2nd Reinforcements
Siege & Heavy Artillery

Original.

MAR 18 Entd

346831

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... Reid ... 346831
1a. What are your Christian names? ... James Harold
1b. What is your present address? ... 85, Minto Avenue, Notre Dame de Grace, Montreal.
2. In what Town, Township or Parish, and in what Country were you born? ... Ormstown, P. Q.
3. What is the name of your next-of kin? ... Peter Reid
4. What is the address of your next-of-kin? ... 85, Minto Avenue, Montreal.
4a. What is the relationship of your next-of-kin? ... Father
5. What is the date of your birth? ... May 25th 1895.
6. What is your Trade or Calling? ... Bricklayer
7. Are you married? ... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes.
9. Do you now belong to the Active Militia? ... No.
10. Have you ever served in any Military Force? ... No.
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, James Harold Reid, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

James Harold Reid (Signature of Recruit)

Date March 17th 1916. Geo. J. Williams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Harold Reid, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

James Harold Reid (Signature of Recruit)

Date March 17th 1916. Geo. J. Williams (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 Montreal this 20th day of March 1916.

Alfred Hale (Signature of Justice)

JUSTICE OF THE PEACE FOR THE CITY & DISTRICT OF MONTREAL

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of James Harold Reid on Enlistment.

Apparent Age 20 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

Chest measurement:
- Girth when fully expanded 38 ins.
- Range of expansion 6½ ins.

Complexion fair

Eyes grey

Hair Red mtd.

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- ~~Baptist or~~ Congregationalist X X X
- 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, attach a slip to that effect, for the information of the Approving Officer).

Scar on right of neck

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Mar 18 1916 Dr Campbell

Place Montreal Capt A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Harold Reid 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.

J R May (Signature of Officer)
Lieut

Date March 20 1916.

REGIMENTAL DOCUMENTS

NAME REID. James Harold REGT. NO. 346831. UNIT C. M. G. 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
2.	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1.	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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)					
3.	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1.	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1.	MEDICAL EXAMINATION (M.F.W. 129)					
1.	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1.	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					1
1.	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-9-22
4.	Misc					13-2-22
1	Casualty Form				C6536	4-22
1	P.I.D.					

L/81887

W 2589
100M-11-18

No. 346831. RANK Gnr. NAME Reid, J. H.

T. O. S. 20-3-16
DO. 15 of 20-3-16

UNIT 3rd-Overseas Battery Siege Artillery
(2nd. Reinforcements)

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 20	1916 Mar. 31.	✓		

FORM R. 149.
7106—250m—7/2/17.

Name REID JAMES HAROLD Rank Gnr. Reg. No. 346831

Unit 4. Can S. Bty.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
2-8.	Admtd from Base & Hosp		Sick			1918 66
2-9.	To C.C.S. Gen Hosp	Staples	D.D.S. Mild	a-36	FA	13644/2
10-11	Dis to Duty		do	A94	HA16209	

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

CARD No. 7/4

SURNAME. Reid

CHRISTIAN NAMES James Harold

REGL. No. 346831 RANK Gnr.

UNIT Siege & Heavy Art. (2nd. R.D.)

FORMER CORPS Nil

S.O.S. 12-5-19 Demobn

FOLL. 19/0 136 of 16-5-19 19.2.4

NEXT OF KIN.

NAMES IN FULL Reid, Peter

RELATIONSHIP TO SOLDIER Father

ADDRESS 19 Longueuil St. Longueuil, P.Q.

(2 W.A.S. 17/4/18)

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ormstown P.Q. DATE May 25th. 1895

PLACE OF ATTESTATION Montreal. P.Q. DATE Mar. 20th. 1916.

O/S. 20-5-16 434/4

M/b 9-5-19 313/63 Gnr M.D.4

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

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Bricklayer RELIGION Congregationalist

DESCRIPTION.

APPARENT AGE 20 YEARS 10 MONTHS

HEIGHT 5- FEET 8 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 6½ INCHES

COMPLEXION — EYES — HAIR —

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Montreal DATE Mar. 18th. 1916.

