INDEPENDENT FORESTRY COMPANY
M.D. 10 C.E.F.

TRIPLICATE

2183372 No.

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Reid.
1a.	What are your Christian names?	John
1b.	What is your present address?	Newdale Man.
2.	In what Town, Township or Parish, and in what Country were you born?	Aberdeen, Scotland.
3.	What is the name of your next-of kin?	Mrs Jane Reid
4.	What is the address of your next-of-kin?	274 Hardgate Aberdeen. Scotland
4a.	What is the relationship of your next-of-kin?	Mother
5.	What is the date of your birth?	Decr 9th 1897
6.	What is your Trade or Calling?	Farmer.
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? If so, state particulars of former Service.	No
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14.	If so, what was the nature of the disability?	
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	Yes
16.	If so, what was the reason?	Flat Feet

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John 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.

John Reid (Signature of Recruit)

Date March 27th 1917. E Williams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John 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.

John Reid (Signature of Recruit)

Date March 27rth 1917. E 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 Winnipeg this 27th day of March 1917

B H Kenny Capt (Signature of Justice)

A/Adjt. Independent Forestry Company
M.D. 10 C.E.F. JP

M. F. W. 28
750M—3-16
H. Q. 1572-99-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

Description of John Reid on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8½ ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

Religious denominations.
- Church of England
- Presbyterian cxx
- Methodist
- 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, attach a slip to that effect, for the information of the Approving Officer).

Vision R. Eye 20/20
" L. Eye 20/20
Hearing R. Ear ✓
" L. Ear ✓

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 March 27th 191 7

G. W. Staple Capt
Medical Officer.

Place Winnipeg

*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:—

PUBLIZED
MEDICALLY
APPROVED FIT

R. Gould Capt PRESIDENT
G. W. Staple Capt MEMBER
J. Cricard Capt MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

John 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.

P. H. Burry Capt (Signature of Officer)
A/Adjt. Independent Forestry Company
M. D. 10 C.E.F. Actg O.C.

Date March 27th 191 7

24-3-19 and

REGIMENTAL DOCUMENTS

NAME REID JOHN REGT. NO 2183372 UNIT R.F.C. H. Q. FILE NO. H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
S 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		H M			DEATH
S 1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION 1
	LAST PAY CERTIFICATE (M.F.W. 44)					28-22
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					19-22
	PARTICULARS OF CHARACTER (A.F.W. 3226)				C6569	11-22
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A.F.W. 3997					
1	A.F.W. 192					
1	A.C.G. 209.					

H

W. 2589
100M-11-18
1772-35-1377

Number 2183372 Rank a/Cpl

Surname REID

Christian Name John

Units C.F.C. Theatre of War England

Date of Service 14-5-17

Remarks 102843

Last Address Newdale Mass

U.P.C.

Roll No. A Page 2404 1122 Fox St. Denver Colo USA

B/Pte

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

DEP. MAR 7 1925 REGN. NO. 112 99

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

Reg. No. 2183342 Name Reid. G.

Rank Pte Corps Forestry Age 19 Service -

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS O/S
Winnipeg Gen Hospl Winnipeg	9.4.17	Tonsilitis & Grippe
Dis to Duty	17.4.17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

*Name Reid, John Rank A/Crp. Regtl. No. 2183372

Fyle Depot

Original unit 1st. C.F.C. Present unit M. or S. 2 Age 19 Religion Presby. Ref. H.Q.

Port, ship, and date of arrival 11-1-19 SS. "Olympic" Halifax 17-1-19

Next of kin (Mother) Mrs. Jane Reid, 274 Hardgate Aberdeen, Scotland

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Winnipeg, March 27th. 1917

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
11-1-19	T. O. S. #10 D. D. & Posted to Cas. Coy. D. O. 29	Pa. 246
	14 Days landing leave with subs.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

INDEPENDENT FORESTRY COMPANY
M.D. 10 C.E.F.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins.....Independent Forestry Co. M.D.10 C.E.F.

(2) Regimental Number.....2183372.....

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

(4) Place of Birth.....Peterhead. Scotland.....

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

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

(b) Present Postal Address.....Newdale. Man.....

