

Card 9.11.

109TH BN No. 726062

ATTESTATION PAPER

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Dewey*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *Gooderham Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Saginaw - Mich - USA*
- 3. What is the name of your next-of-kin?..... *Mary Dewey*
- 4. What is the address of your next-of-kin?..... *Gooderham - Ont*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *5th August - 1876*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *Yes*
- 10. Have you ever served in any Military Force?..... *13 years - 45th Regiment*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Dewey*, 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.

James Dewey (Signature of Recruit)

Date *January 6th 1916* *W. Fairful* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Dewey*, 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.

James Dewey (Signature of Recruit)

Date *January 6th 1916* *W. Fairful* (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 *Gooderham* this *6th* day of *January* 1916.
J. S. Hadley (Signature of Justice)

Description of James Dewey on Enlistment.

Apparent Age 39 years 5 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 6 1/4 ins.

Chest measurement: Girth when fully expanded 35 1/2 ins.
 Range of expansion 4 1/2 ins.

Complexion fair

Eyes blue

Hair dark brown

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

Scars on left inguinal



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 6 1916.

Place Lindsay

J. McCulloch Capt.
 Medical Officer.
 109th Overseas Battalion, C. E. F.

*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.

James Dewey 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. J. Hill Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 15 1916

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Dewey JAMES

Regt. No. 726062 Rank Pte

Corps #2 Co Art Unit (109th Bn) C.A.M.C. 15081

Medical Report

~~15081~~

Wally
5/8/19

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

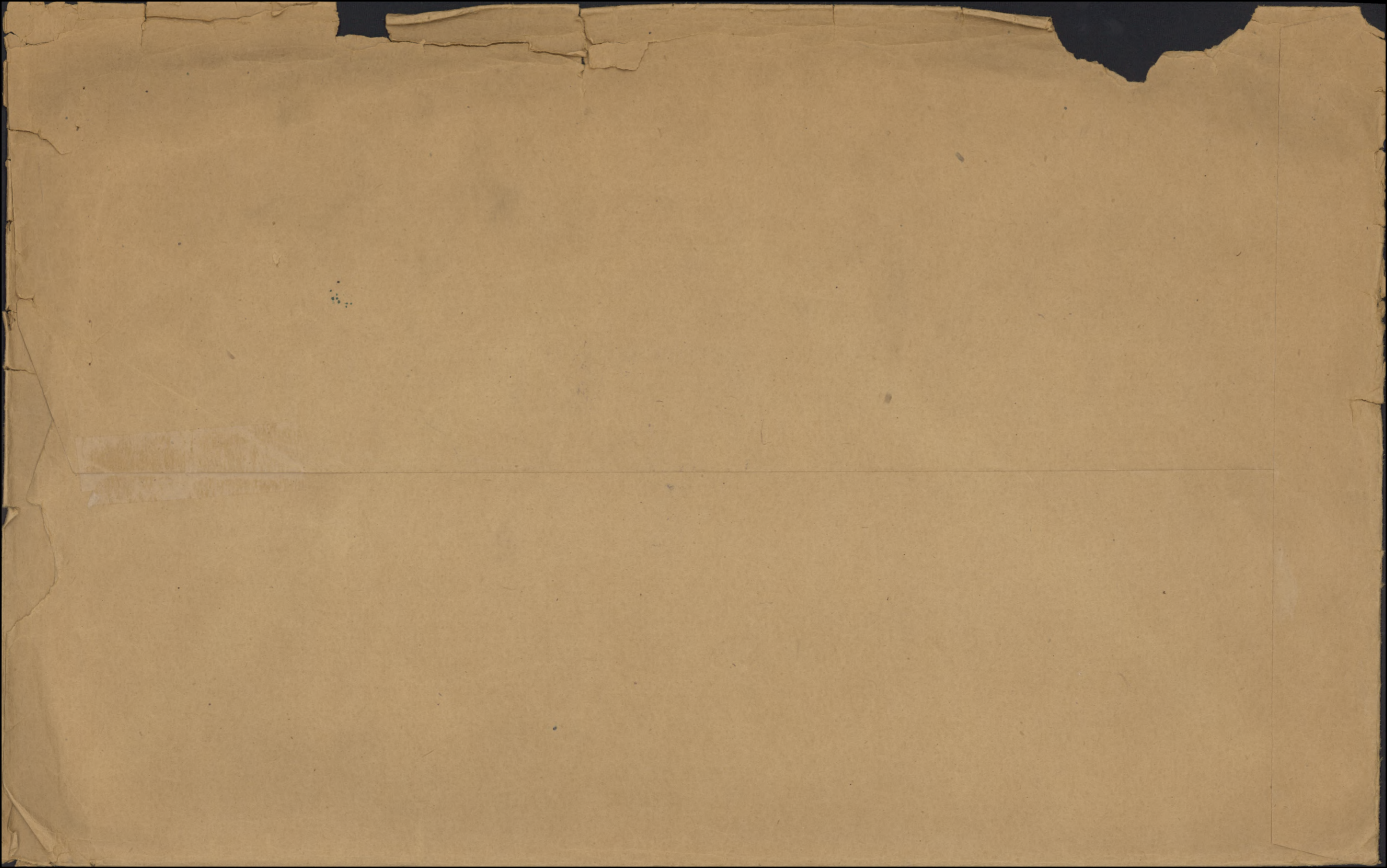
AJB 122-1

RIN



AD-99-Box #2495

~~*404423*~~



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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 726062

