

M. D. Depot Battalion Regiment

Regtl. No. 3324789

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Yourth,

2. Christian name John Frederick,

3. Present address Golden Lake, Ont.

4. Military Service Act letter and number PC 966508
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth October 13th. 1895

6. Place of birth Golden Lake, Ont.
(town, township or county and country)

7. Married, widower or single Single

8. Religion Methodist

9. Trade or calling Cook

10. Name of next-of-kin Mr. Frederick Yourth

11. Relationship of next-of-kin Father

12. Address of next-of-kin Golden Lake, Ont.

13. Whether at present a member of the Active Militia No.

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act:—
(a) Place Ottawa, Ont. (b) Date 24th July. /18 (c) Category A2

DECLARATION OF RECRUIT

I, John Frederick Yourth, do solemnly declare that the above particulars refer to me, and are true.

John Frederick Yourth (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>22</u>	yrs.	<u>9</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>2 scars rt. shin.</u> <u>1 scar lf foot.</u>
Height	<u>5</u>	ft.	<u>7</u>	ins.	
Chest measurement	fully expanded	<u>37½</u>	ins.		
	range of expansion	<u>2½</u>	ins.		
Complexion	~~Medium~~	<u>Medium</u>			
Eyes		<u>Brown</u>			
Hair		<u>Black</u>			

O. S. John Frederick Yourth 2nd. Depot Bn. E. O. Regt.

Place Ottawa, Ont. Date JUN 21 1918

Director, U.S. Forest Service

10-10-10

BS 12-2-19

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....²

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....¹

Proceedings on discharge.....¹

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....¹

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....¹

Inventory of Kit.....

Last Pay Certificate.....¹

M.F.W 129-1
M.F.B 465-1
M.F.W 178-1
M.F.W 71-1

M. F. W. 62.

100m.-6-17.

11. 2. 1772-39-935.

DISCHARGE DOCUMENTS

Name

YOUNG, JOHN. FREDERICK.

Regt. No.

3324787

Rank

Spr

Corps

Coan Engrs.

DEMOB'N.

R. O. No.....

H. Q. No.....



02634

Surname

Yowrth

Christian names

John Frederick

Regtl. No.

3324484

Rank

Plt

Unit

East Out Regt Lind Ops Bn

H. Q.

M. D. No.

3

T. O. S.

June 21/1918

D. O. Pt. II

172 of 21-6-18

S. O. S.

10-1-

19*19.*

Reason

semol.

Auth.

S.O. 13-7/15/1/19 Eng. Dr. sep.

Next of kin

Yowrth Frederick

Relationship

Father

Address

*Golden Lake
Ont.*

Also notify:

BORN—Place

Canada Golden Lake Ont.

Date

Oct. 13th 1895

ATTESTED—Place

Ottawa Ont.

Date

June 21/1918

O/S.

R/C.

11.11.11

NAME **YOURTH, John Frederick** **Cook Meth**

REGIMENTAL NO. **3324787** RANK **Spr.**

ENLISTED AT **Ottawa, Ont.** PROMOTIONS, &c.
AND DATE

DATE **21-6-18**

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE **single**

NEXT OF KIN **Mrs Frederick Yourth** RELATIONSHIP **father**

ADDRESS OF **Golden Lake, Ont.**

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

\$ 17 ⁶⁰ / Leave

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd Depot Bn E.O.R.*

Regimental No. 3324287 Rank Pte Name Yauith Pte. Fred

Enlisted (a) 2-6-18 Terms of Service (a) C.S. 7 Service reckons from (a) 2-6-18

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

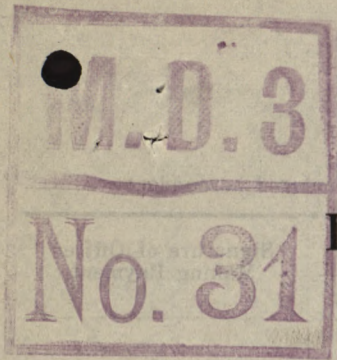
Extended..... Re-engaged..... Qualification (b)..*Cook*.....

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				
		Transferred to..... <i>S.I.V.</i> Struck off Strength .. <i>24.7.18 B.O. 207</i> ~~XXXXXXXXXXXXXXX~~ Struck off strength Daily Orders #15, of 15-1-19. <i>Lt.-Colonel, C.E., O.C., Engineer Training Depot, C.E.</i>			<i>P.Woolcombe</i> Capt. 2nd. Depot Bn. E. O. R.

(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				



1-ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Jan. P.L. Folio 29, Line 29

Regimental No. 3324787 Rank Sapper Name Yourth, J.F.
(Surname first)
Unit Canadian Engineers Discharged
On 15-1-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 8-9-18 to 15-1-19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....September.....		17 60
Regimental Pay.....130.....days at \$.....1c.00.....		130 00
Field Allowance.....130.....days at \$.....-c.10.....		13 00
Separation Allowance.....		
Clothing Allowance.....		35 00
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges ..Harvest Leave 130 days pay & allowances mult.....	143 00	
Balance on transfer or on discharge, cheque No. 4811.....	52 60	
Total	195 60	195 60

*Give particulars.

