B 110 OSBn CEF

ORIGINAL

ATTESTATION - PAPER.

No. 727333

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? St. John
1a. What are your Christian names? Homer Dobbs
1b. What is your present address? Woodham, Ont Perth Co. Ont. Can.
2. In what Town, Township or Parish, and in what Country were you born? Blanchard Tp, Perth Co. Ont. Can. Canada
3. What is the name of your next-of kin? Philip St John
4. What is the address of your next-of-kin? Woodham, Ont. Canada Perth Co. Ont. Can.
4a. What is the relationship of your next-of-kin? father
5. What is the date of your birth? March 20, 1897 actual age claimed
6. What is your Trade or Calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? 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

Birth cert shows date of birth 20/3/1900

C.R.M.

FOR LT. COL. I/C RECORDS, C

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Homer D. St John, 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.

Homer Dobbs St. John (Signature of Recruit)

Date January 17 1916. W. J. Wright, Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Homer D. St John, 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.

Homer Dobbs St. John (Signature of Recruit)

Date Jan. 17 1916. W. J. Wright, Lt (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 St Marys Ont. this 17th day of January 1916

T. O. Robson J. P. (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Homer D. St John 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 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 36 ins.; Range of expansion 3 ins.

Complexion Fair

Eyes Grey Brown

Hair Dark brown

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

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 Jan. 17. 1916. J. R. Stevenson M.B.

Place St Marys, Ont. Canada

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.

Homer D. C. St. John 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. M. S. Stevenson Lt. Col. (Signature of Officer)
O. C. 110th O. S. Bn. C. E. F.

Date January 18th 1916

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name St. John Homer Doble

Regt. No. 727333 Rank Pte.

Corps 110th Bn.

00059

Underage.

~~M.F.W. 216—21.9.44~~

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages..... 1

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 2

Clothing Transfer Certificate..... 2

Inventory of Kit..... 1

Last Pay Certificate..... 1

a.f.B. 122. 1.

P122 — 1. Pay card.

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

(1)
18-19
18-19
5-20

1

ME.B

Number 727333 Rank Pte.

Surname St JOHN

Christian Name Homer Doble

Units 58 Bn Can Inf. Theatre of War France

Date of Service 18-5-17

Remarks

Latest Address ~~460 Hamilton St~~ London Ont.
Box 621
Sandwich St
Amherstburg
Ont.

Roll No B

Page 9307

200m.-2-21.M.

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. NOV 29 1921 REGN. NO. 411742

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

No. 727333 Rank Pte. Name St. John Hamer D.

T. O. S. Unit Casualties C. E. F.

Transfd. from C. D. O. 29-11-17.
(D. O. No 295 3-12-17).

M. D. 1.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority
1917 Dec. 1	1917 Dec. 10	C	Dischgd. 10-12-17.	D. O. No 37 of 11-12-17

a/c. closed by payment. S.

(649-S-16824).

NAME St John, Homer Doble S.O.S. Disc 10-12-17-I

RANK & No. Pte. 727333

CORPS 110th Battalion

ENLISTMENT, PLACE St. Marys DATE Jan. 17, 1916 S.

FORMER CORPS Nil

COUNTRY OF BIRTH Canada. Blanshard Tp., Ont.

NEXT OF KIN St. John Philip Father.

ADDRESS OF I 460 Florinda St, East London, Ont.
A.A.P. 21-5-17

DISCHARGE, PLACE DATE

P.O. 14-11-17-I.

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772-39-839.

REMARKS:

No. 727333. RANK H NAME St John H. D.

T. O. S. 17-1-16. UNIT 110th Battalion C.E.F.
D.O. 14-18-1-16.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Jan. 17.	Jan. 31.	H.		
	Feb.	H.		
	May.	✓.		
April		V	St. Marys Hospital	April Paylist.
May		V	St. Marys, returned 20-5-16	D.O. 122 of 5-16.
June		V		
July		V		
Aug		V		
Sept.		V		
Oct.		V		
Nov		H		

UNIT SAILED
OCT 31 1916

REG. NO. .....

