

MAR 20 1916

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 724222.

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Henderson
- 1a. What are your Christian names? John Ross
- 1b. What is your present address? Haliburton
- 2. In what Town, Township or Parish, and in what Country were you born? Township of Quinden
- 3. What is the name of your next-of-kin? Elizabeth Demill
- 4. What is the address of your next-of-kin? Maple Lake, Ontario
- 4a. What is the relationship of your next-of-kin? mother
- 5. What is the date of your birth? June 15th 1897
- 6. What is your Trade or Calling? Bushman
- 7. Are you married? no.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes.
- 9. Do you now belong to the Active Militia? no
- 10. Have you ever served in any Military Force? no.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Ross Henderson 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.

John Ross Henderson (Signature of Recruit)

Date MAR 20 1916 1916 G. H. Gotts (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Ross Henderson, 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.

John Ross Henderson (Signature of Recruit)

Date MAR 20 1916 1916 G. H. Gotts (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 Haliburton this 10th day of April 1916

G. H. Gotts (Signature of Justice)

Description of *John Ross Henderson* on Enlistment.

Apparent Age.....*19* years 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. *5 1/2* ins.

Chest measurement. { Girth when fully expanded.....*34* ins.
 Range of expansion.....*3 1/2* ins.

Birth mark on chest

Complexion.....*Dark*

Eyes.....*Blue*

Hair.....*Dark Brown*

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* *fit* for the Canadian Over-Seas Expeditionary Force.

Date.....*MAR 20 1916*.....191

W. McCulloch
 Capt.

Place.....*Halifax*

.....
 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.

.....*John Ross Henderson*..... 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] Lt. Col. (Signature of Officer)
 C. C. 109th Overseas Battalion, C. E. F.

Date.....*MAR 20 1916*.....191

NAME *HENDERSON, JOHN ROSS*

REGT. NO. *72 4222* UNIT *1st Bu. C.C.* H. Q. FILE NO.

9

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

~~DEATH~~

Category

DISCHARGE

Category

DESERTION

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

7/7/19 M.J.

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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

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

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

Handwritten notes and signatures in the Date Received column.

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

1 C.A.C. 5009a

1 M.F.W. 67

1 C.D. 3

1 Casualty

1 Misc

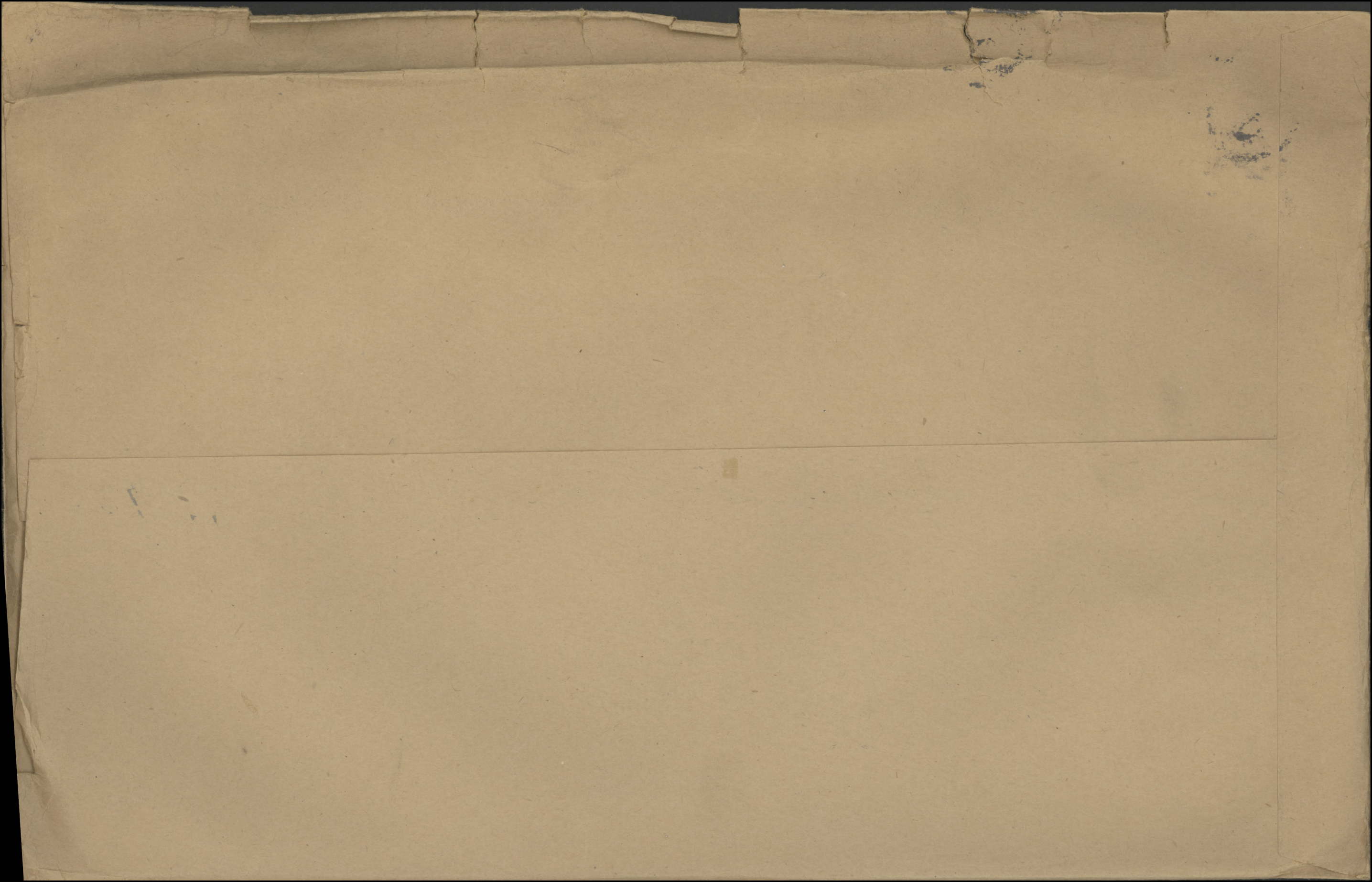
1 R.I.W.

