160th O. S. Battalion, C. E. F.

Original

ATTESTATION PAPER.

No. 651990

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Hendry.
1a. What are your Christian names?	John William,
1b. What is your present address?	Teeswater, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Windsor, Essex Co. Ont.
3. What is the name of your next-of kin?	Mrs Elizabeth Hendry,
4. What is the address of your next-of-kin?	Teeswater, Ont. Canada
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	13th December, 1892.
6. What is your Trade or Calling?	Station-Agent.
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? If so, state particulars of former Service.	No.
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, John William Hendry, 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.

J. W. Hendry (Signature of Recruit)

Date March 18th 1916. Geo. S. Weeds (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John William Hendry, 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.

J. W. Hendry (Signature of Recruit)

Date March 18th 1916. Geo. S. Weeds (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 Walkerton, Ont. this 18th day of March 1916.

A. Weir Roe (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-39-841.

Description of John William Hendry, on Enlistment.

Apparent Age 23 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 35½ ins.; Range of expansion 4 ins.

Complexion Dark.

Eyes Blue.

Hair Dark.

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

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).

One vaccination mark on left arm.

Sound and healthy.

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 March 18th 1916.

Place Walkerton, Ont.

R. T. Porter
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 William Hendry. 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.

(Signature of Officer)
Lt.-Col.

Date March 18th 1916.

RH 11-2-19

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name HENDRY JOHN WM

Regt. No. 651990 Rank Spr.

Corps 160th Bn.

Demob.

20343

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2+1
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
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	1
Medical Report for Invalids	
Medical History Sheet	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	1
Last Pay Certificate	1
AFW 3997	1
AFB 122	1
MHC 132	1
MFW 192	1
MFW 129	2
AFB 465	1
MAW 67	1

(paycard—1)

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

MD
Rmd

Number 651990 Rank Pte ~~Spr~~

Surname HENRY

Christian Name John William

Units 160th Bn Can Inf Theatre of War England

Date of Service 28/10/16

Remarks

Latest Address Geeswater
Ont.

Roll No. A Page 2607

200m.-2-21.M.

DESP. MAY 18 1923
REGN. No. 1h 1033

No. 651990 · RANK Pte · NAME Hendry. J. W.

T. O. S. 18-3-16. (A068-20-3-16) · UNIT 16th Battalion

M. D. 1

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T
Mar 18.	Mar 31.	L
Apl.		L
May		L
June		L
July		M.
Aug.		L.
Sept.		L
Oct.		M.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 17 1916

2 CARD NO. ✓

SURNAME. Hendry.

CHRISTIAN NAMES John William

REGL. No. 651990 RANK Pte.

UNIT 160th Batt.

FORMER CORPS Nil

S.O.S. Dis. 17-1-19. FOLL. Demob
W.O. 14 of 14-1-19.
W. W. # 2.

NEXT OF KIN.

NAMES IN FULL Hendry, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER Mother

ADDRESS Teeswater, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Windsor DATE Dec. 13, 1892

PLACE OF ATTESTATION Hackerton, Ont. DATE Mar. 18, 1916

R/e 19-12-18 2/72/24

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING station agent RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 23 YEARS 3 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 4 INCHES

COMPLEXION dark EYES blue HAIR dark

DISTINGUISHING MARKS one vacc. mark on lt. arm
Sound & healthy.

MEDICAL EXAMINATION. PLACE Walkerton, DATE Mar. 18, 1916

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
651[illegible]0	Spr	Hendry	A1	Fit
		Christian Names (1) John (2) William (3)	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Walkerton	18.3.16				
Province:	Age on	Date	Pres.	Vaccination	
Ontario	24				

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:

Profession or Trade (Civil): Station Agent

Transferred or Posted to: Sieg. Date 20.2.18

Reason for Return:

Married or Single: Single

Address of Next of Kin: Mother

Mrs Elizabeth Hendry

Peeswater Ontario

Country

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
	30.11.17	6.12.17	
160	9.4.18	14.4.18	8.4.18

A.G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
56	7.3.18	S.9			
80	3.4.18	GC 14			
45	22.2.18	5I			

TRAINING.

