

ATTESTATION PAPER.

92nd. O. S. BATTALION
(HIGHLANDERS) C.E.F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 192332.

Folio.

8-1428

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *James Robert Shaw*
2. In what Town, Township or Parish, and in what Country were you born? *Portland England*
3. What is the name of your next-of-kin? *Alice Shaw Mother*
4. What is the address of your next-of-kin? *Main St. Weston Ontario*
5. What is the date of your birth? *28th Oct. 1896*
6. What is your Trade or Calling? *Painter*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *And unvaccinated? 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. *2 years 48th Highlanders*
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*

James R. Shaw (Signature of Man).
Albert Anderson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Robert Shaw*, do solemnly declare that the above answers made by me to the above questions 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.

Date *August 13* 1915 *James R. Shaw* (Signature of Recruit)
Albert Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Robert Shaw*, 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.

Date *August 13* 1915 *James R. Shaw* (Signature of Recruit)
Albert Anderson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Toronto* this *13* day of *August* 1915

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. B. M. [Signature] (Approving Officer)
Capt.

Description of Gas. Robert Shaw on Enlistment.

Apparent Age 18 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 6 ft. 0 ins.

Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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 August 31 1915

Place Toronto

Lieut. McLaughlin
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.

R. Shaw 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.

89. G. H. H. H. (Signature of Officer)

Date 31 Aug. 1915

REGIMENTAL DOCUMENTS

NAME

SHAW James Robert

REGT. NO.

192332

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 card 5009A

1 card 3

7 misc

1 misc

1 card

1 card

1 card

1 card

1 card

1 card

DEATH

Category

DISCHARGE

Category

Demol

DESERTION

40-4
15-4
6-5
5

482540

192332 Sgt

I.D. number
No. d'identification

Shaw

Surname
Nom de famille

JAMES Robert

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location

Lieu 8820



192332
Number

Rank

A1 Sgt *B*

Wife
Surname

SHAW

M. M.

Christian Name

James Robert *V*

Units

15th Bn Can Enl Theatre of War France

Date of Service

28-8-16

Remarks

Latest Address

Box 112 Weston Ont

Roll No

B Page 10686

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
FEB 23 1932
REGN. NO. 10773

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

REG. NO. 192332 NAME Shaw
(SURNAME FIRST)

RANK Pte. CORPS 92 Batt.

AGE 19 SERVICE

NAME OF HOSPITAL Exhibition Camp PLACE Toronto, Ont.

DATE OF ADMISSION 23-2-16.

DISEASE Tonsillitis

DISCHARGE 25-2-16.

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

This image shows a single sheet of off-white or light beige paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Rank *all/cpl.*

Reg. No. 192 332

Unit 12⁴ Res.

Next of Kin

Canada

[illegible]

[illegible]

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

Shaw James Robert

Pte 15th Bn form 9 2nd

C.

No.	DATE	NATURE OF CASUALTY
M 2034	17-4-17	Adm to No 14 General Hosp Wimerenx april 10th 1917. Lt. S. W right arm. ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a616	Rep from Base.	17-3-17	sick
a6172	" " "	26-3-17	Ref unit not stated
a622	no 14 Gen. Mimeroux	10-4-17	Det. S.W. R. Farm Sec
B330	Int. mil Orpington	13-4-17	" " " " "
B.379	Can. Concl. Bromley Kent.	12-6-17	" " " " " (13-7-17.)
B382	Discharged	13-2-17	" " " " "
C239	Can. Spec. Thistley	10-6-18	V. D. S. C. (1st Co. Regt.)
C247	" " Sisich.	19-6-18	" " " " " (.....)

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

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

RANK

NEXT OF KIN.

CHANGE OF ADDRESS

DATE

DATE

CARD NO.

FOLL.

Shaw, M. M (Bentley #29893 6/1/17)
 James Robert
 192332
 92nd
 2 yrs. 48th High
 Shaw, Mrs. Alice
 Mother
 Main St. Weston, Ont.
 England, Portland
 Toronto, Ont.
 Oct. 28th. 1896
 Aug. 13th. 1915.
 Sailed from Halifax Per S.S. "Empress of Britain"
 20-5-16⁴²⁴ 87. 7/6 7-5-19. ³²⁰/₆₅ (Sgt.)
 M. F. W. 22. 250M. -2.16. H. Q. 1772-39-339.

82
 50513-5-19 Dumb
 50134 of 14-5-19 250
 Bw.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18 YEARS

10 MONTHS

HEIGHT

6 FEET

0 INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Aug. 31st. 1915.

Present Address. Not stated

No/92332

RANK

Pte.