NAME (SURNAME FIRST) St. John Homer.

RANK Pte. CORPS 40 Batt.

AGE 18. SERVICE .....

NAME OF HOSPITAL General PLACE Stratford, Ont.

DATE OF ADMISSION 15-3-16.

DISEASE Inflammation of Mastoid Cells.

DISCHARGE 10-4-16.

OPERATION yes

DISCHARGED TO DUTY yes

TRANSFERRED TO .....

DISCHARGED BY MEDICAL BOARD .....

100M—9-17—H.Q. 1211-8-30.

REMARKS

London Ont

FORM OF WILL.

Misc 1

I, Homer Doble St. John (Name in full)

Regimental Number 727333 serving in 110th Os Bn C E F

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs. Sarah St John Peel St St Thomas Ontario	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 24 day of October A. D. 191 6

Homer Doble St John Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for His last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R. H. Pearson

Address of Witness 110th Os Bn C E F.

Occupation of Witness C. of M.D.

Signature of Second Witness [illegible]

Address of Witness 110th Os Bn C.E.F.

Occupation of Witness [illegible]

M. F. W. 82
300M-5-16.
1772-39-983.

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 110th O.S.Bn.C.E.F.

Regimental No. 727333 Rank Pte. Name St. John, Homer D Noble

Enlisted (a) 17-1-16 Terms of Service (a) C.E.F. C.E.F. 4 6 Months or during war Service reckons from (a) 17-1-16

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) B.B.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	31-10-16.	
		Arrived	England	11-11-16.	
1-1-17	110th.Bn	Trans. to 8th. Res. Bn.	Shoreham	1/1/17	Amended D.O. 8th Res Bn 31-12-16 D.O. 299 J.B. Livingston Major,
1-1-17	C.O. 110 Bn	Taken on strength 8th. Res. Bn.	Shoreham	1-1-17	D.O.Pt.2.No.1. Rivolam Capt.
17-5-17	8th R.Bn.	Trans. to 58th Battn., (Overseas)	Shorncliffe	17-5-17	Adjutant, 8th Canadian Reserve Bn. 58th D.O. 39 22/5/17 8th Res Bn D.O.PT.2 #137 Rivolam Capt.
O.C.C.B.D.		Landed in France. Taken on strength 58th Cdn. Bn.	Nom Roll d/ Pt II D.O. 39 d/	18/5/17 22/5/17.	Adjutant, 8th Canadian Reserve Bn.
— do. —		Left for	Nom. Roll d/	18/5/17.	
C.C.	Bn.	Arrived	K.I. 16/1897 d/	24/5/17 12.9.17/217.	
6.9.17.	O.C. 58th Bn.	Sentenced to 14 days F.P. No 1, 4.9.17. for when on Actual Service, (1) drunkenness (2) absent from 3 Rdn. parade 4.9.17.	Field.	4.9.17.	B.2069. Pt 2 No. 79 d. 15.9.17.
27.9.17.	36.I.BD.	2/0/s from Unit — Minor		27.9.17.	W.R. 91.

CERTIFIED CORRECT. JUN 1917 CEN. RECORDS LONDON.

(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				
28.9.17	3.C.2.B.D.	Transferred to England for discharge as a Minor, and posted to 2nd C.O.R.D., Shorncliffe.		28.9.17.	NR. 92. 6.A.file K.E. 17783. Pt.2 No. 84 d. 1.10.17. J. Johnston Capt. for Lieut. Col., A.A.G., Can. Sect., 3rd Echelon
30-9-17	2nd CORD	T.O.S. & detailed to Depot Bn Command C.D.D.	Sandling & Buxton	24-9-17	D.O. 205
21-10-17	do			22-10-17	D.O. 227 W. W. Ashley Lt for Capt & adj 2nd CORD,

23 OCT 1917

TAKEN ON STRENGTH-C.D.D, BUXTON Pt. 11 ORDER No. 235

R Wise Lt
Lieut.-Col.
Commanding
Canadian Discharge
Depôt.