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

(8) Have you any children ?.....No.....

If so, give number of boys and girls.....Nil.....

Also their names and ages.....Nil.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....no.....

If so, state name and address .....Nil.....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address....274 Hardgate . Aberdeen. Scotland.....

.....

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

Are you her sole support, or not ?.....Yes.....

(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.

.....One other brother in Newdale. Man.

.....$ 10.00 Per Month.....

(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.

.....Nil.....

.....

.....

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

.....Yes.....

(15) Are you insured ?.....No.....

If so, in what Company ?.....Nil.....

Have you made arrangements for payment of your Insurance premium.....Nil.....

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

P. H. Curry ..... Capt.
A/Adjt. Independent Forestry Company
Officer Commanding.
LI. D. 10 C.E.F.

Date....April 4th....1917.....

Acts O.C.

FORM OF WILL

805

141468

I, John Reid (Name in full)

Regimental Number 2183372 serving in Independent Forestry Co M.D.10. 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 devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Jane Reid 274 Hardgate, Aberdeen Scotland	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this Fourth day of April A.D. 1917

John Reid 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 H W Masterton

Address of Witness 417 Nebraska St Winnipeg

Occupation of Witness Soldier

Signature of Second Witness Wm Lamman

Address of Witness 146 Carleton St. Winnipeg

Occupation of Witness accountant

M. F. W. 82.
300M.-12-16.
1772-39-983.

MEDICAL HISTORY SHEET

Surname Reid Christian Name John

Examined on 27th day of March 1917 at Winnipeg

Birthplace City or Town Aberdeen County Scotland

Apparent age 19 years and 3 mons

Trade or occupation Farmer

Height 5 feet 8½ Inches

Weight 140 lbs.

Chest measurement Minimum 32 inches Maximum expansion 35 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left 2 Number Two

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease

Vision R. Eye 20/30

" L. Eye 20/20

(b) Slight defects but not sufficient to cause rejection

Hearing R. Ear 2

" L. Ear 2

Approved by G. W. Staples

Rank Capt M.O.

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

MOBILIZATION MEDICAL BOARD APPROVED FIT

Date	Result	Vaccinations	
18/4/17	O.K.	R.R. Barker Capt.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
3/4/17	P.B.	F.W. Williams Capt	M.O.
29/4/17	"	J.S. Clark Capt	M.O.
31-8-18	T.A.B. 1	S.C.P. Gocher Capt came.	M.O.

Enlisted on 27th day of March 1917 at Winnipeg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Independent Forestry Co	2183372		March 27th 1917
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Sunnydale	9-12-18	D.A.H. Flat feet B II	Invalided for Canada

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.
300M.—1-17.
H. Q. 1772-39-439.

Surname Reid Christian Name John

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Winnipeg		9	4	17	17	4	17	Grippe	8	W. E. Hosp. Recovery	H. Williams

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

10232

This is to Certify that No. 2183372 (Rank) a/Cpl.

Name (in full) John Reid enlisted in

the 2nd Forestry Company

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 27th

day of March 1917

HE served in England - C. For. Corps. 1 year 7 months 25 days.

Demobilization R.O. 145

and is now discharged from the service by reason of

☆ C.O. 34 - 421 D.O. 41 ☆

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

Age 21 years - 1 month.

Height 5 ft. 9.

Complexion Dark

Eyes Blue

Hair Dk Brown

John Reid
Signature of Soldier

Marks or Scars

— Nil —

A. Forbes. MAJOR
Issuing Officer

Lt. Col.

Officer Commanding No. 10 District Depot
Rank

Appointment

Date of Discharge 14-2-19

Signed at Winnipeg this 14th day of February 1919

in Military District No. 10

File Reference No. 44-R-883

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Form R 122
2353—100M—9-12-16.

J.P. Rank | Name REID, John | Reg'l No. 2183372.

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

Dfts to Can. Forestry Corps to Base Depot Sunningdale

Place and Date of Enlistment Winnipeg. 27th March.1917. Place of Birth Aberdeen.Scotland.