(3) Full Name of Soldier..... James Dewey

(4) Place of Birth..... Michigan - USA

(5) Are you married, or not?..... Yes

(6) If married, state,
(a) Full name of your wife..... Mary Dewey

(b) Present Postal Address..... Gooderham - Ont.

(7) Are you a widower?..... No

(8) Have you any children?..... Yes - nine

If so, give number of boys and girls..... Six Boys & three girls 9 ys

Also their names and ages.....

Boy Dewey	18 yrs	Frank Dewey	
→ Cora Dewey	17 yrs	William Dewey	5 yrs ✓
→ Lita Dewey	15 yrs	Alice Dewey	3 yrs
Bruce Dewey	13 yrs	Daniel Dewey	4 months
James Dewey	11 yrs		



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

(10) Is your Mother alive?..... Yes - Alice Devery
If so, state name and address..... 1019 Board Harrison Street
Saginaw Mich USA

(11) If your Mother is a widow..... —
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.
yes - arranged

(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.

Date JUL 11 1916

[Signature] Lt. Col.
O. C. 100th Over Officer Commanding E. F.

LTR

Rank Private Name DEWEY, James Reg'l No. 726062
 Unit, 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Married
 Place and Date of Enlistment Gooderham, 6th, January, 1916, Place of Birth Saginaw, Mich.
U.S.A.
 Name and Address, Next-of-Kin Mary Dewey
P.O. Gooderham, Ontario, Canada. Relationship Wife

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____



N/E. R.B. No. 2573
 File R.L. _____
 Category OK Len

Discharge, Date and Place _____ Reason _____ Character Ptc

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2310 31-7-16					
5-8-16	DC. 109 th	App'd Prov. Sgt.	Oxney	5-8-16	Pt. II D.O. 218 + D.O. 285
20-11-16	"	Reverts to Rank to meet Establishment	Witley	16-10-16	Pt. II D.O. 325
8-12-16		SOS on temp. to 124 th Bn	"	8-12-16	" " 343
20-1-17	ccac	T.O.S. assigned to 3 rd Lab Bn	Hastings	20-1-17	Pt II D.O. 469.
9-12-16	cc 124 th	SOS - - - to 109 th	Witley	8-12-16	" " 265
18-1-17	"	SOS on offer to C.C.A.C. + att'd to 124 th Bn.	"	10-1-17	" " 18
28-1-17	ccac	Ceases to be att'd SOS to 3 rd Lab. Bn	Hastings	28-1-17	" " 47
29-1-17	3 rd Lab Bn	T.O.S. from C.C.A.C.	Bramshott.	28-1-17	" " 1. C.C.A.C. 47
9-2-17	do	Att'd Gen D Bn	do	9-2-17	" " 11
28-1-17	cc 46.	leaves att. Gen Bn as SOS to 3 rd Lab Bn.	Hastings	28-1-17	" " 47

