



Engineers

1712
No. 506134

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)



- 1. What is your surname?..... SPOUSE.
- 1a. What are your Christian names?..... JOHN.
- 1b. What is your present address?..... 1154 Gilford St. Vancouver, B.C.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Eyremouth Berwickshire - Scotland
- 3. What is the name of your next-of-kin?..... Maggie Spouse
- 4. What is the address of your next-of-kin?..... 1154 Gilford St. Vancouver, B.C.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... August 8th 1895
- 6. What is your Trade or Calling?..... Schoolmaster
- 7. Are you married?..... yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?..... no
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. Spouse, 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.

Date: May 16th 1916. John Spouse (Signature of Recruit)
E. Blough (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. Spouse, 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: May 16th 1916. John Spouse (Signature of Recruit)
E. Blough (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 Vancouver this seventeenth day of May 1916. W. H. Shaw (Signature of Justice)

Handwritten note: copied 6-12-16

Description of Spouse John on Enlistment.

Apparent Age 41 years 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 5 ft. 11 ins.

4 bac

Chest measurement. (Girth when fully expanded..... 38½ ins.
 Range of expansion..... 3½ ins.)

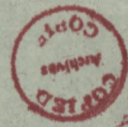
Complexion Fair

Eyes Blue

Hair Golden

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

vision 20/50 each eye.



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..... May 16 1916.

Place..... Bancroft

J. Woodley Capt.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Spouse.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. E. D. [Signature].....(Signature of Officer)

Date..... May 16th 1916.

MAJOR C. S.
 C. E. Field Company Canadian Engineers

Unit Canadian Engineers Rank Lieut. Name SPOUSE, JOHN

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? SPOUSE
- (b) What are your Christian Names? JOHN
2. (a) Where were you born? (State place and country) Eyemouth, Berwickshire, Scotland
- (b) What is your present address? Engineers' Training Depot, St. Johns, P.Q.
3. What is the date of your birth? 8th August 1875
4. What is (a) the name of your next-of-kin? Margaret Spouse
- (b) the address of your next-of-kin? 1154 Gillford St. Vancouver, B.C.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? School-master, Teacher of Mathematics & Science at Normal Sch. Vancouver, B.C.
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Canadian Engineers
9. State particulars of any former Military Service. 8 months with Vancouver Volunteer Reserve
6 months with Canadian Engineers Reserve Vancouver & St. Johns
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

John Spouse (Signature of Officer.)

Taken on strength (place) St. Johns P.Q.

(date) Nov 24th 1916

[Signature] (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date Nov 24th 1916

Place St. Johns P.Q.

*Insert here "fit" or "unfit"

[Signature]
Medical Officer
[Signature]

117

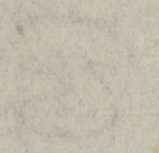
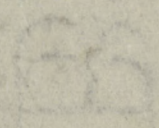
HOUSE

OFFICERS' DECLARATION TABLE

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

HOUSE
10/1/44



DECLARATION OF MEDICAL EXAMINATION

HOUSE

117

Unit Canadian Engineer Rank Lieut. Name SPOUSE, JOHN

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]



SPOUSE

1. (a) What is your Surname?..... SPOUSE
- (b) What are your Christian Names?..... JOHN
2. (a) Where were you born? (State place and country)..... Eyemouth, Berwickshire, Scotland
- (b) What is your present address?..... Engineers' Training Depot, St. Johns, P.Q.
3. What is the date of your birth?..... 8th Aug. 1875.
4. What is (a) the name of your next-of-kin?..... Margaret Spouse
- (b) the address of your next-of-kin?..... 1154 Gilford St. Vancouver, B.C.
- (c) the relationship of your next-of-kin?..... Wife.
5. What is your profession or occupation?..... School-master { Teacher of Mathematics & Science in Normal Sch. Vancouver, B.C.
6. What is your religion?..... Church of England.
7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
8. To what Unit of the Active Militia do you belong?..... Canadian Engineers.
9. State particulars of any former Military Service..... 8 months with Vancouver Volunteer Reserve, Vancouver & St. Johns.
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes.

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

John Spouse (Signature of Officer.)

Taken on strength (place)..... St. Johns P.Q.

(date)..... Nov 24th 1916

H. C. [Signature]
(Signature of Commanding Officer.)
O. C. Engineer Training Depot

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date..... Nov 24th 1916.....

Place..... St. Johns P.Q......

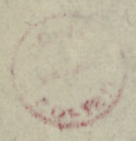
*Insert here "fit" or "unfit"

J. P. [Signature]
Medical Officer.
Capt. [Signature]

OFFICERS' DEBILITATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER



STOP 15
JOHN

1. What was your duty station during the period of your service?
2. What was your rank during the period of your service?
3. What was your position during the period of your service?
4. What was your primary duty during the period of your service?
5. What was your secondary duty during the period of your service?
6. What was your tertiary duty during the period of your service?
7. What was your quaternary duty during the period of your service?
8. What was your quinary duty during the period of your service?
9. What was your senary duty during the period of your service?
10. What was your septenary duty during the period of your service?

THE MEDICAL OFFICER, CANADIAN OVER-SEAS EXPEDITIONARY FORCE, is required to complete this form for each officer who is reported to be suffering from a condition which may be due to the effects of war.

It is the duty of the Medical Officer to complete this form for each officer who is reported to be suffering from a condition which may be due to the effects of war.

STATEMENT OF MEDICAL OFFICER

I hereby certify that the above-named officer is suffering from a condition which may be due to the effects of war.