1 pay card

H

19845

9-13
28-13
28-13
1



SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. NO.

HENDERSON

J.R.

724222.

RANK

UNIT

1CO. 124^{Co}P.

TROOP

BATTY.

Pte.

HOSPITAL

DATE OF ADMISSION

1 C.F.AMB

16-12-17.

1.

12. Can. Fld. Amb.

HOSP. 17.12.17.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS PUO. *R.*

1

2

3

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

DISPOSITION

DATE

CL. 27-12-17 A97.

Dis to duty. 22-12-17.

REMARKS

3-1-18. A. 102. (2)

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

NAME

Slenderson, J. R.

REG'T'L. No. 724222

RANK AND CORPS

Pte 124 P 1st Cent Ont Regt

H. Q. FILE NO. 649

FOLLOWS
NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

9102	#12 Can't Rd Amb	17-12-17	P.U.O.
9102	Disc to Duty	22-12-17	P.U.O.

Mom
Number

724222

Rank

Sgt

Surname

HENDERSON

Christian Name

John Ross

Units

C.F.

Theatre of War

France

Date of Service

9-3-17

Remarks

Latest Address

Maple Lake P.O.,
Stanhope Ont

Roll No

B Page 14246

200m.-2-21.M.

~~A~~

~~A~~

M.M. Bedret.

19/12/38

DESP. JUN 22 1922
REGN. No. *40795*

M.M. Ba U.

DESP. NOV 11 1943
REGN No. *41*

SURNAME.

Henderson.

(649-N-12387)

L. 2. CARD NO.

CHRISTIAN NAMES

John Ross.

*M. 9m. 13-3-19
auth. L. G. #. 312.27*

S.O.S. memb. 16/6/19

100 171 FOLL. 20/6/19

REGL. NO.

724222

RANK

Pte.

UNIT

201st.

11th Bn. C.E.

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Demill Mrs. Elizabeth.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Maple Lake, Ont.

COUNTRY OF BIRTH

Canada, Two Winders

DATE

June 15th 1897.

PLACE OF ATTESTATION

Haliburton, Ont.

DATE

Apr 10th 1916.

Sailed from Halifax 23-7-16.

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

USS. Olympic

488 / 16

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

R16. 13-6-19 347 / 76

Apr.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Bushman. *eps.*

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

19.

YEARS

—

MONTHS

HEIGHT

6.

FEET

5½.

INCHES

CHEST MEASUREMENT

34.

INCHES

EXPANSION

3½.

INCHES

COMPLEXION

Dark.

EYES

Blue.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Birthmark on chest.

MEDICAL EXAMINATION.

PLACE

Haliburton, Ont.

DATE

March 20th 1916.

No. 724222. RANK *Cte.*

NAME *Henderson, J. R.*

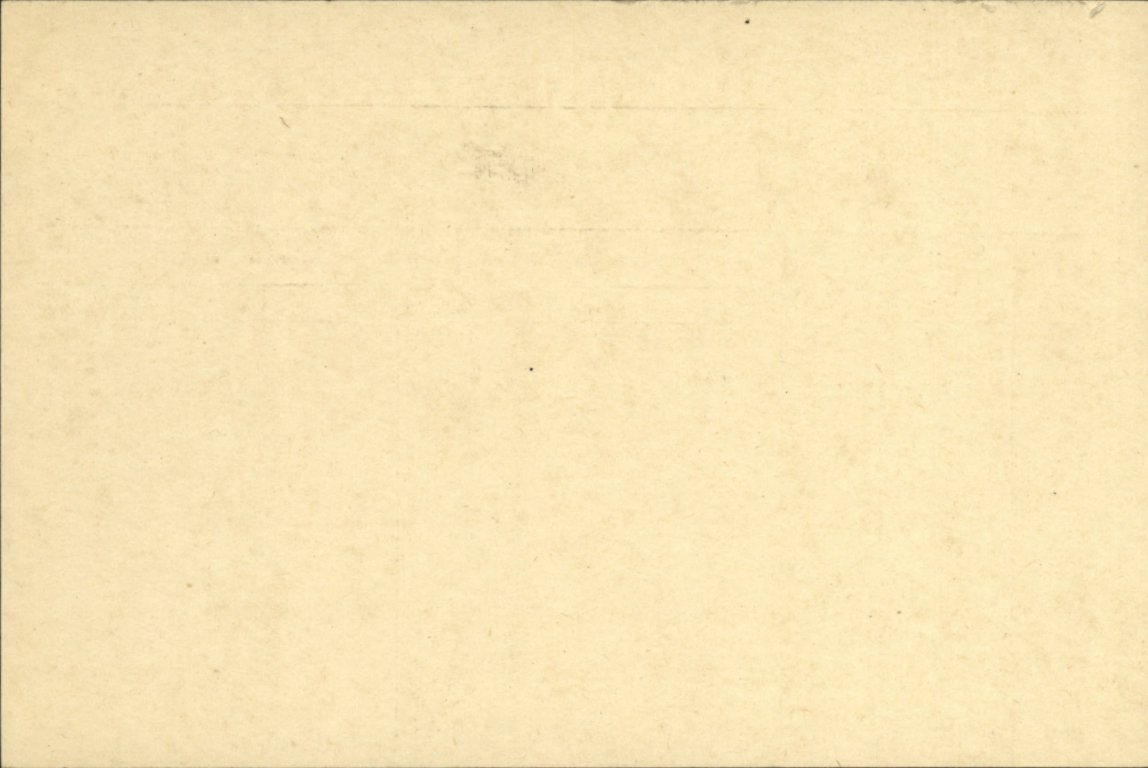
T. O. S. *20-3-16.* UNIT *109th Battalion.*
(S.O. 123 of 12-4-16).