Name and Address, Next-of-Kin Mrs. Jane Reid.
274 Hardgate St.Aberdeen.Scotland. Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E R.B No 5,176
File R.L.
Category Can OR

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		⇒ARRIVED IN ENGLAND 14 5 17			
		28.5.17 B.D. C.F.C T O S S'dale 14,5.17 PtIIO 25			
28.6.17	3 Dist C.F.C.	T.O.S. from Base depot	London	18.6.17	PtII 51 (C.F.C.B.D. PtII 514 26.6.17)
1-9-17	do	SOS & posting to #4 Dis C.F.C	"	1-9-17	" " PtII 06. 7-9-17 T.O.S. of 4 Dis
7.10.18	54 Dist	Appt A/Cpl paid	Sampton	1.10.18	" 46. a/cpl
6 12 18	BDCFC	SOS from 54 Dist CFC	Shall	5 12 18	-291 SOS 54 Dist pte p 55-12/12/18
16.12.18	"	Ex cmd to C.D.D. Rhyl	"	" 16 12 18	299
SOS to CEF CAN. MD 10					
9.1.19					
BDCFC. PtIIO20 d20.1.19					

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.				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-18.
H. Q. 1772-39-920.

Casualty Form—Active Service.

INDEPENDENT FORESTRY COMPANY

Unit, Regiment or Corps M.D. 10 C.E.F.

Regimental No. 2183372 Rank Pte Name Reid. John
C. E. F.

Enlisted (a) March 27th 17 Terms of Service (a) War & 6 Months Service reckons from (a) March 27 th 1917

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) Farmer

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	Halifax	1-5-17	H.M.T. "Metagama"
		Disembarked	Liverpool	14-5-17	H.M.T. "Metagama"
26-5-17	D. of T.O.	T.O.S. Base Depot C.F.C.	Sunningdale	14-6-17	P.H.O. 24. Lieut. A/ADJT. C.F.C.
3-9-17	O.C. 54	J.O.S. 118 Coy 6th Border	Southampton	1-9-17	Pt II D.O. 5 Dist 54
17-10-18	do	Appt A/Cpl with Pay	do	1-10-18	Pt II D.O. 46 Dist 54
12-12-18	Do	203 Dist 54 at Coy 118 on posting to Base Depot, C.F.C.	Do	5-12-18	Pt II D.O. 55 Lieut. & Adjt, For O.C, No 54 District, CANADIAN FORESTRY CORPS.
6.12.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 54 Dist Co. 118		5.12.18	Pt. 11. D.O. 291 Lt. & A/Adjt. For O.C. Base Depot, Canadian Forestry Corps.

(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				
22.12.18	M.D 10	Attchd to 6.6.6. Kinmel Park		19-12-18	Pte 11 D/o 501.
	M.D 10	Ceases to be attchd transferred to 6.6.7.		8.1.19	Pte 11 D/o. 8
11.1.19	T. O. S. of No. 10 District Depot, Part 2 Order No. 29 Para 246 T. E. Patten Lt.-Col. O. C. No. 10 District Depot.		Lieut M'Ewen to O.C. M.D 10 Kinmel Park		

Discharged 14-2-19
C. O 34 / 421 D. O 41
E. Stubbs Lt
for
Officer Commanding No. 10 District Depot ..... Lt. Col.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

MD 10

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) REID J

REGIMENT C.F.C. RANK a/cpl No. 218[illegible]2

Date of Examination in England 19/12/18 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Fil
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
- (b) In England yes
- (c) In France

CANADIAN ARMY DENTAL CORPS ORDERLY ROOM KINMEL PARK CAMP, RHYL

Signature of Dental Officer [signature]

P. 559.
MARRIED OR SINGLE S

PLACE OF BIRTH Aberdeen Scotland

NAME AND ADDRESS OF NEXT OF KIN Reid Mrs Jane
274 Hardgate Aberdeen Scotland

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. 2183372 RANK Ste NAME Reid John E. E 760

IF IN PERMT. CORPS } WHAT UNIT UNIT L.F.C. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 27-3-17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-5-17.