NAME Reid J. H.

REGT'L No. 346831.

H. Q. FILE No. 649.

RANK AND CORPS Gnr. 4th Res Bgde. C. F. A.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a94 (3)		18/8/17	
		1-9-17	
a94 (3)	Discharged	10-11-17	V.D.G. Mild.

box

Number 346831 Rank Gnr

Surname REID

Christian Name James Harold

Units C.G.A. Theatre of War France

Date of Service 2-9-16

Remarks 98 Girouard Ave, Notre Dame de Grace

Latest Address ~~12 Longueuil P.Q~~ Montreal P.Q

~~Longueuil P.Q~~

Roll No. B. Page 8201

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks

DESP NOV 22 1921 REGN. NO. 4358453

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

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
Reid	J. H.	346831

RANK	UNIT	CO.	TROOP	BATTY.
Lnr.	Can. Art.	4 S.		

HOSPITAL — DATE OF ADMISSION

51 Gen. Etaples — 2-9-17

1. ..... HOSP. .....

2. ..... HOSP .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS — V.D.G. mild ft

1

2.

3

DISPOSITION — A 36 (4) — DATE

E.L. 12-9-17

19.11.17 a 94-3.

REMARKS ~~Hie~~ 10.11.17.

A.M.D. 2 DEPT.
Sch. 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

THIS IS TO CERTIFY that No. 346831 (Rank) Gnr.

Name (in full) James Harold Reid enlisted in the 2nd reinforcements Siege & Heavy Art.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 17th day of March 1916

HE served in France with 3rd bn Siege Bty.

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

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

Age 24 years.

Height 5. 8 ins.

Complexion

Eyes

Hair

Marks or Scars Scar on right side of neck

J H Reid
Signature of Soldier

Date of Discharge

Dispersal Station "F" MAY 12 1919 Military District No. 4

J R C [illegible]
Issuing Officer

Lieutenant
Officer i/c Discharge Section, Dispersal Station "F"
Rank

Date May 12 1919

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.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

R—122

J.P.

Rank | Name REID, James Harold | Reg'l No. 346831

Unit 2nd Reinf. S&H.Arty | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal. 17th Mar.1916. | Place of Birth Ormstown. P.Q.

Name and Address, Next-of-Kin Peter Reid,
85 Minto Avenue, Notre Dame de Grace Montreal. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—7165-16.

A.F.B. 103 CHECKED
Place. Date. 18 DEC. 1916 (M.K.) mmc

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	30 May ~~June~~ 1916		S.S. Baltic A.F.B.103 CHECKED 1.8.16
16/6/16	C.D.S.C.	T.O.S. Can. Depot Siege Arty	Horsham	2/6/16	P.W.II.D.O. #1.
1-9-16	"	S.O.S. proceded to 131st S.B. France	"	1-9-16	Pt. II D.O. 65 A.F.B.103 checked 4.9.16 mmc
6-9-16	131st S.Batty	Taken on Strength	Field	2-9-16	" 290
11.1.17	4, S, B	131 S B NOW 4th, S B	FIELD	11.1.17	Pt.II,O 2.
11-9-17.	do	Adm #37 General Hospital	Etaples.	2-9-17.	C.L.A. 36" V.D.G. mild"
17-11-17	do	Disch. do	do	10-11-17.	C.L.A. 94" do
25.3.18	—	Northumnas 2 Bde C.G.A. Mmild	Field	20.3.18	Pt II O 19. 12 Bde C.G.A. 12d/19 7/18
6-4-19	2nd C.G.A.	Proceeded to England	"	2-4-19	— 36
3.5.19	36 S B	S O S D Canada	Rhyl	3.5.19	→ X 29
		To Canada	53. F. S.O.	3-5-19	

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.				

SHEET #2

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. C.R.A.

Regimental No. 346831 Rank Gnr Name REID, J.H.
C. E. F.

