

C. Coy.

# ATTESTATION PAPER.

No. 725558

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Johnson*
- 1a. What are your Christian names?..... *John Raymond*
- 1b. What is your present address?..... *Bolcaygeon*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Township of Verulam, Co Victoria*
- 3. What is the name of your next-of-kin?..... *Bertha Marie Johnson*
- 4. What is the address of your next-of-kin?..... *Bolcaygeon*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *26<sup>th</sup> April 1884*
- 6. What is your Trade or Calling?..... *Labourer*
- 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?..... *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 Raymond Johnson*, 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.

Date *4 January* 191*6*. *John R Johnson* (Signature of Recruit)  
*A. Fairbairn Lieut.* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Raymond Johnson*, 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.

Date *4 January* 191*6*. *John R Johnson* (Signature of Recruit)  
*A. Fairbairn Lieut.* (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 *Bolcaygeon* this *4<sup>th</sup>* day of *January* 191*6*.  
*W. M. Forster* (Signature of Justice)

# Description of John Raymond Johnson on Enlistment.

Apparent Age.....31 years .....8 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. 8 1/2 ins.

*None*

Chest measurement. { Girth when fully expanded.....39 ins.  
 Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....DK Brown

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....Jan 4<sup>th</sup>..... 1916

Place.....Lindsay.....

*J. MacLachlan*..... 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.

.....John Raymond Johnson..... 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. G. [Signature]*..... Lt. Col. (Signature of Officer)  
**G. C. 109th Overseas Battalion, C. E. F.**

Date.....**JAN 15 1916**..... 1916

NAME *Johnson John R.*

*(W/CPT)*

REGT. NO. *725558*

UNIT *109th C. Inf.* H. Q. FILE NO. *3542*

*1. E. 19  
3-7-19*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON EFFECTIVE BY

**S**

**M**

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

*2 Misso. cert.  
1 M-F-W. 67*

*1 [unclear]*

*1 A122*

*X a 7 9 17 37*

*1 a 7 B 181*

*1 a 7 H 31 72*

*1 MIS*

*1 pay care*

*Discard 29-a-35*

DEATH

Category

DISCHARGE

*07755*

Category

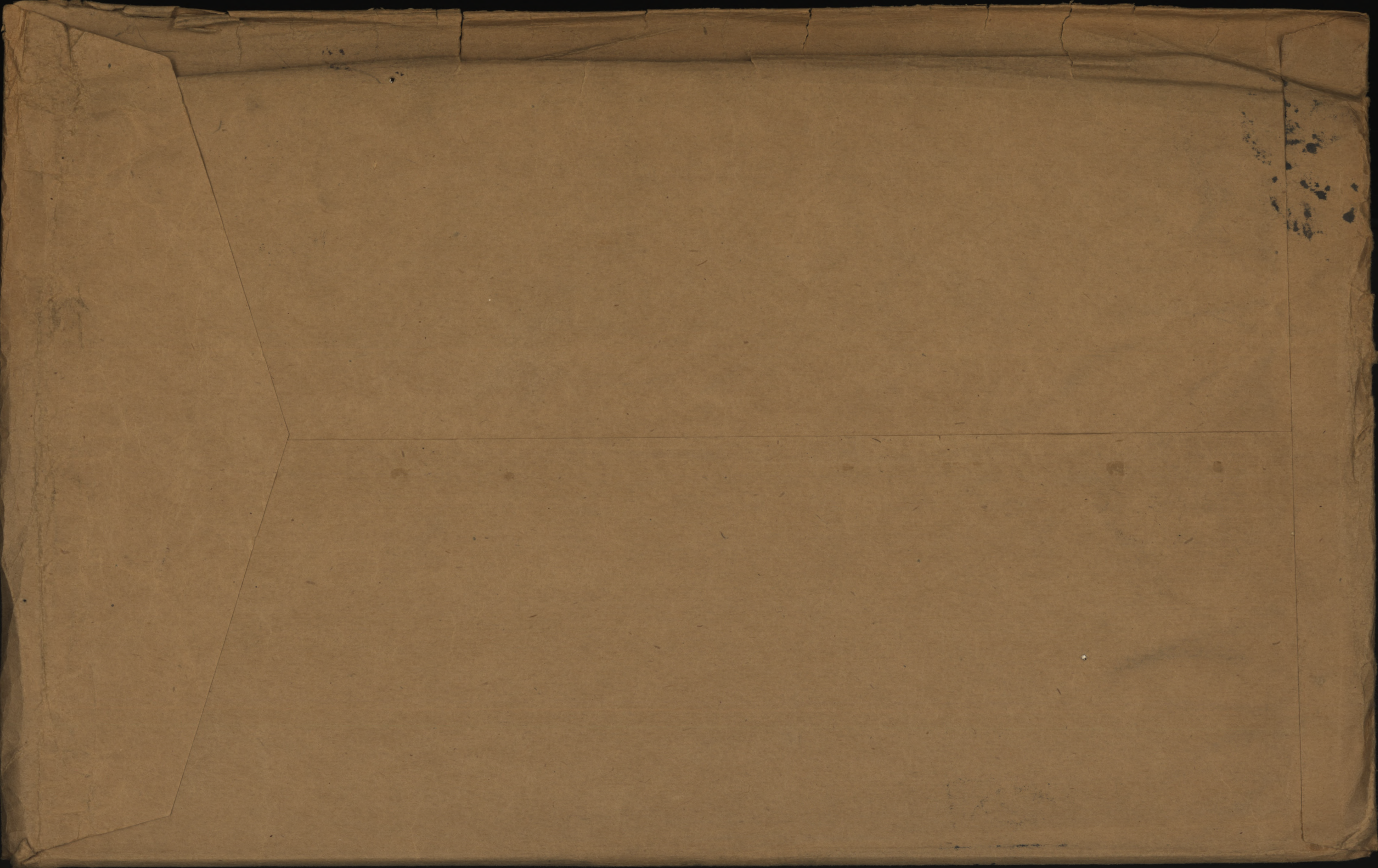
*W. envot.*

DESERTION

*5-26  
19-26  
32-28*

*2*

**H**



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class. 17...  
No. 277814... Issued

THIS IS TO CERTIFY that No. 725558, (Rank) *Sergeant/Cpl.*

Name (in full) *Johnston, John* enlisted in  
the *109<sup>th</sup> Con. Infantry Battalion*

CANADIAN EXPEDITIONARY FORCE at *Bobcaygeon* on the, *4<sup>th</sup>*  
day of *January* 19*16*

HE served in, *21<sup>st</sup> Con. Inf. Bn. in France*

Demobilization.

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

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

Age *34*  
Height *5'9"*  
Complexion *Fair*  
Eyes *Blue*  
Hair *Brown*

Marks or Scars,  
*SSW. on right shoulder*  
*Schulfer wound left arm*

*J. R. Johnson*  
Signature of Soldier.

*E. J. Mooney* Captain  
for O. C. Dispersal Area Station H

Issuing Officer.

Date of Discharge

Rank

Date..... 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.

11/12

Shipping Officer

Rank

Date

THIS DOCUMENT IS UNCLASSIFIED DATE 11/12/00 BY 60322 UCBAW/STW/STW

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 BATTALION, C. E. F.**

(2) Regimental Number **725558.**

(3) Full Name of Soldier **John Raymond Johnson.**

(4) Place of Birth **Bobcaygeon Ontario Canada.**

(5) Are you married, or not? **yes.**

(6) If married, state,  
 (a) Full name of your wife **Bertha Marie Johnson.**  
 (b) Present Postal Address **Bobcaygeon Ontario Canada.**

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

(8) Have you any children? **Yes.**  
 If so, give number of boys and girls **One Boy, One Girl.**  
 Also their names and ages **Robert Edward Arnold, Age 4 yrs.**  
**Gertrude Doreen Johnson, Age 5yrs.**

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? Yes.

If so, state name and address Ellen Johnson.

Bobcaygeon Ontario Canada.

(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.

Nil.

(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.

Nil.

(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.