6-11-17

EMBARKED FOR CANADA FROM LIVERPOOL

R Wise Lt
Lieut.-Col.
Commanding
Canadian Discharge
Depôt.

T. O. S. No. 1- Casualty Unit 29-11-17 D. O. ~~[illegible]~~

S. O. S. No. 1- Casualty Unit 10-12-17 D. O. (No 37 - 11-12-17)

O.C. No. 1 Casualty Unit, C. E. F.

B—122
8,401—50,000—21-10-16

FH

Rank

Name ST. JOHN, Homer ~~St. John~~ Doble.

Reg'l No. 727333

Unit 110th. Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment St. Marys Ont., Jan 17th 1916,

Place of Birth Blanchard Tp. Perth Co. Ont., Can.

Name and Address, Next-of-Kin Philip St. John

Woodham, Perth Co. Ont. Canada.

Relationship Father

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No. 2840
File R.L.
Category Can Mil

Discharge, Date and Place

Reason

Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England. S S Caronia. 11.11.16			
1.1.17	OC. 110th	S.O.S to 8thRes. Bn. Shoreham ~~31-12-16~~ 1-1-17 D O 299 amended to 16			8th R Bn
1.1.17	8th Res. Bn	S.O.S fm 110th Bn.	—"—	1/1/17	—— 1.
17.5.17	"	S.O.S on posting to 58th Bn	Shorncliffe	17.5.17	A.F.B. 103 CHECKED Ptte D.O. 137 of 22.5.17. of 58th Bn D.O. 39.
1:10:17	58th Bn	Trans to England for dis as Minor posted to 2nd C.O.R.D.	Field	28:9:17	D.O. 84. + D.O. # 205 of 30/9/17. of 2nd C.O.R.D.
22:10:17	2 C.O.R.D.	On com. C.D. pen dis. (~~Invalid~~)	Buxton E'Sling	22:10:17	A.F.B. D.O. 227
20-11-17	—"—	Leaves on com C.D. + S.O.S. on emb to Canada (pen dis M.H.)	—"—	6-11-17	—— 256

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	Dis Depot.	Fit. for Duty. Minor. Born 20 Mar 1900	MD 1 London	14-11-17	N.R. 402. London - Det.

110 O S Bn C E F

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins..... 110th.O.S.Bn.C.E.F. .....

.....

(2) Regimental Number .... 727333 .....

(3) Full Name of Soldier.. St.John,Homer Doble .....

.....

(4) Place of Birth..... Woodham,Ont. Canada. .....

.....

(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.....

.....

.....

.....

.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....Philips St.John, St.Marys, Perth Co, Ont. Can.

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

If so, state name and address.....Sarah St.John

.....St.Marys, Perth Co, Ont. Canada.

(11) If your Mother is a widow.....No.....

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 ?.....No.....

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

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

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

John L. Jones Lt. Col.
O. C. 110th O. S. Bn. C. E. F.
.....
Officer Commanding.

Date.....May.18*16.....

110 OS Bn CEF

ORIGINAL

727333

Original

MEDICAL HISTORY SHEET.

Surname St. John Christian Name Homer Dakle

Examined on 17 day of January 1916 at St Marys Ont

Birthplace City or Town Dufp, Beachard County Perth Ont Can

Apparent age 18 yrs. 10 mos

Trade or occupation Farmer

Height 5 Feet 9 1/2 Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm ~~Right.~~ ~~Left.~~ Number None

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Teeth Defective -

For attention of Dental corps

Approved by J. K. Stanley M.B.

Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
8/12/17	"A" IV	J. J. McNally Capt. R.A.M.C.	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
19.1.16	OK	R. D. Rankin	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8/5/16	"	R. D. Rankin	M.O.
12/5/16	"	R. D. Rankin	M.O.
Canada 6/1/17		R. D. Rankin	M.O.