Weeks of Training.

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	24-4-18
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

L

*Name HENDRY, John Wm. Rank Spr. Regtl. No 651990

Original unit Present unit CERD M or S. Age 26 Religion Pres. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Melita, St. John N.B. 18-12-18

Next of kin Mother, Mrs. E. Hendry, Teeswater Ont.

Address on leave Same.

Address on discharge Same.

Transportation issued Yes No Date 20-1-19 Character on discharge

Teeswater, Ont.

Previous occupation Station Agent Date and place of enlistment Walkerton 18-3-16

Diagnosis Demobilization. Date of Medical Boards Jan. 11th. 1919.

Date. T.O.S.	Remarks	Pt. 2 Order No.
10-12-18	Posted to Cas. Co. Ex. Camp 18-12-18	
	Leave 21-12-18 to 4-1-19	
	Subs. " " "	250
	Granted extension till 10-1-19. No Subs.	

over

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

(over)

Date.	Remarks.	Pt. 2 O[redacted] No.
17-1-19	SOS DISCHARGED "ON DEMOBILIZATION" entitled to 91 days pDP & C.A.	14

M.F.W. 192
150M—6-18.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 651990. (Rank) Spr.

Name (in full) HENDRY, JOHN WILLIAM. enlisted in

the 160th Bn.

CANADIAN EXPEDITIONARY FORCE at Walkerton, Ont. on the 18th

day of March, 19 16.

HE served in England

and is now discharged from the service by reason of

"DEMOBILIZATION."

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

Age 25

Height 5'7"

Complexion Dark.

Eyes Blue.

Hair Dark.

Marks or Scars Vaccs. Scars on left arm.

J. W. Hendry

Signature of Soldier

Issuing Officer

D.C. No. 2 District Depot

Rank

Appointment

Date of Discharge Jan. 17th, 1919.

Signed at Toronto, Ont. this 17th day of Jan. 19 19.

in Military District No. No. 2 D.D.

JAN 17 1919

DISTRICT DEPOT

File Reference No. EVC.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on back of this certificate **will not be completed.**

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 651990 Rank Dvr Name Hendry J W

Corps 2 DD who was* discharged

On 17/1 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12 1918 to 17/1 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month SRC	35	12	Balance Cr. from prev. month	12	
Advances by Cheques No.			Regt'l Pay 46 days at $ 1 c	46	
Advances by Cheques No. 46319	35		Field Allow. 46 days at $ c 10	4	60
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Hospital fees from	60		Other Allowances* Cla	35	
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	30	32
Total	130	12	Total	99	80
				130	12

*Give particulars.

A monthly stoppage of $ 20.00 (†) has been (‡) been paid on account of Assigned

Pay for the month of Dec 191 8
and Sep'n Allce. for month of 191

(to) Assignee Wm J. Hendry

(Address) Teeswater Ont

(†) 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.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority D.O.C.

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 15/1/19

Place Toronto

CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

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 160th O. S. Battalion, C. E. F.

Regimental No. 651990 Rank Pte. Name Hendry, John William

Enlisted (a) 18-3-16 Terms of Service (a) C. E. F. Duration of War. Service reckons from (a) 18-3-16

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) Station Agent

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	Halifax	17/10/18	
		Arrived-England	Liverpool	28/10/18	
19-2-18	O.C. 160th Bn	S.O.S. on transfer to 5th Can Div. Signal Coy.	Witley	19-2-18	D.O. Part 2 # 25. Rewritten CAPTAIN, ADJUTANT, FOR O.C. 160th CANADIAN INFANTRY BATTALION
19-2-18	5 Cdn. Div. Signal Co.	Taken on strength	Witley	19-2-18	Part 2 Ord. 10.
20-2-18	5th Can Div Signal Co.	S.O.S. on transfer to the C E T D	Witley	20-2-18	Part 2 No. 11. J. H. Mackay MAJOR. O.C. 5TH CAN DIV: SIGNAL COMPANY.
22 FEB 1918	C.E.T.D.	TAKEN ON STRENGTH C.E.T.D. from 5th Div Sig Co	Seaford	21.2.18	Part II Order No. 45
3 - APR 1918	C.E.T.D.	permission to wear one good conduct badge	Seaford	19.3.18	Part II Order No. 80