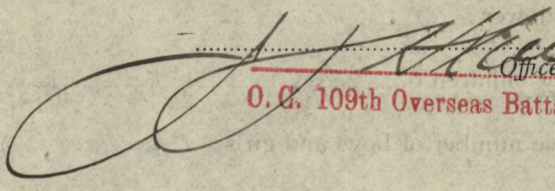
(15) Are you insured? Yes.

If so, in what Company? Confederation Life Assurance Coy. of Canada.

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.

Date July 4, 1916.

  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.



A.C. Rank Name **JOHNSON, John Raymond.** Reg'l No. **725558** ✓  
 Unit **109th. Bn,** If in perm. Corps, }  
 What Unit? } Married or Single **Married.**  
 Place and Date of Enlistment **Bobcaygeon. 4th. Jan. 1916.** Place of Birth **Tp of Verulam,**  
**Co. Victoria.**  
 Name and Address, Next-of-Kin **Bertha Maria Johnson.** ✓  
**Bobcaygeon, Ont., Canada.** Relationship **Wife.**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character

H. W. &amp; V., Ltd.—7165-16.

No	15326
File No.	
Category	Gen OR.

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.				
		<b>C</b> Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109th Bn	S.O.S. to 21st Bn	Bramshott	5-10-16	P <sup>L</sup> II. D.O. 279
9-10-16	21st Bn	<b>Taken on strength.</b>	Field	6-10-16	" II 58.
17-9-17	E.O.R.	Adm <sup>d</sup> CH Camfield Ambl.	Pte Field.	14-9-17	Col. A13
20-9-17	E.O.R.	Transf to Col 22 Gas Clear Stat	Pte " "	16-9-17	Col. A16. I.C.T. R Finger.
29-9-17	" "	Transf to Col 18 Gen Hosp.	Pte Danes Carriers.	19-9-17	Col. A24 " "
8-10-17	" "	Adm <sup>d</sup> Cambridge Truby Hosp.	Pte Aldershot.	5-10-17	Col. B. 31 " "
11-10-17	E.O.R.D.	Posted from 21st Bn	Pte Seaford.	5-10-17	P <sup>L</sup> A13 & 21 <sup>st</sup> 90 <sup>th</sup> 12-10-17
22-10-17	E.O.R.	Transf to Can Gen Hosp. Bear Wood	Wideningham.	19-10-17	Col. B43. I.C.T. R Finger.
<b>C</b> 2-11-17	" "	Transf to Col 18 Gen Hosp.	Japlow Buebe	31-10-17	Col. B. 53 " "

A.F.B. 103 CHECKED

11 OCT 1916

W.R.

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.				
C. 9.3.18	Golds On Comm.	3 <sup>rd</sup> <del>ces</del> <sup>ces</sup>	Seaford	6.2.18	3 <sup>rd</sup> <del>ces</del> No. 59 d/11.2.18
2.5.18	6 <sup>th</sup> Sea Bn.	Posted from Golds <del>ces</del> <sup>ces</sup>	"	2.5.18	16.11.18 No. 68. Golds No. 119 d/14.5.18
5.9.18	"	Posted to 21st Bn 75	"	14.9.18	104 + 3 <sup>rd</sup> <del>ces</del> 102 d/2.5.18. 21st Bn No. 69. 210. d/12-9-18.
17.10.18	EOR	Wounded	"	12.10.18	Field CHA347.
12.10.18	21st Bn	apta L/corpl	4c	30.8.18	PTD/080
23.10.18	EORD	Posted from 21st Bn	"	17.10.18	21st Bn No. 89 — 265. d/29-10-18.
14.5.19	EORD	Ceases to be detailed to Dep. Coy SOS on transfer MDC 3 Rhye	"	14.5.19	112.
17.5.19	MDC 3	T.O.S. from <del>6<sup>th</sup> Sea Bn</del> <sup>6<sup>th</sup> Sea Bn</sup> Res. /cpl	Phyl.	14.5.19	— 117.
20.5.19	—	SOS to Canada (S.6)	Rhye	20.5.19	— 119.
		61. H - 76		20.5.19	

A.F. 103 CHECKED  
 9 SEP 1918

*Miss*  
*Smith*

Number *725558*

Rank *L/Cpl*

*B*

Surname *JOHNSON*

Christian Name *John Raymond*

Units *21st Bu Can Inf* Theatre of War *France*

Date of Service *6-10-16*

Remarks

Latest Address *Bobcaygeon Ont.*

Roll No. *B. Page 18052*

200m. -2-21

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued  Yes  No Date

Character on discharge

Previous occupation Date and place of enlistment

Diagnosis

Date of Medical Boards

Date

Remarks

DESP. JAN 17 1923  
REGN. NO. 273066

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

Can: Conval: Hospital,  
Bear Wood. HOSPITAL.



*Laplow*

AT \_\_\_\_\_

A. & D. No. *0510269* PL. OF ACTION *725558*

RANK *Plt* UNIT *21st Man* SICK OR WOUNDED

NAME *Johnson J.R.* AGE *32* RELIGION *CE*

PLACE IN HOSPITAL *hut 3*

DIAGNOSIS *Bl. R. Induse Digger (acc) on duty*

ADMITTED *18 OCT 1917* FROM *Camp for Aler shot.*

DISCHARGED \_\_\_\_\_ TO \_\_\_\_\_

TRANSFERRED *30 OCT 1917* *Laplow*

SERVICE AT HOME *12/12* IN FIELD *11/12*

RESULTS \_\_\_\_\_

REMARKS.

No. 725.558. RANK

Pte

NAME

Johnson. J.

CP

T. O. S. 4-1-16.

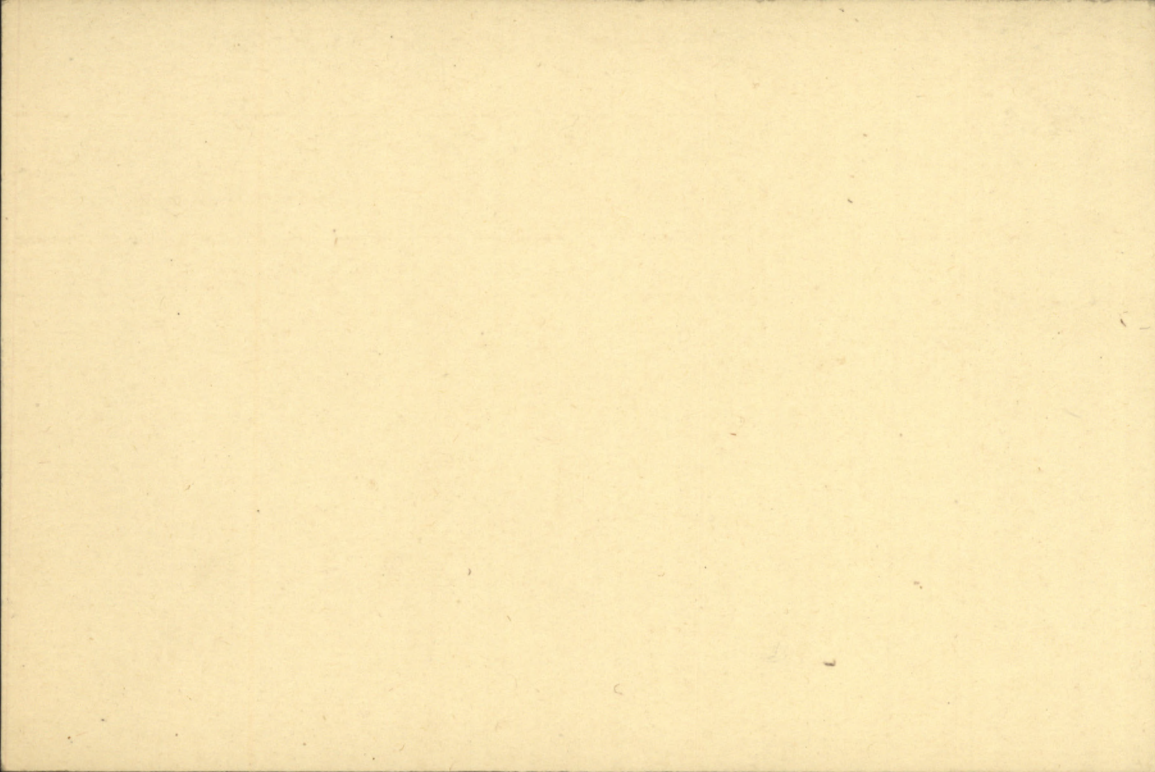
UNIT

109th. Battalion.