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916.</i> <i>Mar. 20</i>	<i>1916.</i> <i>April 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED

JUL 23 1916



WING. G.C.C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) Henderson, J. R.

REGIMENT 11th Can. Engrs RANK Spr. No. 724222

Date of Examination in England 9/5/19 Date of Examination in France

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 3, 12, 13, 30.

2. EXTRACTIONS 15.

3. CROWNS

4. DENTURES
- (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

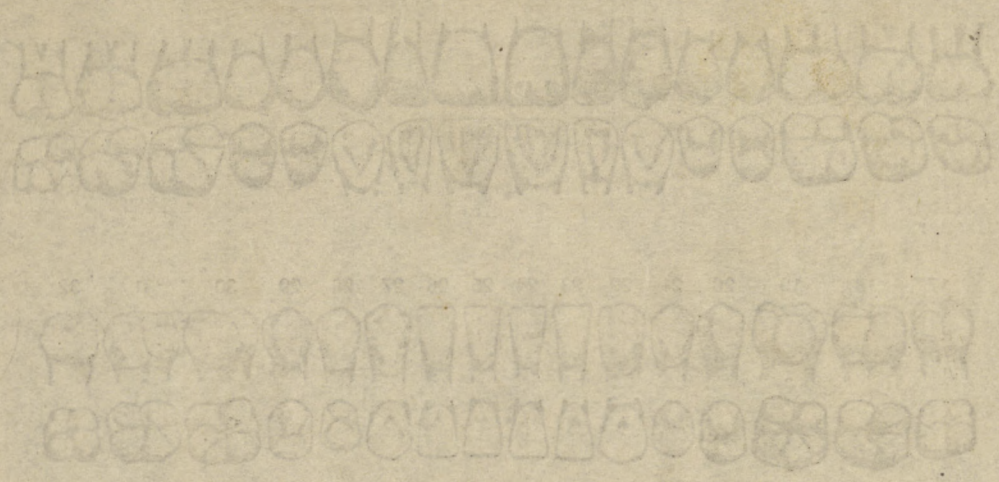
- (a) In Canada Yes
- (b) In England
- (c) In France

Signature of Dental Officer [Signature]

1
CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS
This form will be
filled out for each
individual in the
line of demobilization
in the order of
priority as shown
in the instructions
on the reverse side
of this form.
It is intended to be
used in the
order of priority
shown on the
reverse side of
this form.

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PREPARED BY THE DENTAL CORPS

1. Name
2. Rank
3. Service
4. Position
5. Date
6. Signature
7. Title
8. Address
9. Telephone
10. Post Office

Signature of Dental Officer

338

25

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. 724222 Rank Spr. Surname Henderson
(Given name in full)

Unit or Corps 11. M. G. C. Birthplace John Ross
Minden, Haliburton Co. Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5-2 ft. Colour of Eyes Blue
Nutrition Good
Pulse 72 Regular
Condition of arteries Soft
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
no vaccinated neck
Burnt neck by electric

Opinion as to general health and physical condition... Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

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

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.

17-12-17. F.M. O. Good memory
Slightly flat feet. no disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Willy (Overseas)

Date 13/5/19

Signed [Signature] M.O.

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

Signature [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

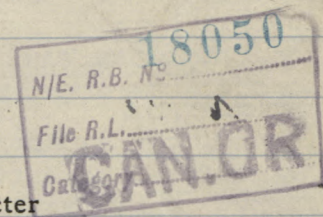
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

E.C.A.