Enlisted on 17 day of Jan. 1916 at Chatham Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	110 Os Bn 6 E J	727333		7/1/16
Transferred to..	8th Canadian Reserve Bn. W.O.	727333		1-1-17
	58 Bn O S	727333		17/5/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London, Ont. Examined by S.M.Board.	8/12/17. Requires	Nil. dental treatment. J.J.McNally Capt.C.A.M.C.	Category "A" IV. Pres.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname St John Christian Name Hames Daniel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Chalford	17-1-16	15	3	16	10	4	16	Mastoid	26	Emergency, acute mastoid. operation March 17/16. Pus found and drainage secured.	R.A.M.C.

TRIPLICATE

LAST PAY CERTIFICATE

Regt'l No 127233 Rank pte Name St John Homer D

Corps 110th Bn who was discha on 10.12.17 to

the following is a statement of the account of the above named soldier from 1.12.17 to 10.12.17 ; or as adjusted in the paylist of this Unit to ; or as compiled and transferred to this Unit on

DEBITS			CREDITS		
DR BAL (from prov a/c			CR BAL (from prec a/c		
(Ottawa LPC 30/11	19	79	(Ottawa LPC		
Advances (NO			Regt'l pay 10 days @ 1-	10	
by Choque (NO			Field Allce 10 days @ -10	1	
Assigned Pay			OTHER CREDITS;		
Sep'n Allce			Clothing	13	
paid by choque No			Sep'n Allce		
Other charges			Subsistence		
Final Payment No 183	37	21		33	
Bal Cr (to be paid)	57		Bal Dr (to be deducted)	57	

ASSIGNED PAY ACCOUNT has been paid to 30-11-17 inclusive by Canada.

Further payments to be made by Nil

SEPARATION ALLOWANCE ACCOUNT is paid to by Nil

Further payments to be made by

Dependant or Assignee Mrs Sarah St John

Address 460 Dennda St London ont

Remarks;

I have carefully examined this statement of account and find it to be a correct extract from the paylist of this Unit.

London, Ont. 31-12-17

Captain,
Paymaster #1 Casualty Unit

E
F.F.

POST DISCHARGE PAY OFFICE

19489/388

Three months pay and allowances after discharge.

15-885-H-1

Name St. John, Homer D.
Surname Christian Name

Regimental Number 727333 Rank Pte.

Unit 110th Bn.

Original Unit

District where paid M.D. 1.

Date of Discharge 10-12-17.

P. D. P. Filing Number 10-51-1.

Address (in full) 460 Dorinda St.,
London, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	945	26-1-18	33 00	929	26-2-18	34 10				33 00	67 10
~~1433 H-y 20013 6.3.19 70 50~~											

141

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Bal. Dr. on discharge.

Dec'n No 194289-385 W. S. G. File No 015885-H-7.

Award ..... days at $70.00 per ~~day~~ $		350.00
S. A. ..... months at $ ..... per mo. $		$
Less P, D. P. Credited		$100.10
		$
Less further debit balance		$ .....
Net due paid as below		249.90

	TO SOLDIER			TO DEPENDENT		
	Ag. No	Ch No	Amount	Ag. No	Ch No	Amount
1	14433	20013	70 00			
2	276094	458300	70 00			
3	~~[illegible]~~	458435	70 00			
4	21774	463164	39 90			
5						
6						
	T			Total		

6-3-19
12-5-19
12-5-19
14.5.19

GEN'L AUDITOR
Posting checked by
Date 14-10-19

379 Evelyn St.
London, Ont.

J.W.

Pte Name St John Homer Dable

M. F. W. 41
1 0M—7-16
1772-39 889.

L. P. C. No. S-27449

Regimental No. 72733

Name and address of ~~next of kin~~ Home 460 Dorinda St London Ont

Unit 110 Bn.