D.O. 39. 5-1-16

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916.			
Jan 4	Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		
			<p>UNIT SAILED</p> <p>JUL 23 1916</p>	





SURNAME.

*Johnson**N/3*305. Dec 31-5-1919  
D.O. 153 FOL 2-6-19  
#308

CHRISTIAN NAMES

*John Raymond.*

REGL. No.

*725558*

RANK

*Pte.*

UNIT

*109th.**Batt.*

FORMER CORPS

*Mil.*

NEXT OF KIN.

NAMES IN FULL

*Johnson, Mrs. Bertha Maria.*

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*Bobcaygeon, Ont.*

COUNTRY OF BIRTH

*Canada, Trop. Verulam, Ont.*

DATE

*April 26th. 1884.*

PLACE OF ATTESTATION

*Bobcaygeon, Ont.*

DATE

*Jan. 4th. 1916.**98 23-7-16. 488/18**RIC 28-5-19 335-2/10  
36*

Sailed from Halifax 23.7.16 per SS "Olympic"

MARRIED *Yes.* SINGLE WIDOWER  
TRADE OR CALLING *Labourer.* RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE *31* YEARS *8* MONTHS  
HEIGHT *5* FEET *8½* INCHES  
CHEST MEASUREMENT *39* INCHES EXPANSION *3* INCHES  
COMPLEXION *Fair.* EYES *Blue.* HAIR *dk. Brown.*  
DISTINGUISHING MARKS *Nil.*

MEDICAL EXAMINATION. PLACE *Lindsay, Ont.* DATE *Jan. 4<sup>th</sup>. 1916.*

Name **Johnson** <sup>John</sup> Rank **Pte I/cpl** <sup>Raymond</sup> Reg. No. **725558**

Unit **21<sup>st</sup> Btm.**

(Next of Kin) **Canada B. W. Johnson, Bobcaygen, Ont.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<b>1917</b>			<b>Rt.</b>			
14-9	4 C.F.A.	I.C.T. Finger	A13			3004
16-9	22 C.C.S.	Do.	A16			3305
19-9	18 G.H. Dannes Camiers.	Do.	A24			14297/2
5-10	Cambridge M.H. Aldershot.	Do.	B31			3211
19-10	C.C.H. Bearwood.	Do.	B43			3969
31-10	15 C.G.H. Taplow.	Do.	B53			4809
15-1-18	mil (con) H. Epsom	Do.	B114			10581
6-3	Discharged.	(Ampt R. Index) Do.	B/60			3611
12-10-18	91 L.C.S.G. Ontario	"Eyes" Sleds				
17-10	sent to (Cpl) V. H. Epsom	Ref B347 d/1A-10-15				
	Rank now lance-corporal	please				

22-10-18

795888

Z/b Johnson JR

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15.1.19	Inil (bon) from	RSL/Thigh + arm	R Shldr B.410			4923
16-4	Discharged		-eo-			3319
16-4	on 26-4 to	EOR S'nd	ep. f.			27

NAME *Johnson John Raymond*

REGT'L No. *725558*

RANK AND CORPS

*Pvt. Capt. 21<sup>st</sup> Bn. (form 109th Bn.)*

H. Q. FILE No. 649.

FOLLOWS  
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

*No R.*

*Mrs. Bertha Maria Johnson. (wife)  
Bobcaygeon Ont.*

*42-9.  
R 646*

*19-10-18*

*Adm. 2nd Can. Stat. H. Boulogne  
Oct. 12th 1918 GSW. R. arm, L  
thigh shldr.*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A13 (1)	no 4 Can. Fld. Amb.	14-9-17	D.C.T. R Finger.
A16 (1)	no 22 <sup>st</sup> Cas. Clg. Station	16-9-17	" " " East Out Regt.
A24.	no 18 New. Wannes Carriers	19/17	J.C.T.R. finger
B.31 (1)	Cambridge Mil. Aldershot	5-10-17	J.C.T. R. Finger (East. Out. R.)
B 43 (1)	Can. Com. Bear Wood Wokingham Berks.	19.10.17	J.C.T.R. finger
B.53.	#15 Can. New Taplow <sup>Bucks</sup>	31-10-17	J.C.T. (R.) finger
B 114.	Mil. Com. Wardeale Pk Epsom	15-1-18.	J.C.T. R. finger
B.160 <sup>d</sup>	discharged	6.3.18	J.C.T.R. finger ampt R. Joints
q347 <sup>4</sup>	#2 Can. Stat. Outreau	12-10-18	G.S.W. shells. R. arm & L. thigh
B347 <sup>1</sup>	Horton (Co. of London) War, Epsom Surrey	17-10-18	G.S.W. shells. R. arm & L. thigh sev.
B 356 (1)	berry rank should	read 2 apt.	
B420 <sup>2</sup>	Mil Com. Epsom	15-1-19	G.S.W. L. thigh <sup>sk</sup> shell arm
B497	Discharged	16-4-19	" " " " " "

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

JOHNSTON

J.R.

725558

RANK

UNIT

Co.

TROOP

BATTY.

Pte. 4/cpl

E.O. 21

HOSPITAL

DATE OF ADMISSION

4 C.F.AMB

14-9-17.

1. 22 Gas bldg. Station

HOSP. 16.9.17

no 18 G.H. Danvers Cam. 19-9-17

Cambridge Mill Aldershot

HOSP. 5.10.17

3. Cav. Cav. Bearwood.

HOSP. 19.10.17.

7 15 Cav Gen Taffley

31-10-17

Mil. Cav. Wt. PK. Upson

HOSP. 15.1.18

DIAGNOSIS

1.

I C.T. Rt. Finger.

2.

Amp R. index <sup>Rw</sup>  
 G.S.W. Shoulder + R Arm + L thigh <sup>Rw</sup>  
 (sev)

3.

DISPOSITION

DATE

C: 17-9-17 A13.

REMARKS

21.9.17 a/b

" 1-10-17 a 24

" 9.10.17 B.31.01

13.10.17 B.43.

3.11.17 B.53.

17.1.18 B114.1

12.3.18 B160.2.

17.10.18 a 347. @

19.10.18 B347

30.10.18 B356/3

17.1.19 B400/2

17.4.19 B447

Desc. 6.3.18

" 16.4.19

note. Rank should read 4/cpl

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	2 Cav Stalg Outtran. Horton War Epsom	12.10.18 17.10.18
2.	Woodcote Park Epsom.	15.1.19.
3.		
4.		
5.		
6.		
7.		



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Johnson Christian Name J.R.

TABLE I.—General Table.

Birthplace { Parish .....  
County .....

Examined { on ..... day of ..... 191  
at .....

Declared Age ..... years ..... days

Trade or Occupation .....

Height ..... feet ..... inches

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded ..... inches  
Range of Expansion ..... inches

Physical Development .....

Vaccination Marks { Arm ..... RIGHT LEFT  
Number .....

When Vaccinated .....

Vision { R.E.—V= .....  
L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—  
.....  
.....

(b) Slight defects but not sufficient to cause rejection—  
.....  
.....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
5/3/19	A
7-2-19	J.R.

Approved by .....  
Rank .....  
Medical Officer.

TABLE IV.—Service Table.

Enlisted { at ..... on ..... day of ..... 191	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
	21 <sup>st</sup> Bn	725558	

Joined on enlistment Corps Regtl. No.  
Transferred to I

Became non-effective by .....  
on ..... day of ..... 191

(Signature) .....  
(Rank) .....



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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JOHNSTON, J. R.