The condition is of the nature of a nervous disorder, and is characterized by the following symptoms:

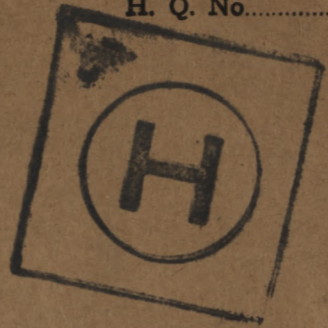
66W 31-12-18

Officers
DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- 2 Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- † Last Pay Certificate.....

Name SPOUSE, JOHN.
 Regt. No. 11506134 Rank Lieut
 Corps 7th Regt. for Congres. I.D.



(2) Killed in Action
 21-7-18.
 (1) Receiving a Commission

36423



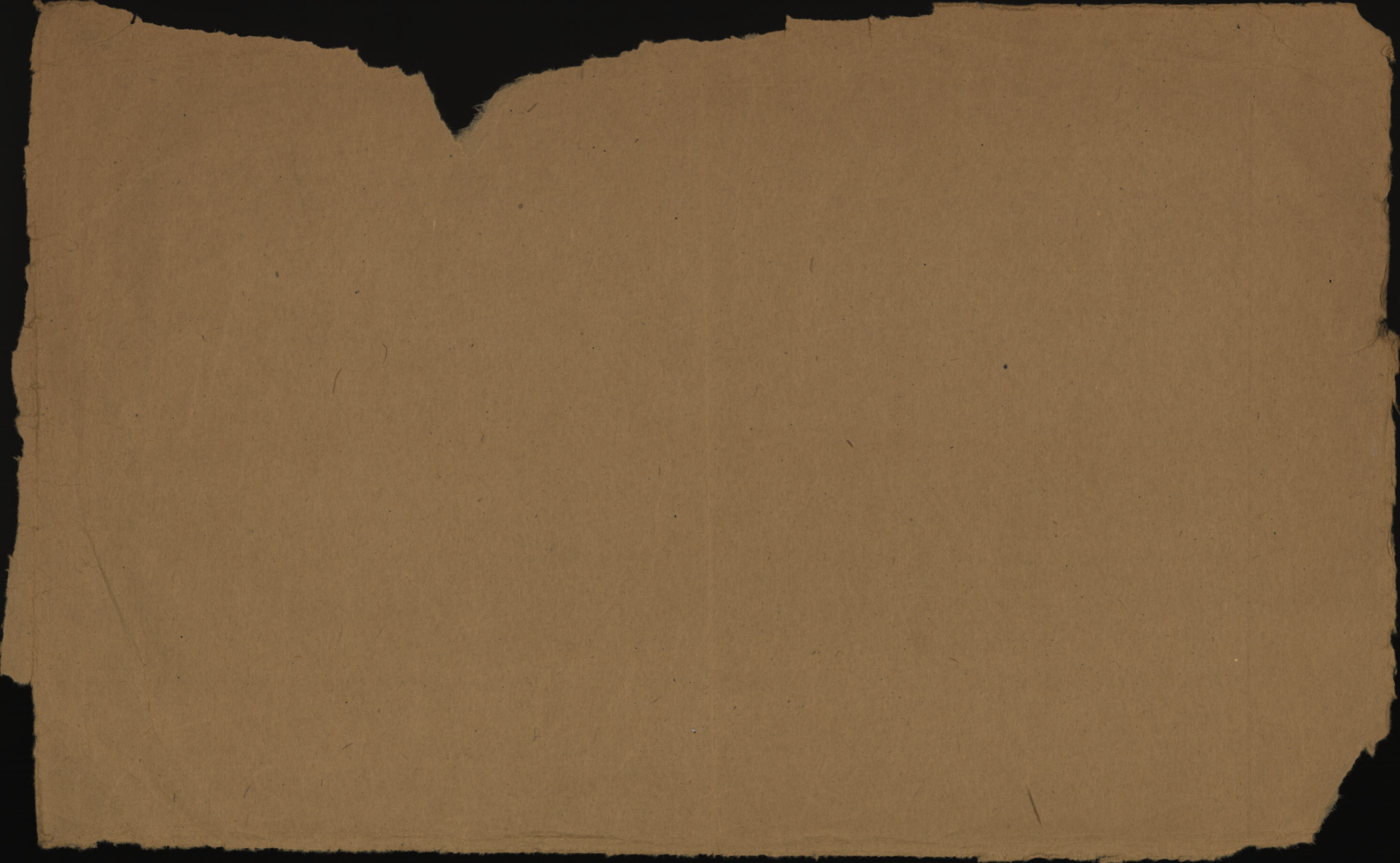
1-16
1-16

9202

2-M-7-10-67
2-M-7-8-565 / Form of will
100 cars

1R49

MX
16,8,20
JAS.



506134 / LT

I.D. number

No. d'identification

SPOUSE

Surname

Nom de famille

JOHN

Given names

Prénoms

KIA 21-7-18

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

9202

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



SURNAME.

Spouse

CARD NO.

4

CHRISTIAN NAMES

John

FOLL.

*21
4
78*

REGL. No.

RANK

Lieut.

UNIT

Can. Eng. T. D. (24th R. D.)

FORMER CORPS

(6 mos) Can. Eng. Van Vol. 8 mos.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Spouse, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Wife

ADDR

*25th ~~64~~ Englesea Lodge,
Vancouver, B. C. S. A. A. P.*

C.C.

~~28-5-18~~ *27-5-18*

COUNTRY OF BIRTH

Scotland, Eyemouth

DATE

Berwick Aug 8th 1875

PLACE OF ATTESTATION

St. Johns, P. Q.

DATE

Nov 24th 1916

Sailed from Halifax per S.S. Justicia 3/5/17

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Schoolmaster

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

St. John's, P. Q.