PAYABLE TO Mrs Jane Reid, 274 Hardgate, Aberdeen Scotland RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

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
														27 80	27 80																27 80				C.D. Bal from Canada
May+June	61	1.10	67 10												67 10							A/9687												
July	31		34 10												34 10							A/05863					15			30 00	64 90			
																		2397	31/5				974				15			15	84 00			
Aug.	31		34 10												34 10			2533	16/6			A/29472	1947			15			44 21	73 89			
																		3916	18-8				1704											
Sept.	30		33												33			3705	12-7			A/20379	2434			15			56 38	50 51			
~~Oct~~																						~~A/24921~~					~~15~~							
			168 30												27 80 196 10									70 59			75			145 59				
			168 30												27 80 196 10									70 59			75			145 59				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE

2183372. Pte Reid John. aP 15th Eng

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
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	CR. 3	DR. 4	BALANCE																	
		~~50 15~~																50 51																	
Oct	P Pay	34 10		A 249 221												15																			
				aR 4179 11/9/17 L Moor										17 04				52 57																	
		34 10												17 04		15																			
Nov	P. Pay	33 —		D 40728 aP Nov £3-1-8												15																			
				aR £16 18 11/17 118 Coy										19 47																					
Dec	P Pay	34 10		A.P. Dec £3-1-8 B67730												15		70 20																	
		67 10												19 47		30																			
Jan 1918	P. Pay	34 10		b 23139. £3-1-8												15																			
				qR £148 118 Coy 21/11/17										17 03																					
				" £314 " " 14/12/17										26 77				45 50																	
		34 10												43 80		15		45 50																	
Feb	D. Pay	30 80		C 84680 aP Feb £3.1.8.												15																			
				aR £140 9/1/18 118 Coy										17 03				44 27																	
		30 80												17 03		15		44 27																	
Mch	"	34 10		aP Mch D54300 £3.1.8												15																			
				aR £640 17/1/18 118 Coy										21 90																					
				aR £783 11/3/18 " "										17 03				24 44																	
		34 10												38 93		15		24 44																	

			44 27	
			34 10	
			78 37	
			53 93	
			24 44	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:- May 1st. 1917	EFFECTIVE DATE:-
AMOUNT:- $15	AMOUNT:-

586

NAME:- REID John

NUMBER:- 2183377 E

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 Jane Reid (Mother)
274 Hardgate,
Stopped Aberdeen.
Eff- 1-1-19.
W.D.

ASSIGNED PAY ~~AND SEPARATION ALLOWANCE~~ BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF ~~DISCHARGE OF SOLDIER NAMED~~ HEREIN

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
D.O. 4b. 654 b81	1.10.18	a/Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Forestry Corps.

DATE ACCOUNT FIRST OPENED:- 1/5/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Etc Emg.

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
From 1st ~~Apl~~		a/Cpl Eff 1st/18 Cash	14 days 1st	Do. 4b	681	→ Taken from A.F.P.B.	
		21 days 1st	3 10				
~~4th/18~~	575	686 B.D.	14 1st				
			14 60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
Do. 4b. Eu dist. Eff 1.10.18	1 10	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada for disposal 31/12/18. Cash NR 87 Lytn 14.1.19.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd								24 44		
April	P. Pay	33		a.P. april £3.1.8. a52109			15				
				aR 525 118 Coy. 8/4/18	17 03				35 41		
		33			17 03		15				
May	"	34 10		B12919 £3.1.8.			15				
				aR 8200 118 Coy 20/5/18	17 03				27 48		
		34 10			17 03		15				
June	"	33		B54770 £3-1-8			15				
				aR 8332 118 Coy 10/6/18	17 03				38 45		
		33			17 03		15				
July	"	34 10		Bq3725 £3.1.8.			15				
				aR 5516 118 Coy 8.7.18	17 03				30 52		
		34 10			17 03		15				
Aug	"	34 10		669327 £3.1.8			15				
				aR 8729 118 Co 12.8.18	17 03				32 59		
		34 10			17 03		15				
Sep.	"	33		699342 £3.1.8			15				
				aR. 11247 13/9/18 54 Dist.	17 03				33 56		
		~~33~~			17 03		15				
Oct		34 10		D69074 £3.1.8			15				
~~Oct~~				aR. 11803 12/10/18 "	17 03		15		35 63		
		34 10			17 03						
Nov.	Cpl Pay.	36 -		6.29073 £3.1.8			15				
	Promoted Cpl 1/11/18 & 31 days @ 10d	3 10		aR 12136 18/11/18 54 Dist	19 47						
				6.83674 £3.1.8			15				
				aR B5175 14/12/18 Boyle	14 60						
Dec	Cpl Pay.	37 20							52 40		
		76 30			34 07		30		14 786		