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

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)..

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				
16-5-19.	O/S	T.O.S. D.D.#4	Montreal	3-5-19.	D.O.Pt.II#136.
16-5-19.		S.O.S. D.D.#4. Demob.	Montreal	12-5-19	D.O.Pt.II#136. R.O. 1420.

C.H.Fletcher Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

(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				

CERTIFIED CORRECT.
13 SEP 1916
CAN. RECORDS, LONDON.

Certified Correct, O/C R.C. RR 2-31-91 Ref file K.T. 102/1224a
Regt. 12117.

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

2nd Reinforcements
Siege & Heavy Artillery

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: 2nd Bde C.G.A.

Regimental No. 346831 Rank Gunner Name C. E. F. James Harold Reid

Enlisted (a) 17/3/16. Terms of Service (a) Duration of War first months Service reckons from (a) 17/3/16.

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)

W. S. B. CLASS A

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 14/5/16. Montreal – Disembarked 29/5/16. Liverpool
16-6-16	C.D.S.A.	T.O.S Can Depot Siege arty	Horsham	2-6-16	Pt II D.O.1 Lt Winter. ht
		Transferred to 131st Canadian Siege Battery, France.		1-9-16.	Pt II D.O. 65. Lt Winter. Lieut. P.C. CANADIAN DEPOT, SIEGE ARTILLERY.
2 9/16.	C.B.D.	Having arrived from England as Reinforcement is taken on Str. 131 st. Bty	Field	2/9/16	N.R. arr. Pt II O. 290 d/6/9/16.
7/7/17	O/C Unit	att to Can Corps Sig School for Course of Instruction	Field	5/7/17	B213 Pt II O 42 d/16/7/17
11/8/17	do	Reported from Signal School	Fld	9/8/17	B213 Pt II O 49 d/20/8/17
18/8/17	do	Granted Leave to Paris	Fld	15/8/17	B213 Pt II O 51 d/27/8/17
1/9/17	do	Reported from Leave	"	29/8/17	B213 Pt II O 55 d/8/9/17
29/8/17	13 CFA	Diarrhoea Trans	23 CCS	28/8/17	a36 (C4666)

(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				
29/8/17	23 CCS	Gonorrhoea 28/8/17 Transf	11 A Train	29/8/17	A36 (E4666)
1/9/17	Old Unit	To Hospital Sick	N S	2/9/17	B213 Dcd 36 d/8/9/17
2/9/17	51 Gen	V.D.S. adm	51 Gen	2/9/17	W3034 (E5228)
11.11.17	CGBD.	T.O.S. Class "A" from 51 Genl	Base	10.11.17	nR CGBD d/10/11/17
16.11.17	O.C. 51 st Genl	Hospital Stoppages of 50 cts per day whilst in Hospital 2.9.17. to 10.11.17 (69 days)	Base	10.11.17	O.C. 51 st Genl. a/f.01643 d/10/11/17 Pt II 069. d/16.11.17
18.11.17	CGBD	Left for CCRC	Field	20.11.17	nR CGBD d/18/11/17
10.11.18	51 Gen	V.D.S.	to duty	10.11.17	W3034 W#376
1.12.18	Unit	Rejoined Unit	Field	25/11/17	B213.
15.11.18	51 Gen	Granted 14 days Leave UK		14.11.18	B213. Pt II. 105 d/29/11/18
29.11.18	C.G.A.	Rejoined from Leave		30.11.18	B213
2-4-19	C.C.C.	Proceeded To England		2/4/19	nR
		Arrived in England			
		A.C.S. C.C.C. Kinmel Park for return to Canada. Part II Orders No.			
		Proceeding to Canada			
		C.C.C. Kinmel Park Embarking for Canada, Part II Order No:			

H.M.T. Mauretania

D.A.G. 3rd Echelon 31/7/19

H.Q. 533

Index Cards on 31/7/19

Commanding _____ Wing,
Kinmel Park Camp.