DATE

Nov 24th 1916

Present Address

Engineers Training Depot,
St. John's, P. Q.

SURNAME.

Spouse

CARD NO. ✓

CHRISTIAN NAMES

John.

S.O.S. Com. 15-11-16. 4
FOLL.

REGL. NO.

506.134.

RANK

Sapper.

UNIT

Engineers

Training Depot.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Spouse. Mrs. Maggie.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

1154 Gilford St., Vancouver B.C.

COUNTRY OF BIRTH

Scotland, Eyemouth, Berwick, Aug. 5th 1875.

PLACE OF ATTESTATION

Vancouver, B.C.

DATE

May 17th 1916.

MARRIED *yes*.

SINGLE

WIDOWER

TRADE OR CALLING

Schoolmaster

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

41.

YEARS

—

MONTHS

HEIGHT

5.

FEET

11.

INCHES

CHEST MEASUREMENT

38½

INCHES

EXPANSION

3½

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Golden.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Vancouver. B.C.

DATE

May. 16th, 1916.

Present Address.

*1154 Gilford St.
Vancouver. B.C.*

NAME

Spouse John

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS

Lieut 7th Bn. Engrs.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

n. of K

Mrs Margaret Spouse (Wife)
 25. Englesea Lodge. Wansauer B. C.
 Killed in action July 21st 1918. ✓

¹⁻¹
 O-647 24-7-18

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1040^① Rep. from Ball 21-7-18 Killed in action

SPOUSE. John Lieut. 7th Bn. C.E

Not eligible for 14-15 Star,

Medals & Dec. Widow, Mrs Margaret Spouse
415 ~~304~~ Holly Lodge
Vancouver B.C.

Plaque & Scroll Widow as above

(Serial no. 784002.)

Memorial Cross Widow as above,

Scroll Rept 23-6-21 B.539
FEB 2 1921
Scroll Desp. _____ Regn. No. 222812

Plaque Desp. DEC 29 1920 Regn. No. P22812
19268

Desp AUG 23 1920 (w) C 19624

*gfs no
1651*

W.

256

10

Number..... **LIEUT**

Surname..... **SPOUSE**

Christian Name..... **JOHN**

Unit..... Theatre of War **FRANCE**

Dates of Service **to 9-1-18**

Remarks..... **D Widow**

Latest Address..... **lt. Mrs. Margaret Spouse**

304 - Holly Lodge

B Page 3980 - Vancouver, B.C.

Roll No.

U. 19912 *Beip*

MAY 1 4 1921

Surname.

Christian Name.

SPOUSE

J. *John*

Rank.

Unit.

Lieut.

7th.Bn. C. E.

Date of admission.

Hospital,

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Reported from Base,
KILLED IN ACTION. 21-7-18.

Ru

Diagnosis.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

.....

.....

23-7-18. 1040.

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

CERTIFIED CORRECT

16 JAN 1918

ARMY RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.)

250M-1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

ENGINEER TRAINING DEPOT

Draft 24th & 25th Draft.

Regimental No.

Rank

Lieut

Name

Spouse John

Enlisted (a)

24/11/16

Terms of Service (a)

Def War

Service reckons from (a)

November 24 1916

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

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

15.
17-5-17 C.E.T.D. Embarked Canada 5-5-17.
Disembarked. England. 14-5-17
Taken on strength of Crowborough 14-5-17
C.E.T.D. from Canada.

Part II Order No. 115.

6
10.7.17 C.E.T.D. Proceeded to Crowboro 7.7.17
3.9.17 C.E.T.D. from Crowboro 1.9.17

Part II Order No. 162
Part II Order No. 205
C.E.T.D. 178

1 0 JAN 1918 O.E.T.D. Proceeded Overseas to C. E. Pool, France Seaford 9/1/18

SRO 107 Part II Order No. 8
Lieut. C. E.
Adjutant, C. E. T. D.

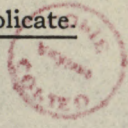
10.1.18 C.E.T.D. Tom A. C. R. Pool 10.1.18
31.5.11 C.E.T.D. Sost 7 Batt. C.E. from C.E. Pool. 31.5.18

File 22162 sub P/3
C.E. 9.783/1/31 sub 23.5.18
1062 P/72.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

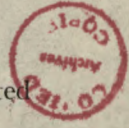
[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
	7Bn. C.E.	T.O.S. as a Reinforcement from C.E.R.Pool.	Field	1-6-18	Part-11-5.
22-7-18.	C.R.E. 3rd Cdn Div	Killed in Action.	France	21-7-18	Telegram A-80-A.A.G. Cdn Sect. G.H.Q. 3rd Echelon K.A. T-15049-Part-11-of 7th Bn. C.E. NO-10-d-24-7-18. <i>ba Hewett</i> Lieut. for Lieut-Col, -A.A.G. Cdn Sect. G.H.Q. 3rd Echelon.



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

INSTRUCTIONS.



- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins Canadian Engineers

ENGINEER TRAINING DEPOT

(2) Regimental Number 506134

(3) Full Name of Soldier Spouse John

(4) Place of Birth Eyemouth Berwickshire Scotland

(5) Are you married, or not? Yes

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

(b) Present Postal Address 1154 Gilford St
Vancouver B.C.

(7) Are you a widower? —

(8) Have you any children? Yes

If so, give number of boys and girls 1 Girl 1 Boys

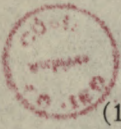
Also their names and ages Winifred 15 years

Alton Alau 10 "

(9) Is your Father alive? no
If so, state name and address _____



(10) Is your Mother alive? no
If so, state name and address _____



(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.
Yes

(15) Are you insured? Yes
If so, in what Company? Sun Life Ass Co of England
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 17/10/6

Officer Commanding.