REGIMENT 21<sup>st</sup> Bn. RANK 2/cpl No. 725558

Date of Examination in England 5/3/19 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 19
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
- (c) In France

No

Signature of Dental Officer [Signature]  
2/cpl

( ) Mr. Tolson

( ) Mr. E. A. Tamm

( ) Mr. Clegg

Name of Party to Whom Being Sent  Mr. Tolson  Mr. E. A. Tamm  Mr. Clegg

Name of Party to Whom Being Sent  Mr. Tolson  Mr. E. A. Tamm  Mr. Clegg

( ) Mr. Glavin

( ) Mr. Ladd

( ) Mr. Nichols

( ) Mr. Rosen

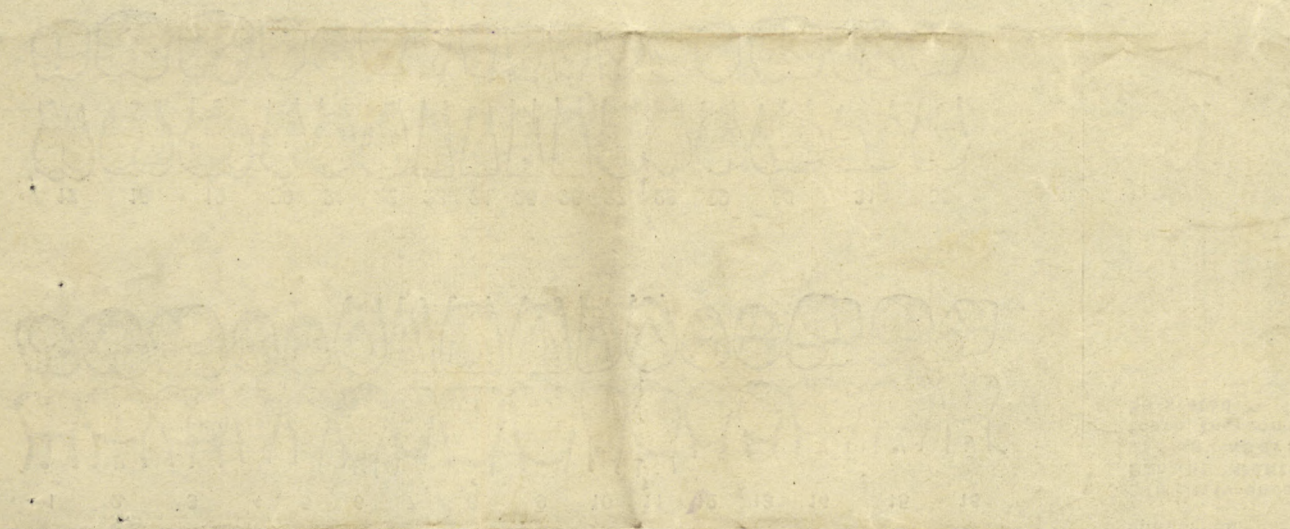
Mr. DeLoach

Mr. Mohr

Mr. Winterrowd

Mr. Holloman

DEPT. OF JUSTICE



Date of Birth  Date of Death  Name of Party to Whom Being Sent  Mr. Tolson  Mr. E. A. Tamm  Mr. Clegg  Mr. Glavin  Mr. Ladd  Mr. Nichols  Mr. Rosen  Mr. DeLoach  Mr. Mohr  Mr. Winterrowd  Mr. Holloman

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

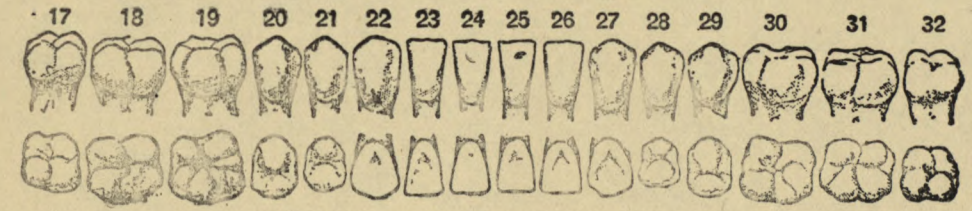
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JOHNSON, J.

REGIMENT E. O. R. D. RANK L. CPL. No. 725558

Date of Examination in England 17 MAY 1919 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 18 19 20

2. EXTRACTIONS 1

3. CROWNS \_\_\_\_\_

4. DENTURES

(a) Full Upper \_\_\_\_\_

(b) Part Upper \_\_\_\_\_

(c) Full Lower \_\_\_\_\_

(d) Part Lower \_\_\_\_\_

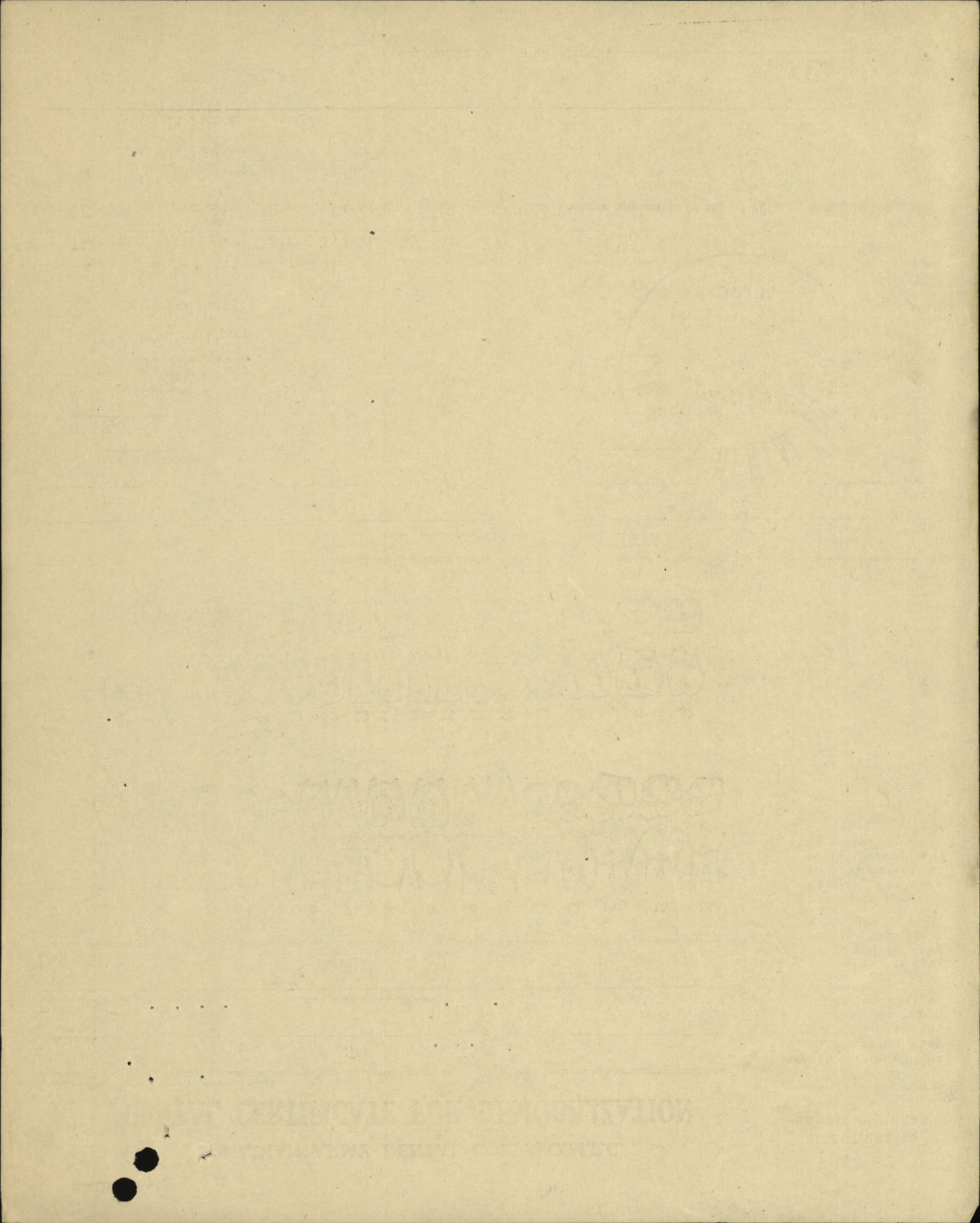


HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer [Handwritten Signature]



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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-59-920.

**W. S. B. CLASS A**  
**Casualty Form—Active Service.**  
109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425558

Rank Pte

Name

JOHNSON  
Johnson John Raymond

Enlisted (a) 4.1.16

Terms of Service (a) D of W.