NAME

Shaw J

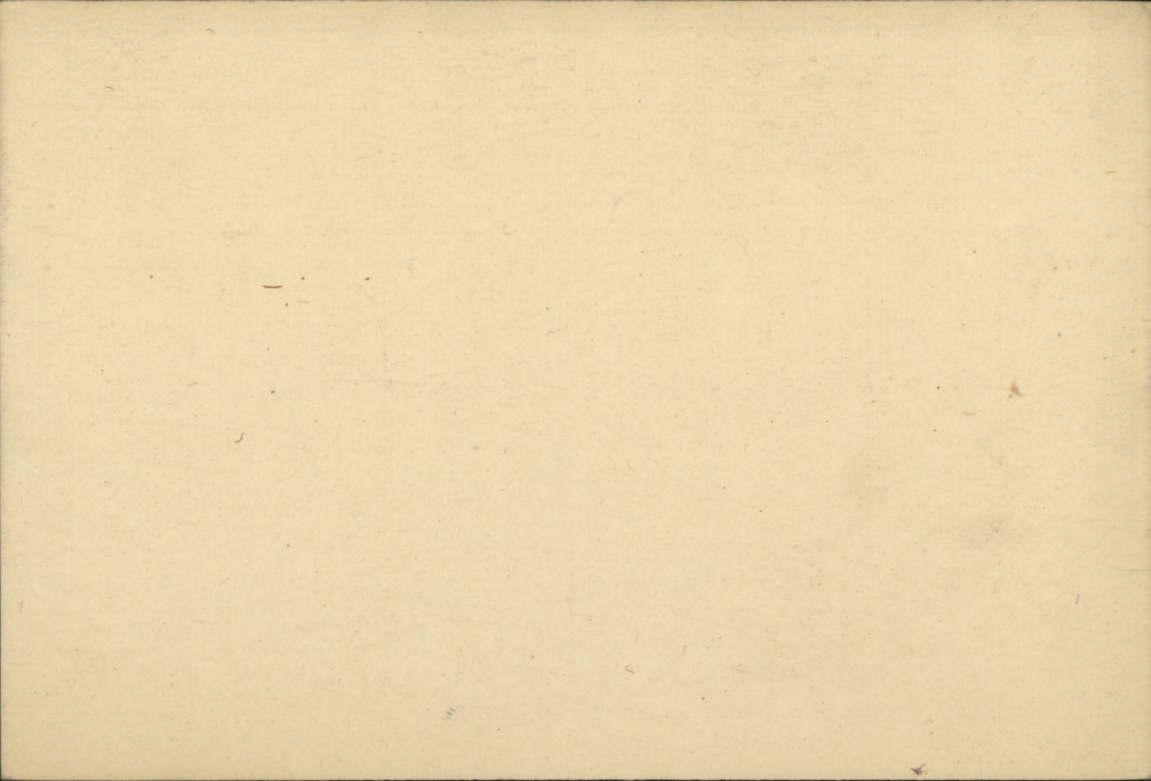
R

T. O. S.

UNIT 92nd Battalion (on Quota 48th Highlanders)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug 12	1915 Aug 31	c		
Sept		c		
Oct		c		
Nov		c		
Dec		c		
1916 Jan		c		
Feb		c		
Mar		c		
Apr		c		
May		c		
				UNIT SAILED MAY 20 1916



Reg. No. 192332

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
17-3	To Hospital Sick.			A616.		
26-3-17	Rejoined Unit.			A617.		
10-4 14	Gen Hos. Wimereux.	GSW. R. F'arm. Sev.		A622.	M2034.	17-4
13-4	Ont Mil H s Orpington	do		B330		
12.6.17	668 Bromley	do		B 379		
13/6	Discharged	do.		B 382		

[illegible]

Surname **Shaw.** Christian Name or Names **J.R.** Reg. No. **192332.**
 Rank **a/Lt.** Unit **15th. Bn.** Co. **12 Res.** Troop **1.C.O.** Batty.
~~Ptes~~ Hospital Date of Admission

Transferred **14 Gen Nimereux** Hosp. **10.4.17**

Ontario Mil. Hosp. **13.4.17**

Can. Cons. Corp. Bromley Kent Hosp. **12-6-17**

C. S. Willey. Hosp. **10.6.18.**

Diagnosis

G.S.W. R. Farm *RW*

(1)
 Later Diagnosis (if changed)

V he S. "C" 110.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 10-4-17. A/616.

Ryot Unit-26-3-17 Date
dis. 13 6.17

REMARKS

R.F.Base. Sick. 17-3-17

17.4.17. Abn **Dis. 19-6-18**

18.4.17. B330. T.T.E. ✓

16-6-17 B379

20.6.17 B372

13.6.18 B339.

22-6-18 C247

B. 17.4.17.

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Ward 12No. of Bed 13

Hospital.

Date

10/5/17

✓

Regl. No.

Rank and Name

Corps

Part to be X-Rayed

192332. Mr Shaw JR15 bandageRt Forearm

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Brigade = 3rdDes = 1stNat = EnglishRec'd at = Very RidgeRep'd from = 14 General
Winnerscup

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

R B PA * L 8 1/2 x 6 1/2
460

Commenced fracture of the ulna
2 1/2" above the wrist joint extending
upwards 2 1/2". Position good. Some
Callus has formed. A few small
sequestra in the region

Signature of M.O.