TLH Rank Name HENDERSON, John Ross, Reg'l No. 724222 ✓
 Unit 109th Bn. If in perm. Corps, } Married or Single Single ✓
 What Unit? }
 Place and Date of Enlistment Haliburton, Mar. 20th. 1916. ✓ Place of Birth Township of
 Minden ✓
 Name and Address, Next-of-Kin Elizabeth Demill ✓
 Maple Lake, Ontario ✓ Relationship Mother ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

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. 2810		31-7-16	
8.12.16	06109th Bn	Sold on transf. to 124th Bn.	Witley	8.12.16	Pt II DD 343
9.12.16	06124th Bn	Sold on transf. to 109th Bn.			265
9-3-17	124th Bn	Emb for France	Witley	9-3-17	Pt II DQ68
24.12.17		No. 1 Can. Field Amb. Now know as 124th Pnr		16.12.17	B.L. A97 (P.O.S.)
2-7-18	11th Bn CE	T.O.S. from 124th PNR	Field	30.5.18	DO-1 124PNR, DO, 42.2/7, IS
		M.M.			
12.5.19	M Wing	ccc T.O.S. pending RTC.	Spw Witley	10.5.19	Pt II DQ32
23.6.19	11th Bn CE	Rewarded in the (Award L. 8. 312 27 d/13.3.19)			do. ?



A.F.B. 103 CHECKED
 19 MAR 1917
 Jgs

OVER

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.				
▼	WEECC	SCS TO CANADA	Witley	6.6.19	DO/58.
		83-I-106		6.6.19	

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

Casualty Form—Active Service.

M. S. B. Class Adj

Date of birth *15th June 1891*
 M. F. W. 54.
 1504, 10.16
 1172, 3-920.

Unit, Regiment or Corps *109th OVERSEAS BATTALION, C. E. F.*

K.E. 2432Y.

Regimental No. *24222* Rank *Private* Name *Alexander John Ross*

Enlisted (a) *20.3.16* Terms of Service (a) *D of W.* Service reckons from (a) *20.3.16.*

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) *Bushman.*

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				
			<i>Halifax</i>	<i>24.7.16</i>	
			<i>Liverpool</i>	<i>31.7.16</i>	
<i>8-12-16</i>	<i>O.C 109 Bn</i>	<i>Transferred to 124 Bn</i>	<i>Witley</i>	<i>8-12-16</i>	<i>Capt. ADJUTANT 109th Overseas Battalion, C. E. F. D.O Part II 643. 3</i>
<i>9-12-16</i>	<i>124th. Bn.</i>	<i>Taken on strength of 124th. Bn., C.E.F.</i>	<i>Witley Camp</i>	<i>8-12-16</i>	<i>Part III Orders 265 ADJUTANT 109th Overseas Battalion, C. E. F. MAJOR ADJUTANT, 124th BATTALION C.E.F.</i>

(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.

CERTIFIED CORRECT.
 27 MAR 1917
 CAN. RECORDS DIVISION

Date	From whom received	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.
9-3-17	124th Bn.	Proceeded for Overseas Service.	Witloy Camp	9-3-17	Part II Orders No. 69 <i>Thurleigh</i> Lieut., Asst. Adjt. 124th. GGBG (Para)	
11-3-17	M.L.O.	Disembarked	Boulogne	11-3-17	N.R.	
1.12.17	OC 124 Bn	Granted 14 days Leave to	Chantilly	1.12.17	B.213 D.O.152 d. 13/12/17	
8.12.17	do.	Did not proceed, ^{because} entry cancelled	Field	8.12.17	B213 D.O.153 d. 20/12/17	
17.12.17.	12 b. F.A.	f. u. O.	Adm.	12 b. F.A.	17.12.17. a36/C 3114.	
17.12.17.	1 b. F.A.	do.	To.	12 b. F.A.	17/12/17. do b. 3269.	
22/12/17.	OC 124 Bn.	of F.A. f. u. O.	Adm.	do	16/12/17. do b. 3269.	
22/12/17.	12 b. F.A.	f. u. O.	Adm.	12 b. F.A.	16/12/17. B. 213.	
			To.	Duty.	17/12/17. } a36/b. 3990	
29.12.17	Unit.	Rejoined	Unit.	22/12/17	B213	
19.1.18	O.C. 124 Bn.	Attach. for duty to	Field	14.1.18	B.213	
9.2.18	do.	4th Cav. Div. France	do.	9.2.18	Obs. B.213 K. 117.383	
23.3.18	do.	Rejoined Unit	Paris	20.3.18	B213; D.O. 22.	
31.3.18	4 CIB N	Granted 14 days leave	Base	31.3.18	N.R. 280.	
6.4.18	124 Bn	2 D.S. from leave	Field	5.4.18	B.213.	
	W.O.	Rejoined Unit.	do	29-5-18	N.O. 42 d/r-7-18	
	W.O.	SOS. 124 BN TO, U.F.N. C.F.	do	30-5-18	N.O. 1 do	
	W.O.	TOS II, BN C E FROM 124 BN	do	18-9-18	B213 P.O. 23 d/3-10-18.	
21-9-18	OC 11th Bn	Granted 14 days leave to U.K.	Field	5-10-18	B213	
5-10-18	do.	Rejoined Unit	Field	5-10-18	B213	
MAY 9-1919	Camp.	Proceeded to England.				