_____ LIEUT.

O. I/c RECORDS, M.D. 13.

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

3- MAY 1919

C R Hebden Major.
O/C No. 8 Canadian Siege Batt

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

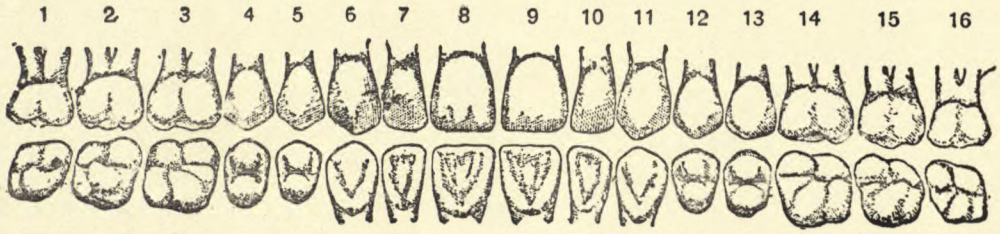
DIRECTIONS TO DENTAL OFFICERS

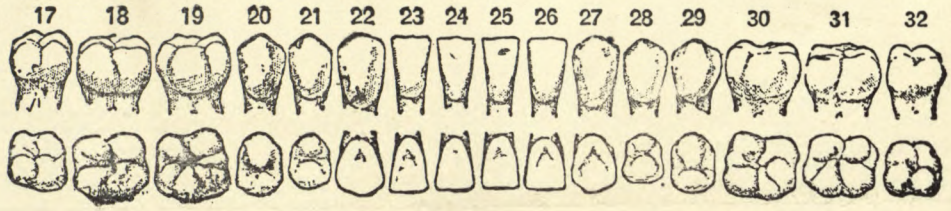
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) REID J. H.

REGIMENT No. 4 CANADIAN SIEGE BATTERY. RANK Gnr. No. 346831

Date of Examination in England _____ Date of Examination in France _____





PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7. 8. 9. 10. 29
2. EXTRACTIONS 12.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(*a*) In Canada Yes

(*b*) In England

(*c*) In France

R Thompson Capt
for A. D. D. S. M. D. No. 4

Signature of Dental Officer E Emmett Capt

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3.Y.6.8.3.1. Rank Gr. Surname Reid
(Given name in full) James Harold

Unit or Corps C.C.H.A. Birthplace Ormstown Que.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 132 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 30 ft.

Left 30 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Cat A

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kinmel Park (Overseas)

Date 8 - 4 - 19 Signed Wallace Kay Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division 4

Name of Soldier Cpl James Hazel

Regiment 2nd Regt. H. Siege Batt. Rank Pte Gunner No. 346831

M.F B.-465
100m.—1-16
1772-39-950

DATE		No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Mar.	21															A R Cleveland	1-3 require extraction 4-5 Require filling
Mar.	23	2	2A			1	X		P.M.							D.P.N.W.	Go return.
	28	3	3'													D.W.M.	Go return.
	29	4	4'			3^2											Fri. Mar 31.
Apr.	31st	5				5^{cc}	5^X									W.S.W. Lane	Completed

DENVER TOPOGRAPHIC SHEET
COMPLIMENTARY DEPARTMENT OF THE INTERIOR

346831

2nd Reinforcements
Siege & Heavy Artillery

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Reid *Christian Name* James Harold.

Examined { on 18 day of Mar 1916
at Montreal

Approved by D Campbell Capt

Birthplace { City or Town Ormstown
County Quebec, Canada

Rank Capt M.O.

Apparent age 20 yrs 10 Mnths.

Trade or occupation Bricklayer

Height 5 Feet 8 Inches.

Weight 136 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 38 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last as a child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection refer to dental corps.

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.
Apr 3/16		M.O.
28/6/16		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
Apr 3/16		M.O.
-13/16		M.O.
-24/16		M.O.

Enlisted on 17 *day of* March 1916 *at* Montreal.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	2nd Rein. S&H. Art.			March 20th, 1916.
Transferred to		346831		

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 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 Reed Christian Name James Harold

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.