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									47 86		
Feby				A.R. 8290. 23/12/18. Kuimel PK. End on L.P.C.	973						
		- -			973				38 13		

A.3.M. FORM, REN'D. Stopped EFFEC. 1-1-19
DISCHARGED TO Canada DATE 31-12-18
for disposal
PAY BOOK VERIFIED 16.12.18
Cr £38.13
..... BAL £1.5.0 L.P.B. REN'D 12.12.18
AUTHY. B.R. & W.R. 411. 14.12.18

J.H. Brindley
J. Frakell

L.P.C. Cr Bp now reads. £38.13 (
A.R. 8290. 23/12/18. End on L.P.C.

PB 3/19
14

8-12-34

This space to be for numbers.

DEPT MILITIA & DEFENCE
MAR -3 1919
H.Q. CANADA

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

MEDICAL DOCUMENTS FORWARDED TO [redacted] P. B. C. on FEB 27 1919

No.	2183372
Rank	A/Cpl.
Surname	Reid
Christian name	John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Ind. Forestry Coy.
Date of discharge	14-2-19
Place of discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	21 years 1 months.	
Height	5 feet 9 inches.	
Complexion	Dark	
Eyes	Blue	
Hair	Dk. Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Newdale	

2. The above-named man is discharged in consequence of

Demobilization R.O. 1420 (c)

Authority for discharge ☆ C. O. 34 - 421 D. O. 41 ☆

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Released 16-5-34

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Nov. R. 1637

649

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....
Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Winnipeg John Reid *(Signature of Soldier.)*

(Date) 14-2-19 E. Pinkerton W. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg

(Signature) A. W. Forbes MAJOR. ~~Lt. Col.~~

(Date) 14-2-19 O.C. No. 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None. John Reid.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

M. ~~OR~~ S.

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

AUDITOR | PAYMASTER

REGT. No. 218372 RANK (A/Cpl) NAME (IN FULL) Pte Reid John.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6TH. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 1/50 per week DATE EFFECTIVE 1.2.19

U.K.P.O. PAID by Cheque CABLE DISCHARGE (A.P.)

PAYABLE TO Mrs Jane Reid. Wired 11-2-19 RELATIONSHIP Mother. ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 27 Gardyate Aberdeen Scotland.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE MD 10 DATE 14/2/19 REASON D AUTHORITY 41 200 ~~276~~ IF ENTITLED TO POST DISCHARGE PAY Yes

122 Days A.S.C.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Dr 16 80
1919 11/10/14/2	45	1/10	49	50	35 11	70			95	70	3601		16216				28	50	35	40									16	80					16	80	16	80			Trans. to Regt for pay on 1.1.19
																													16	80									T.O.S. 6/6 11-1-19
																													15	00			95	70	✓		88		4 days 22 Sub. 11.20
																																						6/- 35 - 66. POW
			49	50	46	20			95	70							28	50	35	40									48	60			112	50			88		S.P.C. - Ford.
Mch					4	50	✓		4	50	✓		23059	✓					4	50	✓	✓											4	50	✓		88		Credit 4.50 - 4½ days at 10* P.D.
																																						Diff in Ltst Pte Rate of Pay - S.T.F.B.
																																						Pte/2R6 Ford

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

R.97

1-14 | AUDITOR DSW | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 2183342 — RANK a/Sgt6 — NAME (IN FULL) Reid John — 9.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Ind Sv Co — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Newdale Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Winn. — DATE 14 2 19 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
July 14	122								280	00	✓				5313	✓	70	00	✓															210	00	Pay Roll 1st Payment Wtg.
Mar 10.															122181		70	00	✓															140	00	" " $70.00 2nd " "
Apr 4.															126367		70	-	✓															70	-	" " $70.00 3rd " "
May 7.															862211		70	-	✓																	" " $70.00 4th & Final " "
									280	-	✓						280	-	✓												280	-	✓				

Account Closed.