Date of enlistment 1916

Place of "Stratford

Married (yes or no) No

Amount of pay assigned monthly $ 20 1/11/16 - 30/11/17 = 240

To whom payable Mrs Sarah St John 460 Dorinda St. London ont

Date and place discharged

Reason for discharge

Character on discharge

Olympic 14/11/17 late a IV D.C. 649 5 16824

D... 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	24/10/17							1924								6 d 9 6.
25/10/17	30/11/17	37	100	37 00	37	10	3 70		5994					973		boat
					Dr Bal				1979					5000		6 d Due
													4000		7973	Nov 1917
									7973						7973	LRC London 11/12/17 showing age adj to 30/11/17 and refd to M D 1

G.O. 10/12/17

6 d A.P. 1/11/16 - 31/10/17 = 240

M. F. W 41
1 0M—7-16
1772-39 889.

Name

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Sarah St. John.

Address ~~St. Marys~~ ~~Ont~~
460 Dorinda St- London Ont-

Rate 20.00

By Whom Assigned St. John H.D.G.

Regtl. No. 727833.

Rank Pte.

Corps 110 Bn. "B" Coy.

NOV 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				

CONSOLIDATED ACCOUNTS

A/c Closed

Ret'd per

Date ..... F.

Clerk

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Sarah St John.
(Assignee)

I. L. Job 5470—Req. 6888.

Name of Soldier St. John H. D.
727333 Pte 116 Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			20 00 NOV 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		D31402	20	
Dec.		D35809	20	
Jan.	1917	40382	20	
Feb.		46971	20	
March		R/1479	20	20 Ch
April		Q 3766	20	
May		R11541	20	460 Dorinda St- East- London Ont.
June		Q/8021	20	B. 10 5/17 75
July		R24939	20	Ba
Aug.		I32161	20	
Sept.		039594	20	
Oct.		D47769	20	
Nov.		K52864	20	
Dec.		~~P60555~~	~~20~~	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

460 Can.
A P 260

A/c Closed 30-11-17 A P
Ret'd per Olympic
Date 6-11-17 ... F. X. 5-12-17
Clerk F. M. A P

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.				

P. 559
MARRIED OR SINGLE — Single

PLACE OF BIRTH — Blanchard Twsp. Ont

NAME AND ADDRESS OF NEXT OF KIN — Philip St. John St. Marys Ont

RELATIONSHIP OF NEXT OF KIN — Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS. &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL. &c.

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

REG'L NO. 727332 RANK Private NAME St John. Homer. Doble.

IF IN PERMT. CORPS WHAT UNIT — UNIT 110th Bn — TRANSFERRED TO 8th Res Bn DATE 1/2/17 AUTHORITY R.O. 71: 22.1.17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 58th Bn DATE 11/2/17 AUTHORITY R.O. 137. 7/5/17

PLACE OF ATTESTATION St. Marys Ont. — TRANSFERRED TO Kaye P.O. DATE 25/10/17 AUTHORITY Request

DATE OF ATTESTATION 17-1-16. — TRANSFERRED TO 2 C.D.B.D. DATE 1.11.17 AUTHORITY W.R. 1-1-18

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Nov. 1/16

PAYABLE TO Mrs Sara L. St. John St Marys ont. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

SEP 30 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.11.17 B REASON Discharged

DISCHARGE DATE AND PLACE 24.10.17 Canada REASON AND AUTHORITY L.R.O. 2047. Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

1.5.80 10.3.41 1.2.39

C.D.