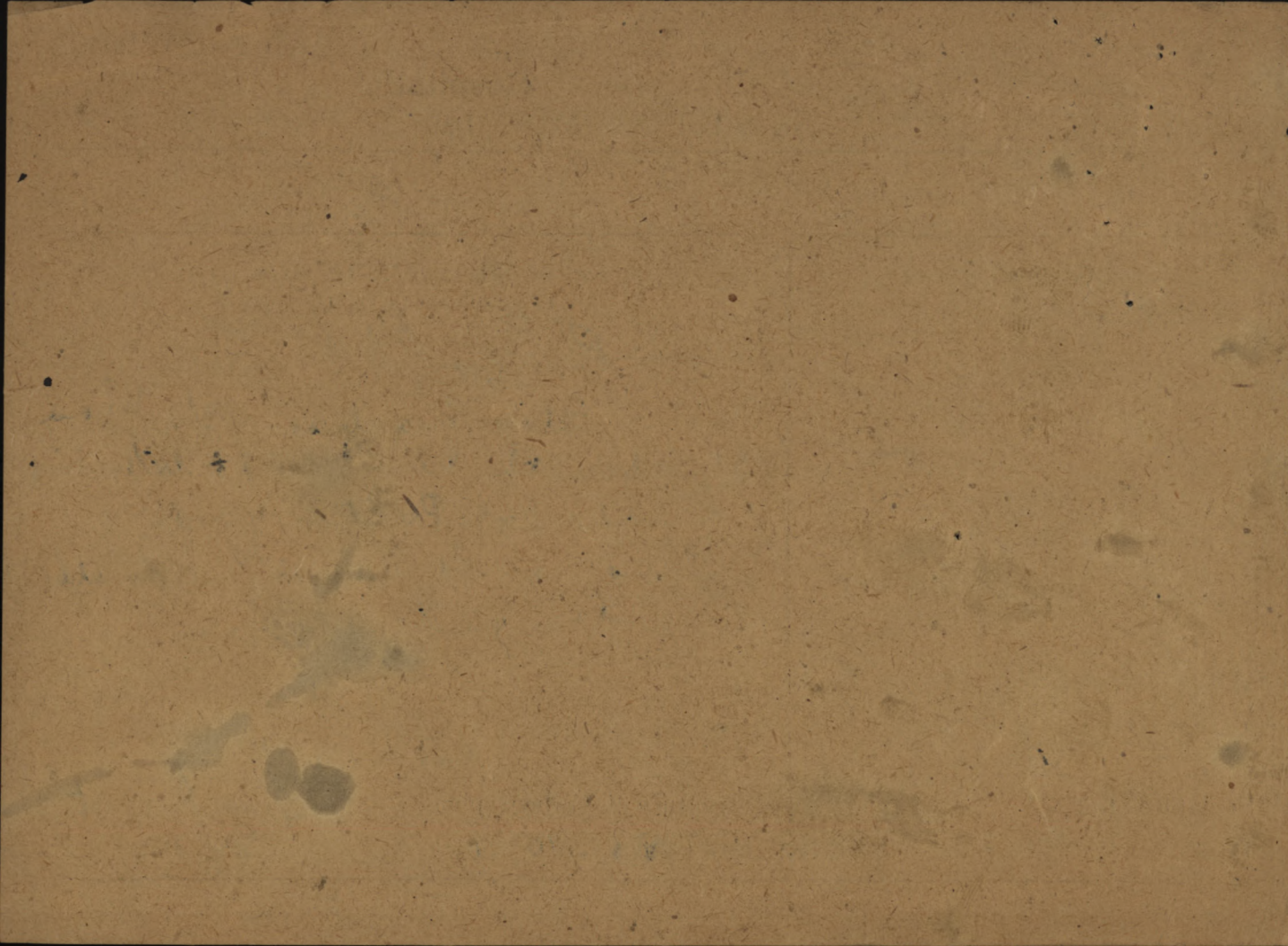
Date

Chaffin
10/5/17

Signature of Radiographer

Date

R Gilchrist
May 10/17
Capt



Casualty Form—Active Service.

Regiment or Corps ~~x192332x~~ 15th O.S. Battalion.

Regimental No 192332 Rank Pte Name Shaw. John. Robert.

Enlisted (a) 13-8-15 Terms of Service (a) D. Of. War Service reckons from (a) 13-8-15

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

Extended Re-engaged Qualification (i) Painter

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				
7-9-17	O.C. 5th	T. On. S. from 1st O.C.D.	W. Sandling	6-9-17	Bn. Ord 244
4/10/17.	O.C. 5th	granted Permission to W. Sandling wear on gold band and stripe		1/10/17	Bn. Ord 270
7-2-18.	O.C. 5th	To be a/x/cpl with pay Effect. 6-2-18.	West. Sandling	6-2-18.	B.O. 38.
15-2-18.	5th Res: Bn:	S.O.S. to 12th Res: Bn:	W. Sandling.	15-2-18.	Bn: O: 40.
15-2-18.	12th Res: Bn:	T.O.S. from 5th Res: Bn:	W. Sandling.	15-2-18.	Bn: O: 40.
25-2-19	12 Res.	Appointed a/Sergeant with pay.	W. Sandling.	15-2-19	Pt II. 47
28-3-19	do.	Transferred to Group 16, E Wing, CCC B'koth.	do	28-3-19	96 II 74 H. W. Sandling (10) 12th Res. Bn.

(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				
		<i>S.O.S. O.M.F.C. on proceeding to Canada.</i> <i>Daily Orders Part II.</i> <i>No. 102 BATTALION,</i> <i>48th HIGHLANDERS OF CANADA.</i> 29th April 1913 Embarked S S Baltic Liverpool.			<i>102 BATTALION,</i> <i>48th HIGHLANDERS OF CANADA.</i> <i>SM Corne</i> CAPTAIN & ADJUTANT, No. 16 TRANS. ATLANTIC, CONDUCTING STAFF, O. E. F.
APR 29 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO.	1919	PART II D. O. 134	
MAY 13 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D. O. 134	
					<i>W. L. Lohr</i> Lieut. For O. C. No. 2 District Depot.

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

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

REGIMENT

RANK

No. 4

Date of Examination in England

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

- ## 1. FILLINGS

- ## 2. EXTRACTIONS

- ### 3. CROWNS

- #### 4. DENTURES

- (a) Full Upper

- (b) Part Upper

- (c) Full Lower

- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (c) In France

BRAMSHOTT CAMP
HANTS. Signature

Signature of Dental Officer

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.

16-I

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERSNAME OF SOLDIER (Block Letters) SHAW. James. Robert.REGIMENT 12th Can. Res. Bn. RANK A/Sgt. No. 192332

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



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

2. EXTRACTIONS

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

(c) In France

Signature of Dental Officer

CHAW. J. or. Robert.