C. E. F.

Service reckons from (a) 4.1.16.

Date of promotion to present rank. } \_\_\_\_\_

Date of appointment to lance rank } \_\_\_\_\_

Numerical position on roll of N. C. Os. } \_\_\_\_\_

Extended \_\_\_\_\_

Re-engaged \_\_\_\_\_

Qualification (b) Laborer.

CERTIFIED CORRECT.  
12 OCT. 1916  
CAN. RECORDS, LONDON.

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
			Halifax	24.7.16.	
			Liverpool	31.7.16.	
		Embarked Canada			
		Disembarked England			
		Transferred for Overseas Service with			
		21st Battn.			
				OCT 5 1916	D. C. Part II No 279
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pl. II. D. 58. 4/9-10-16.
	Do.	Left for unit.	en route.	20/10.	N.B. 20/10
					<u>A. W. Aseling</u> CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
					B. 213. 27/10.
21st BATTALION		Joined unit.	21st BATTALION	22/10.	
4 C.F.A.	D.C.T. finger R.	adm	4 C.F.A.	14/9/17	A 36 14/9
22 C.C.S.	Do.	adm	22 C.C.S.	16/9	} a 36 17/9
Do	Transferred to		5 A.S.	19/9	
18 gen.	D.C.T. Hand R. Sgt.	adm	18 general	19/9	W. 3034.
Do			Seaford	4/10	

(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.]

725558

Johnson, J. R.

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				
	18 General	Invalidated and posted to Eastern Ontario Regtl. Depot per H.S. "Newhaven"	Seaford	4-10-17	W-3083 Pt II D. 90 d/13-10-17
			Whogau		Major for Lt.-Col., A.A.G. Canadian Section. G. H. Q. 3rd Echelon B.E.F.
11 <sup>10</sup> /17.	LORD	Posted from 21 <sup>st</sup> Bn.	Seaford.	5 <sup>10</sup> /17.	Pt II D/O. 213. Fahaw for Lt Col i/c Records. Liemt. 80M7
2/5/18		DISCHARGED FROM 3RD C. C. D.	Seaford TO 6th Res Bn.	PART II D. O. NO. 102	2/5/18 Bellevue For O.C. 3rd Canadian Command Depot.
2.5.18.	O.C. 6th Res Bn.	405. 6th Res Bn on posting from LORD.	Seaford	2.5.18	Pt II B.O. 104.
5 SEP 1918		DRAFTED TO 21st Bn	SEAFORD.	4 SEP 1918	PART II NO. 210
					OFFICER i/c RECORDS 3rd CAN. RES. BN.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Bertha M. Johnston,* By Whom Assigned *Johnston, J. R.*  
 Address *Bobcaupgon,* Regtl. No. *725558.*  
*Out.* Rank *Pte.*  
 Corps *E. O. R. D.*

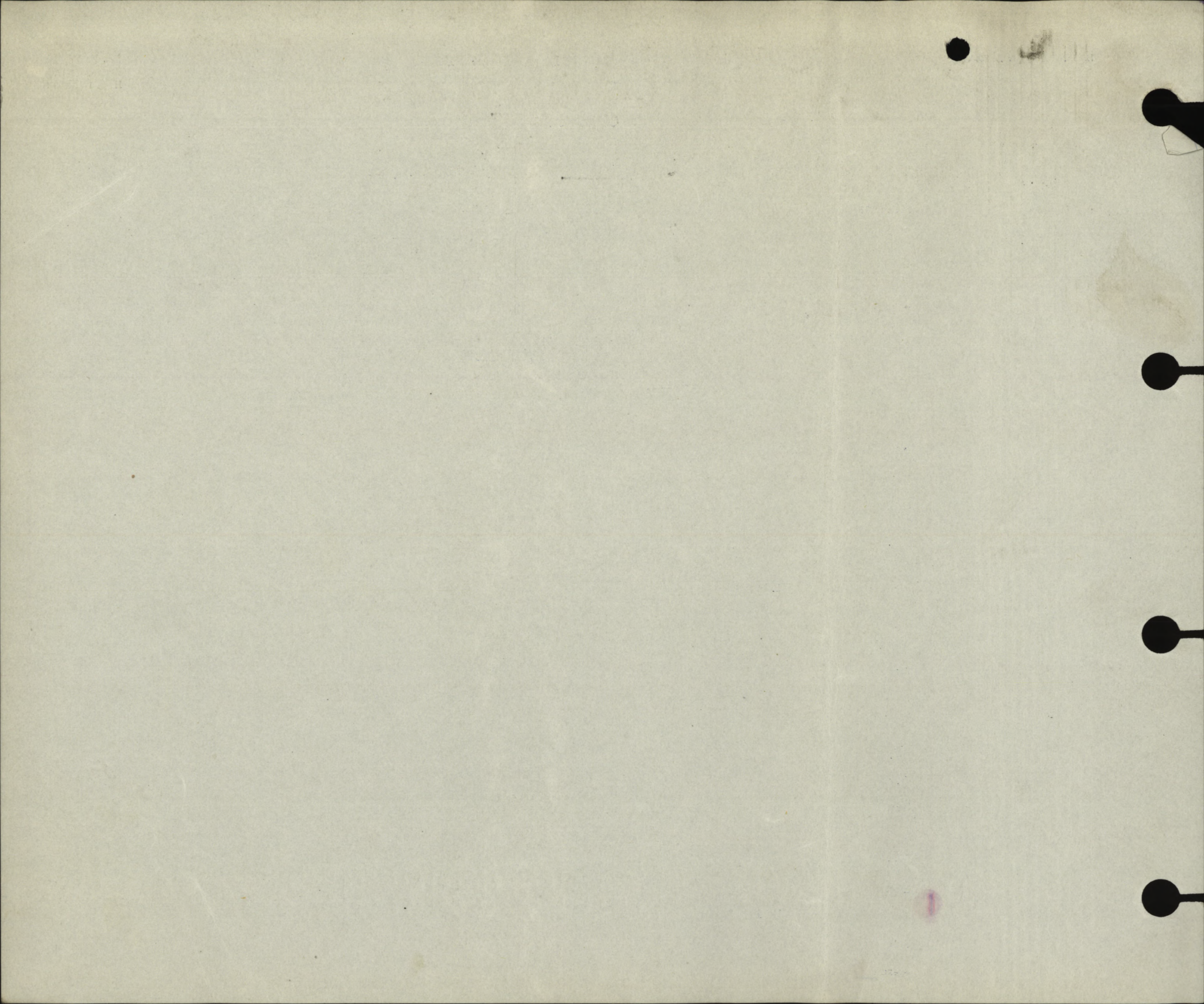
SPECIAL REMITTANCE

Rate \$ *40.00*

*Sched # 479*

*27-12-17* 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.	<i>1918</i> 1916	<i>U 49622</i>	<i>40 -</i>	
Feb.				
March				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Bertha M. Johnson <sup>wife.</sup> By Whom Assigned Johnson, J. R.  
 Address Bobcaygeon Regtl. No. 725558.  
Pnt. Rank Pte.  
 Corps 109 Batt. "C" Co.  
 Rate 20<sup>00</sup> per m. **AUG 1 1916**

**PAYMENTS**

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



۱۲۰۰۰۰۰۰

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Bertha M. Johnson

(Wife)  
 PAYMENTS. #

Name of Soldier Johnson, J. R.  
Pte C Coy 109 Batt.

L. L. Job 310.-Req. 6374.

# 725558.  
\$20<sup>00</sup>

Remarks.