346831.

2nd Reinforcements
Siege & Heavy Artillery

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Reid Christian Name James Harold.

Examined on 18 day of Mar 1916
at Montreal

Approved by D Campbell
Rank Capt M.O.

Birthplace City or Town Ormstown
County Quebec, Canada

Apparent age 20 yrs 10 Mnths.

Trade or occupation Bricklayer

Height 5 Feet 8 Inches.

Weight 136 Lbs.

Chest measurement Minimum 91½ inches.
Maximum expansion 98 inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number 1

When Vaccinated last As a child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Refer to dental Corps

Date.	Fit or Unfit.	Examined for Re-engagement.
24/8/16	Fit	J.K. Macleish Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
28/6/16	Good	J.K. Macleish Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
Apl 3/16		
- 13/16		C.E. Moffatt M.O.
- 24/6		M.O.

Enlisted on 17th day of March 1916 at Montreal.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	2nd Rein. S&H. Art.			March 20th, 1916.
Transferred to	131st S. Bty	346831		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kinmel Park	8-4-19	Nil	Cat. A. J.K. Macleish Capt

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 Reed Christian Name James Gardiner

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.

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 2nd Reinforcements Siege & Heavy Artillery

(2) Regimental Number # 346831

(3) Full Name of Soldier James Harold Reid.

(4) Place of Birth Ormstown, Que.

(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 ? no

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes. Peter Reid,

If so, state name and address 85 Minto Ave. Montreal, Que

(10) Is your Mother alive ? Yes

If so, state name and address Isabel Poynachan Reid,

same.

(11) If your Mother is a widow.....

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 ? Yes

If so, in what Company ? Aetna Life Assn.

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.

J Reay

Officer Commanding.

Date APR 26 1916

I. C. 2nd Draft
Siege & Heavy Artillery

L-L [illegible]310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Isabel L Reid

Address 85 Minto ave
Montreal

By Whom Assigned Reid James Harold

Regtl. No. 346831

Rank Gnr

Corps 2nd Rein S + H art

Rate 15.00

MAY 1916

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 4 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2 Mrs Isabel L Reid

L. L. Job 310.—Req. 6574.

Name of Soldier Reid James Harold

346831 2nd Pnr S+H Art

$15.00 MAY 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		9433 1	15	
June		D 3977	15	
July		Q 11919	15	
Aug.		12608	15	
Sept.		10247	15	
Oct.		22985	15	
Nov.		H 28243	15	
Dec.		Z 31604	15	
Jan.	1917	O 40820	15	
Feb.		O 46844	15	
March		B 52674	15	
April		[illegible]	15	15 E.
May		B 10714	15	
June		A. 12254	15	15 Cancelled 15-6-17
July		~~B 26228~~	~~15~~	Cancl. in error. ~~b 26228 Canc~~
Aug.		31613	15	
Sept.		38831	15	03
Oct.		47221	15	
Nov.		A 34138	15	
Dec.		L 61891	15	300/2
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MARRIED OR SINGLE Single

PLACE OF BIRTH Ormstown P.Q.

NAME AND ADDRESS OF NEXT OF KIN Peter Reid,
85 Minto ave., Montreal.

RELATIONSHIP OF NEXT OF KIN Father.

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. 346831 RANK Gunner NAME Reid, James Harold.

IF IN PERMT. CORPS WHAT UNIT UNIT Can. Siege Res. TRANSFERRED TO 4th Sig Bde. DATE 11-9-16 AUTHORITY DOR 65/1916

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.R.A. DATE 1/11/17 AUTHORITY Request.

PLACE OF ATTESTATION Montreal TRANSFERRED TO 4 S.B. DATE 14/3/18 AUTHORITY Req.

DATE OF ATTESTATION March 20th, 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 cts/100 DATE EFFECTIVE June 1st 1916 1-5-18.