100000

1/2

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

"A"

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. 192432 Rank A/Sgt Surname SHAW
(Given name in full)

James. Robert.

Unit or Corps 12th Can. Res. Bn. Birthplace Toronto

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

1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs. Height 6 ft. 0 in. Colour of Eyes Blue

Nutrition good

Pulse normal

Condition of arteries normal

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 4 ft.

Left 4 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 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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date Signed L. R. Shaw.....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 L. R. Shaw.....

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.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]

LTR

Rank

Name SHAW, James Robert

Reg'l No. 192332

Unit

92ND BN

If in perm. Corps, }
What Unit? }

Married or Single

Place and Date of Enlistment

Toronto August 13th 1915.

Place of Birth

th Portland. Eng

Name and Address, Next-of-Kin

Alice Shaw

Main St. Weston Ontario

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

23512
N/E, R.B. No.
File R.L.
Category CAN. OR
Character

REMARKS.

Taken from Official Documents.

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.				
C Arrived in England.		Empress of Britain		29 MAY 1916	
11. 6. 16.	Asst. Surg. 92 nd Inf.	Adm. to Hosp.	E. Sandling	10. 6. 16	Part II D.O. 138.
17. 6. 16	" "	Disch. from Hosp.	" "	14. 6. 16	" " 144.
28-8-16	" "	SOS to 15 th Bn Arty	" "	27-8-16	" " 213 App B
6. 9. 16	OC 15	Taken on Strength	France	28.8.16	Pt-2-037.
12. 11. 16	Ex RO	Awarded the Military Medal	RI-FI.	Ex RO d/f	12. 11. 16
9. 2. 17	945 th	Awarded the Military Medal for bravery in the field		MAY 1919	Part II D ^o 14
10. 4. 17	15 Bn	Disch.	"	17. 3. 17	C.L. A 616
11. 4. 17	15 Bn	Rejoined Unit	"	26. 3. 17	C.L. A 617. (Not stated)
17. 4. 17	"	Adm. No 14 sent Hqs.	"	10. 4. 17	" A 622 J.L. W.P. Farm serv.

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.				
27.4.17	15 th Bn	Wounded. Invt & passed to 14 C.O.R.D.	Field	11.4.17	PM 20.47
18.4.17	15 th Bn.	To Ontario Mil Hospital	Oxfordington	13.4.17	CLB330 S.W. R Farm Sec.
20.4.17	1 st C.O.R.D.	T.O.S. from 15 th Bn.	W. Sandling	13.4.17	PM 20.42
16.6.17	15 th Bn	To Can Cons. Hosp. Bromley, Kent		12.6.17	CLB379 S.W. R Farm
20.6.17		Dischd from do		13.6.17	B382. ()
15.6.17	1 C.O.R.D.	On Com. to 14 C.C.D.	W. Sandling	13.6.17	PM 20.98 (4108 fcc D. 9/25/17)
6.9.17	1660	leave the att or return to be sent	E. and	6.9.17	PM 170 [#] 171
7.9.17	5 Res	When 1660 posted to 1600	W. and	6.9.17	PM 170 [#] 174 Am. 293 9/26/17
8.9.17	Defet.	Res to 5 Res Bn	✓	6.9.17	PM 170 [#] 183.
4.10.17	5 Res	Permission to wear 1 st C. Badge		4.10.17	- 271
7.2.18	5 Res	To be af L/cpl with pay	E. and	6.2.18	38
15.2.18	12 Res	T.O.S. from 5 Res Bn		15.2.18	40/46 d/15.2.18 5 Res
8.4.18	✓	Cancelled. DO S. 6 d/10.4.18 Res to 12 Res Bn to be paid 4s.	W. and	8.4.18	PM 170[#] 184
25.2.19	✓	app A/s paid	W. and	15.2.19	- 47
28.3.19	12 Res	S.O.S. 15 th Bn Ewing ecc.	af. -	28.3.19	8074
31.3.19	"	J.O.S. Ewing ecc.	" B. shot	28.3.19	- 10
30.4.19	E. 666	S.O.S. to Canada	" "	28 th 19	- 20.

54-1-60
29/4/19

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.

92nd. O. S. BATTALION
(HIGHLANDERS) C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 192332

(3) Full Name of Soldier James Robert Shaw

(4) Place of Birth Potland, Dorsetshire, England.

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife.....
(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children?.....
If so, give number of boys and girls.....
Also their names and ages.....

(9) Is your Father alive? Yes James Joseph Shaw

If so, state name and address Main St., Weston, Ont. Canada.

(10) Is your Mother alive? Yes

If so, state name and address Mrs. J. J. Shaw,

Main St., Weston, Ont. Canada.

(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 \$1,000 TORONTO CIVIC INSURANCE

If so, in what Company? Prudential

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.

Date APR 25 1916

J. J. Shaw
Officer Commanding.
LT. COL.
O. C. 92nd. OVERSEAS BATTALION
(HIGHLANDERS) C. E. F.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 13th Canadian

No. 192332

Rank and Name Pte. Shaw, J.R.

Age 19

Military Hospital

Service 20/12

Disease BW H Toruam

Date of admission 12 APR 1917

Date of discharge 11 - 6 - 17

Result Convalescence

Dates of Observation																															
Days of Disease																															
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	82	80	80	80	90																										
Respirations per Minute	18	20	18																												
Motions per 24 hours																															

7

19

18

1000

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 192332 (Rank) A/Sergeant

Name (in full) James Robert Shaw M.M. enlisted in

the 92nd Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto Ont on the 13th

day of August 1915.