MAY 9 1919
 J. Skelton for Lt-Col. A. A. G.
 Canadian Section G. H. Q. 3rd Echelon R E

SERVICE AND CASUALTY FORM (Part I). *Sheet 2* Army Form B, 103-1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 1M 5/18 G.W.P.Co (3490)

(1)*Substantive rank <i>Plt.</i> *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Henderson John</i> (5) Christian Names <i>Ross</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <i>11 Loan Engineers</i>	(3) Regtl. No. <i>724222</i>
--	---	---------------------------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
--	---	-------------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended { (24) Miscellaneous entries:—	(23) Re-engaged {	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
			S. O. S. ON PROCEEDING TO CANADA. <i>for Discharge</i>		<i>PT 58</i> <i>2.6.19</i>	<i>Ad'lochfort</i> LIEUT. FOR OFFICER COMMANDING, "M" WING, C.C.C.
			H-M-T Olympic SAILED S'HM'TON 6/6-19			H-M-T Olympic SAILED S'HM'TON 3/8-19 ARR'D HALIF'X June 12, 1919
JUN 6 1919			T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919			PART II No. 171
JUN 16 1919			S. O. S. (DISCHARGED FROM H. M. S.) No. 2 D. S. DEPOT,			PART II No. 171
			<i>Awarded Military Medal</i>	<i>London</i>		<i>W.C. Roberts</i> Lieut. For O. C. No. 2 District Depot. <i>No. 2</i>
<i>26/19</i>	<i>11/22 C.S.</i>					<i>D. H. ...</i> Capt for OR

Nothing to be written in this margin.

D.
724222

25

ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Henderson Christian Name John Ross

Examined { on 20 day of March 1916
 at Halburton

Birthplace { City or Town Ship Warden
 County Halburton

Approved by J. McCulloch Capt.
 Rank 109th Overseas Battalion, C. E. F. Medical M.O.

Apparent age 19 years

Trade or occupation Cushman

Height 5 Feet 5 1/2 Inches

Weight 118 Lbs.

Chest measurement { Minimum 30 1/2 inches
 Maximum expansion 34 inches

Physical development Good

Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One
 Number One

Date.	Result.	VACCINATIONS.
<u>10-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 10th 1916

(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>3-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>9-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 20 day of March 1916 at Halburton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>108th Bn C.E.F.</u>	<u>724222</u>		<u>20-3-16</u>
Transferred to	<u>24th OVERSEAS BATTALION C.E.F.</u> <u>P O-S</u>			<u>9 MAR 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

DUPLICATE

H.Q. 54-21-23-53

To be made out in duplicate.

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 109th OVERSEAS BN., C.E.F.

(2) Regimental Number 724222

(3) Full Name of Soldier John Roscoe Henderson

(4) Place of Birth West Guildford Haliburton County
Canada

(5) Are you married, or not? No

(6) If married, state,
 (a) Full name of your wife —

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls.....

Also their names and ages.....

25

(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 Durlen Redner

(11) If your Mother is a widow..... No
Are you her sole support, or not?.....

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

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

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

(15) Are you insured?..... No
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... **JUL 11 1916**

[Signature]
Officer Commanding.
O. C. 109th Overseas Battalion, C. F. F.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE
CLASS "A"

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724222 (Rank) Sapper

Name (in full) Henderson John Ross enlisted in
the 109th Inf Bn

CANADIAN EXPEDITIONARY FORCE at Haliburton on the 20th
day of March 1916

HE served in 11th Bn Engineers in France

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 22 years

Height 5ft 5 1/2 ins

Complexion Dark

Eyes Blue

Hair Dark Brown

J.P.H. Henderson
Signature of Soldier.

Marks or Scars

Birth-mark on chest.

Date of Discharge

No. 2 DISTRICT DEPOT
JUN 16 1919
TORONTO

J. Russell
Issuing Officer.

For
O.C. No. 2 District Depot.

Rank

Date JUN 16 1919 19...

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.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

100
100

JUL 1911

TORONTO
JUL 1911

Mother
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.-6-16.
H. Q. 1772-39-319.

To Whom *Modeliza Demill*

By Whom Assigned *Henderson J.R.*

Address *Maple Lake
Stanhope
Ontario*

Regtl. No. *724222*

Rank *Pte*

Corps *104th Bn. C.E.F.*

Rate *20⁰⁰ Oct '16*
27m. Oct 4/16 OLCW 28 '16

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				



1850
T

ASSIGNED PAY
OVERSEAS CONTINGENTS
PAYMENTS.

Sheet No. 2.

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

Mrs Deliza Deuell

Name of Soldier *Henderson JR*
724222 Pte 109th Bu.
2000 Oct/16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 24522</i>	<i>40</i>	
Dec.		<i>S 35402</i>	<i>20</i>	
Jan.	1917	<i>W 33665</i>	<i>20</i>	<i>Reconciled 26 17/18</i>
Feb.		<i>W 40664</i>	<i>20</i>	
March		<i>V 47115</i>	<i>20</i>	
April		<i>O 2330</i>	<i>20</i>	
May		<i>0.8390</i>	<i>20</i>	
June		<i>W 15679</i>	<i>20</i>	
July		<i>M 24870</i>	<i>20</i>	
Aug.		<i>W 32066</i>	<i>20</i>	
Sept.		<i>J 36873</i>	<i>20</i>	
Oct.		<i>V 1007</i>	<i>20</i>	
Nov.		<i>R 49140</i>	<i>20</i>	
Dec.		<i>J 59192</i>	<i>20</i>	
Jan.	1918			<i>300.00</i>
Feb.				
March				
April				
May				
June				
July				

am

60

097-26

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.				