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.				
21-5-17	Man R. Dep.	Laken on Strength	Sibgate	¹⁶ 14-5-17	Amended Pt II 26121 4/13-7-17 Pt II 0.73.
19-5-17	Man R. Dep.	Detaild to Depot Coy	Delgale	16-5-17	Pt II 2071
9-6-17	Man R. Dep.	L.O.S. from Man. R. Dep.	W. Lauges.	20-5-17	160 & Pt II 850/2-5-17.
9-6-17	Do.	Postd to G.C.S. Hoops	Do.	7-6-17	160 & Pt II 159/7-8-6-17 G.C.S. Hoops
4-10-17	K.B. Redx Capt.	T.O.S. on posting from G.C.S. Hoops	Buchy Pt.	29-9-17	277 G.C.S. Hoops Pt II 20 2425 24/9/17
5-10-17	do	Pt II 10277 amended to read att'd	do		278
15-10-17	do	leaves to be att'd on posting to Gran. Com Hoops Buxton	do	13-10-17	288. G.C.S. Hoops Buxton Pt II 20 288 4/11/17
18-2-18	G.C.S. Hoops	SO-S to Com. S. Depot	Pte Buxton	18-2-18	38. Pt II 50 d/19-2-18. Com. S. Depot
24-2-18	Com. S. Depot	Incom to C.D.D. Buxton	" S'cliffe	23-2-18	55.
15-3-18	"	SO-S on return to Canada. for disposal by A.G. Ottawa	"	27-2-18	74.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2
No. 23

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. 726062 Rank Pte Name J. Dewey

Corps No 2 Casualty Unit who was* Discharged

On Apr 16 1918 191... to 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 21 1918 191... to Apr 16 1918 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	42	07	Bal. Cr. from prev. month.....		
Advances } No.....			Reg'l Pay..... 55 days at \$ 1 c.....	55	
by } No.....			Field Allow. ... 55 days at \$..... c. 10	5	50
Cheques } No.....			Separation Allowances* (Monthly <u>Apr</u>	13	30
Assigned Pay and Sep'n Allee. No <u>20070</u>	13	30	Other Allowances*..... sub	12	
Other charges.....			Other Credits*..... <u>clothing</u>	8	
Payment on transfer or discharge No <u>20071</u>	96	43	Bal. Dr. (to be deducted by new unit).....	58	
Balance Cr. (to be paid by the new unit).....					
Total.....	151	80	Total.....	151	80

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of Mch 1918 } (to) Assignee..... Mrs Mary Dewey
{ and Sep'n Allee. for month of Apr 1918 }
(Address)..... Gooderham. 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

Outfit 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..... Yes
 (3) cause of discharge..... authority..... D.O. 104
 (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..... 15-4-18

Place..... Toronto

M. Nurse

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.

6 11nd 12

8

SURNAME.

Dervey

CARD NO.

CHRISTIAN NAMES

James

S.O.S. Dist 16-4-18. 2
Pr 104, 14. 4. 18. #2 Capital
10m.

REGL. No.

726062

RANK

Pte Sgt.

UNIT

109th

Batt.

FORMER CORPS

45th Regt.

NEXT OF KIN.

NAMES IN FULL

Dervey Mrs. Mary

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Gooderham, Ont.

CHANGE OF ADDRESS



COUNTRY OF BIRTH

United States. Saginaw Mich. Aug. 5th. 1876

PLACE OF ATTESTATION

Gooderham Ont. Jan. 6th 1916

23-7-16, 488/11.

R/C 16/3/18, 4/6, 2



Sailed from Halifax per. S.S. "Olympic" 23/7/16.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

39

YEARS

5

MONTHS

HEIGHT

5

FEET

6 1/4

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Scar on left inguinal



MEDICAL EXAMINATION.

PLACE

Lindsay Co. DATE Jan. 6th 1916.

No. 726062. RANK Pte

NAME Devey, James.