HE served in 15th Battalion

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 22

Marks or Scars

Height 6 ft 0 in.

Complexion Fair

none

Eyes Blue

Hair Fair

awarded M.M. 9/2/17

J. R. Shaw
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

MAR 13 1919

TORONTO

For

O.C. No. 2 District Depot.

Rank

Date MAY 13 1919 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.

DISCHARGE CERTIFICATE

(Bank)

to vsh

71 697438 3H

924

Height

Completion

2954

“天長地久”

Signature of Soldier

Date of Discharge

9354

APR 1970
68-11-1000-17-1-200
82-11-1000-17-1-200

This man is suffering
from some pathological
condition of the fundus
which I have not the
apparatus to ascertain
He should be sent thro
your A. D. Hall to No 12
Can. Gen. Hosp. Bramhall
for an examination of
this to be made. This
certificate with the
result of the examination
made with the means
of each disposal will
be forwarded as an
explanatory document
to the hospital

W. 1000 Camp,
Surrey,

APR 1 1918

No. 192332 Rank Pte Name Shaw J R
Unit 12 Res Bn

Myopia.

Visual acuity without glasses R.E. L.E.

V.L. 6/44 = 2.00 Sph: Visual acuity with glasses R.E. L.E.

V.L. 6/60 = 3.50 Sph: Fit. Unfit.

Glasses. Ordered.

Fit J W Remington

Remarks:-

Capt, C.A.M.C.
Officer i/c, Clinic.

Officer i/c, Clinic,
W. 1000 Camp,
Surrey,

MEDICAL CASE SHEET.*

Station and Date	Disease
ONTARIO MILITARY HOSPITAL ORRINGTON, KENT.	
12 APR 1917	Pres.

26 APR 1917

EYE

DEPARTMENT

apl 26/17

11. 6. 17.

Disease

Wounded Apr 9/17 - at St Eloi Front sent to
Dressing Station - thence to a C.B.S. where inoculated
thence to another C.B.S. thence to N° 14 General Hospital
Lagne - thence to Orpington - admitted Apr 19/17
amputation shows
1 & 2 Ex. it wound of Rt Forearm
ex third. Direction ant Post.
- nerve injury.

X Ray shows { Comminuted frac. of the Ulna $2\frac{1}{2}$ " above wrist joint
extending upwards $2\frac{1}{2}$ " - position good. Some Callus
has formed - A few small sequestra in the region

Winds fairly clear
General Health Good

2000 cc Antiblastic Serum Given

$PR. \circ / m = \frac{6}{16} w - 1.75 DS$ (These glasses
 $LV \frac{6}{40} = \frac{6}{16} w - 3.00 DS$ prescribed)

L.V. $\frac{6}{10} = \frac{6}{16}$ w - 300 Ds. } presented
Hutchinson

Urinalysis: - Pale Yellow - Acid - Slight Sediment
Spf. 1020 - Alb. 0. Sug. 0.

Le convalescent Thomas.

Alex Houston Capt C.M.C.

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

Station
and Date.

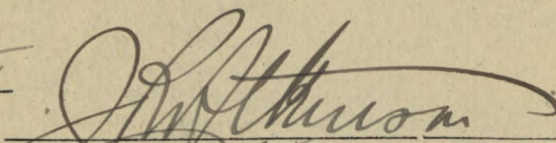
2

S1055-18

Army Form I. 1239.

● FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
12th Res. Bn.		192332	L/C Shaw J. R.	
24. 6. 18 a.Hg.				9. 6. 18
1. 7. 18 Hg only				
8. 7. 18 a.Hg.				
15. 7. 18 a.Hg.				
22. 7. 18 a.Hg.				
29. 7. 18 a.Hg.				
14. 8. 18 Wasserman				
12. 9. 18 Observation				
			<u>NOTICE</u> To return on the noted dates for further treatment. While under going treatment the Patient's Category is D III and to be assigned light duty only. and after 606 treatment he is excused from all duty for 24 hours in case where reaction is severe he is to be excused for 48 hours. Authority A.D.L.S. Circular Letter no7 Part 1 The hour for parade at the syphilis clinic Canadian Special Hospital is 9.30.A.M.	REMARKS

To M. O.Station and date 16/6/15


The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

51055-18

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
12th Res Bn		192332	Lt Shaw J. R.	9.6.18
24. 6. 18 a.s.g.				
1. 7. 18 Hg May				
8. 7. 18 a.s.g.				
15. 7. 18 a.s.g.				
22. 7. 18 a.s.g.				
29. 7. 18 a.s.g.				
14. 8. 18 Wasserman				
12. 9. 18 Observation				
			<u>Notice</u> To return on the noted dates for further treatment. While undergoing treatment the Patient's category is D 111 and to be assigned light duty only And after 606 treatment he is excused from all duty for 24 hours, in case where reaction is severe he is to be excused for 48 hours. (Authority A.D.M.S. Circular letter No 7 part 1 ..The hour for parade at the Syphilis clinic Canadian Special Hospital is 9.30.A.M.)	REMARKS

To

O/b

Station and date

16/6/18

[Signature]

[Signature]

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

not:

1000

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs. Alice Shaw

L. L. Job 310.-Req. 6574.

PAYMENTS.

Name of Soldier,

Shaw, J. R.