(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				
21.5.18	CETD	S.O.S to 1st CERB	Seaford	21.5.18	D.O. Pt II #17 of 16.5.18 For O.C. CETD
22.5.18	1st CERB	T.O.S from CETD	Seaford	21.5.18	D.O. Pt II #1 of 21.5.18
2..12.18	1st CERB	Detached to Hdqrs UVFC for duty sailing instructions	Seaford	2.12.18	Pt II D.O. 169
4/12/18	Att C&C Kinmel Park	part	2	1.	Capt.
10/12/18	Leases to be att, Transfr to C.E.F.		2nd	2.	for O.C. 12/13 wg

Lieut. & Adjutant 1st C.E.R.B.

Capt. C.E.

HMT "MELITA"
EMEKD Dec 10 1918
DISEMEKD

DEC 10 1918

T.O.S. No.2 District Depot, Part II, D.O. No. 257.

Dis.#2 D.D. Jan.17th,1919.Pt.II

Lieut.
For O.C. No. 2 District Depot

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 160th Bn

(2) Regimental Number 651290

(3) Full Name of Soldier [redacted], John William

(4) Place of Birth Windsor, Ontario.

(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 ? No.

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-30-864.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No.

If so, state name and address .....

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

If so, state name and address Mrs. Elizabeth Hendry, Teeswater, Ontario.

.....

(11) If your Mother is a widow..... Yes.

Are you her sole support, or not ?..... No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?..... Yes

If so, in what Company ?..... Canadian Order of Foresters.

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.

..... Lt. Col.

Officer Commanding.

Date..... August 23/16 .....

160th O. S. Battalion, C. E. F.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT No. 2.

NAME OF SOLDIER Lt. Bradley John William

REGIMENT Spec. RANK Spec. No. 651990

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.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
DISCHARGE EXAM. EXHIBITION CAMP DATE JAN 11 1919																							
CERTIFICATE ISSUED FOR Killing																							
																					8 W Lamming Capt.		

M.F.B. 465.
2000—6-18.
39-960.

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D. 2.

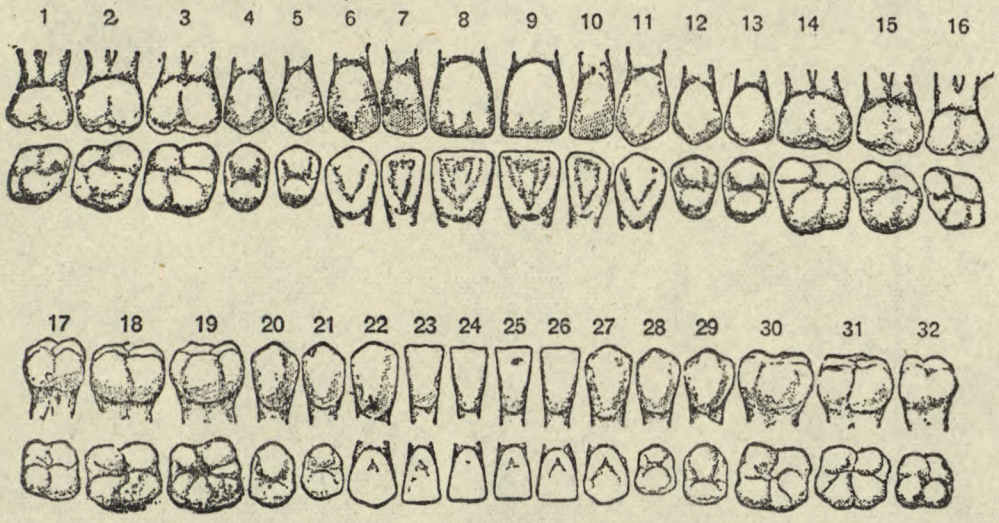
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HENDRY, W.