Date Received DEC 5 1919 DISTRICT ADJUTANT'S OFFICE No. 10

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

Form P. 812A.
7777 15m. 12/12/18 D509

C.R. FILE NO. 1648 H.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Mrs Jane Reid

Address 27 Stirdgate
Aberdeen Scotland

Name REID John

From Canada: No. 2183372 Rank Pte Unit C.F.

Rank	Authority	Unit

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on 2/20

ASSIGNED PAY

Authority ASSIGNED PAY / SEPARATION ALLOWANCE Dol. " Effect "

15 00 " "

" "

1.1.19. " "

Month		Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC.	191					DISCHARGED TO CANADA. C.F.C. 411. 14.12.18
JAN.	1919	F4902	15			
FEB.		F5-8022	15 -	—	—	
MARCH						Final Payment
APRIL						
MAY						
JUNE						
JULY						
AUG.						
SEPT.						
OCT						
NOV.						
DEC.						
JAN.						
FEB.						
MAR.						
APRIL						
MAY						
JUNE						
JULY						
AUG.						

Dis to Can 14-2-19
Ott Cable 3779 - 22-2-19.

Form D.M.S. 1394
10M

PROCEEDINGS OF A MEDICAL BOARD.

Dated at July 31 1918

No 2183372 Rank Name REID - JOHN.

Local Unit 118 Coy 6th Overseas Unit Age 20.

Examination held at Longmoor Hants.

DISABILITY.
~~Overseas~~ - Local
(scratch one out) ~~Over~~ V.D.C.t.
Flat Feet.

PRESENT CONDITION.

Base Depot
for Disposal

BOARD RECOMMENDS:-

1. Fit for Duty
2. Fit for duty after weeks' physic
3. Fit for Temporary Base Duty
4. Fit Permanent B
5.

Bne Bne
3-9-19
16-10-A
18 p 9

PART I. B4 A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 183372 Rank a/Cpl Surname Reid Christian Name John

Unit or Corps—(a) Overseas from United Kingdom ..... (b) in United Kingdom C.F.C.

Born at—Town Aberdeen County or Province ..... Country Scotland

Date of Birth—Day 9 Month Dec Year 1897 Age 21 yrs. ..... months.

Joined at Winnepeg, Man Date 27-3-1917

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

Vacc. Right Arm

Height—feet 5 inches 8½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) John Reid

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) FLAT FEET

Disabilities Group (*b*) DISORDED ACTION of HEART

Disabilities Group (*c*) N.A.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Unknown.	Canada.	1914
(*ii.*) As to Group (*b*) above.	Acute Rheumatic fever.	Canada	1914
(*iii.*) As to Group (*c*) above.	NA	NA	NA

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? Yes If yes, has Active Service aggravated it ? No

(*iii.*) As to Group (*c*) above ? NA If yes, has Active Service aggravated it ? NA

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? No

(*iii.*) As to Group (*c*) above ? NA

PART I. (continued).

5. MEDICAL HISTORY. Came from Canada - Apr. 1917. Has not been to France. Winnipeg - 9-4-17 to 17-4-17 Grippe — Recovery.

Man's statements:— In spring of 1914 had acute rheumatic fever. Since that time has had pain in arches, and shortness of breath on long walks etc. Condition has remained unchanged.

6. PRESENT CONDITION.

(Subjective:— Pains across arches on walking. Shortness of breath on over exertion).

(Objective:— Both feet flat, particularly right arch, which touches the floor.)

Circ. Syst. — Apex beat extends over area of 1½" in 5th interspace and is about 1" inside nipple line. Left heart about 1" inside nipple line. — First sound at apex is very loud, followed by blowing murmur propagated into the axilla. Pulse - at rest 100 after touching toes ten times 125 after resting 1 min 96. Is irregular (misses a beat every ten or twelve)

Other Systs — negative. (ZRS)

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. N/A

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. N/A

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B ii

(b) Invalid to Canada? N/A

(c) Discharge from the Service as permanently unfit? N/A

Date of Report 9-12-1918

Signed Frank R. Smith Capt.
Officer in medical charge of case.