192332, *W. C.*

Month.	Year.	Cheque No.	Amt.		Remarks.
				\$20.00	JUN 1 1916
April	1916				
May					
June		<i>E 3759</i>	20	-	
July		<i>K 10967</i>	20		
Aug.		<i>G 13874</i>	20		
Sept.		<i>B 18431</i>	20		
Oct.		<i>B 23006</i>	20		
Nov.		<i>628193</i>	20		
Dec.		<i>232519</i>	20	-	
Jan.	1917	<i>P 41084</i>	20		
Feb.		<i>P 47139</i>	20		
March		<i>652988</i>	20		20 B.
April		<i>B 4840</i>	20		
May		<i>B 11100</i>	20		
June		<i>G 20247</i>	20		20 W.
July		<i>B 26657</i>	20		B.
Aug.		<i>R 31866</i>	20		
Sept.		<i>Y 39444</i>	20		
Oct.		<i>T 45636</i>	20		
Nov.		<i>T 53053</i>	20		
Dec.		<i>J 63116</i>	20		
Jan.	1918				350 M.
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

12-8-15

SEPARATION ALLOWANCE

Name *Mrs Alice Shaw*Name of Soldier *Shaw Jas. R.*

Address

*Main St
Weston Ont*

Regtl. No.

Rank

Corp

Corps

92nd Batt'n

Relation to Soldier

wife, child or mother

} *Dependent
Mother*

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>216761</i>	<i>52</i>	<i>52</i>
Nov.		<i>217532</i>	<i>20</i>	<i>20</i>
Dec.		<i>214943</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>2119525</i>	<i>20</i>	<i>20</i>
Feb.		<i>2123292</i>	<i>20</i>	<i>20</i>
March		<i>2133657</i>	<i>20</i>	<i>20</i>



13.12.1

00 111110

00

00

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom

Address

Rate \$20.00

Mrs. Alice Shaw,
Main St.,
Weston,
Dist.

By Whom Assigned

Regtl. No. 192332

Rank Pte.

Corps 92nd Bn.

"A" Co

JUN 1 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				

1876
44

of 1876
in 1876

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Alice Shaw

PAYMENTS.

Name of Soldier

Shaw Jas. B.
Corp

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L 3760	20	20
May		H 4011	20.	20
June		W 6702	20	20
July		S 8769	20	20
Aug.		W 13768	20	20
Sept.		J 17747	20	20
Oct.		M 210.50	20 -	20
Nov.		V 24091	20	20
Dec.		V 26803	20	20
Jan.	1917	S 30238	20	20
Feb.		S 33346	20	20
March		T 36418	20	20
April		P 4429	20	20
May		S 5934	20	20
June		S 9160	20	20
July		S 12364	20	20
Aug.		E 16272	20	20
Sept.		I 18871	20	20
Oct.		S 21442	20	20
Nov.		B 25925	20	20
Dec.		H 28580	20	20
Jan.	1918			572 M
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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 *Portland, Eng.*
NAME AND ADDRESS OF NEXT OF KIN *Alice Shaw*
Main St., Weston, Ont.
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
<i>To be app'd pl. with pay. 6/2/18.</i>	<i>RO. 38. 7/2/18.</i>	<i>Res.</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *192332.* RANK *Plt. Major* NAME *Shaw, James Robert.*
IF IN PERMT. CORPS WHAT UNIT UNIT *92 Battrn.* TRANSFERRED TO *15th Bn.* DATE *1-9-16* AUTHORITY *27th B.O. 213 of 28-8-16*
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Pay 28.* DATE *29/4/17* AUTHORITY *230 of 28-8-16*
PLACE OF ATTESTATION *Toronto.* TRANSFERRED TO *Corp Shop Date* DATE *31.5.17* AUTHORITY *Albols*
DATE OF ATTESTATION *12/8/15.* TRANSFERRED TO *1st C.O.R.D.* DATE *1-11-17* AUTHORITY
ASSIGNED PAY MONTHLY \$ *20* DATE EFFECTIVE *1/6/16*
PAYABLE TO *M^{rs} Alice Shaw, Main St., Weston, Ont.* 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)

Checked *Pay 28.*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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Q.S. \$20.00

[illegible]

ASSIGNED
PAY.ENGLAND or
CANADA.SEPARATION
ALLOWANCE.ENGLAND or
CANADA.

NAME:- SHAW. James Robert.

EFFECTIVE
DATE:- 1/6/16.EFFECTIVE
DATE:-

NUMBER:- 192332.

AMOUNT:- £20.

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

Shaw. Mrs Alice. (Mother)
Main St. Weston. Ont.88. 38. 7/2/18. 5th Res. 6/2/18. apl bpl... 84. 8/4/18. 12th .. 8/4/18. Pre. O.S.

.. 86. 10/4/18. .. Rev. cancelled. apl bpl.

.. 87. 25/2/19. 12 Res. M.A. Sgt. 15/2/19. A/Sgt. with pay.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 92nd Bn.

DATE ACCOUNT FIRST OPENED:- 1/6/16.

AUTHORITY

DATE
EFFECTIVEDATE LEDGER
SHEET T'S'D

UNIT TRANSFERRED TO

1/4/18

1st CORP.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INKDATE OF
PAYMENTNUMBER
OF A.R.

UNIT PAID BY

AMOUNT

DATE OF
PAYMENTNUMBER
OF A.R.

UNIT PAID BY

AMOUNT

26/6/18. 12th Res. 20. 9/6/18 - 19/6/18. 11 days. 660

13/3 5218 12 Res 47.03

24/3 5399 19.47

56.50

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

1.05 - 10

88. 34. 8/4/18. 12th Res. 1 - 10

.. 86. 10/4/18. .. 1.05 10

PARTICULARS OF RENDERING NON-EFFECTIVE:

Dis to Cany 1/4/19 AS302 Witley 25/2/19 Witley 1102 Cr Bal 1.35. 15

MONTH
1918.