REGIMENT 1 C.E.R.B. RANK Gunner No. B 51990

Date of Examination in England 6/12/18 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England yes
- (*c*) In France

Kinmel Park
N. Wales

Signature of Dental Officer H W Reid
Capt RADC.

Original

651990

MEDICAL HISTORY SHEET.

Surname Hendry. *Christian Name* John William,

Examined { on 18th day of March 1916
at Walkerton, Ont.

Birthplace { City or Town Windsor,
County Essex. Ont.

Apparent age 23 yrs. 3 mos.

Trade or occupation Station-Agent.

Height 5 Feet 7 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 4 inches.

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left. X
Number One

When Vaccinated last 9 yrs ago.

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection None.

Approved by [signature]
Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
19/6/16	Pos.	[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		[signature] M.O.
22/8/16		[signature] M.O.
7/9/16		[signature] M.O.
23/8/17	1st Inj.	for W. Ford M.O.

Enlisted on 18th *day of* March 1916 *at* Walkerton, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O.S.B. C.E.F.	651990		
Transferred to 160th O. S. Battalion, C. E. F.	5th Can Div Signal Coy.		Good.	19-2-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	9.X.16	Med. Board	Fit Lt. Signal Captain A2
Toronto Exhib. Camp	11/1/19	None	Ltd. Cdg. A.M.C.

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.
200M—11-15.
H. Q. 1772 39-439.

Surname Hendry **Christian Name** John William

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.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Trooper Name D. H. Surname Hendry

Unit or Corps 1st C.E.B.B. (If a soldier) Regtl. No. 69 1940

Born at Windsor, Ont. on, date Dec. 13. 1897

Signature (for identification) D. H. Hendry

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 142 lbs.

Height 5 ft. 6 ins.

2. NUTRITION AND DIATHESIS? good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? normal

4. RESPIRATORY SYSTEM. normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? normal

7. DIGESTIVE SYSTEM? normal

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? 20 Reaction? alk Albumen? — Sugar? —

9. SKIN, MIDDLE EAR, EYE or any other part? normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good.

Examined at Kinmount Ont. Signed [illegible]

Date 6-12-18 Signed [illegible]

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

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. 651990 Rank Spr. Surname HENDRY (Given name in full) J. W.

Unit or Corps D. Depot No 1 Birthplace Windsor Ont.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 121 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 90 Regular

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Nil Vace Left arm, childhood scar from boil on left cheek 1916

Opinion as to general health and physical condition A 1

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.

Hernia No
Varicocele No
Varicose Veins No
Haemorrhoids No

Urinalysis:- Albumen — Neg.
Sugar — Neg.

APPROVED
13/1/19
J. C. Chrysler
Capt.
for A.D.M.S., M.D. 2

(If space is insufficient, continue on back of form.)

[OVER]

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 Sorel Ebb Camp (Canada)

Date 11/11/19 Signed J. H. Collins Lt. CAMC 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 a Medical Board).

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-29-1142.

R—122
8,401—50,000—21-10-16.

LTR

Rank Name HENDRY, John William Reg'l No. 651990

Unit 160th, Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Walkerton, Ont, March 18th. 1916 Place of Birth Windsor, Essex Co, Ontario.

Name and Address, Next-of-Kin Mrs Elizabeth Hendry

Teeswater, Ontario, Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

N/E. R.B. No. 4791
File R.L.
Category CAN.O.R

Separation Allowance $ Payable to

Relationship

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. ETAGAMA 28-10-16			
3.5.17	CETD	~~T.O.S. from 160 Bn~~ ceases to be attd from 160 Bn entered in error by Crowthorn	Elliby	2.5.17	G.R.O. 105
19.2.18	160 Bn	S.O.S to Dir's Sig bo	Witley	19.2.18	" 25
—"	5 Sig bo	T.O.S from 160th Bn.	"	"	" 10
22.2.18	CETD	T.O.S from 5 Sig bo	spr Seaford	21.2.18	" 45 (pt II O 117 of 5 Sig bo dy 20.2.18 S.O.S)
3-4-18	"	Awd one good cond't badge	"	14.3.18	" 80
21 5 18	CERB	T.O.S. From CETD	Seaford	21.5.18	D.O.1 CETD, D-O. 117
3-1-19	—"	S.O.S to C.E.F. Canada (M.D.2.)	"	10-12-18	2.4 Rhyl R.E.D. 1 dy 2-1-19

Eng

651990 Hendry J. W.

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.					