ENGLAND or
CANADA.

NAME: *HENDERSON John Ross*
NUMBER: *-724222*

PARTICULARS OF RANK OR APPOINTMENT

A.P. IS THE SAME AS PAYEE OF S.A. THE ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *- 109th Bn*

DATE ACCOUNT FIRST OPENED: *- 1-8-16*

Military Medal.

11th CE. Auth. Ldn Gazette 31227 D. 12/19.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			<i>124 Bn</i>

OF VOUCHERS, ENTRIES WILL BE CANCELLED DATE CHARGED IN RED INK

UNIT PAID BY

AMOUNT

659
17.74

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

Canada. Off. 16/19 K9129. NR1000. 15th 19. Training. C.C.C. Bolett. Tnd 4

PARTICULARS

DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED SEPARATION

					<i>21 86</i>		
<i>Co A P</i>			<i>20</i>				
<i>A.P. 68 16/4</i>	<i>4 46</i>			<i>20</i>	<i>30 40</i>		
	<i>4 46</i>						
<i>Co A P</i>			<i>20</i>				
<i>A.P. 151 5/5</i>	<i>3 57</i>						
<i>213 17/5</i>	<i>4 46</i>			<i>20</i>	<i>36 47</i>		
	<i>8 03</i>						
<i>Co A P</i>			<i>20</i>				
<i>A.P. 78 1/2 124 Bn</i>	<i>4 46</i>						
<i>A.P. 36 20 124 Bn</i>	<i>3 57</i>				<i>41 44</i>		
	<i>8 03</i>			<i>20</i>			
<i>15 7 11 CE 1/4</i>	<i>3 57</i>			<i>20</i>			
<i>423 7/7</i>	<i>4 46</i>				<i>47 51</i>		
	<i>8 03</i>			<i>20</i>			
<i>94. 1 8/18 11th CE</i>	<i>3 57</i>			<i>20</i>			
<i>169. 20 8/18</i>	<i>3 57</i>						
	<i>7 14</i>			<i>20</i>	<i>54 41</i>		
<i>A.P. 735 11 CE 10 9/8</i>	<i>3 57</i>						
<i>" 763 " 16 9/8</i>	<i>53 33</i>						
<i>Co A P</i>			<i>20</i>		<i>103 41</i>		<i>at agreed</i>
	<i>57 10</i>		<i>20</i>		<i>3 09</i>		
<i>C.P. 40726 1/10/18</i>	<i>9 73</i>				<i>7 28</i>		
<i>Co A P</i>			<i>20</i>				
<i>A.P. 448 11 CE 13 10/8</i>	<i>4 46</i>				<i>7 28</i>		
	<i>117 19</i>			<i>20</i>			
<i>A.P. 533 11 CE 9 11/8</i>	<i>3 73</i>						
<i>" 603 " 16 11/8</i>	<i>13 66</i>						
	<i>16 74</i>				<i>5 18</i>		

NUMBER

724222

RANK

Spr.

NAME

Henderson

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	D.
				Fwd.	
				ak 691 1166 4-12-18	
Nov. Dec.	Pte Pay.	6710		C.A.P. Nov. & Dec.	
Jan	Spr. Pdy	3410		C.A.P.	
		10120			20
Feb	✓	3080		AR. 777 - 1166 - 20-12-18	
				- 881 ✓ 4/19.	3
				1019 ✓ 17/19.	19
				bas.	
				1163 1166 4 ³ /19	3
Feb.	✓	3410		bas.	
		6490		1321 1166 4 ³ /19	3
				1427 ✓ 16 ³ /19.	18
		6490			51
April	✓	33-		bas.	
				16 1166 5/4	3
				109 ✓ 18 ⁴ /19	3
May	✓	3410		C.A.P.	
				201 1166 2 ³ /4	3
				2428 m.w.c.c. 7/5	24
		6710		3855 m.w.c.c. End. 2/6	34

S.O.D. S. List 83. Trans to Com
 off. 6⁶/19. M.D. 2.

Anderson J. P.

LARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	16 79				7 28		
4-12-18	3 73						
Rec.			40				
			20		27 96		
	20 57		60				
20-12-18	9 33						
4/19	3 73						
17/19	13 06						
				20 -			
4/19	3 73						
				20 -			
4/19	29 85			40 -			
	3 65						
16/19	18 25						
	51 75			40 -	1 11		
				20 -			
5/4	3 49						
19/4	3 49				7 98		
	6 98						
				20			
2/4	3 49				17 74		
1/5	24 33				6 59 21		
	34 80			40			
2/6	11 87				11.46		
End.	4 87						

659
487

11.46

23. Transtolan
M.D. 2.

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Minden

NAME AND ADDRESS OF NEXT OF KIN

*Elizabeth Semill
Maple Lake Ont Can
Mother*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS,

