

DUPLICATE

3 M. D. 2nd. DEPOT BATTALION, Depot Battalion, Regiment
Eastern Ontario Regiment. Regt. No. 3321091. 115

3
4/15/18

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

17-4

1. Surname..... Ross.

2. Christian name..... James Leslie.

3. Present address..... Westmeath Ontario. R.R. No. 2.

4. Military Service Act letter and number..... P.C. 962511.

5. Date of birth..... 17th April 1896.

6. Place of birth..... Westmeath Ontario.
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... Presbyterian.

9. Trade or calling..... Farmer.

10. Name of next-of-kin..... Mrs. E. ROSS.

11. Relationship of next-of-kin..... Mother.

12. Address of next-of-kin..... Westmeath Ontario. R.R. No. 2.

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

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

15. Medical Examination under Military Service Act:—

(a) Place..... Rehrew. Ontario (b) Date..... 20th April 1918 Category..... "All" L

DECLARATION OF RECRUIT

I, James Leslie Ross., do solemnly declare that the above particulars refer to me, and are true.

James L. Ross. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>21</u>	yrs.	<u>6</u>	mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....	<u>5</u>	ft.	<u>9</u>	ins.	
Chest measurement } fully expanded.....	<u>35</u>	ins.	} Nil.		
	range of expansion.....	<u>3</u>		ins.	
Complexion.....	<u>Ruddy.</u>				
Eyes.....	<u>Grey.</u>				
Hair.....	<u>Brown.</u>				

Alfred Spivak O. C. 2nd. Depot Batt., E. O. R. Regt.

Place..... OTTAWA Date..... APR 22 1918



Name

Class

Organization

Address

City

State

Country

DESCRIPTION OF SERVICE OF

From the service of the...

...

DESCRIPTION OF SERVICE

1. Name of the...

2. Division of the...

3. Description of the...

4. Address of the...

5. Address of the...

6. Address of the...

7. Address of the...

8. Address of the...

9. Address of the...

10. Address of the...

11. Address of the...

12. Address of the...

13. Address of the...

14. Address of the...

15. Address of the...

16. Address of the...

Class

DEVELOPED UNDER MILITARY SERVICE ACT, 1917

БАНКІСЦІВАНЬСЬКІ СЛУЖБИ

REGIMENTAL DOCUMENTS

NAME

Koss James Leslie

REGT. NO.

332110

UNIT

C.R.9

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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)

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

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

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)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