**AUG 1 1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		7 15421	20	
Sept.		016902	20	
Oct.		✓ 021464	20	
Nov.		9 26763	20	
Dec.		L 34462	20	
Jan.	1917	Y 39753	20	
Feb.		W 45211	20	
March		U 48184	20	20 M
April		P 2855	20	20-EL
May		T 9008	20	
June		M 17511	20	Be
July		P 22784	20	Lu
Aug.		Y 30353	20	6
Sept.		0 37182	20	D
Oct.		Z 44458	20	
Nov.		V 48509	20	
Dec.		M 52710	20	
Jan.	1918			340 M
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.  
20m.—11-15.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE


Name *Bertha M. Johnson*Name of Soldier *Johnson, John R*Address *Bobcaygeon  
Ont*Regtl. No. *72555A*Rank *Pte*Corps *109 Batt*Relation to Soldier } *Wife*

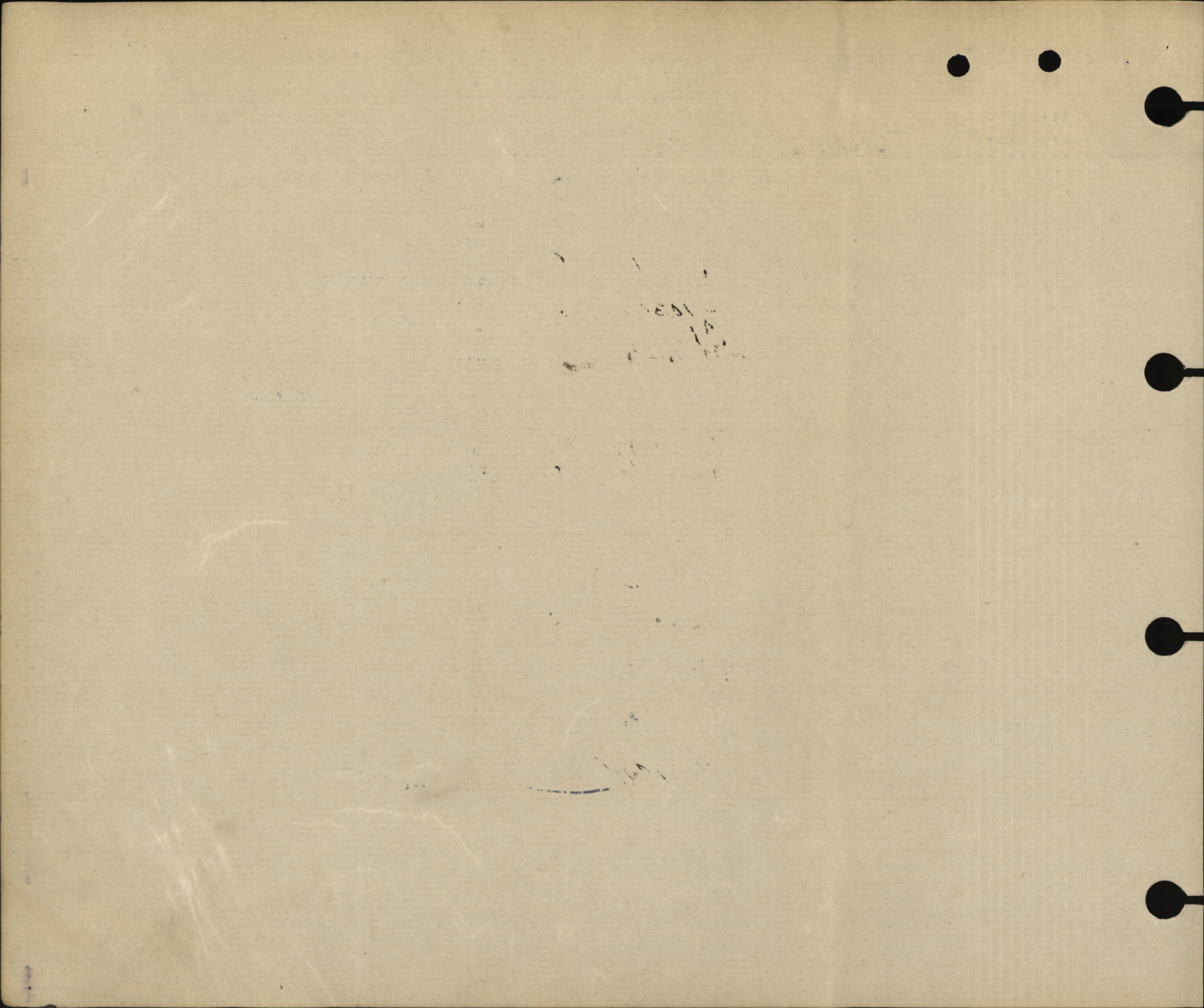
To what Corps belonging }

wife, child or mother }

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		<i>L 28489</i>	<i>20 20</i>	





## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 8902.-Req. 6213.

(Wife)  
 PAYMENTS.  
 Bertha M. Johnson

Name of Soldier

Johnson, John R  
725558

Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G1216	20	
May		J6029	20	
June		U4336	20	
July		O10368	20	
Aug.		A13256	20	
Sept.		M16495	20	
Oct.		M19324	20	
Nov.		D22039	20	
Dec.		D25997	20	
Jan.	1917	I28953	20	
Feb.		J32070	20	
March		I35158	20	
April		F1616	20	
May		J4544	20	
June		L7991	20	
July		J11202	20	
Aug.		V14638	20	
Sept.		U17510	20	
Oct.		D22470	20	
Nov.		J23598	20	
Dec.		M26186	20	
Jan.	1918			440 Ma
Feb.				
March				
April				
May				
June				
July				

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.				

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- JOHNSTON, John Raymond
EFFECTIVE DATE:- 1-8-16		EFFECTIVE DATE:-		NUMBER:- 725558
AMOUNT:- 20 <sup>00</sup>		AMOUNT:-		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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs. Bertha May Johnston Bobcaygeon, Ont. Wife.		D.O. 80. 12/17/18 21 <sup>st</sup> Bn	28-8-18	Private 2/cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			E. O. R. D.

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
16.4.19	1663	Epsom £10	48 47	17.10.19	1710	R. Epsom £10	48 47
29.4.19	1531	Seaford £10	48 47				

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada 1.6.19 NR. 8101. 29.4.19 MD3. Seaford to Seaford disposal P.P.B. 34.90

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal for'd								66 41		
Apr	PP	33		AR 274. 3 C.C.D. 12/4/18.	9 73			20			
				D 827. Bwood. 12/1/18.	7 77						
				Q 542. Epsom 6/3/18.	20						
				AR 563. 3 C.C.D. 29/4/18	48 7				56 81		
May	"	33			22 57			20			
				AR 694 6 Res. 14.5.18	7 30						
				" 961 " 29.5.18	9 73				53 91		
Jun	"	33			17 08			20			
				" 1389 " 13.6.18	14 60						
				" 1656 " 26.6.18	9 73				42 68		
Jul	"	33			24 33			20			
				" 2077 " 16.7.18	38 92						
				" 2168 " 27.7.18	48 7				12 88		
Aug	"	33			48 7			20			
				" 2965 " 15.8.18	48 7						
				" 2566 " 28.8.18	21 3						
				" 2566 " 28.8.18 2 <sup>nd</sup> Paid	48 7				14 81		
Sep		33		C. a. P.	12 17			20			
				A. A. 3928. 6 Res. 3.9.18.	4 87						
				L. N. AR. 1241. 19 <sup>th</sup> Bn. 24.9.18.	3 57				19 37		
					8 44			20			
Oct	1/2 cras 40pl 28/9/18 to 29/9/18 = 34 days @ 54.	170		cap.				20			
	L. N. P.	35 65		6421. 25.10.18. Epsom.	9 73				26 99		
		37 35			9 73			20			
Nov				cap.				20			
				7582. 2.2.11.18 ✓	4 87						
				Forward							

NUMBER 725558

RANK Lt Col.

NAME JOHNSTON

John Raymond

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Nov	Adj.	3450		Forward	487			20	2699		
Dec	✓	3565		cap				20	4185		
1919									6487		
Jan	✓	3565		✓				20	7668		
	87-2941-11-1218. 12Apr. 14CCD. 20348	876			487			60	2785		
		11456		bal.				20	10453		
July	Lt Col Pay.	3220		AR 3909 15/11/19 Epsom	487				974		
Mar	✓	3565		cap				20			
				3887 183.19 ✓	487						
		6785			974			40	9479		
Apr	✓	3450		cap apr + may				40			
May	✓	3565		AR 1663 16/4/19 Epsom	4867						
	17. 16-244119. 2093. 244119. 10 Apr	730		✓ 1531 29/4/19 Epsom	4867						
				AR 4005 16/4/19 9.24 Ba 118							
				AR 3778 16/5/19 Epsom	973				2399		
		7745			10825			40			

S.O. S. Kobanada. 20/5/19. S.K. 61 CoR.