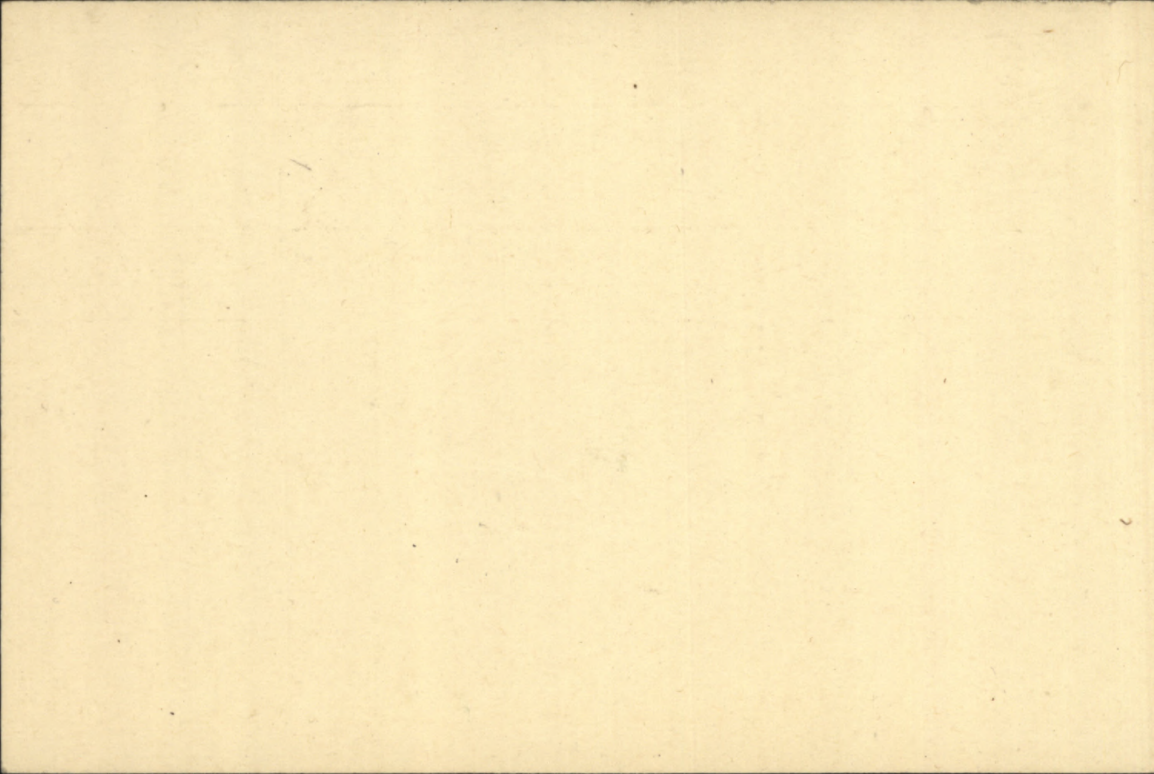
T. O. S. 15-12-15. UNIT 109th Battalion
D. O. 44. 11-1-16.

M. D. 13

PAID		SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 Dec 15.	1916. Jan. 31	✓ ✓ ✓	Prom. Sgt. 1-1-16.	D.O. 62. 1-2-16.
	Feb.			
	Mar.			
	April.			
	May.			
	June.			
	July.			



UNIT SAILED
JUL 23 1916



96
Number 726062 Rank *A/Sgt*

Surname *DEWEY*

Christian Name *James*

Units *109 Bn Cdn Inf* Theatre of War *England*

Date of Service *31-7-16*

Remarks

Latest Address *G.P.O. Gooderham*
Cent

Roll No. *Page 3963*

200m.-2-21.m.



(This form to be filled in by all ranks on voyage to Canada.)

.....

RANK SURNAME INITIALS UNIT

.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....

DESP. APR 25 1923
REGN. NO. 9205

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Mrs May Dewey ^{Wife} Name of Soldier Dewey James
 PAYMENTS. ~~Sept~~ 726062

Month.	Year.	Cheque No.	Amt.	Phe	Remarks.
April	1916	1612	50		50 for post
May		4889	25	25	N 4889 cancelled.
June		4890 M 8605	25	25	
July		X 8756	25	25	
Aug.		J 13033	25	25	
Sept.		715657	25	25	
Oct.		818859	25	25	
Nov.		N 22232	25	25	
Dec.		v. 25022	25	25	
Jan.	1917	W 28494	25	25	
Feb.		W 31381	5	5	toady deduct
March		W. 34253	20	20	
April		W 635	20	20	
May		W 3866	20	20	
June		Z 6744	20	20	
July		Y 10489	20	20	
Aug.		F 15273	20	20	
Sept.		E 15968	20	20	
Oct.		D 19799	20	20	
Nov.		F 26512	20	20	
Dec.		B 27620	20	20	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

480

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

SEPARATION ALLOWANCE

Name *Mrs Mary Dewey*
Address *Gooderham
out.*

Name of Soldier *Dewey, James*
Regtl. No. *726062*

Rank *Serjt. 2/11/16 pml 23/12/16 WTB*

Corps *109th Batt^m*

Relation to Soldier }
wife, child or mother } *wife*

To what Corps belonging }
when called out } *✓ ✓*

PAYMENTS

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



Handwritten notes in black ink, including the number '2' and some illegible characters.

Handwritten notes in blue ink, including the number '1' and some illegible characters.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-319.

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Mary Dewey

PAYMENTS.