PAYABLE TO Mrs Isabelle L. Reid 85 ~~Minto Ave. Montreal~~ 12 Rouguemil St. Rouguemil P.Q. RELATIONSHIP Mother.

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
			25	50											2550															25 50				Bal. from May
June 1-	30	1.00	30		30	.10	3	00							33									9 74				15	15	43 50					
July 1-	31		31		31		3	10							34 10	34 23	30/6/16 15 7/16	13	9 5/16	43	15 7/16			7 30	9 73	7 30		15	49 07	28 53					
Aug 1-31	31		31		31		3	10							34 10	51	30 3/16	5	9	15	8/16			9 73	9 73			15	34 46	28 17					
Checked Newton Sept 1-10	10		10		10		1	00							11 00													15	15	12 41 78		24 17			
															137 70														113 53					
11. 30	20		20		20		2								22							Re Brigs				9 73			9 73	36 44				
Oct	31		31		31		3	10							34 10	93	30/9/16					67	31.6	6 94			9 73	15	21 94	48 57				
Nov	30		30		30		3	00								110	31/10							2 62										
Dec	31		31		31		3	10							33	101	18/10							3 48				15	21 10	60 47		7	58 47		
		.10	21	40			21	40								129	24/11/16							8 72				90							
1917 Jan	31	1.00	34	10												138	3-0/11							2 62				15	28 96	65 61		2 50	63 11		
															24 10	19	17/11							2 62										
																154	31/12							2 62										
															34 10	145	19/12							2 61				15	20 23	79 48		3			
Feb	28		30	80											30 80	162	15/1							2 62				15	17 62	92 66		3			
																191	24/2	20	13/3					2 62	7 61									
Mar	31		34	10											34 10	181	17/2	1 11	31/1					2 61	2 62			15	78 07	98 69		3 50			
Apr	30		33												33													15	15	116 69					
			392	90											392 90									7661	2487	973		165	276 21						
			392	90											392 90									7661	2487	973		165	276 21	116 69					

No. 346831 GNR. REID. JAMES. HAROLD. "Assignee pay 15 ~~cts~~"

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
			392	90											392 90	5	17/4						7661	2487	973		165		27621	1169				
May	31	1 00/10	34	10											34 10	15	30/4						261											
																							26Y				15		20 23	130 56				
June	30		33	-											33 -	15	15/6						168						17 68	45 88				
July	31		34	10											34 10												15		15	162 98				
Aug			34	10											34 10	54 34 45 65	21/7 21/7 21/7						268 268 269 892				15		23 04	176 04				
Sept	30		33												33	59	31/7						357				15		27 49	181 55				
			561	20											561 20								10505	2487	973		240		37365					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLOE. ENG.
		~~781 55~~							181 55		
Oct. 1/31	Sund 1 00/10	34 10		Asspay			15				
				8241 30/7/17 13th Corps Sig.	112 49						
				RR. 20 19/8/17 C.C.H.Q.	89 22						
				20949 Cam Con/Sig Co RR 9/9 17/9/17	2 68				96 26		
		34 10			104 39		15				
Nov	May	33									
Dec		34 10		Hosp. Stafs 2-9-17 to 10-11-17 70 Days D.O 69. 16-11-17 J.C.B.		42 00					
				a/May			15				
				a/c Dec			15		91 36		
		67 10				42	30				
1918 Jany	31	34 10		a/May			15				
				a.R. 4525 G.S.B.A. 14/11/17	16 06						
				a/cR 18 4th Corps 26/11/17	357				90 83		
		34 10			1963		15				
Feb.	q/p	30 80		~~R.A.F.~~			15				
				1074 - H.B.B. 22/1/17	803						
				Do a.R 1129 - " 3/1/18	446						
				- 1301 - 17/1/18	357						
				- 1454 - 29/1/18	446				86 11		
		30 80			2052		15				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLOE. ENG.
									86.11		
	Fwd										
	Mar Sunday	34 10		a/c					15		
				1559. 16-2-18 years	357						
				1157. 4-3-18 years	446				93.		
				1920 20-3-18	357				86.11		
		34 10			1160		15				