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														1457	1457																1457				Bal from Canada
Nov 1-30	30	1.00	30		30	10	3							33				20	17/6/16					1460				20			3460	1297			
Dec 1-31	31	1.00	31		31	10	3	10						3410		41	29/1/16	65	17/2/16					2443	486			20			3729	1978			
Jan 1-15	15	1.00/70	16	50										1650		93	30/1/16							487				20			3487	1141			
16-31	16	1.00/70	17	60										1760																			2901			Trans to 8th Res Bn
Feb 1-28	28	1.00/70	30	80										3080		1003	1/1/17							487				20			2974	3007		29 01	R.O. 71: 22.1.17 1/2/17
Mar 1-31	31	1.00/70	34	10										3410		291	1/3/17	324	30/3/17					487	730			20			4134	1983			
Apr 1-30	30		33											33		196	15/3/17	366	16/3/17					487	730			20			3283				
May 1-31	31		34	10										3410		25	14.4.17							487				20			3297	3476			
June 1-30	30		33											33		94	28.4.17							730				20			3237				
July 1-10	10		11											11										1216		268		20	55	3539					
" 11-31	21		23	10										2310		194	8/6											20			2357				Transferred to 58th Bn R.O. 137 7/5/17
Aug	31		34	10										3410		214	2/6							268				20			2268	5521			
Sept	30		33											33	1457	348	9/7	316	9/7					267	34 06	268		300	55	2938					
			367	40										1457	3819	7		394	13/7					268				20	1540	4610	4211				120 77 1574/17 14 days 7/7
																456	16/7							6450	3673	268		220	1595	33986					

727333 Pte St John H. L.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
b/f Ford	36	40												14 57	381 97									64 51	36 73	2 68		2 20	15 95	339 86	42 11				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1917											
Oct. 1	Forward, ~~43 11~~								42 11		
Oct. 1st	Pay & Allowances	26 40		Assigned Pay			8.	20 00	48 51		
				AR 529 - 6/9/17	5 35						
				" 374 - 360 R2 30/9/17	4 46				38 70		
		26 40			9 81		20				
				AR 121, 12th Rus 10/10/17	9 73				28 97		
					9 73						
Mar				SN AR 114 29/9/17 360 R2	9 73				19 24		
June				Spe. S.N.	19 24				Nil		
					19 24						

A.P. Stop

R.A.M.C. Hospital EFFEC. 1-11-17
DISCHARGED TO Can DATE 24-10-17
PAYBOOK VERIFIED 26-10-17
Cr. BAL 19 24 L.P.C. REM'D 25-10
AUTHY. L.R. 0204-7

Disposal.

Checked Graham A/C

This space to be for numbers.

MILITARY DISTRICT NO. 1
JAN 22 1918
I. D 46-5-36

Proceedings on Discharge.

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

No.	727333
Rank	Private
Name	"St John" Homer
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	110th Can. Dis. Bn. Co. No. 1
Date of Discharge	10-12-17
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	17 years ..... months.
Height	5 feet 9½ inches.
Complexion	Fair
Eyes	Brown
Hair	Dk. Brown
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	460 Dorinda LONDON, ONT.

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Underage C.K.R. & O. Para 392 Sec 5

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

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

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

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.)

Farmer

W.S. & I. Comp. 14-2-19. A.D.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Dis. Sect. 6-2-18. DM.

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

nil

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

6. Medals and Decorations..... nil

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) LONDON, ONT.

(Date) JAN 18 1918

Commanding [illegible] Depot

O.C. No. 1 Casualty Unit, C. E. F.

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) LONDON, ONT. H. D. St. John X (*Signature of Soldier.*)

(Date) JAN 18 1918 [illegible] (*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.

H. D. St. John X (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 year 328 days.

Total... 1 year 328 days.

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) JAN 18 1918

(*Signature*) [illegible] Major

O.C. No. 1 Casualty Unit, C. E. F.

Reservations referred to at Para. 8.

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

none

H. D. St. John

X

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(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.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE 8/12/17.

1. (a) Unit # 1 Can. Unit. (b) Regimental No. 727333 (c) Rank Pte.

(d) Surname St. John (e) Christian name Lomer

2. Age last birthday 17 Date of birth March 20/1900.

3. Enlisted at Stratford Ont. on Jun. 17/1916.

DEPT. MILITIA & DEFENCE DEC 15 1917 H.Q. CANADA

4. Personal description :—

(a) Height 5'9" (b) Weight 140 (stripped) (c) Complexion Dark.