Name of Soldier

Dewey Jas
726062 Pte Sg 109 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				15.00 25.00 AUG 1 1916
April	1916			20.00 15.00
May				<i>July 1st/17</i>
June				
July				
Aug.		<i>W 15361</i>	<i>15</i>	
Sept.		<i>Q 16191</i>	<i>15</i>	
Oct.		<i>900536</i>	<i>45</i>	<i>45.00 Oct cheque.</i>
Nov.		<i>Y 22111</i>	<i>25</i>	<i>25.00 future</i>
Dec.		<i>Q 34069</i>	<i>25</i>	
Jan.	1917	<i>S 37881</i>	<i>15</i>	<i>15.00 Jan to Adj'</i>
Feb.		<i>R 4261</i>	<i>20</i>	<i>20.00 future</i>
March		<i>U 45417</i>	<i>20</i>	<i>20</i>
April		<i>U 1429</i>	<i>20</i>	<i>20.00</i>
May		<i>O 7466</i>	<i>20</i>	
June		<i>I 14282</i>	<i>20</i>	<i>20 B.</i>
July		<i>T 21715</i>	<i>20</i>	
Aug.		<i>Y 28096</i>	<i>20</i>	<i>10.00 Aug Y28096 Cancelled</i>
Sept.		<i>Y 34823</i>	<i>15</i>	<i>15.00 future</i>
Oct.		<i>M 42684</i>	<i>15</i>	
Nov.		<i>Z 53533</i>	<i>15</i>	
Dec.		<i>H 53157</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>230</i>
March				
April				
May				
June				
July				

J.B.

mc 32488

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

[Handwritten signature]
1/9/20

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mary Dewey* By Whom Assigned *Dewey Jast*
 Address *Gobderham* Regtl. No. *726062*
Ont. Rank ~~*Rte*~~ *Serjt Plc*
 Corps *109 Batt. D Coy*

Rate *15.00 July 1st/7*
~~*12.00*~~ *AUG 1 1916*

~~*25.00*~~ ~~*20.00*~~ *20.00* *21/11/16* *2/1/16*
 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
<i>2-M</i>	<i>24/16</i>	<i>56157</i>		
Aug.	1914			<i>③ 2M 21 2/7 app 28 2/7</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



10 1881

10 1881

10 1881

10 1881

10 1881

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

~~37139/741.~~

45-96-J-3.

Name Dewey, J.
Surname

Christian Name

Regimental Number 726062

Rank Pte.

Address (in full) Gooderham,

Unit 109th Bn.

Ont.

Original Unit

District where paid M.D.2.

Date of Discharge 16-4-18.

P. D. P. Filing Number 13-483-2.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 5.00 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		
175 10	8012	16-5-18	58 00	7729	16-6-18	59 10				58 00	117 10

Remarks: Advance payment by Casualty Unit # 2.

M. F. W. 127.
60M-617.
1978-39-1160.

File No. 4596-J-1

WAR SERVICE GRATUITY.

Register No. *B 1054*

File passed to Inv 4-9-19 W84

Reg. No. *726062 Pte*
Name *Dewey J.*
Address *Gooderham P.O.
Ont.*

Dependent *M^{rs} Mary Dewey (wife)*
Address *same*

Dec'n No. *V.S.G.* File No.

Award days at \$ per day \$
S. A. months at \$ per mo. \$

Pay Soldier \$ *174.90* Credited

Pay Dependent \$ *15.00*

*Lv R G Davidson
com P.P. Willett*
Less further debt balance
Net due below

Days *153* Rate *100* Due *5.00 00*

Less P.D.P. credited *175.10*

TO SOLDIER		DEPENDENT	
AMOUNT	NO.	AMOUNT	NO.
<i>G. Whiteley</i>			

Less further Dr. Bal. or overpayment.

Net *324.90*

*R. 20, 134
11-11-19.*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1			✓ ✓		1			✓ ✓
2			✓ ✓		2			✓ ✓
<i>6-9-19</i>	<i>16890</i>	<i>515488</i>	<i>174.90</i>		3			✓ ✓
4					4			✓ ✓
5					5	<i>16891</i>	<i>515489</i>	<i>15.00 00</i>
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date *6-9-19*

Name Pte. J. DeweyM. F. W. 41
100M-1-18,
1772-39-339.Regimental No. 726062

Name and address of next-of-kin

Unit

109 Bn

Date of enlistment

Place of

Married (yes or no)

Yes

Date and place discharged

sep relie from apr 1

Amount of pay assigned monthly \$

15⁰⁰ pd mch

Reason for discharge

To whom payable

Mary Dewey

Character on discharge

APR 20 1918JpcGooderham out

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					
<u>Feb 21</u>	<u>Apr 16</u>	<u>55</u>	<u>1 55</u>	<u>55</u>	<u>10</u>	<u>55</u>	<u>12</u>	<u>9380</u>						<u>D.O. 91.</u>
						<u>8</u>		<u>20070</u>		<u>1330</u>				<u>Sub. Mar. 19-Apr. 2.</u>
						<u>1330</u>		<u>200719643</u>						<u>dis 20104</u>
														<u>1330 sep relie</u>