86.11
34.10
120.21
26.60
93.61

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:– June 1. 1916 new address Eff 1-5-18	EFFECTIVE DATE:–
AMOUNT:– 15.00	AMOUNT:–

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

Mrs Isabelle L Reid
12 Longueuil St Longueuil P.Q.
Mother

H of K 1-5-19

NAME:– REID. James Harold
NUMBER:– 346831

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr

UNIT AND TRANSFERS

ORIGINAL UNIT:– Can. Sup Res
DATE ACCOUNT FIRST OPENED 1 June 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET S'F'D	UNIT TRANSFERRED TO
			4th Can B.

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
4419	25	Mil Wing	4 67				
8419	267	"	~~28 93~~				

DAILY RATES OF PAY AND ALLOWANCES

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

L.P.6. Crd Bal $ 9.04

PARTICULARS OF RENDERING NON-EFFECTIVE. Dis to Can 3rd 24-1-19 MR 6584 Rhey's. Ledger Crd Bal $ 65.84

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									93 78 61	4	
Apr	Bal Fwd.										
	21	33		cf				15			
				CR 24.9.3.18 2624	448						
				" 125. 19.4.18 "	357				103 58		
		33		cf	803			15			
May	21	3410						15			
				284. 7.5.18 Hfx	446						
				347. 16.5.18 "	25				11465		
		3410			803			15			
June	21	33		cf				15			
				200 " 16 2 cga	714				12551		
		33			714			15			
July	21	3410		cf				15			
				614. 2.7.18 "	357						
				737. 16.7.18 "	446				13658		
		3410			803			15			
Aug	21	3410		cf				15	15568		
				845. 5.8.18 Hfx	357						
				948. 16.8.18 "	357				14854		
		3410			714			15			
Sept	21	33		cf				15	16654		
				1172. 2.9.18 "	357						
				1180. 16.9.18 "	357				15940		
		33			714			15			
		3410		C of R.				15			
Oct	V			2R 1335. 7.10.18. 2 CGA	373						
				" 15.14. 22.10.18. "	373				17004		
		3410			746			15			

COMPILED BY McMullen W.
CHECKED BY Hydwoodhouse

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Balfd/Gurkha								171 04		
Nov		33 -		CAP.				15			
				ak 1848. 10.11.18. 2CGa.	7 46						
				Ago. 63599. 14.11.18. London	1 46 -						
				Ago. 67 v 1 v 21.12.18. "	29 10						
				ak v 133. 12.12.18. 3CGa.	3 73						
Dec	Jan ✓	68 10		CAP	186 39			30	40 85		
		101 10			186 39			45			
Feb	✓	30 80		AP				15			
				AR 2428 3 CGa 1/1/19.	7 46						
				2717 " 14.1.19.	3 73						
				2955 " 30.1.19.	27 99						
Mar	✓	34 10		AP	39 19			15			
				4192 " 14/3/19	3 43				32 84		
		64 90			429 1			30			
Apr	✓	33 00		AP				15			
				AR 25 4-4-19 MCCC	4 87						
				67 8-4-19 Kinmel	38 93						
				1304 End 23-4-19 "	4 87				2 17		
		33			48 67			15			

Sailed for Canada 3-5-19 M.D 4 Sailing List 53 C.G.A.

War Service Badge
Class "A" No. 242816

F

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 346831
2. Rank. Gnr.
3. Name. REID James Harold.
4. Unit. C.R.A. 3rd S. Bty. 2nd Rein Seige Art.
5. Date of Discharge 12-5-19 Place Montreal, Que.
6. Reason for Discharge Demobilization

(24) A1. (2)

Father.

7. Authority. DD#4.R.O.1420.D.9.PT.II#136
8. Proposed Residence after Discharge Longueuil

Canada.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? B 19 Montreal

May 24 1919

J H Reid

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

H.M.T. Mauretania

Date Sailing 0 3 May 12-1919

Emb'k'd S'th'on 31 ,19

Disem.d'b Halifax 9/6/19

Signature

(O. C. Discharging Unit.)