POST DISCHARGE PAY OFFICE

JAN 22 1919

Three months pay and allowances after discharge.

Name Hendry, J.W.
Surname Christian Name

Regimental Number 551990 Rank Spr. Address (in full) Teeswater, Ont.

Unit C.D.D.

Original Unit

District where paid M.D.2.

Date of Discharge 17-1-19.

P. D. P. Filing Number

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

L. L. 15038—M. & D. 9215.

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		

Remarks: Account opened 16-1-19.

M. F. W. 127.
25M.—8-18.
1772-30-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Dec'n No ..... W. S. C. File No.....
Award .... days at $ per d../ $
S. A. .... months at $ p..r mo. $
Less P, D. P. Credited

Less further debit balance
Net due paid as below

No	Ag.		ou	No	Amount
1					
2					
3					
4					
5					
6					

Dependent.....

Address.....

.....

$ .....

Pay Soldier $.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Clerk .....

Less further Dr. Bal.....
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

E. B.

M. F. W. 41a.
120m. 1-18
1772-39-1213

Name Hendry J W English L.P.C. No.

Regt'l No. 651990 Rank Spr File Numbers

Former Units Original Unit

Date of arrival in Canada Boat Melita Port of Disembarkation

Rates of Pay:—Regt'l. Field Date of arrival in M.D.

Separation Allowance. Date paid to Rate If continued by Chief Paymaster, England

Assigned Pay. Date paid to Rate If continued by Chief Paymaster, England

Name and address of Beneficiary

Pay claimed on English L.P.C. to to be paid by new Unit from

Name of new Unit Date L.P.C. forwarded to new Unit

L.L. 34682—M. & D. 8645.

	Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out: Other Credits On Boat		At Cl. Depot &c.		OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT: Credit		Debit		REMARKS	
	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.		
1918																			24/10/18 Forwarded to Ldn	
Dec							12		12	-					Cr Bal		12	-	Subs 21/12 - 4/1/19	DD 250

TRANSFER

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers .....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....

If continued by Chief Paymaster, England

.....

Name and address of Beneficiary .....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Mrs Isabella Hendry

Address Teeswater Ont

Rate 15 00

OCT 1 1916

By Whom Assigned Hendry J. W.

Regtl. No. 65199.0

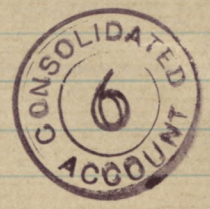
Rank Pte

Corps 160 Batt

1326

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				



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Isabella Hendry

L. L. Job 4503. - Req. 6832.

Name of Soldier. Hendry J. W.

Pte 651990 160 Batt

15 to Remarks. OCT 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		V26694	15	
Nov.		H29750	15	
Dec.		X32392	15	
Jan.	1917	X36923	15	
Feb.		X43595	15	
March		V47238	15	15 m
April		P 2235	15	15-B
May		P 8373	15	
June		X15371	15	15-C
July		T 22540	15	C
Aug.		X 29071	15	93
Sept.		K 36099	15	1 03
Oct.		V 41152	15	
Nov.		R 49277	15	
Dec.		J 59322	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

~~225.00~~

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 3-6-19

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 S

PLACE OF BIRTH Windsor Ont

NAME AND ADDRESS OF NEXT OF KIN Mrs. Isabella Hendry
Teeswater Ont

RELATIONSHIP OF NEXT OF KIN mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 651990 RANK Private NAME Hendry John William

IF IN PERMT. CORPS WHAT UNIT } UNIT 160th Bn TRANSFERRED TO DATE AUTHORITY ✓

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Walkerton Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 18/3/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Mrs Isabella Hendry Teeswater Ont RELATIONSHIP mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C. C1