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

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

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

*MHC -
R122*

M

DEATH

Category

DISCHARGE

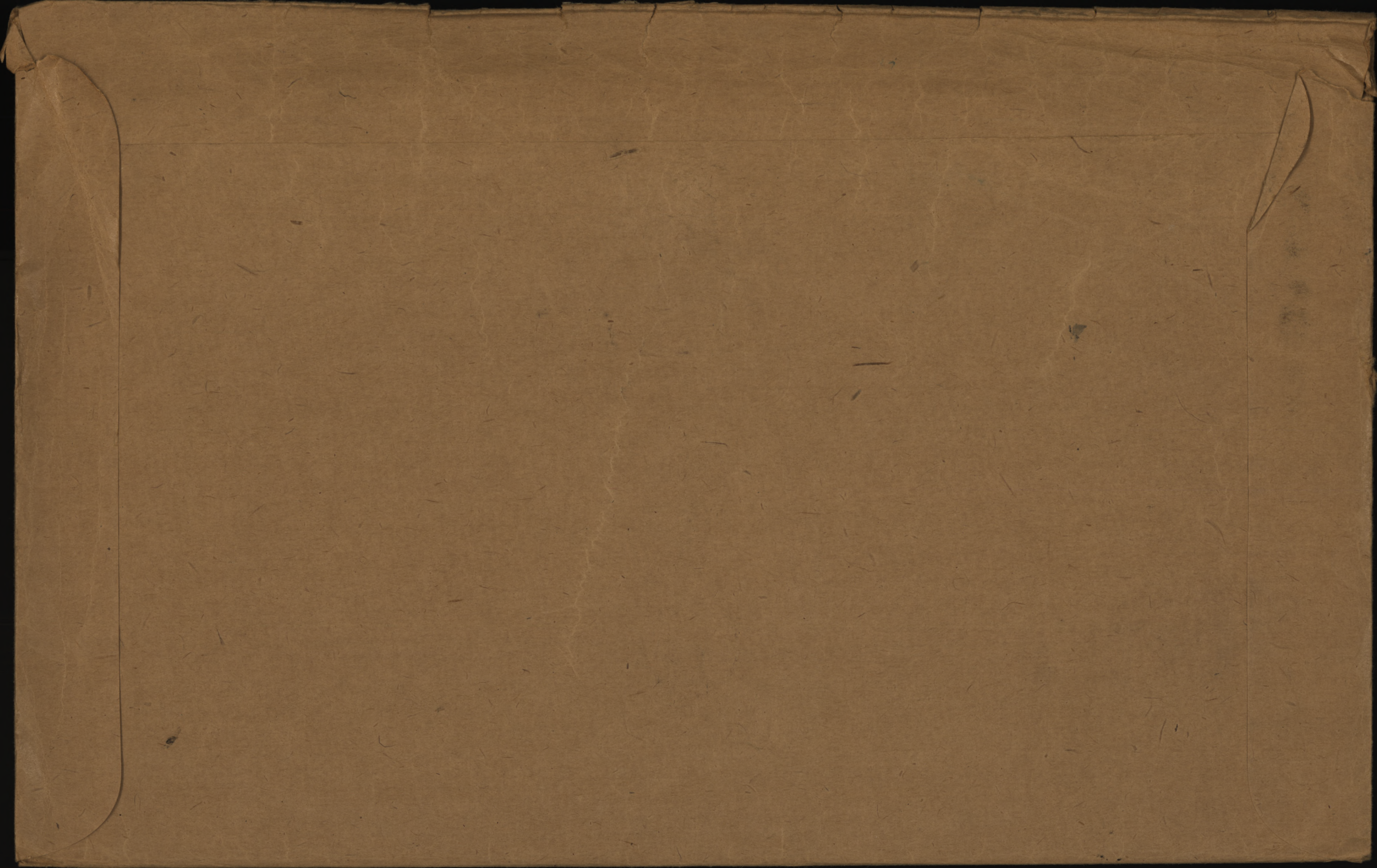
Category

Demol

DESERTION

23867

H



SURNAME.

Ross

CHRISTIAN NAMES

James Leslie.

REGL. NO.

3329115

RANK

Plt

UNIT

East. Ont. Regt. Ind. Dep. Bn

FORMER CORPS

Inf.

Aisp. Area. J. 2
3. CARD NO. *4*

SOS dip 6.7.19.
DENOT FOLL.
DD 1917 10.7.19.

#200.
I.O. 8 Apr 17 1918
D.O. Part II No. *107*

NEXT OF KIN.

NAMES IN FULL

Ross, Mrs. L.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*R.R. No. 2, Westmeath
Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Westmeath, Ont.

DATE

Apr. 17th 1896.

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Apr. 22nd 1918.

R.C. 3-7-19 ³⁶⁴/₇₃ a/s.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Number 3321115-

Rank

of cpl B

Surname

ROSS.

Christian Name

James Leslie.

Units

B.F. Co.

Theatre of War

England.

Date of Service

7-7-18.

Remarks

Latest Address

G.P.O. Beachburg. Ont.

Roll No

A Page 2420

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 _____

REC'D. MAY 1 1928
REGN. NO. 3764

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

3321091

2nd. DÉPOT BATTALION

MILITARY SERVICE ACT, 1917.

ORIGINAL

M.S.A. 15.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Boss Christian name James J

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. not available

3. Consecutive number on schedule of men reporting for service (if he appears on it) not available

4. Address (including street and number, if any) Westmeath Ave R.M.D. No 2

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of October 1917, by the undersigned medical board sitting at Renshaw Ave

5. Age as stated 21 Years 6 Months. 6. Apparent age 21 Years 6 Months

7. Height 5 Feet 9 Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Ruddy { Eyes Gray Hair Brown

11. Physical development. Good { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm _____ Left arm _____ 14. When vaccinated last never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Vision R. 20 L. 15 St. normal.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(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 A71

W. J. Jones Capt. C. President.

J. A. ... Capt. C. A. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
3.5.18	M	Shillington	3.5.18	M	Shillington
		M.O.			M.O.
		M.O.	6.5.18	M	Shillington
		M.O.			M.O.
		M.O.	3.5.18	M	Shillington
		M.O.			M.O.

Joined 17 day of April 1918 at Claremont Ave.