FORM OF WILL

3

I, John Spouse (Name in full)
Regimental Number Lieut serving in Canadian Engineers.
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

Last will is in possession of Messrs. Ladner & Cantelon
Rovers Block.
Granville St.
Vancouver B.C.

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

absolutely, and my personal estate I bequeath to

my wife. Mrs. Margaret Spouse
1154 Gilford St.
Vancouver B.C.

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 25th day of April A.D. 1917

John Spouse Signature of Soldier.

*N.B. Personal estate includes pty, 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.

Signature of First Witness: [Signature]
Address of Witness: 98 Elgin Street Oshawa, Ont.
Occupation of Witness: Civil Engineer
Signature of Second Witness: J. W. Glover
Address of Witness: 2837 Trinity St Vancouver B.C.
Occupation of Witness: Civil Engineer

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

[Faint, illegible text, likely bleed-through from the reverse side of the page]

[Faint, illegible text, likely bleed-through from the reverse side of the page]

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 hereto subscribed our names as Witnesses.

Signature of First Witness *[Handwritten signature]*

Address of Witness *[Handwritten address]*

Occupation of Witness *[Handwritten occupation]*

Signature of Second Witness *[Handwritten signature]*

Address of Witness *[Handwritten address]*

Occupation of Witness *[Handwritten occupation]*

THE TWO WITNESSES MUST SIGN HERE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 506134 Rank Corporal Name SPOUSE, JOHN.
 Corps Engineer Training Depot who was * Struck off Strength
 On November 15th 1916, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.	From November 1 st	\$	to	c.	November 15 th,	1916
					CR.	\$ c.
To	Bal. Dr. from previous month.....				To	Regimental pay 15 days at \$ 1 10 16.50
	Total payments during period					Field allowance 15 " \$ 10 1.50
	from <u>1-11-15 - 15-11-16</u> 5.00					Other allowances.....
	Assigned Pay.....					Other Credits (give particulars) 5.00
	Other Charges (give particulars).....					Credit from prev mo.
	Bal. Cr. on discharge or transfer.....	18.00				Bal. Dr. on discharge or transfer
From	TOTAL.....	23.00			From	TOTAL..... 23.00

The amount shewn as Balance Cr. due on discharge or transfer has been paid.

Monthly stoppage on account of assignment of pay is \$ 16.00 and has ^{\$11.00} been charged in Pay-list for month of October 1916 Payable to Mrs. Maggie Spouse
1154 Gilford St.,
Vancouver, B.C.
 † Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 16 - 5 - 16.
 (2) if married and if a Separation Allowance Card has been submitted Card Submitted Married 18-10-16
 (3) cause of discharge and authority Received Commission, H.Q. 360-17-168
D.O. Part "2" 289, Dated 20-11-16
 If discharged from the Contingent, state if Change of Stop Payment advice for Assigned Pay has been forwarded, and Separation Allowance
 date November 24th, 1916

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date November 20th, 1916

Place St. Johns, P. Que.

Hansen Capt., C.E.
 Paymaster Engineer Training Depot.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The amount payable for all ranks (vide Rules of the Financial Instructions C.M.A. (1917))

Regimental No. 1000 Rank Private Name James M. Smith
 On 1st day of August 1917 at London, Ontario
 "died" "discharged" or "transferred"

The following is a statement of the amount of the money payable to the deceased in the last pay certificate:

Particulars	Amount
Pay for previous months	100.00
Pay for previous period	50.00
Other allowances	20.00
General Certificate (vide instructions)	5.00
Pay for discharge or transfer	100.00
Total	275.00

The amount shown in balance is due on discharge or transfer and is not to be paid in advance. It is subject to the deduction of any arrears of pay and is not to be paid until the necessary orders have been received from the proper authorities.

Witness my hand and seal of office this 1st day of August 1917.

(Signature)
 Captain, Royal Canadian Ordnance Corps
 Ordnance Officer, Canadian Expeditionary Force
 I have carefully examined this statement of account and find it to be a correct statement of the money payable to the deceased.

(Signature)
 Major, Royal Canadian Ordnance Corps
 Ordnance Officer, Canadian Expeditionary Force

MEDICAL HISTORY SHEET

Surname SPOUSE Christian Name JOHN

Examined { on 24 day of Nov. 1916
 at St Johns P.Q.
 Birthplace { City or Town Berwickshire
 County Scotland

Approved by J. Humphell
 Rank Captains M.O.

Apparent age 41
 Trade or occupation Schoolmaster
 Height 5 feet 11 Inches
 Weight 168 lbs.
 Chest measurement { Minimum 34 1/2 inches
 Maximum expansion 39 1/2 inches
 Physical development good
 Small-pox Marks nil

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 - 4

Date	Result	VACCINATIONS
<u>1.12.16.</u>	<u>60.9</u>	M.O.
		M.O.
		M.O.

When Vaccinated last 20 years ago
 (a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24.11.16</u>	<u>ice seeds</u>	<u>J. Humphell Captains</u> M.O.
<u>1.12.16</u>	<u>single</u>	<u>J.P.B.</u> M.O.
<u>13.3.17</u>	<u>single</u>	<u>J.P.B.</u> M.O.
<u>5.3.17</u>	<u>Double</u>	<u>J.P.B.</u> M.O.

Enlisted on 24th day of November 1916 at St Johns P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Canadian Engineers.</u>			<u>24-11-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>St Johns, P.Q.</u>	<u>APR 11 1917</u>	<u>nil</u>	<u>Fit J.P.weeney Capt and Pres</u>

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.