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
														13 64	13 64																13 64				Cash Pay paid by R Branch for Estd. as shown on Oct pay list (Canada)
Nov 1-30-16	30	1.00	30		30	10	3								33	228	11-16	593	30-11-16					1946	487			15		2933	731		731		Balance from Canada
Dec 1-31-16	31	1.00	31		31	10	3	10							34	10												15		15	26	41	15	50	10	91
1917 Jan	31	1.00	31		31	10	3	10							34	10	879	15-1	213	31-1-17				1947	974			15		4421	1630		1600		30
F.A. Fred Feb	28	1.00	30	80											30	80	262	16/2/17	306	28/2/17				487	1216			15		3203	1507		1507		
			9	20										13 64	145	64			403	26/3/17				4386	25	160				13057					
Mch	31	1.00	132	00											34	10			251	16/3/17					4	86		15		2446	1471		Nil	1471	
Apl	30		33												33													15		15	3271				
May	31		34	10											34	10	41	18/4						973				15		3446	3235				
																	85	30/4						973											
June	30		33												33		107	16/5						973				15		3446	3089				
																	150	31/5						973											
July	31		34	10											34	10												15		15	4999				
Aug	31		34	10											34	10	204	17/6						730				15		3203	5206				
																	273	30/6						973											
Sept	20		33	-											33	-	339	19/7	550	31/8				730	14	60		15		5393	3113				
																	420	31/7	482	14/8				973	7	30									

651990. Pte Hendry Jno Wm

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
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. END.															
	Bal Fwd				31 13																													31 13
Oct	31 dy @ Pay @ 1.10				34 10		Loan a/c											15																	
							a/R 628	160 Bn	17/9					7 30																					
							a/R 647	160 Bn	30/9					9 74																			33 19		
					34 10									17 04				15																
Nov	30	P.P.			33 -													15																
							a/R 44	160 Bn	31/10					12 17																					
							a/R 77 H	do	16/10					7 30																					
							a/R 908	do	15/11					7 30																					
														27 77																				
Dec 1918	31				34 10			Loan a/c Pay										15	H 352															
Jan		PP			67 10									26 77				30																
					34 10			Do										15																
							a/R 1061	160 Bn	5/12					4 87																					
							" 980	" "	30/11					12 14																					
														17 04																				
							" 1082	" "	17-14					12 17				15	33 41															
					34 10									39 21																				
Feb	28	P. P			30 80			Cap										15																
							1145	9/1/18	160 Bn		(6)			7 30																					
							1204	28/1	"		(7)			12 17																					
														19 47																				
							1290	12/2	"		(14)			7 30																			22 44		
					30 80									26 77				15																
March	31				34 10			Cap										15																
							- 2574	6/3	CETD		(31)			4 87																					
							- 2675	14/3	" "		(31)			9 73																					
														14 60																				
							2869	22/3	CETD		(33)			9 73																					
					34 10									22 33				15	17 21															

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 5/4/19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16		EFFECTIVE DATE:-	
AMOUNT:- $15.00		AMOUNT:-	

NAME:- HENDRY John William

NUMBER:- 651990

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs Isabella Hendry (Mother) Steep Water 1 Ont.	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Batt.

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1-1-18.	26-1-18.	4th Res.
	1-9-18	20-8.	6 E R B.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS — UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
4/11/18	2353	1 6 E R B.	9 73				
26/11/18	2689	"	4 87				
			14 60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dyd to Canada 30/11/18 Auth 1 C.E.R.B. R.R. 5/3/1/18 Cr. Bal 14 25