726062 Plt. Dewey James

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLL				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT					
			\$	c.						\$	c.																					
30/6	30		371	20					11	10	382	30					53	55	19	46	41	16	220	6	40	340	57	41	73			
July 31	31		33								33													15		15	59	73				
Aug	31		34	10							34	10												15		15	92	80				
Sept	30		33								33													15		32	03	93	77			
			50540																													

over 1/15/18 - 1.6.19
a. P. P. 15 Jan 18 should be 20

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED	ENCL.	DOLLARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED	ENCL.
Dec	GP								93	77			706	7nd							
Nov	"								15	112	87										
Dec	"								15												
Dec	"			AR 574-9.6.14-30/10/7	9	73															
	"			- 603	15/11	7	30														
	"			R.R.R. 334	21/7	4	87														
	"			" 375	14/8	7	30														
	"			" 456	13/9	4	86														
	"			" 508	20/9	7	30														
	"			" 410	29/8	4	87														
	"			" 160	15/5	9	73														
	"			" 288	14/7	2	43														
	"			" 216	13/6	4	87														
	"			" 258	28/6	9	73														
	"			AR 636	20/11	9	73														
									67	25											
Jan	"			" 701	18/12	12	17														
	"			" 667	8/12	9	73														
	"			DR 437	31/5	9	73														
	"			" 465 Bookday	17/10	9	73														
Feby	"			" 902 31 Granville		9	73														
Mar	"			"		9	73														

ASST. QUARTER MASTER
DISCHARGED TO: Can DATE 21/1/18
PAYBOOK VERIFIED 20/1/18
CASH BAL. 27/6 P.O. NO. 20/1/18
AUTH. A93a 1807 Came
Shelton O'Brien

DOMTAR

Krypton Extra Strong

75% COTTON & FLAX

James DEWEY

726062

Canadian Expeditionary Force

5 August 1876

Saginaw, Michigan,
U.S.A.

6 January 1916

Gooderham, Ont.

Canada and Britain

16 April 1918

Toronto, Ont.

Honourable

Private

British War Medal

Nil

13 December 1982

DOMTAR

Krypton Extra Strong

DOMTAR

Chryphon Extra Strong

75% COTTON & FLAX

James DEWEY

13802

Canadian Expeditionary Force

Saginaw, Michigan, U.S.A.

2 August 1878

Cooperham, Ont.

6 January 1918

Canada and Britain

Toronto, Ont.

18 April 1918

Honourable

Private

British War Medal

111

111

13 December 1983

DOMTAR

Chryphon Extra Strong

This space to be for numbers.

Proceedings on Discharge.

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

No. 726062	
Rank	Private
Name	DEWEY James <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company)	#2 Dis Depot (109th Bn) (CAMC) <i>Cancelled</i>
Date of Discharge	16th April. 1918.
Place of Discharge	Toronto Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 53years..... 8months.	Descriptive Marks Scar rt cheek and L Groin
Height..... 5feet..... 6½inches.	
Complexion Dark	
Eyes Blue	
Hair Black	
Trade Bush Ranger	
Intended place of residence } Gooderham Ont. (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Physical Unfitness	
<small>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.</small>	
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. <i>Very good M & M.</i>
	<small>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:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Bush Ranger



M.P. 29 camp 6/8/1918

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 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)..... Toronto. Ont.

(Date)..... 16th April. 1918.

Commanding *M. Newman* Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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)..... Toronto. Ont. *Dewey J* (Signature of Soldier.)

(Date)..... 16th April. 1918. *H. Bevan* (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.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... 2 years..... 122 days.

Total..... 2 years..... 122 days.

11. Confirmation of Discharge.

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

(Place)..... Toronto. Ont.

(Date)..... 16th April. 1918.

(Signature) *M. Newman* Lieut.
For O. C. Casualties, C. E. F., M. D. No. 2

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.)

leat
2

(OVER)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	---

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.

Reserved for M.H.C.