Corps	Reg'tl Number	Habits	Date
<u>2nd Depot Bty E.O.R.</u>	<u>3321091/115</u>		<u>17-4-18</u>
<u>1st BATTERY, C.F.A., C.E.F.</u>			<u>29-4-18</u>

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.

revised

Signature of Man James Boss

The copy of this document which is delivered to the man examined, will be attached by him to the report for service or claim for exemption made by him, or on his behalf, after the proclamation, under the Military Service Act, calling out Class One, has been issued.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 332115 (Rank) a/sgt.
Name (in full) James Leslie Ross enlisted in
the 2nd Div. C.O. Regt.
CANADIAN EXPEDITIONARY FORCE at Ottawa on the 22nd
day of April 1918.
HE served in Can. Res. Artillery England
Demobilization.
and is now discharged from the service by reason of
~~Medical Unfitness.~~

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

Age <u>23 yrs</u>	Marks or Scars.....
Height <u>5' 9"</u>	<u>nil</u>
Complexion <u>ruddy</u>	
Eyes <u>grey</u>	
Hair <u>brun</u>	

Signature of Soldier: J. L. Ross

Date of Discharge

No. 2 DISTRICT DEPOT
JUL 6 - 1919
TORONTO

Issuing Officer: [Signature]
For O.C. No. 2 District Depot.
Rank

Date JUL 6 - 1919 19.....

1/22/0

332115

James Lewis
P.O. Box 100

55

St. Louis

James Lewis

St. Louis

Missouri

1/22/0

St. Louis

Missouri

St. Louis

Missouri

James Lewis
P.O. Box 100
St. Louis
Missouri

1/22/0

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

M. F. W. 54. (A. F. B. 3.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps. Eastern Ontario Regiment

Regimental No. 332104 Rank Private Name Pvt. James Leslie

Enlisted (a) 17-4-18 Terms of Service (a) C. E. S. Service reckons from (a) 17-4-18

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) Farmer

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				
		S. O. S. 2nd. Depot Bn. E. O. R., B. O.			
		Transfr 74th Battery Ottawa		29-4-18	with 3rd 265-152-14
28-5-18	74th Bty O. F. U.	Transferred Overseas		28/5/18	D. O. #140 A. Steacy. Lieut for O. C. 74th Bty O. F. U.
		Embarked - Canada - 20-6-18 H.M.T. "Waimana" Disembarked - England			
11-7-18	Res Bde CFA	T.O.S. from Canada On Comm. Frensham Pond	Witley	7-7-18	B.O. Pt. II No. 192
18.8.18	R.D. 67A	ceases to be on Comm 2 Pond	Witley	17.8.18	Bob 230
10-2-19	O.C.	C.R.A. "On Command" Headquarters Canadian Corps Camp, Bramshott	Witley		18-2-19 DO, Pt II. 49 A. Gray for O.C. Can. Res. Pt.

(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.

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				
12/4/19	G Wing C.C.C.	S.O.S. perm. cadre	Branshott	23/3/19	Pt. II no 12. 12/4/19.
10-6-19	"G" Wing	D.O.Pt. Struck off Strength 11.No. to "A" Wing, C.C.C. 40 d/ for return to Canada 11-6-19	Branshott	10-6-19.	
5-7971	1-6-19	<p>S.O.S. OF O.M.F.C. ON</p> <p>PROCEEDING TO CANADA.</p> <p>FMT MAURETANIA</p> <p>SAILING 9³⁰</p> <p>SAILLED SO'ON 28-6-19</p>		27-6-19	
JUN 28 1919		O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919		PART II D. C. 191	
JUL 6 1919		S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. C.		191	
					<p><i>W.C. Roberts</i></p> <p>Lieut. For O. C. No. 2 District Depot.</p>

ET. Rank Name **ROSS, James Leslie** Reg'l No. **3321115**
 Unit **48th Dft C.F.A** If in perm. Corps, }
 What Unit? } Married or Single **Single,**
 Place and Date of Enlistment **Ottawa, April 22nd. 1918.** Place of Birth **Westmeath, Ont.**
 Name and Address, Next-of-Kin **Mrs Ross**
 R.R.No. **2. Westmeath, Ontario. Canada.** Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

Arter

N/E. R.D. *[Signature]*
 File R.L. *[Signature]*
 Category *[Signature]*
 Character

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.				
	Arrived in England		S/S WAIMANA	7-7-18	
11-7-18	Res Bde	Taken on strength	WITLEY	7-7-18	PH 100.192.
11-7-18	co co co	Reverts to Gunner on arrival in Eng	"	7-7-18	PH 100.192.
18.2.19	" "	of cmd to C.C.D.C. Wshott	" "	18.7.19	" 49
27.3.19	CA. R.O.	TOS from Res Bde		20.3.19	- 86 & Res. Wsde. 79 p. 3.19
10-4-19	"	SOS to 9 wing Bramshott	" Bignon	10-4-19	- 100-9 wing Lt. 20.12.12/19
10-5-19	Li they cell	SOS of PCT to A Shing	B Shott	10-6-19	100 39 A Wing DO.34
5.7.19	A " "	SOS to Canada	" "	28.6.19	- 38
		To Canada	94-I-21	28-6-19	

Misc

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.				
		S.O.S To CANADA O/R I.2.D.O. 1.d 25 7 19			

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

"G" WING,
CANADIAN CORPS CAMP,

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. 3321115 Rank 1st Lt Surname Ross
(Given name in full)

Unit or Corps 5 Wing C.C.P. Birthplace Westmount Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 10 in. Colour of Eyes grey
 Nutrition good
 Pulse 76 reg.
 Condition of arteries soft
 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 System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshatt... (Overseas)
Date 5-6-19 Signed [Signature] 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 [Signature]
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)
Date Signed M.O.