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 March	Bal Fwd.								17 21		
Apr.	30 P.P.	33 -		Canad.				15	35 21		
May	31 P.P.	33 34 10						15 15			
				D nar. 204. 15/4/18. (13) 6 E.R.B.	9 73						
				1681 3/5/18 (27)	9 73						
				1807 15/5/18 27	4 87				29 98		
		34 10			24 33			15			
June	30 P.P	33 -		6 ar				15			
				D nar. 32. 30/5/18. (13) 6 E.R.B.	9 73						
				1410. 27/6/18. (28)	9 73						
				182. 13/6/18. (31)	9 73				18 19		
					29 19			15 15			
July	31 P.P.	33 34 10		Canad.							
				D nar. 584 10/7 (4)	1947				18 42		
		34 10			1947			15			
				6 ar.				15	37 52		
Aug	31 P.P	34 10		D nar. 1053 13/8 (24) 16 E.R.B.	9 73				27 79		
		34 10			9 73			15			
Sept.	P.P	33		A.R. 572 / 6 E.R.B. 12/9/18	1947						
				D n. A.R. 1298 " 27/9/18	9 73						
				A.R. 1650 " 25/9/18	4 87						
				6 A.P.				15	11 72	% Agreed	
		33			34 07			15			
Oct	Shrstay	34 10		6 A.P.				15			
				A.R. 1868 / C.E.R.B. 15/10/18	1460						
				" 2089 " 29/10/18	4 87				11 35		
		34 10			1947			15			
Nov.	Shrstay	33 -		6 A.P.				15	29 35		
				A.R. 2353 - 1 C.E.R.B. 13/11/18	9 73						
				A.R. 2689 " 28/11/18	4 87						
	Fwd.	33			1460			15	11 35		

34.07
19 47
14 60
68.14

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd.	33		Fwd.	14 60			15	11 35		
Dec.	Spr. Pay. Nil	~~33~~ 18	Nil						14 75		
		33			14 60			15	xx		
				Do. 2. 3/1/19. 166 RB. Los. on Transfer to Canada 16/12/18.							

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 5/6/19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

EVC.

1. No. 651990.

2 Rank. Spr.

3. Name. HENDRY, JOHN WILLIAM.

4. Unit. 160th Bn. (#2 D.D.)

5 Date of Discharge | Jan.17th,1919. | Place TORONTO, ONT.

6 Reason for Discharge ON GENERAL DEMOBILIZATION

7. Authority. #2 D.D. Jan.17th,1919.Pt. II. #13.

8. Proposed Residence after Discharge

Teeswater, 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.? John William Hendry

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto, Ont.

Date Jan.17th,1919.

W.H. Greene Capt.

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
D.G. No. 2 District

E.R. 13
3/2/19

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

EXHIBITION

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 651990 RANK STR NAME (IN FULL) HENDRY. J.W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

Doc. complete

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 66; 16 — IF IN P.F. WHAT UNIT? — Teeswater Ont

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 7.3.16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20 — DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Isabella Hendry — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Teeswater Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto. — DATE 17.1.19. — REASON Demob. — AUTHORITY D.O.14 — IF ENTITLED TO POST DISCHARGE PAY yes.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Dec'b Jan'y 1/19
Jan'y		1/9					12	-							46519						35								35	12								2PC dr $35.12
Dec'b Jan'y	48		32	80	35				99	80																			60	-			130	12	30	32			Average Pay Overpaid $1.5 per month from 1/1/18 to 31/12/18. See 2PC
																					Cheque						U.A.O.											
																															30	32			30	32			
5 mos									350	00							Jan 16	829					60	00									90	32				
																	Feb 14	2054107					49	68									140	00				
																	Mar 13	211781 211824					44	68									184	68				
																	Apr 14	254292					70										280					
																	May 13	352690					70	-									350	-				
									350	-													319	68					30	32			350		P46			
																							final															

W.S.S. PAID IN FULL

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

D. D. Form 25

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA, ONT.

Affidavit required of the Officer, Nursing Sister, Warrant Officer, Non-comissioned Officer or Man, noted below who has been honourably retired or discharged from the Canadian Expeditionary Force.

This form must be completed before you will receive the three months' pay and allowances granted by Recent Order-in Council to those who have been honourably Discharged from the Canadian Expeditionary Force, after six months' continuous service, part of which has been performed Overseas.

REGIMENTAL NUMBER 651990.

RANK Spr.

NAME HENDRY, JOHN WILLIAM.

UNIT 160th Bn.

ADDRESS Teeswater, Ont.

EVC.