PARTICULARS

EFFECTIVE DATE

ADMISSIONS TO HOSPITAL

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTALES						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2				
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE			
<i>July 31</i>															<i>2370</i>	<i>2370</i>						
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>3410</i>	<i>30</i>	<i>9/8/16</i>				
<i>Sept 30</i>	<i>30</i>		<i>30</i>				<i>3</i>									<i>33</i>	<i>61</i>	<i>31/8/16</i>	<i>92</i>	<i>15/9/16</i>		
<i>Oct 31</i>	<i>31</i>		<i>31</i>				<i>310</i>									<i>3410</i>	<i>31</i>	<i>30/1/16</i>	<i>164</i>	<i>15/10/16</i>		
<i>Nov 30</i>	<i>30</i>		<i>30</i>				<i>3</i>									<i>12490</i>	<i>30</i>	<i>1/10/16</i>				
<i>Dec 31</i>	<i>31</i>		<i>31</i>				<i>310</i>									<i>33</i>	<i>192</i>	<i>30/11/16</i>				
<i>1917</i>			<i>15</i>	<i>30</i>												<i>3410</i>	<i>260</i>	<i>1/11/16</i>				
<i>Jan 20</i>	<i>11</i>	<i>1.00</i>	<i>22</i>													<i>19200</i>						
<i>Jan 11</i>	<i>11</i>	<i>1.00</i>	<i>190</i>	<i>30</i>												<i>22</i>						
<i>Jan 11</i>	<i>11</i>	<i>1.00</i>	<i>12</i>	<i>10</i>												<i>214</i>	<i>12</i>	<i>10</i>	<i>439</i>	<i>15/1</i>	<i>473</i>	<i>31/1</i>
<i>Feb 28</i>	<i>28</i>	<i>1.00</i>	<i>30</i>	<i>80</i>													<i>30</i>	<i>80</i>	<i>504</i>	<i>15/2</i>	<i>557</i>	<i>26/2</i>
<i>Mar 31</i>	<i>31</i>		<i>34</i>	<i>10</i>													<i>34</i>	<i>10</i>			<i>610</i>	<i>20/3</i>
<i>Apr 30</i>	<i>30</i>		<i>33</i>														<i>33</i>		<i>6</i>	<i>514</i>		
<i>May 31</i>	<i>31</i>		<i>34</i>	<i>10</i>													<i>34</i>	<i>10</i>	<i>50</i>	<i>20/4</i>	<i>97</i>	<i>4/5</i>
<i>June 30</i>	<i>30</i>		<i>33</i>														<i>33</i>		<i>222</i>	<i>4/6</i>	<i>149</i>	<i>18/5</i>

S. &c.
 AUTHORITY
 IF IN PERM. CORPS
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 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)

REG'L. NO. *724222* RANK *Pte* NAME *Henderson John Ross*
 UNIT *109th Bn* TRANSFERRED TO *124 Co.* DATE *21-1-17* AUTHORITY *20343*
8.12.16
 PLACE OF ATTESTATION *Haliburton Ont* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *Mar 20th 1916* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY MONTHLY \$ *20 00* DATE EFFECTIVE *Oct 1st 1916*
 PAYABLE TO *Mrs Selva Semill Maple Lake* RELATIONSHIP *Mother*
Stanhope Ont
 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) _____

ANCE ROLLS
 3 4
 No. DATE No. DATE
 124th Bn
 391 22/12

CASH PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2				CREDIT	DEBIT			
		✓							
					23 70				
				974	4806				
	730			14 60	6646				
	974			3704	6382				
	2678	20		6135					
	730	20		2730	6922		30		
	486	20	226	3142	6890				
	730	20		20	7090				
	487	80	226	14310	5646				<i>Oct 005-288 21-11-16</i> <i>20343-8.12.16-20/124 Co.</i> <i>Eff. 21.1.17</i> <i>Drulet 2 days pay. D.O. 31</i>
	486	20		3216	5510				
	261	20		5668	3252				
	261	20		2261	4291				
	268	20		2529	5172				
	267	20		2535	5938				

R.

ENTRIES		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
					59 37				
	20		22 67		70 80				
	20		26 25		78 68				
	20		33 37		98 28				

CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPT.	SER.	ALICE	ENG.
34	10	Forward	22 41			20	97 09				
		25838 27/3 CNR	17 84								
		26830 25/3 ✓	26 77								
		24661 24/3 ✓	22 31				21 86				
34	10		89 33 ✓			20					

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

D.A.I.
O.C.I.

1. No. *724222*

2. Rank. *Sapper.*

3. Name. *Henderson John Ross.*

4. Unit. *11th Bn Engineers.*

5. Date of Discharge *JUN 16 1919* Place *Toronto*

6. Reason for Discharge *Demobilization*

*H-M-T Olympic
SAILED S'HM'TON 6/6-19
ARR'D HALIF'X June 12 1919*

7. Authority. *No 2, D.D., Part II, D.O. No. 171*

8. Proposed Residence after Discharge *Maple Lake P.O.
Stanhope, Ontario.*

9. CERTIFICATE TO BE SIGNED BY SOLDIER. H

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? *John Ross Henderson*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *No. 2 DISTRICT DEPOT*

Date *JUN 16 1919*

TORONTO

*AS
27-8-52*

Signature *Johnell* No. 2 District Depot
(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

