leave to Canada (Lt 6 26 3/18) Lt 6 to 31/8/18. bal to be carried fwd. until return.	
Apl 12	Paid diff between Flying Officers Lieuts rates 27-31 3/18 to Receive Regt Rates 27 3/18 tin future	234		12				
To	April Pay R		108			450		
May 16.	Pay May R		111 60			Cr. 561 60		
June 13.	Pay June R.		108-			Cr 669 60		
July 19.	Pay July R		111 60			Cr. 781 20	Cr to M.C. Ledger	
Aug 9	Overpd R & A @ R 6/60 fr 1 7/18 – 26 3/18 = 324 00 R 3/60 fr 27 3/18 – 31 7/18 = 457 20			781 20		0	Dr L. 5 to L 12 - 5 7/18	

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

REQUISITION Urine

DATE Feb 13

REG. NUMBER

NAME Lieut J.W. Powers

UNIT C.F.A. Res. Bde.

WARD 23

DIAGNOSIS Bronchitis

EXAM REQUIRED Routine

MEDICAL OFFICER Capt Slaney per D.J.

REPORT

COLOUR Amt.

S.G. 1022

REACTION Acid

SUGAR neg

ALBUMIN neg

MICROSCOPIC

R.B. Jenkins Capt. C.A.M.C.
Officer i/c Laboratory

CONFIDENTIAL. 14951 B23/1/19. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

SHORNCLIFFE (19, Westbourne Gardens, Folkestone.)

assembled at _____ on 27.2.17

by order of A.D.M.S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt J. W. Price (Corps) C.F.A.

Age 25 Service 16/12 Disability Acute Bronchitis

Date of commencement of leave granted for present disability July 27. '17

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been ill 3 wks with above Condition He is still coughing

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? no

b. If not so fit, how long is he likely to be unfit? 3 wks

(2.) *a.* *If unfit for General Service, is he fit for service at home?* no

b. *If not so fit, how long is he likely to be unfit for service at home?* 3 wks

c. *If unfit for General Service at home, is he fit for light duty at home?* no

d. *If not so fit, how long is he likely to be unfit for light duty at home?* 3 wks

(e) Is the Officer fit to perform any duties not coming within the above categories? If so, specify the nature of the duties which he might perform.

no

(3.) Is the disability due to the nature of the duties on which he had been employed? yes

(4.) Is it due to the climate of the country in which he had been serving? yes

(5.) To what specific conditions is it attributed? Exposure infection

(7.) If the disability was not caused by military service, was it aggravated by it? _____

Signatures { _____ President. I concur in the findings of the Board of Medical Officers here recorded. Major D.A.D.M.S. Invaliding Canadian Contingents. W. Merritt Major Members. _____

C.F.A. Ross Barracks, Shorncliffe.

(5725) W. 16789/M260. 200M. 2/16. C. P., Ltd. Forms A.45/27

(529) W. 12554 M12?8. 50M. 1/17.

[P.T.O.

CONFIDENTIAL. 14951/1/19. Army Form A. 45.

SHORTPROCEEDINGS OF A MEDICAL BOARD

(19, Westbourne Gardens, Folkestone.)

assembled at _____ on 27.7.17

by order of A.D.M.S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt J. W. Price (Corps) C.F.A.

Age 25 Service 16/12 Disability Acute Bronchitis

Date of commencement of leave granted for present disability July 27. '17

Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been ill 3 wks with above Condition. He is still coughing —

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? no

b. If not so fit, how long is he likely to be unfit? 3 wks

(2.) *a.* *If unfit for General Service, is he fit for service at home?* no

b. *If not so fit, how long is he likely to be unfit for service at home?* 3 wks

c. *If unfit for General Service at home, is he fit for light duty at home?* no

d. *If not so fit, how long is he likely to be unfit for light duty at home?* 3 wks

(3.) Was the disability contracted in the service? yes

(4.) Was it contracted under circumstances over which he had no control? yes

(5.) Was it caused by military service? yes

(6.) If caused by military service, to what specific conditions is it attributed? Exposure infection

(7.) If the disability was not caused by military service, was it aggravated by it? —

Signatures — President.

Members.

I concur in the findings of the Board of Medical Officers here recorded.

Major D.A.D.M.S. Invaliding Officer D.M.S. Canadian Contingents.

C.F.A. Ross Barracks, Shorncliffe.

(5725) W. 16789/M260. 200M. 2/16. C. P., Ltd. Forms A.45 27

(529) W. 12554 M12?8. 50M. 1/17.

[P.T.O.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.