PARTICULARS

CR. 1

CR. 2

PARTICULARS

DR. 1

DR. 2

DR. 3

DR. 4

BALANCE

DEFERRED

SEPARATION

Mar 31 Balance Forward.

April Lfbpl. Pay. 34.50

ban. ap.

AR. 44. 5/4/18. 12th Res. 9.75

.. 157. 12/4/18. .. 4.87

.. 223. 26/4/18. .. 14.60

May Lfb Pay. 34.50

ban. ap.

AR. 970. 2/5/18. Det. Witley 7.30

ban. ap.

AR. 1076. 26/6/18. 12th Res. 12.17

AR. 976. 19/6/18. 11 days @ 60p. 12.17

AR. 151. 26/6/18. 12th Res. 6.60

July Lfb Pay. 35.65

ban. ap.

AR. 1293. 11/7/18. 12th Res. 7.30

.. 1494. 26/7/18. .. 9.73

Aug. L/C Pay 35.65

ban. ap.

AR 1700 14/8/18 " 7.30

✓ 2077 27/8/18 " 7.30

Sept. L/C Pay 34.50

C.A.P.

AR 2231 12/9/18 " 7.30

✓ 2491 26/9/18 " 2.43

Oct.

.. 2626. 9/10/18. .. 4.87

ban. ap.

.. 2941. 29/10/18. .. 2.43

7.30

Account
agreed 8/11/18.

18.94

Forward

NUMBER 192332 RANK *apt/bpl.* NAME SHAW. J.R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Oct 31	Bal fwd.								1894		
Nov Dec + Jan.	L.P. Pay.	10580		AR 3147. 15/11/18. 12th Res.	730						
				AR 16/11 - 17/11/18. 30th 2 days		230					
				AR 21/11/18. AR 277. 21/11/18. 12th Res.							
				AR 2429 29 " 12th Res.	243						
				3609. 9/12.	730						
				3738. 16/12.	973						
				car.				60	3568		
Feb.	P.P. 1/2 - 14/2.	10580		AR 4019 9/1/19. 12th Res	2676	230		60	83 60		
	L.P. 1/2/19 - 14/2/19.	1586		✓ 4225. 27/1/19	730				119 28		
	L.P. 1/2 - 28/2.	1610		✓ 4487. 14/2/19	730				103 27		
	March	2100		✓ 4819 26/2/19	730				16 01	L.P.C. Bal	
		11650		✓ 4819 26/2/19	487						
				✓ 5118. 13/3. 12th Res	1403			40	3548		
		8360			4360						
				AR 5399. 26/3 12th Res	1947						
				✓ 668. 16/4 L.P.C. 2 days	973						
				✓ 470. 25/4 L.P.C. 2 days	973				345		
					3893						

S.O.S. Canada
Sh. 54 29/4/19 M.D.V.

War Service Badge

Class "A" No.

287620

D.A-I

Occupational Group No. 2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. I92332

2 Rank. Sergeant

3. Name. Shaw

James Robert

4. Unit.

92nd Bn.

5 Date of Discharge

MAY 13 1919

Place

Toronto, Ont.

6 Reason for Discharge

DEMOBILISATION

7. Authority.

No. 2, D.D., Part II, D.O. No. 134

8. Proposed Residence after Discharge

Weston, Ont.

Box # 112

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.?

J. R. Shaw

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

TORONTO, ONT.

Date

MAY 13 1919

Signature

(O. C. Discharging Unit.)

LIBRARY

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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. 3).
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..... *B.*

Checked by No..... *13*

Date..... *18-4-19*

1. No.
2. Rank.
3. Name.
4. Unit.
5. Date of
6. Reason
7. Authority
8. Proposed
9.
I hereby
M. F. W.
10.
The
Place.....
Date.....

CERTIFIED CORRECT.

5 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54.
160M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps

92nd. OVERSEAS BATTALION

(HIGHLANDERS) C.E.F.

Regimental No. 192232

Rank Private

Name Shaw, James Robert

Enlisted (a) 13-8-16

Terms of Service (a) 2 7/11

Service reckons from (a) 13-8-15

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) Painter

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				
		<i>Embarked Canada 12/5/16 Disembarked England 29/5/16</i>			
16	admitted to Toronto Hospital with	Tonsillitis		23/2/16	
16	discharged from Toronto Hospital - recovered			25/2/16	
-16.		Admitted to Hospital.	East Sandling	10-6-16.	B.O. P+II 138 11-6-
-16.		Discharged from Hospital	East Sandling	17-6-16.	B.O. P+II 144 17-6-
8-16	2 Bde	Trans. to 15th Bn.	East Sandling	27-8-16	P.O. 213
					LIEUT.
					ASST. ADJUTANT 92nd. OVERSEAS BATTALION
					(48th HIGHLANDERS) C.E.F.
7/16	6th Bn	Arrived strength	15th Bn	28/8/16	HR
7/16		Left for 1st Bn		22/9/16	HR
7/16	6th Bn	Joined		23/9/16	HR

37 6/9/16

(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.