Re-examined 6th June 1916 - F

1712

MEDICAL HISTORY SHEET. 506134

Surname Sponse. Christian Name John

Examined	on <u>16th</u> day of <u>May</u> 191 <u>6</u>	Approved by	<u>J. W. Odley</u>
	at <u>Vancouver, B.C.</u>	Rank	<u>Capt.</u> M.O.
Birthplace	City or Town <u>Eyemouth</u>	EXAMINED FOR RE-ENGAGEMENT.	
	County <u>Berwick, Scotland</u>		
Apparent age	<u>41</u>		
Trade or occupation	<u>Schoolmaster</u>		M.O.
Height	<u>5</u> Feet <u>11</u> Inches.		M.O.
Weight	<u>170</u> Lbs.		M.O.
Chest measurement	Minimum <u>35</u> inches.		M.O.
	Maximum expansion <u>1/2</u> inches.		M.O.
Physical development	<u>good</u>		M.O.
Small-Pox Marks			M.O.
Vaccination Marks	Arm <u>Right</u> Left.	Date.	Result.
	Number <u>4</u>		
When Vaccinated last	<u>20 years ago</u>		M.O.
(a) Marks indicating congenital peculiarities or previous disease			M.O.
(b) Slight defects but not sufficient to cause rejection		Date.	Result.
			ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.
			M.O.
			M.O.

Enlisted on 16th day of May 1916 at Vancouver

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th Field Co C</u>	<u>1712</u>		<u>16/5/16</u>
Transferred to	<u>Canadian Engineers</u>	<u>506134</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
VANCOUVER	OCT 10 1916		<u>In J. Buller Cape Town</u> <u>Ed Murphy Capt. Amc</u>

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.

Surname.....Spouse.....

Christian Name.....John.....

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				

NOV 1914

ASSIGNED PAY.

ASSIGNED PAY.

L. L. 4503.—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

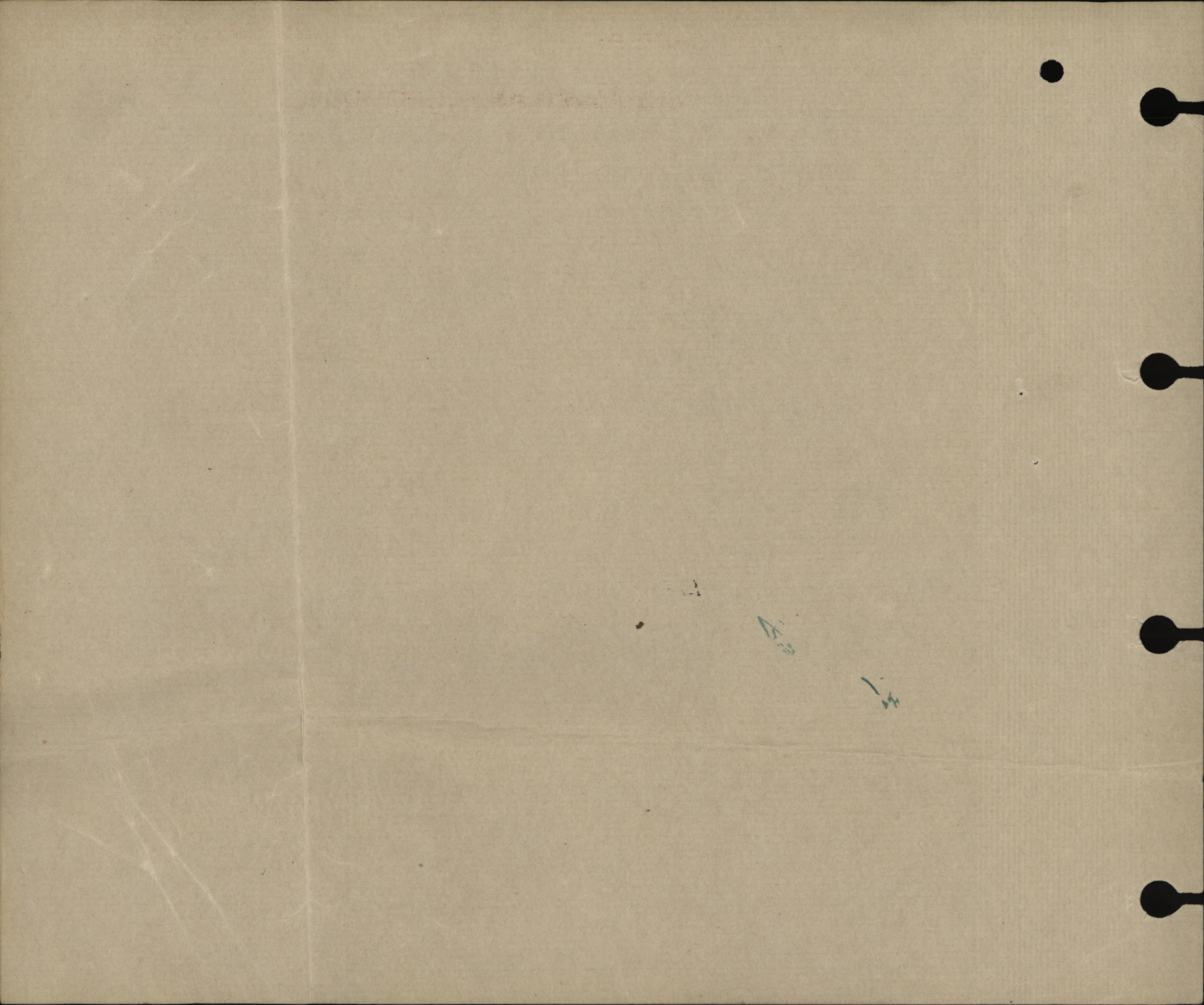
Name Spouse. Mrs Margaret. wife Name of Soldier Spouse. John.
 Address ~~1154 Gilford St.~~ Regtl. No.
67 Englesea Lodge Vancouver. 267/17 Rank Lieut.
Beach Ave B.C. Corps Can Engs
 Relation to Soldier } \$45.00
 wife, child or mother } May 1917.
 To what Corps belonging }
 when called out }

MAY 1 1917

PAYMENTS

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





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Spouse, Mrs Margaret, wife
(Assignee)

Name of Soldier

*Spouse, John.
Lieut. Ian Angus.*

PAYMENTS.