(d) Colour of hair Dark. (e) Colour of eyes Brown. (f) Identification marks None.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

460 Dorinda St. London, Ont.

6. Former trade or occupation Farmer.

7. (a) Service

	Periods		Years	Days
	From	To		
110th Bn.	Jan. 17/16.	Jan. 1/17.		
8th Can. Reserve.	Jan. 1/17.	May 17/17.		
58th Bn.	May 17/17.	Nov. 29/17.		
# 1 Cas. Unit.	Nov. 29/17.	Dec. 8/17.		

(b) Has he been Overseas ? Yes.

8. Present disease or disability (use authorized nomenclature if possible). None.

(a) Date of origin ----- (b) Place of origin -----

(c) Cause* ----- *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Well developed. Heart, lungs and other organs normal. Requires dental treatment.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

15)M.-6-17.
1772-39-117.

Dis Dept 19-12-17 OM

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

None.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Not applicable.

12. Did the disability arise on or off duty ? Not applicable.

13. Was a Court of Inquiry held ? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No. t applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Not applicable.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No.

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

20. Recommendations That he be placed in Category "A" IV.

E V Ballantyne

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned H.St.John. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

H D St John

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment. Dental.
(b) ~~Does not require treatment~~.
(c) ~~Should pass under his own control~~.
(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be ~~discharged~~. (When not for discharge add special recommendation).

placed in Category "A" IV. and receive dental treatment.

J. J. McNally Capt. C.A.M.C. President.
D. McFarlane Capt. C.A.M.C. } Members.
E. V. Ballantyne
H. H. Lane

STATION London, Ont.

DATE 8/12/17.

APPROVED
DEC 8 1917
D. McKaycoff
A.D.M.S. M.D. No. 1

APPROVED BY

DATE ..... Assistant Director of Medical Services.

APPROVED BY

DATE 17-12-17

for Director-General of Medical Services.

136-12

136-12

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness E. N. Ballantyne Signed H. D. St. John

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 727333 (Rank) Private

(Name in Full) St. John Homer enlisted in

110th Bn. C.O.R. M.S.

Canadian Overseas Expeditionary Force, on the 17th day of January

1916, and accompanied said unit to France

was returned to Canada, and discharged from the service at

on the 10th day of December 1917, in consequence of

"Underage" G.K.R. & O. Para 322 Sec 5.

DESCRIPTION ON DISCHARGE

Age 17.

Height 5' 5½"

Complexion Fair

Eyes Brown

Hair Dk. Brown

Trade Farmer

Marks or Scars — nil —

Signature of Man H. O. St. John

LONDON, ONT.
JAN 18 1918

Place and Date

Officer in charge Discharge Depot.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.-5-15.
H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 727333

Rank Private

Name "St. John" Homer

Unit 110th Bn C.E.M.E.

Address on Discharge

460 Dounda St.

LONDON, ONT.

His conduct and character while in the Service have been :

— Good —

Place LONDON, ONT.

Date JAN 1 8 1918

Commanding D.C. No. 1 Casualty Unit, C.E.F.

Campaigns France European War

Medals and Decorations — Nil —

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Nov 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

4 L 10 S 3d
0 3

PARTICULARS OF SEPARATION ALLOWANCE

No. 727333

Rank Pte Promoted Reverted Discharge

Soldier's Name H. D. St. John

Battalion 110th Battn B. Coy

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Sarah St. John

Address 460 Dorinda St, East London

Change of Address Out.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec/31/17			260	260	

Account Elapsed 30-11-17
Rebd per Olympic
Date 6-11-17 Fax 5-12-17
Last A Pte cheque issued in Nov 1917
Dec 20/17 JOH

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22820—M. & D. 7688.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7993.