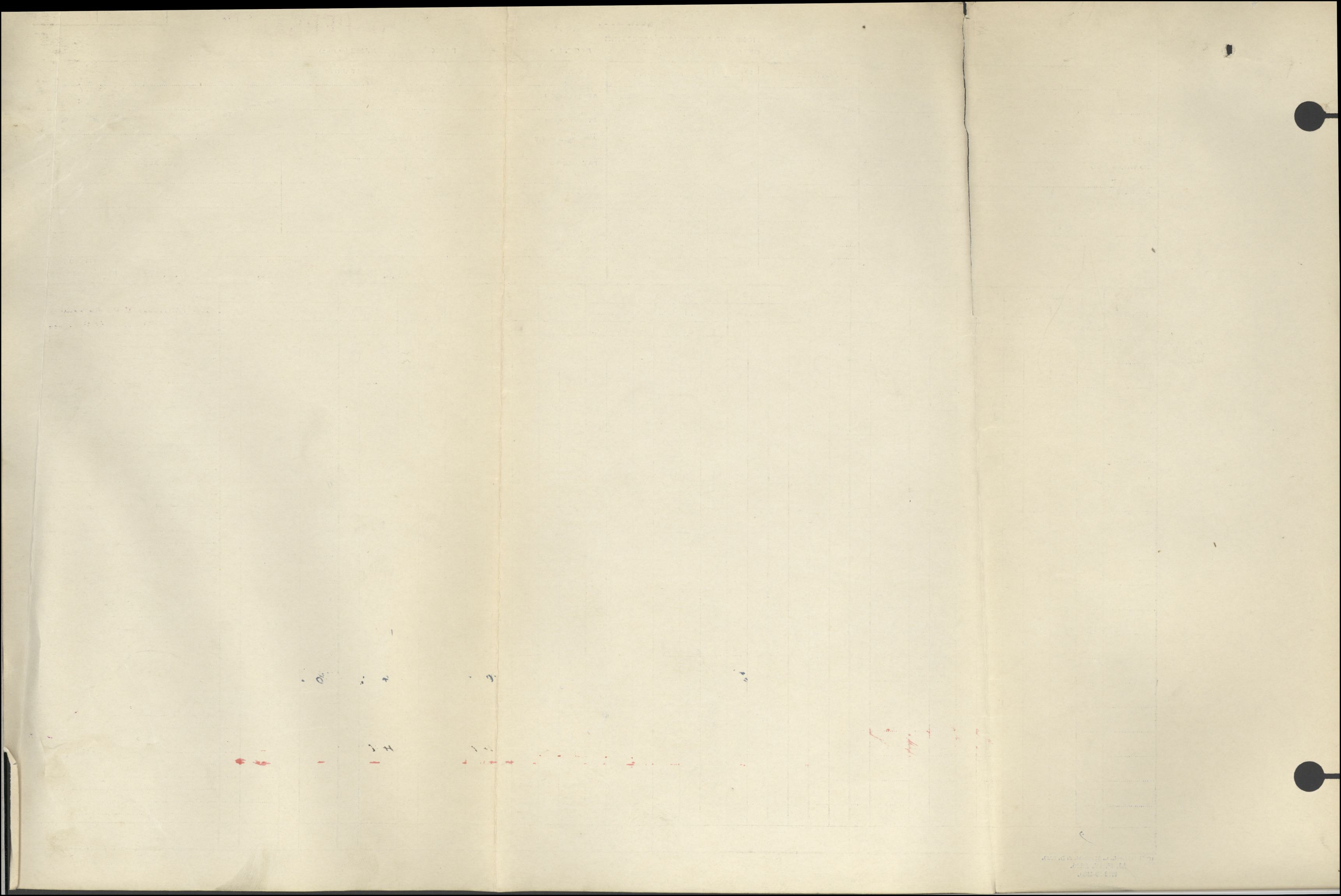
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings of Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
9. Corresponding special envelope (200M).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Regimental Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 8).
12. Last Pay Certificate (P. 331).
13. Pay Book Certificate (P. 331).
14. War Service Medal (Form A.F.W. 2595).
15. Sundry Documents (Form A.F.W. 2595).
16. Sundry Documents.

[Handwritten signature]

Group B
 Checked by No. 17
 Date 4 - JUN 1919

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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

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5929

Oct. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **7242 2 2**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **J. R. Henderson**
 Battalion **109 Battr.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

(Mother)
 Name **Deliza Depmill**
 Address **Maple Lake P. O.**
Stanhope Township
Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31			300.	300.	
1918					
Jan	N 69651		20	20	Pr.
Feb	P 74631		20	20	
Mar	1 90166		20	20	
Apr	1 12395		20	20	
May	D 7918		20	20	
June	A 18329		20	20	
July	W 33342		20	20	
Aug	D 32974		20	20	
Sept	C 40524		20	20	
Oct	E 47421		20	20	
Nov	C 55486		20	20	
Dec	E 66099		20	20	
Jan	C 74533		20	20	
Feb	B 81231		20	20	
Mar	E 86665		20	20	
Apr	20 3587		20	20	
May	P 6892		20	20	
May	S 8958		20	20	
June	Q 9693		20	20	
			660	660	

08426-J-156

R. 6992 cancelled on a.c. list

M. F. W. 128
4004 647-1772-39-141
L. L. 2220-M. & D. 1988.

A/c Closed **30-6-19**
 Ret'd per **Olympic**
 Date **12/6/19** M. F. W. 187
 Clerk **Headman**
Destin 125764

AUDITED