A monthly stoppage of \$.....NIL.....(†) has.....(‡) been paid on account of
Assigned Pay for the month of.....191..... }
and Separation Allee. for month of.....191..... } (to) Assignee

(Address) Harvest Leave without pay from 8-9-18 to 15-1-19

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....21-6-18.....married or single.....Single.....
(2) Separation Allowance, entitled or not.....No1.....(3) Reason for discharge.....Demobilization.....
(4) Authority for discharge or transfer.....R.O. 1357.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 16-1-19.....

Place Brockville, Ont.....

Engineer Depot, M.D. 3. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

[illegible]

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. 3324787 Rank Sapper Surname Yourch Jno. Frederick
(Given name in full)

Unit or Corps Canadian Engineers Birthplace Golden Lake

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

1. GENERAL DESCRIPTION:

Physique good Weight 152 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition good
Pulse 72.
Condition of arteries good
Vision Rt. 20-20 Left 20-20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

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 Sytem	no	Cardio-Vascular System	no
Special Senses	no	Integumentary System	no	Respiratory System	no
Disturbance of mentality	no	Muscular System	no	Digestive System	no
Osseous and Joint System	no	Any other general condition	no		

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Brockville

Date Signed M.O.

Jan. 14th, 1919

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.)

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	3324787	DEPT. MILITIA & DEFENCE FEB - 4 1919 H.Q. CANADA	
2 Rank.	Sapper		
3. Name.	Yourth, John Frederick		
4. Unit.	Canadian Engineers		
5 Date of Discharge	Jan. 15th. 1919	Place	Brockville, Ont.
6 Reason for Discharge	Routine Order 1357 DEMOBILIZATION		
7. Authority.	Routine Order 1357		
8. Proposed Residence after Discharge	Golden Lake, Ont.		
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.? Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Brockville, Ont. Date..... January 15th, 1919. Signature..... Lieut.-Col. C.E., (O. C. Discharging Unit.) O.C., Engineer Training Depot, C.E.F.		

PROCEEDINGS ON DISCHARGE

(Continuation)

1. Name	
2. Rank	
3. Unit	
4. Date of Discharge	
5. Reason for Discharge	
6. Authority	
7. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the undersigned place and date I received my discharge Certificate	
M. E. W. J.	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	
(C. C. Discharge Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Form 100
or Particulars of Remarks	Form 101
Final Conduct Sheet	Form 102 or A.T.F. 102
Casualty Form	Form 103 or A.T.F. 103
Last Day Certificate	Form 104
Certificate that missing documents are nonexistent	Form 105
Medical History Sheet	Form 106 or A.T.F. 106
Proceedings of Medical Board	Form 107 or A.T.F. 107
Dental History Sheet	Form 108
Medical Report	Form 109 or A.T.F. 109
Physiological Conduct Sheet	Form 110
Casualty Conduct Sheet	Form 111 or A.T.F. 111

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

2nd Depot Bn. E. O. R.

MEDICAL HISTORY SHEET.

1. Surname Yourth Christian name John Frederick
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) Golden Lake

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of July 1918, by the undersigned medical board sitting at Ottawa Ont.

5. Age as stated 22 Years 9 Months. 6. Apparent age 22 Years 9 Month
 7. Height 5 Feet 7 Inches. 8. Weight 137 Pounds.
 9. Chest measurement { Minimum 35 Ins. 10. Complexion medium { Eyes Brown
 { Maximum 37½ Ins. { Hair Black
 11. Physical development good { Good Fair Poor 12. Smallpox marks none
 13. Number of vaccination marks { Right arm 0 14. When vaccinated last never
 { Left arm 0
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Two scars st. shin Scar left foot

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy We find no evidence of past { Rheumatism Epilepsy
 { Tuberculosis, Syphilis { Tuberculosis Syphilis
 { Nervous or Mental disorder. Asthma. { Nervous or Mental disorder. Asthma
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

Aii
 17. (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. n L. n
Chairman President.
J. Nelson Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/8/18</u>		<u>R. M. Cairns</u> M. O.	<u>1/8/18</u>		<u>R. M. Cairns</u> M. O.
			<u>9/8/18</u>		<u>R. M. Cairns</u> M. O.
			<u>13/8/18</u>		<u>Quarantined</u> M. O.

JUN 21 1918

Joined..... day of..... 19..... at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn EOR</u>	<u>3324786</u>		<u>21-6-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

Signature of Man John Frederick Yourth

If raised in category, record category in a square. The M. O. will initial and date.

Surname.

[illegible]