I, the above noted, do herewith, Declare and Affirm:-

(1) That previous to Enlistment in the Canadian Expeditionary Force I was not a member of the Permanent Staff or Permanent Force, or an official or Employee of any one of Several Provincial Governments or of the Federal Government.
(2) That part of my Service was performed OVERSEAS.
(3) That I am not a member of the Canadian Expeditionary Force.
(4) That I have not previously been paid Post Discharge Pay.

Sworn before me at Toronto.
this 20th day of Jan. 1919.

W. T. Coleiffe Capt

J. W. Hendry
Signature of Soldier.

O.C. Discharge Section.
#2 District Depot.
Toronto Ont.

Note:-
If you are a Government Official or Employee as specified above it will not be necessary for you to have this form completed but it is absolutely necessary for you to return same and state where employed and also whether you have resumed your former duties.

D. D. Form 25

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA, ONT.

Affidavit required of the Officer, Nursing Sister, Warrant Officer, Non-Commissioned Officer or Man, noted below who has been honourably discharged or discharged from the Canadian Expeditionary Force.

In a form that will be completed before you will receive the three months' pay and allowance granted by Privy Council Order in Council to those who have been honourably discharged from the Canadian Expeditionary Force, a certificate of continuous service, part of which has been performed Overseas.

REGIMENTAL NUMBER .....

RANK .....

NAME .....

UNIT .....

ADDRESS .....

I, the above named do hereby solemnly declare and AFFIRM:

That previous to Enlistment in the Canadian Expeditionary Force I was not a member of the Permanent Staff or Permanent Force, or Militia or Employee of any one of Several Provincial Governments or Public Works of the Federal Government.

That previous to my service was performed OVERSEAS.

That I am not a member of the Canadian Expeditionary Force.

That I have not previously been paid Post Discharge Pay.

Sworn before me at Toronto
this day of 191

.....
Signature of Soldier.

O.C. Discharge Section.
No. 2 District Depot.
Toronto Ont.

Note:

If you are a Government Official or Employee specified above it will not be necessary for you to have this form completed and it is also unnecessary for you to return same to state where employed and also whether you have resumed your former duties.

RECORD FORM.

Regimental Number....651990.....

Rank on Discharge....Spr.....

Name....HENDRY, JOHN WILLIAM.....

Corp...160th Bn.....

1) Date of Enlistment....March 18th 1916.....

2) Date of Discharge....Jan. 17th 1919.....

3) Reason for Discharge....ON GENERAL DEMOBILIZATION....

4) Character on Discharge.....

5) Re-Enlistment, in What Unit.....

6) Date of Re-Enlistment.....

7) Re-Enlistment, Date of Discharge.....

8) Address on Discharge....Teeswater Ont.....

9) If no address on discharge, give the name of next of kin.....

.....

10) Occupation....Station-Agent.....

11) Remarks.....

NOTE: This form is to be completed only for Soldiers who have been OVERSEAS.

EVC.

For
O.C. No. 2 District Depot.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H

OVERSEAS CONTINGENTS

6065

Date of Assignment Oct 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 651990

Rank Pte Promoted Reverted Discharge

Soldier's Name J W Hendry

Battalion 160th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Isabella Hendry

Address Tiesvater, Ont.

Change of Address

1

2

3

4

File 8426-J-13.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			225	225	✓	
1918 Jany	N69781		20	20	Br.	
Feb	P74764		20	20	✓	
Mar	190300		20	20	✓	1-90300 remailed 21/3/18 bL
Apr	17579		20	20	✓	
May	D 8046		20	20	✓	
June	A 18449		20	20	✓	
July	W 33467		20	20	✓	
Aug.	D 33100		20	20	✓	
Sept.	C 40654		20	20	✓	
Oct.	E 47549		20	20	✓	
Nov.	C 55612		20	20	✓	
Dec.	E 66185		20	20	✓	

A/c Closed 31-12-18.

Ret'd per "Melita"

Date 17-12-18 M.F.W.187 27-12-18

Closed W.N.

M.D. #2

A/P #465

CANADIAN ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 5-6-19

M.R.O. Dest. 44936 issued 23 12/18.

CONSOLIDATED ACCOUNT

Orcl. Chg. 12/4/18

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 223.20—M. & D. 7693.

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

85

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22820—M. & D. 7693.