70.15      94.79-  
             70.15-  
 -----  
 164.94-  
 40.00      40  
 -----  
 124.94-  
 97.34      97.34-  
 -----  
 27.60  
 7.30      7.30  
 -----  
 7.30      34.90-  
 -----  
 27.60  
 W. Swannell  
 2-5-19

MARRIED OR SINGLE *Married*

PLACE OF BIRTH *Twp of Verulam Ont*

NAME AND ADDRESS OF NEXT OF KIN *Bertha May Johnston  
Bobcaygeon Ont Can*

RELATIONSHIP OF NEXT OF KIN *wife*

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

REG'L No *725558* RANK *Pte* NAME *Johnston John Raymond*

IF IN PERM. CORPS WHAT UNIT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *21<sup>st</sup> Bn* DATE *5-10-16* AUTHORITY *00279*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *CORD* DATE *1/1/17* AUTHORITY *NR*

PLACE OF ATTESTATION *Bobcaygeon Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Jan 4<sup>th</sup> 16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *Aug 1<sup>st</sup> 1916*

PAYABLE TO *Bertha May Johnston Bobcaygeon Ont* RELATIONSHIP *wife*

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)

ADMISSIONS TO HOSPITAL. & C.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				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		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT												
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE	
<i>July 31</i>																																								
<i>Aug 31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>						<i>110</i>	<i>1100</i>							<i>Bal. from Canada</i>										<i>110</i>									
<i>Sept 30</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>3</i>	<i>3</i>						<i>33</i>	<i>33</i>			<i>229816</i>				<i>973</i>	<i>20</i>					<i>2973</i>	<i>547</i>												
<i>Oct 1-5</i>	<i>5</i>	<i>5</i>	<i>50</i>		<i>5</i>	<i>50</i>							<i>550</i>								<i>243</i>	<i>730</i>			<i>20</i>		<i>2973</i>	<i>854</i>												
<i>Oct 6/31</i>	<i>26</i>	<i>26</i>	<i>260</i>		<i>26</i>	<i>260</i>							<i>3860</i>				<i>4339 1710 C.B.D.</i>					<i>436</i>			<i>20</i>		<i>20</i>	<i>576</i>					<i>00279 Trans 21<sup>st</sup> Bn 5/1/16</i>							
<i>Nov 30</i>	<i>30</i>	<i>30</i>	<i>3</i>		<i>30</i>	<i>3</i>							<i>33</i>				<i>1785 12-11</i>				<i>261</i>	<i>20</i>			<i>20</i>		<i>2261</i>	<i>2400</i>												
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>310</i>		<i>31</i>	<i>310</i>							<i>3410</i>	<i>1800 27 11</i>							<i>872</i>	<i>20</i>			<i>20</i>		<i>2872</i>	<i>2938</i>												
			<i>1530</i>			<i>1530</i>																																		
<i>1917</i>																																								
<i>Jan 31</i>	<i>11<sup>00</sup></i>	<i>3410</i>											<i>3410</i>	<i>1423 29 11</i>			<i>1865 17 11</i>				<i>262</i>	<i>20</i>			<i>20</i>		<i>2524</i>	<i>3824</i>												
<i>Feb 28</i>	<i>3080</i>												<i>3080</i>	<i>2060 28 11</i>			<i>2009 18 11</i>				<i>261</i>	<i>20</i>			<i>20</i>		<i>2522</i>	<i>4384</i>												
<i>Mar 31</i>	<i>1<sup>00</sup></i>	<i>3410</i>											<i>3410</i>	<i>2093 9 2</i>	<i>240 5 3</i>		<i>778 7 3</i>				<i>262</i>	<i>262</i>			<i>20</i>		<i>3047</i>	<i>4475</i>												
<i>Apr 30</i>	<i>33</i>												<i>33</i>	<i>35 4 4</i>							<i>262</i>	<i>20</i>			<i>20</i>		<i>2262</i>	<i>5783</i>												
<i>May 31</i>	<i>3410</i>												<i>3410</i>	<i>69 29 4</i>							<i>262</i>	<i>20</i>			<i>20</i>		<i>2262</i>	<i>6931</i>												

Checked *[Signature]*

C.1.



H  
/

26-6-31

SHORT FORM  
**M**  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

War Service Badge Class. A  
No. 277814 Issued

1. No. 72 51 51 51 8

2. Rank. Pl.

3. Name. T JOHNSON John. R.

4. Unit. EOR

5. Date of Discharge 31.5.19 Place Kingston Ant

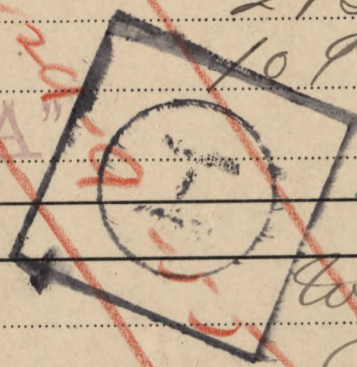
6. Reason for Discharge Demob EOR

21st Bn.  
109th Bn.  
BI  
Age 34

7. Authority. R.O. 14120

8. Proposed Residence after Discharge wife  
Cape  
Kingston

W.S.B. CLASS "A"



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. 39 Sail-Cl HMT Regina  
Emb Liverpool 20 5 19  
Disemb Halifax 28 5 19  
\*\*\*\*\*  
Signature of Soldier. John R. Johnson

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....  
Date.....

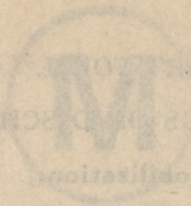


Medical Documents  
Forwarded to  
S.C.R. or B.P.C.  
on  
Date... JUN 25 1919

Signature J. J. Mooney Captain  
for O. C. Dispersal Area Station H  
(O. C. Discharging Unit.)

Key  
4-2-20

64



PROCEEDINGS ON DISCHARGE

Demobilization

1. Name	2. Rank	3. Grade	4. Date	5. Date of Discharge	6. Reason for Discharge	7. Authority	8. Proposed Discharge after Discharge
John W. ...	Private						



CERTIFICATE TO BE SIGNED BY SOLDIER

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

Serial No. 100000000

Rank and Grade

Branch

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Medical Department  
 Forwarded to  
 S. O. B. R. C.  
 Date

Signature  
 (to be signed by)



LIST OF DISCHARGE DOCUMENTS

Medical Form W. 100	Statement Paper, Hospital
Medical Form W. 101	or for Discharge of Hospital
Medical Form W. 102	Field Contact Sheet
Medical Form W. 103	Discharge Form
Medical Form W. 104	Final City Certificate
Medical Form W. 105	Certificate that nursing home is available
Medical Form W. 106	Medical History Sheet
Medical Form W. 107	Proceedings of Medical Board
Medical Form W. 108	Final History Sheet
Medical Form W. 109	Medical Report
Medical Form W. 110	Regimental Contact Sheet
Medical Form W. 111	Company Contact Sheet

Approved by the Surgeon General  
 Department of the Army  
 Washington, D. C.

**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2),  
and Claiming)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Medal (Form M.F.W. 2595).
15. Salary Documents.

Group..... A .....

Checked by No. 21 .....

S. S. W. .....

Date 19-5-19 .....

243

R



Mrs J. R. Johnson 725558

R. Hand

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET

725558

Surname Johnson Christian Name John Raymond

Examined { on 4<sup>th</sup> day of January 1916  
at London  
Birthplace { City or Town Verulam  
County Victoria

Approved by J. McCulloch Capt  
J. McCulloch Medical Officer  
Rank 109th Overseas Battalion, C. F. 5

Apparent age 31 years  
Trade or occupation Laborer  
Height 5 Feet 8 1/2 Inches.  
Weight 145 Lbs.  
Chest measurement { Minimum 36 inches.  
Maximum expansion 39 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		9 OCT 1916 M.O.
<u>2/3/18</u>	<u>Refused</u>	<u>Col de J.A.C.</u>
		19 OCT 1916 M.O.