Regt. No. 726062 Rank PTE. Surname DEWEY Christian Name JAMES
 Unit or Corps—(a) Overseas from United Kingdom 109th BN. (b) In United Kingdom 109TH BN.
 Born at—Town SAGINAW County or Province MICHIGAN Country U.S.A.
 Date of Birth—Day 5TH Month AUGUST Year 1864 Age 53 yrs. 6 months.
 Joined at GOODERHAM ONT. Date DEC. 15TH 1915.
 Former Trade or Occupation FARMER.
 Permanent marks or peculiarities that will serve for future identification: NONE.

Height—feet.....inches..... 5 6½ Colour of eyes..... BLUE.
 Signature of Soldier (for identification purposes) James Dewey

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

Disabilities Group (b)

Disabilities Group (c)

MYALGIA.

NOT APPL.

NOT APPL.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>AGE AND EXPOSURE.</u>	<u>BRAMSHOTT</u>	<u>9.9.'16</u>
(ii.) As to Group (b) above.	<u>NOT APPL.</u>		
(iii.) As to Group (c) above.	<u>NOT APPL.</u>		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above?

If yes, has Active Service aggravated it? NO.

(ii.) As to Group (b) above?

If yes, has Active Service aggravated it? NOT APPL.

(iii.) As to Group (c) above?

If yes, has Active Service aggravated it? NOT APPL.

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above?

YES.

(ii.) As to Group (b) above?

YES.

(iii.) As to Group (c) above?

NOT APPL.

NOT APPL.

5. If a cause of disability was an injury received on Active Service, was it received— **Yes.**

- (i.) While on duty? **Yes.**
- (ii.) While off duty? **No.**
- (iii.) Was a Court of Inquiry held? **No.**
- (iv.) Where? **No.**
- (v.) When? **No.**
- (vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient enlisted on the 15th December 1915. Came to England in July 1916. Has not been to France, was posted to Bramshott as an instructor. Reported ill with myalgia pains in back, arms and knee joints. ~~restlessness~~ was in detention Hut at Bramshott for some time.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient not well nourished. Weight 135 lbs. Normal 150 lbs. Muscular system soft and flabby. No evidence of any disease of Lungs, heart or kidneys. Complains of pain in back, arm and knee joints. Knee joints stiff and creaks on motion. States that feet swell after a short walk.

- 8. OPERATION. (i.) Was one performed? **No.**
- (ii.) If so, state what.
- (iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

- 9. (i.) Is there loss or decay of teeth attributable to Active Service? **Not applicable.**
- (ii.) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **No.**
- (c) Invalid to Canada? **YES.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report..... **13th Feb.**.....191 **8.**

Signed..... **A.G. MacLeod, Capt.**.....
Officer in medical Charge.

Station..... **GRANVILLE CANADIAN SPL. HOSPITAL. B U X T O N.**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Stayner Ellis, Major, C.A.M.C. Officer i/c Hospital (Strike out one
Registrar, for O.C. { S.M.O. Brigade } of these.

Dated at..... **GRANVILLE CANADIAN SPL. HOSPITAL** Station, on..... **13th Feb.**.....191 **8.**
B U X T O N. * Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

Yes.

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

Yes.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No. Aggravated? No. (b) Misconduct of the Soldier { Caused? No. Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not applicable.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4 or all.)

Not applicable.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Not applicable.

(ii.) If not permanent, what is its probable minimum duration (in months)?

Not applicable.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not applicable.

18. Remarks.

19. Recommendation :—(a) Fit for duty?

No.

(b) Fit for base duty?

YES; Bill not likely to be raised in six months.

(c) Invalid to Canada?

No.

(d) Discharge from service as permanently unfit?

No.

Classification for the Military Hospitals Commission.

Date of Board

Exam. Med. Board 12th Feb 1918.

Station G.C.S.H.

Signatures of the Board.

Stayner ELLIS, Maj., C.A.M.C. C.H. Robson, Maj., C.A.M.C.

President.

Approved

[Signature]

Major, C.A.M.C.

A.D.M.S.

Dated at A.D.M.S., Canadians, London Area.

Station

A.D.M.S. CANADIANS, LONDON AREA, LONDON

FEB 1918

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

1. The Board has considered the evidence of the soldier marginally named, together with the documents submitted, and has recommended that he be granted a pension of _____ per cent of his former pay, to be payable from the date of his discharge, on the ground that he is unable to obtain employment in his former occupation, or in any other occupation, on account of his physical disability, which is the result of his service in the Canadian Expeditionary Force.

Classification of the disability, as shown by the Medical Board's report, is _____.

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President,

(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 Ray. Bks. Toronto. DATE Apr. 6. /18.

1. (a) Unit 2. Cas. (b) Regimental No. 726062 (c) Rank Pvt.