Lieutenant

Officer i/c Discharge Section, Dispersal Station "F"

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. .....

2. Rank .....

3. Name .....

4. Unit .....

5. Date of Discharge ..... Place .....

6. Reason for Discharge .....

.....

.....

.....

7. Authority .....

8. Proposed Residence after Discharge .....

.....

.....

.....

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. 1. .....

.....

.....

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date .....

.....

Signature .....

(O. C. Discharging Unit.)

M.F.W. 3176.—2000m-12-18—W.T.D.-21-118.

LIST OF DISCHARGE DOCUMENTS.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....a.....
Checked by No.....28.....
.....B.H.....
Date 24/4/19

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch 1910

OVERSEAS CONTINGENT **R**

Date of Assignment May 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 346831

Rank Gnr. Promoted Reverted Discharge

Soldier's Name James Harold Reid

Battalion 2nd Reinf. S. & H. Art.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Isabel L. Reid

Address ~~85 Minto Ave.~~

Change of Address Montreal.

1 1/2 Longueuil St, Longueuil Que.

2

3

4

015-206 J 66

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 3/17			300	300	Mrs O. I B funds 27 6/18 mos.
Jan 1/18	D 64405		15	15	
Feb	V 72798		15	15	
Mar	R 91008		15	15	
Apl	R 8644		15	15	
May	M 21803		15	15	
June	Q 26819		15	15	
July	F 23174		15	15	
Aug	S 31359		15	15	
Sept	O 45562		15	15	
Oct	H 51055		15	15	
Nov	H 61957		15	15	
Dec	G 62417		15	15	
Jan/19	E 71725		15	15	
Feb	J 79584		15	15	
Mar	A 98602		15	15	
Apl	B 1974		15	15	
May	M 5477		15	15	

A/c Closed 31-5-19

Ret'd per Mauretania

Date 9/5/19 F.X. 14-5-19

Clerk Laurendeau

MAY 14 19 C

Destroy LP 77294

AP 555 00

AP

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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

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—1772-39-1141
L. L. 22320—M. & D. 7693.

AUDITOR | PAYMASTER

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

M. & R S.

REGT. No. 346831 RANK Lce NAME (IN FULL) REID JAMES HAROLD (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
D.O.S.	3-5-19	D.O. 136 P.S.B. Supp B

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT? 6 R A

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 17-3-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-6-19

PAYABLE TO Mrs Isabel L Reid — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS W/S/S Royal Bank of Canada

ADDRESS 12 Longueuil St Longueuil Que — St Lambert Que

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 12-5-19. — REASON Demob — AUTHORITY D.O. 136 P.S.B. Supp B — ENTITLED TO POST DISCHARGE

TARY DIST. MAY 29 1919 D. MOBILIZATION PAY DIVISION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
							2	17	2	17																										2	17
1-5-19 to 18-5-19	18	1.10	19	80	7 00				12	80	Paid	Pri			CR 138231		4	87	5	00	102	10	150				6	60			133	57	6	60		
									126	97																										
			Other Credits	W.	S.	C.	S.	A.	Total		War Service Gratuity																Other Charges	W.	S.	G.	S.	A.	Total		Balance Soldier		Balance Dependant	
				4	20				4	20																		7	0			7	0	3	50		
																											6	60			6	60	3	43	40	
12.6.19																												70				70	2	73	40	
18/1/19																												70				70	2	03	40	
12.8.19.																												40				40	1	33	40	
12/9/19																												63	40			63	40	70	00		
12.10.19.																												40				40					
																												420									

PARTICULARS OR REMARKS

Maurepas Reg'l Rec'd 350 3/10/19 70.00
Mar 1/2660 13-18-5-19
ap 1500 May 19.

3333320
10650477
1276686
1522387
1637815

Final

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-30-1390.