192332. Itc Shaw J.R.

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				
27/9/16	1st Lt B. Am	Left for 15th Bn		27/9/16	DR
29/9/16	15 Bn	Joined		"	B213. DCS 337 7/10/16
5/1/17	Rondon	Awarded the Military Medal for Bravery in the Field			Supp. dated 4/1/17 2989/155
24/3/17	15 Bn	To Hospital		7/3/17	Dark II. O. No 14. 9/2/17 2/4/17
31/3/17	"	Time		26/3/17	B 213. D. C. S 382. dal
25/3/17	2 CFA	Ingt Abscess Adm		17/3/17	B 213. D. C. S 383 dated 7/4/17
14/4/17	15 Bn	Wounded to hospital	To CCRS	18/3/17	A36 DCS 384 7/4/17
10/4/17	14 Gen	GdW R f'arm	14 Gen	9/4/17	B 213. D. C. S 386 dated 25/4/17
11/4/17	14 S.	Posted To 14 Cent. Ont. Regt.	England	10/4/17	W 3034
	Jan Breydel	Depot, Shorncliffe	Chas B. Ketchum	11/4/17	W 3083/6162
			for Major a a g		Park II. O. 47 27/4/17
			Handelch 310640		
20.4.17	1 CORO	T.O.S. from 15 B.	W. Sanding	13.4.17	M2042. H.R.12
6.9.17	Discharged from	1st C.C.D. East Sandling to 5th Bn.			

Matrimon Capt. COMF.
Adjutant,
1st Canadian Command Depot,

ORIGINAL.

3-1428

MEDICAL HISTORY SHEET.

Surname Shaw Christian Name Gas. Robert

Examined { on 13 day of August 1915
at Armouries
Birthplace { City or Town Toronto
County _____

Approved by Grohoughees
Rank Lieut - M.O.

Apparent age 18 yrs. 10 mos.
Trade or occupation Painter
Height 6 Feet 0 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 36 inches.
Maximum expansion 38 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number _____

Date	Result	VACCINATIONS.
<u>Sep 13</u>	<u>x</u>	<u>Grohoughees</u> M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last never
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Sep 6</u>	<u>x</u>	<u>Grohoughees</u> M.O.
<u>" 10</u>	<u>x</u>	M.O.
<u>" 14</u>	<u>x</u>	M.O.

(b) Slight defects but not sufficient to cause rejection none

Enlisted on 13 day of August 1915 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>192332.</u>		
Transferred to..	<u>2nd. OVERSEAS BATTALION</u> <u>(HIGHLANDERS) C. E. F.</u> <u>12th Res Bn</u>			<u>15-2-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD,

STATION.	DATE.	DISEASE.	RESULT.
<u>West Sandling</u> <u>withy</u>	<u>15.11.17</u> <u>26/3/19.</u>		<u>G.I.I. S.H.</u> <u>A. B. Stewart</u> Cgr.

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.

CANADIAN

234
Rm 7

Christian Name *James Robert*

Surname *Shaw*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Ex Camp.</i>		23	2	16	25	2	16	<i>Sonchitis</i>	3	<i>Mild. Completely recovered.</i>	<i>W. Phillips</i> <i>Capt</i>
To Hospital.		17	3	17	26	3	17	Sick. N.S		Rept from Base, rejoined Unit.	A616-A617 HH.
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		12	4	17	11	6	17	<i>E.S.W. r.t. for anal</i>	61.	<i>Recovery. no apparent disability</i>	<i>W. Phillips</i> <i>Capt</i>
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		11	6	17	13	6	17	<i>Do</i>	3	<i>Wd. healed. cured, Dischd to Hosp. Rep. Class O1.</i>	<i>W. Phillips</i> <i>Capt</i>
		9	6	18	19	6	18	<i>V.S.S.</i>	11	<i>Lesions healed. One sy of foot. mercury Dischd as O.P. Stoppages as per dates</i>	<i>W. Phillips</i> <i>Capt</i>

Duplicate Medical History Sheet
posted to here. *W.M.O.*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

12-8-15.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

03794

Jan 1. 16

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30
1-12-17		

P.O.3257

1-9-18
22753
11029654

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 192332

Rank Plt

Promoted

Reverted

Discharge

Soldier's Name

J. R. Shaw

Battalion

92nd Batta Coy

Beneficiary

Mrs Alice Shaw

Relationship

Dep. mother

Address

PARTICULARS OF ASSIGNMENT

Name

Mrs Alice Shaw

Address

Main St

Change of Address

Weston

1

Shl

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31	-	572	380	952
Jan 18	70607	30	20	50
Feb 9	64064	25	20	45
Mar 5	94295	25	20	45
April 7	7906	25	20	45
May 7	71117	25	20	45
June 4	76962	25	20	45
July 8	76403	25	20	45
Aug 6	39030	25	20	45
Sept 4	49010	25	20	45
Oct 2	53506	25	20	45
NOV 7	52529	25	20	45
Dec 14	68894	45	20	65
Jan 9	74226	30	20	50
Feb 6	77061	30	20	50
Mar 6	89745	30	20	50
Apr 6	991	30	20	50
May 0	7108	30	20	50
		1047	720	1767

016576 847

REMARKS

L P 82920-18-5-19 526

V M Feb 6-19

M. F. W. 128
4009-6-17-1772-39-141
L. L. 22320-M. & D. 1493.

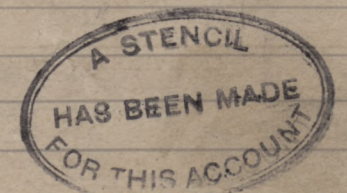
.....A/c Closed 31-5-19

Ret'd per...Baltic

Date 7-5-19

Clerk

Fulbarnwell



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

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

REGT. No. 192332

RANK

Ug t

NAME (IN FULL)

SHAW, J.R.

S. 4389

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT (BLOCK LETTERS SURNAME FIRST)	
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

[illegible]