(d) Surname DEWEY (e) Christian name JAMES.

2. Age last birthday 53 Date of birth 5. Aug. 1864.

3. Enlisted at Gooderham, Ont. on Dec. 15/15.

4. Personal description :—

(a) Height 5' 6 1/2" (b) Weight 155 (c) Complexion Dark.
(stripped)

(d) Colour of hair Black. (e) Colour of eyes Blue. (f) Identification marks

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

Gooderham, Ont.

6. Former trade or occupation Bush Ranger.

7. (a) Service	Years	Days
	2	4 mos.

	PERIODS	
	From	To
109th Bn. C.A.M.C. Cas.	15. Dec. 15. May 1917. 20. Feb. 18.	May 17. 20. Feb. 18. Date.

(b) Has he been Overseas? Yes. England.

8. Present disease or disability (use authorized nomenclature if possible) (1) Overage. (2) Myalgia. (3) Debility.

(a) Date of origin 1. Aug. 5/1912. (2) Oct. 1916. (3) Aug. 1916. (b) Place of origin Canada. 2. 3. England.

(c) Cause (1) Natural Cause. (2) Exposure. (3) Overwork.
(Here include original disease or injury)

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

(1) SUBJ- states he was born on Aug. 5, 1864.

OBJ- Appears fully 53 yrs of age. General condition very fair.

(2) SUBJ- Dull aching pain in thighs, small of back, and over shoulders, worse after walking, and during damp weather.

OBJ- All movements good, nothing evident, at present.

(3) SUBJ- Is unable to carry on a job he could do two yrs ago. is easily tired on exertion. walk of 1 1/2 miles. causes exhaustion. short of breath on slight exertion, at times feels listless and lacks ambition.

OBJ- General nutrition fair, muscles rather flabby, has a rather listless

[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.]

See page 4.

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.

Puckered
scar of scar left groin, old gun shot wound no disability.

1. Vacc mark each arm.

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.

12. Did the disability arise on or off duty? *1. Not applicable. 2. 5. On duty.*

13. Was a Court of Inquiry held? *1. Not applicable. 2. 3. No.*

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

1. 2. 3. Not applicable.

Yes..... No.....

(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? *1. Not applicable. 2. 3. No.*

(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? *1. Permanent. 2. 6mos. 3. Partially permanent.*

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

3. M.H.S. shows no treatment. 1. Not applicable. 2. M.H.S. shows treatment no time stated.

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

1. 2. 3. No.

No.

19. Can the former trade or occupation be resumed?

E.

20. Recommendations

W. Robertson

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 *J. DEWEY* 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

Dewey J

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.

#9. We concur. In addition there is some radiol^{al} sclerosis not however more than would be expected in a man his age. *W.T. M'Lean*

Otherwise we concur.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). **no**
- (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). **yes**

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

That he be placed in Category E and be discharged as physically unfit.

W.T. M'Lean Major President.

P. J. O'Rourke Capt. }
E. J. O'Rourke Capt. } Members.

STATION Ravina Barracks, Toronto

DATE Apr. 6/18.

APPROVED BY

DATE 11/4/18

J. P. Christian Capt.
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

50 x 100

140

lock, sitting pulse 92. Resp. 18. After running ~~in 5 min~~ to pulse
Resp. 28. returning in 5 min to pulse 90. Resp. 18. urine. normal.
Blood pressure. S. 116. D. 82. Other systems normal.

Incapacity due to Overage, Partial loss function of muscular system,
and General bodily weakness.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Dec-1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30	25		
----	----	--	--

RATE OF ASSIGNMENT

20	15		
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1-12-17
P.L. 3257

1-7-17

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 726062
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Jas Dewey*
 Battalion *'109' Batt Dcey*
 Beneficiary *Mrs Mary Dewey*
 Relationship *wife*
 Address

Name *Mary Dewey*
 Address *Gooderham Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>		<i>480</i>	<i>330</i>	<i>810</i>	<i>d/c Over-paid 15</i>
<i>Jan</i>	<i>W 65850</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>M</i>
<i>Feb</i>	<i>E 95416</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>M</i>
<i>Mar</i>	<i>A 124518</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>M</i>
<i>Apr</i>		<i>25</i>	<i>20</i>	<i>45</i>	
<i>M.F.W. 187. Retd. 'Orpington' 21 3/18</i>					
<i>M.R.O 2/3 23 3/18</i>					

M. F. W. 128
4000-617-1772-88-114
L. L. 22320-M. & D. 1336.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-177239-1141
 L. L. 22320-M. & D. 1983.