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

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

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

[Handwritten mark]

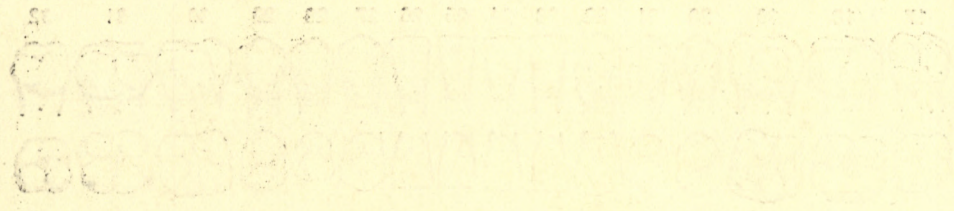
[OVER]

RECEIVED TO
DENTAL OFFICE

UNITED STATES DENTAL BOARD
STATEMENT FOR DEMONSTRATION

1. Name of the person
2. Address
3. City
4. State
5. Date
6. Signature
7. Title
8. Name of the
9. Address
10. City
11. State
12. Date
13. Signature
14. Title

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UNITED STATES DENTAL BOARD

[Faint, illegible text]

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DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **3**

NAME OF SOLDIER **Ross J L**

REGIMENT **74th Bty** RANK **Gnd**

No. **3321115**



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	May 11										1/32											

Leint Monteece 3 *2 Cav! 14.15*

INSTRUCTIONS

- 1. On examination, the condition of patient's mouth to be noted on diagram as well as
- 2. On first line of report record of date to be teeth in contact.
- Only such entries to be made in this sheet as will show condition of examination in fact.
- 3. Condition in teeth, Canada.
- 4. Condition of dentures.



Patient's Name	Date	Dentist	Dent. Ass't	Dent. Chair	Dent. Light	Dent. Mirror	Dent. Probe	Dent. Forceps	Dent. Elevator	Dent. Explorer	Dent. Curet	Dent. Scaler	Dent. Curet	Dent. Curet	Dent. Curet	Dent. Curet

MADE IN CANADA

MADE IN CANADA

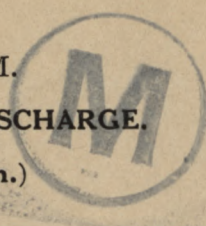
War Service Badge
Class "A" No.

Cancelled

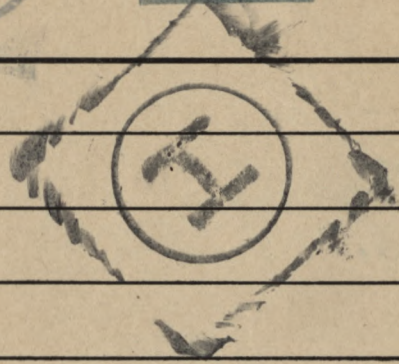
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



D. A. *AFI*
O. G. /



1. No. *332145*

2. Rank. *aj Sgt.*

3. Name. *Ross James Leslie*

4. Unit. *C.A.A.*

5. Date of Discharge *JUL 6 - 1919* Place *Toronto*

6. Reason for Discharge..... **DEMOBILISATION.**

.....

.....

7. Authority. *No. 2, D.D., Part II, D.O. No. 191*

8. Proposed Residence after Discharge *5000*
Beachburg 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.?.....

.....

J. Ross

Signature of Soldier.

10. **CONFIRMATION.**

The discharge of the above named man is hereby confirmed.

Place..... **No. 2 DISTRICT DEPOT**

Date..... **JUL 6 - 1919**

TORONTO

.....

J. P. Chen
C. G.

Signature..... **O.C. Discharging Unit.**

H. M. J. Mauntonia
Sailed So Jan 28-6-19

LIST OF DISCHARGE DOCUMENTS

No.	Name of Dischargee	Rank	Company	Regiment	Branch	Service No.	Date of Discharge	Remarks
1
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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.551). *dup*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. *10*

Pu

Date..... *25-6-19*