I. L. Job 5470—Req. 6988.

\$ 45.00 May 1917.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 45.00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>L 12847</i>	<i>45</i>	
July		<i>R 18131</i>	<i>45</i>	
July		<i>U 24984</i>	<i>45</i>	<i>s. Beach Ave 26/7/17</i>
Aug.		<i>K 32481</i>	<i>45</i>	<i>C 67 English Bay Lodge, Vancouver B.C. 14/8/17</i>
Sept.		<i>S 40015</i>	<i>45</i>	
Oct.		<i>N 45374</i>	<i>45</i>	<i>45373 came</i>
Nov.		<i>J 53149</i>	<i>45</i>	<i>J 53149 cancelled 2/17 am am</i>
Dec.		<i>I 50687</i>	<i>45</i>	
Jan.	1918	<i>W. 61449</i>	<i>45</i>	
Feb.				
March				
April				
May				
June				
July				

360 ✓

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Register No. D.S. 1055'

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 17166-J-1.

[Handwritten signature]

Regt'l No. — Name John Spouse
(Christian Name) (Surname)
Unit 7th Bn. Engrs. Rank Private Date of enlistment —
Date of casualty 21/7/18 B.P.C. File No. 42343
Was service performed overseas? yes.

DEPENDENT

Name Mrs. Margaret Spouse Relationship Widow
Address 304 Holly Lodge,
1210 Jarvis St.,
Vancouver, B.C.

Amount of Special Pension Bonus \$ 120.00 Abstracted by Samson

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid..... \$
Less Debit Balance of S. A. or A.P..... \$
Total deductions \$
Balance due \$

Cheque No. Date issued.....

REMARKS: Not Eligible in receipt
of Civil Pay

Clerk J. LeCourt

Audited by
Date

"Noted"
4-8-20
Dy 17

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Maggie Spouse
Wife
PAYMENTS.

Name of Soldier

Spouse John
aps

L. L. Job 4503 - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.			33	
Jan.	1917	24881 27714	20	<i>Lieut</i> 20 E. 27714 Cancelled per add 12.1.17 45 adjo k J.W.
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE..... PER.....
W

Refunded 33⁰⁰ l.s. # 1458 dated 23/2/17
M

Acct closed. Not eligible receiving Govt pay. see correspondence - H.O. 598-1-12

Return of 53 overpaid requested 29/2/16
don

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.				