Station Summerdale

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at .....Station, on.....191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier { Caused? No / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Ten per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

None

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent?

n.a

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

n.a.

17. Can the former trade or occupation be resumed?

Yes.

18. REMARKS :—

Condition preexisted enlistment
has been unaffected by service

Auth a.g. tel 9089. 11-11-18.

19. RECOMMENDATION :—

(a) Fit for duty? (*state category*) B ii

(b) Invalid to Canada? n.a

(c) Discharge from Service as permanently unfit? n.a.

Date of Board 9.12.18.

Station Lennoxville

Signatures of the Board { Frederick Lett President.
J. Macaulay

Approved Lennoxville Capt
Captain, C.A.M.C.
A.D.M.S.

Dated at for A.D.M.S. Canadians, London Area. Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 10 1918 13 BERNERS ST. LONDON, W.1

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge ~~in England~~.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned A/Cpl Reid John 2183372. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

John Reid.
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

S.S.Olympic

B.P. 8683

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 Winnipeg,Man. DATE Feb.5,1919

1. 1 (a) Unit C.F.C./10DD (b) Regimental No. 2183372 (c) Rank A/Cpl.

(d) Surname REID (e) Christian name John

(f) Home address Newdale, Man.

(g) Next of Kin Mrs. Jane Reid. (h) Relationship Mother

(i) Address of Next of Kin 274 Hardgate Ave. Aberdeen Scotland.

2. Age last birthday 21 Date of birth Dec. 9,1897

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg,Man. (b) Date March 27,1917.

4. Personal description:

(a) Height 5 ' 9" (b) Weight 155 (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Green (f) Identification marks, Scars, etc. None

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
	1	315

	Periods	
	From	To
Canada	March 27,1917 Jan.14,1919	April 24,1917 Feb.5,1919
England	April 24,1917	Jan.14,1919
France or other theatres of War		

7. Original disease, or injury Acute rheumatic fever.

(a) Date of origin 1914 (b) Place of origin Newdale,Man.

(c) Cause Infection.

M. F. B. 227. E.C.

300M.—8-18.
1772-39-117.

Director Medical Services No. 6 FEB 1919 MILY. DIST. No. 10. WINNIPEG

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.)

Impaired function 1- heart 2- Both feet. (a) 1-2 No. (b) 1-2

Partial loss function (c) 1-2 No (d) 1-2 No.

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.)

1-Mitral regurgitation - apex ½" within nipple line. Heart beat full and bounding. Loud systolic murmur at apex transmitted distinctly towards left axilla. Slight hyperthophy left vertricle. Pulse seated 104- after bending forward to touch toes 6 times 124- R turns to 104 in 2 minutes. Blood pressure, systolic 135. Diastolic 75. Moderate dyspnoea on moderate exertion such as walking up 2 flights of stairs each of 15 steps. Can walk 4 or 5 miles slowly but cannot hurry.

2-Moderately marked degree of flat feet. Right worse than left. Can walk 4 miles slowly then feet ache.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

1-Rheumatic fever 1914, in bed 6 weeks. States never knew he had heart trouble until in army; never noticed any dyspnoea up to this time.

2- Feet first became flat following rheumatic arthritis 1914.

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*).)

No others.

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

None.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1-2 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.)

1- Yes, moderately aggravated as stated in question 10 (a).

2- Left foot no, right foot moderately aggravated.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No, No (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? 1-2 Permanent.

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

No treatment since joining army.

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)

1-2 No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Category C.1

W. Jackson Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned John Reid 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

W J John Reid Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

No Category C.1

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.

W. B. Jakeman Capt *President.*

W. Johnson Capt } Members

PLACE Winnipeg, Man.

DATE Feb. 5, 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE .....

DATE .....

} Members

APPROVED BY

J. C. Caston Capt
for *Assistant Director of Medical Services.*

DATE FEB 7 1919

APPROVED BY

~~John Reid~~
Director-General of Medical Services.

DATE .....