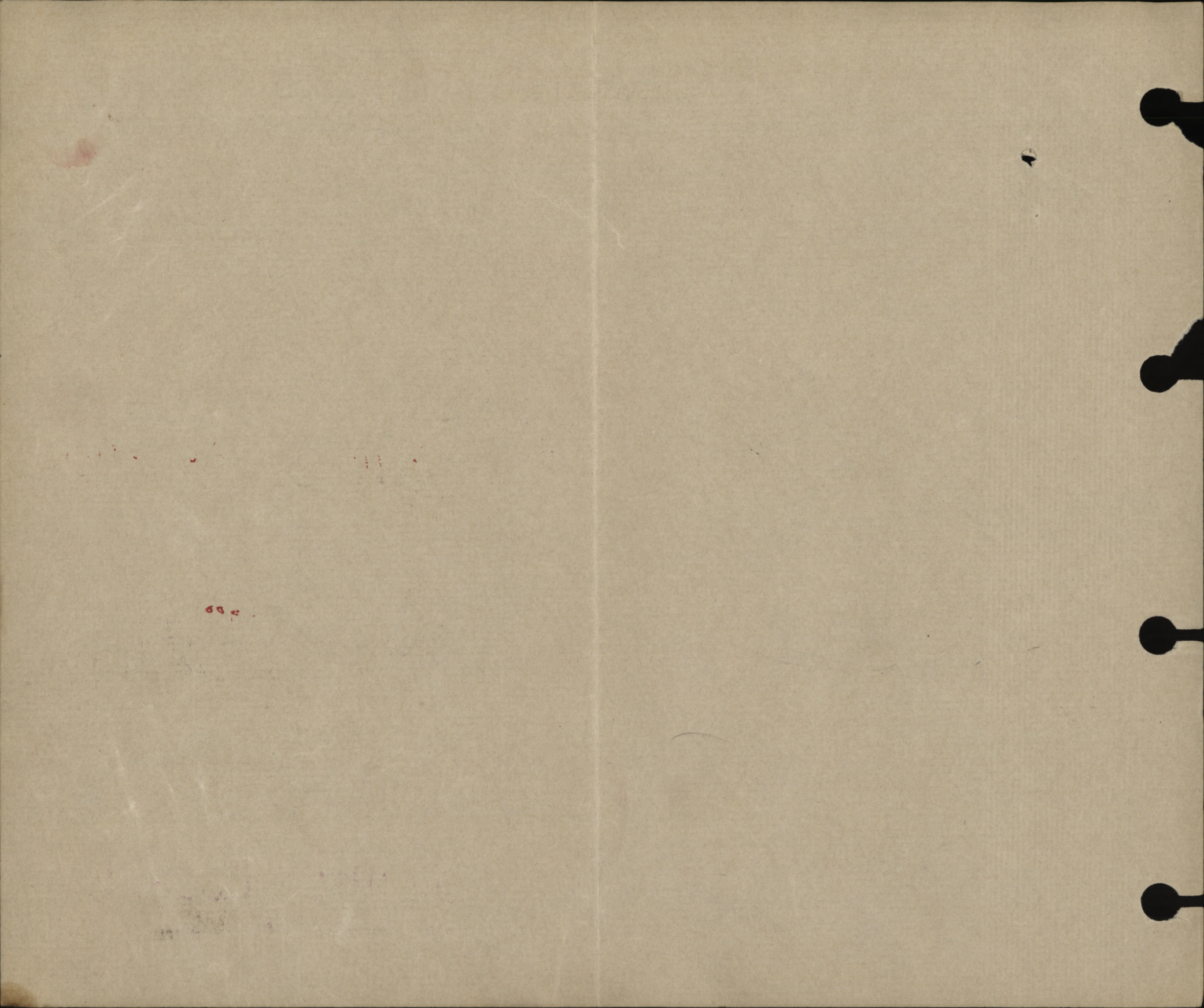
SEPARATION ALLOWANCE

Name *Mrs Maggie Spouse* Name of Soldier *Spouse John*
 Address ~~*115-4 Bedford St*~~ Regtl. No. *506134*
~~*Vancouver*~~ Rank ~~*Sgt*~~ *Prom* *Lieut (per new card) 16/11/16*
 Corps ~~*Canadian Engineers*~~ *Signal Training 26/4/17*
 Relation to Soldier *Wife* To what Corps belonging }
 wife, child or mother } when called out } *26/4/17*
18-12-16 *P.M.L.* *24-12-10* *B.C.* *Jan*

PAYMENTS

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

ACCOUNT CLOSED
 DATE..... PER.....
Discharge



Estates Br. file E 19-210 to Canada 27 1/19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 45.00 Canada

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

Killed in Action 21 7/18 S.L. 1040 of 23 7/18

6812

Pay 2.00

F.A. .60

Messing/.00

Lieut

14 5/17 for Canada 186

Name *Spouse*

Initials *John*

Bank *Montreal*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918

*Apr 15 April Pay.
16 A. P. Canada*

*1715 73 720 73 495 00
108*

45

23

Bank 1186

63

*May 13 May Pay.
15 A. P. Canada*

111 60

45

22

Bank 2623

66 60

*June 10 A. P. Can.
12 June Pay*

108

45

24

Bank 4158

63

*Jul 17 Jul Pay
18 A. P. Can*

111 60

45

26

Bank 6607

66 60

*PA to Cease 31 7/18
Lofes to N.E. Ledger.
29-7-18
make no deposits
Transd fr L4 to L28-5/8/18
Sof % rendered 5 3/17
Dist form to Actg Bch 12 3/19.*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Pay

F.A.

Messing

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount.

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

C.E. (Sp. 24.6.68)

pay 2.00 pd
24.60 ..
less 1.00 ..

Leut

14.5
17.7
3. Canada
P.P. 6

Name Spouse
Initials John
Bank of Montreal

Canada
fr 1.97

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
9/17	May 17 May Pay. Miss. for 4/5/7. for Bal. \$22.23 Bank 6003			75 83				
24	Do Do		120 83			Cr 45		
June 18	June Pay		1 08					
23	A.P. Canada. (2 Months)				90			
July 19	Bank 7924			63				
" "	July Pay		111 60					
" "	A.P. Canada.				45			
24	Bank 12946			66 60				
Aug 14	Aug Aug Pay.		111 60					
" 14	A.P. Canada				45			
" 22	Bank 17241			66 60				
30	Rations 7-31/7	4162					£1.13.4 ✓	
Sept 18	Sept. Pay.		10 8					
" 19	A.P. Canada				45			
" 21	Bank 21814			63				
29	Rations 1-31/7	5673					£2-1-4.	
Oct 15	A.P. Canada				45			
" 19	Oct Pay.		111 60					
Nov 16	Nov Day			66 60				
" 19	A.P. Canada		10 8					
" 20	Bank 30681			63				
Dec 10	Dec Pay		111 60					
" 12	A.P. Canada				45			
" 14	Bank 35096			66 60				
27	Rations 25-30/7	11117	8 91 23	531 23	360 00		8/-	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

B.C.

Lieut

Name

Spouse

Address

Initials

John

Bank

of Montreal

Amount, \$

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>1918</i>								
<i>Jan 18</i>	<i>Jan Pay at Can</i>		<i>891 72</i>	<i>531 23</i>	<i>360 00</i>			
<i>23</i>	<i>Bank</i>	<i>39459</i>	<i>111 60</i>		<i>45</i>			
<i>Feb 16</i>	<i>Feb Pay at P Can</i>		<i>100 80</i>		<i>66 60</i>			
<i>21</i>	<i>Bank</i>	<i>41613</i>		<i>55 80</i>	<i>45</i>			
<i>Feb 14</i>	<i>at P Can</i>				<i>45</i>			
<i>18</i>	<i>Mar Pay</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>43637</i>		<i>66 60</i>				
	<i>Rations 1-21¹⁷19</i>		<i>144357</i>					
	<i>1-8¹⁸</i>		<i>121523</i>	<i>720 23</i>	<i>495 00</i>			
							<i>\$2.1.4 1918 Transd fr L4 to L28-5/8/18.</i>	

E. T.

Surname SPOUSE

Christian Names

John ✓

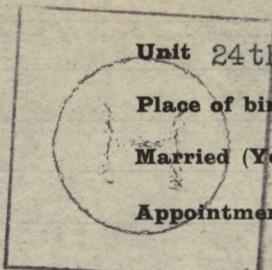
AFB 158
CETO-7-6-17
5

Rank Lieut.

Name and Address of Next-of-Kin Wife. ✓

Promotion

Margaret Spouse. ✓
1154, Gilford St. Vancouver. ✓



Unit 24th & 25th Drafts to C.E.T.D.

British Columbia. Canada.

Place of birth Eyemouth. Berwickshire. Scotland. ✓

Married (Yes or No) Yes.

M

Appointments

Date of leaving Canada 3.5.17.

Date and Cause of Resignation

Handwritten initials and scribbles



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				
		<i>T.O.S. - as Reported from CETO & Slain</i>			
22.8.17	CERO	<i>On Command to CTS Bechtel Effect from.</i>		7.7.17	<i>M. D. 166</i>
3.9.17	do	<i>S.O.S. on Report to CETO effect</i>		1.9.17	<i>M. D. 178</i>
10.1.18	C. E. T. D.	<i>S.O.S. on proceeding of seas. to C.E. Pool, France</i>		9.1.18	<i>Pt. II of 8.</i>
14.1.18	C. E. R. Pool	<i>S.O.S. on arrival in France from C. E. T. D.</i>		10.1.18	<i>Pt. II of 3.</i>
8-7-18	do.	<i>Trans to 4th Br. C.C.</i>		31-5-18	<i>Pt. II of 12.</i>
23-4-18	A.M.S.	<i>Reported from Base 'Killed in Action'</i>		21-4-18	<i>C.T. 1040. (A.F.B. 10493 2840A) Estate 10-8-18</i>

A.F.B. 103
16 JAN. 1918

8032

This space to be for numbers.

Proceedings on Discharge.

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

No.	506134
Rank	Corporal.
Name	Spouse John.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Engineer Training Depot.
Date of Discharge	Nov 15 th 1916
Place of Discharge	S. Johns P. I.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....41.....years.....3.....months.
 Height.....5.....feet.....11.....inches.
 Complexion Fair
 Eyes Blue
 Hair Golden
 Trade Schoolmaster
 Intended place of residence }
 (To be given as fully as practicable.)

Descriptive Marks

Nil.



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

Commission
 HQ 360-17-168.

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.

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

Very Good.

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

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

Schoolmaster

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

Handwritten notes:
 The
 carded
 6-12-16
 J.P.

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

(Handwritten line)

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

6. Medals and Decorations.....

(Handwritten line)

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) *S. Johns & 2*

(Signature)

(Date) *Nov 15th 1916*

Lt. Colonel C. E.
O. C. Engineer Training Depot.
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.

(Place) *S. Johns & 2* *John Spouse* (Signature of Soldier.)

(Date) *Nov 15th 1916* *E. Woolley* (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.

(Handwritten line) (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) *S. Johns & 2*

(Signature)

(Date) *Nov 15th 1916*

Lt. Colonel C. E.
O. C. Engineer Training 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.)

Nil.

John Spouse

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.	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 (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1-18
May 1-17

OVERSEAS CONTINGENTS

S

9544

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

45	30		
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pc

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Serjeant* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *John Spouse*
 Battalion *Can. Engrs*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mrs. Margaret Spouse (Wife)*
 Address *2567 Englesea Lodge Beach ave.*
 Change of Address *Vancouver B.C.*
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31 1917</i>	—		360	360	17166-1
<i>Jan 18</i>	<i>V 70046</i>		45	45	<div data-bbox="1423 1046 1928 1222" data-label="Text"> <p>Pension Granted <i>O.C.F. 1-18</i> B.P.C. to Recover \$..... Clerk <i>J.P.L. Dec 12-18</i></p> </div> <div data-bbox="1941 1160 2553 1419" data-label="Text"> <p>Pensions Notified Date..... Killed in Action..... Died of Wounds..... Missing..... Clerk..... Date Noted.....</p> </div> <div data-bbox="1928 1450 2540 1709" data-label="Text"> <p>Pensions Notified Date <i>1st Aug 18</i> Killed in Action..... Died of Wounds } Date <i>21st July 18</i> Missing } C. L. <i>John</i> Clerk <i>J.P.L.</i> <i>25th July 18</i> at <i>Aug</i> Date Noted..... 1918</p> </div> <div data-bbox="1423 1232 1875 1460" data-label="Text"> <p>S.A. at the rate of 30. effective Aug 1st per ruling of P.A.B. 1/8/18 mailed 27.8.18 Mtd. 19.9.18</p> </div>
<i>Feb</i>	<i>F 68941</i>		45	45	
<i>Mar</i>	<i>T 94363</i>		45	45	
<i>Apr</i>	<i>V 8732</i>		45	45	
<i>May</i>	<i>Y 16504</i>		45	45	
<i>June</i>	<i>X 26540</i>		45	45	
<i>July</i>	<i>C 26090</i>		45	45	
<i>Aug</i>	<i>K 6423</i>	30	30	60	
<i>Sept</i>	<i>L 4895</i>	30	30	60	
		60	735	795	
<i>Dec</i>	<i>O 2370</i>	10		10	<div data-bbox="1423 1471 1955 1688" data-label="Text"> <p>a.b.o. pt. 11295 recd. 21¹²/₁₈ m 25¹²/₁₈ amt. 10.00 adj. ad. received 162753 for left is mailed Open. recd. [redacted] 31st July 1918. C. F. [redacted] 1695</p> </div>

M. F. W. 128
40M & 71-73-31-114
L. L. 2220-M. & D. 1933.

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

With 6068. Recd. 3.8.18

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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

1000

1000

M. F. W. 123.
40004-17-1772 83-1141
L. L. 22320-M & D. 1983.