Vaccination Marks { Arm Right None Left Two  
Number Two  
When Vaccinated last January 25<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease Acne

Date	Result	VACCINATIONS
<u>25-1-16</u>	<u>Nil</u>	<u>J. McCulloch</u>

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>18.5.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>24.5.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>22.9.16</u>	<u>"</u>	<u>J. McCulloch</u>

Enlisted on 4<sup>th</sup> day of January 1916 at Bobcaygeon


	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.F. 7</u>	<u>725558</u>		<u>4.1.16.</u>
Transferred to.....	<u>21st Bn 6th Res. 21st Bn.</u>			<u>2.5.18.</u> <u>SEP 4 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ind. C. C. O. Seaford</u>	<u>26-4-18</u>	<u>FIT FOR DUTY</u>	<u>Approved by</u>
<u>Ensign</u>	<u>3 - APR 1919</u>	<u>Loet. W. J. Under Finger pt. Hand.</u>	<u>B + A. McCulloch</u>

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.

Christian Name *John Raymond*  
 Surname *Johnson*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		4	10	17	18	10	17	Accidental I.C.T. Rt. Index finger	14	Very foul wound of thumb, with hypertrophic excision. Improved. Transferred to Beaumont Park to dress by the S.S. gun.	<i>F. Talbot.</i>
<i>Beaumont Park</i>		18	10	17	30	10	17	I.C.T. at index finger (accidental)	13	Wds still discharging. Right index finger cannot be attended. Hand of finger swollen. Transferred to Taplow	<i>W. Ryker Capt</i>
DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL Taplow, Bucks		30	10	17	14	1	18	do.	46	Wounds healed. Index finger removed at metacarpal phalangeal J. Transferred to C.H.	<i>J. Keble Capt</i>
<i>McH E from</i>		14	1	18	6	3	18	do. Ampt Index finger	52	On admission. Ampt. E. part of index finger. At hand at metacarpal phalangeal joint healed hand blue. Fingers stiff grip weak. Massage. Ryker Gym. 18/2/18. Weakness in fingers still by Board. Calvary D. Discharge to Command Depot	<i>J. Carpenter Capt</i>



DUCHESS OF CONNAUGHT  
CANADIAN RED CROSS HOSPITAL  
Taplow, Bucks

*McH E from*

Surname *Johnson*

Calvary D. Discharge to Command Depot

CASUALTY FORM

ACTIVE SERVICE

A.F.B. 103.

NUMBER...725258...RANK...*Major*...NAME...*Johanson*...

*14/5/14* W.O.S. WING 3, KINMEL PARK PART 2. D.O. *117-17/5/14*

*20/5/14* S.O.S. On transfer to C.E.F. On proceeding to  
CANADA. Part 2. D.O. *122 - 22/5/14*

Sail-C1 HMT Regina

Emb Liverpool 20 5 19

Disembk Halifax 28 5 19

☆☆☆☆

*W. Stewart*

.....LIEUT.  
OFFICER i/c RECORDS, M.D.C. Wing 3.

FOR THE TITON ...

2.2.19. O. S. # 34497 Discharged 3.5.19 Kingston, Ant. Pt. 13.3  
O. C. Dispersal Area Station

OFFICERS & RECORDS ...



*Sheet II*

**Casualty Form—Active Service.**

Regiment or Corps *109<sup>th</sup> Bn.*

Rank *Pte* Surname *Johnson* Christian Name *John Raymond*

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) *4-1-16* Terms of Service (a) *Def H* Service reckons from (a) *4-1-16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation ..... Signature of Officer .....

**CERTIFIED CORRECT.**  
**10 SEP 1918**  
**CAN. RECORDS, LONDON.**

Report		Record of promotions reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<i>England</i>	<i>31-7-16</i>	
<i>9-3-18</i>	<i>E. O. A. D.</i>	<i>On Com 3<sup>rd</sup> B.C.D.</i>	<i>Seaford</i>	<i>6-3-18</i>	<i>PH 668659669</i>
<i>4-5-18</i>	<i>- " -</i>	<i>leaves " "</i>	<i>"</i>	<i>2-5-18</i>	<i>119</i>
		<i>S.O.S. to 6<sup>th</sup> Reg</i>			
	<i>C.O.B.D.</i>	Arrived & Taken on Strength <i>21st Canadian Battalion</i>	<i>C.O.B.D.</i>	<i>5-9-18</i>	<i>Part II Ord. 69</i>
	<i>C.I.B.D.</i>	Left for C.C. Rein. C.	<i>Field</i>	<i>9-9-18</i>	<i>NR.</i>
	<i>C.C. Rein. C.</i>	Arrived.			<i>12-9-18</i>
<i>5/10</i>	<i>21<sup>st</sup> BN.</i>	<i>Appt. Lance Corporal</i>	<i>Field</i>	<i>28-8-18</i>	<i>Part II Ord 80</i>
	<i>2 Cdn Staty</i>	<i>Skil. Shldr R. Arms &amp; High L</i>	<i>2 Cdn Staty</i>	<i>12-10-18</i>	<i>W. 3034</i>
	<i>33 CCS.</i>	<i>Adm</i>	<i>33 CCS</i>	<i>12/10/18</i>	<i>a. 36.</i>
		<i>Draws to</i>	<i>A 3 6</i>	<i>13/10/18</i>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered  
 (b) Signaller, Shoeing-Smith, & (17591.) Wt. W 1887-P 1124, 1,000,000, 6/18, D & S. Form B/103. (E. 1256.) **[P.T.O.]**

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	"ST-DAVID"	Invalided. <u>Wounded</u> Posted to Eastern Ontario Regtl. Depot, Seaford.	England	16-10-18	W-3083-6311. Part II Ord. 89 <i>at 29/10/18</i>
			<i>Whogau</i>	Major for Lt.-Col., A. A. G. Canadian Section, G. H. D. 3rd Echelon B. F. F.	
23.10.18	EORD	Passed from 21 Bn <i>shown as patient in hospital</i>	Seaford	17.10.18	00265 <i>for Lt. Col 1c Records. omit</i>
22.4.19	EORP	leaves in hospital via <i>shown on Beckfurlough</i>	Seaford	16-4-19	R-55/093
28/4/19	EORN	leaves to be shown <i>in Beckfurlough details</i> depotary	Seaford	26/4/19	R# 98
14 MAY 1919		S. C. S. to Kinmel Park, Seaford Regt. A. D. 3 Wing		14 MAY 1919	Pt. 11. D. D. 124 <i>J R Green</i> <i>Lib. No Records.</i> <i>Out. Regt. Depot</i>



MEDICAL CASE SHEET. M.

No. in Admission and Discharge Book 902	Regimental No.	Rank.	Surname.	Christian Name.
	725558	PTE	JOHNSON	J. R.
Year 1917	Unit.		Age.	Service.
	27 <sup>th</sup> Cav		32	28/12

Station and Date. #15<sup>th</sup> Cav Genl Hosp Zaflov.  
Disease T.C.T. Rt index finger. (Poc)

Oct 30/17 Admitted. Rt Hand ~~to~~ reddened & swollen. Index finger flexed past a right angle at 2<sup>nd</sup> <sup>inter</sup> phalangeal joint. sinus at joint leading to bone, numerous seabs & incisions for drainage on index finger and back of hand. Small discharging sinus in palm of hand leading down between 1<sup>st</sup> & 2<sup>nd</sup> metacarpal.  
J. R. Kibill Capt Cav

Nov 6/17. Hand improving in daily bichloride bath. Discharge lessening & inflammation disappearing J.R.

Nov 13/17 Small piece of bone removed from sinus on index finger J.R.

Nov 20/17 urine - nothing abnormal found J.R.

Nov 20/17 Improving. J.R.

Nov 27/17 Discharge lessening. J.R.

Dec 4/17 Improvement satisfactory J.R.

Dec 11/17 Improving J.R.

Dec 18/17 Improving J.R.

Dec 27/17 Discharging sinus in palm of hand healed. sinus at joint index finger still discharging J.R.



Station  
and Date.

Jan. 3/8

Operin - Removal of index finger at hand  
at metacarpal-phalangeal joint. Rasquet  
incision & flap J.R.

Jan 10/8

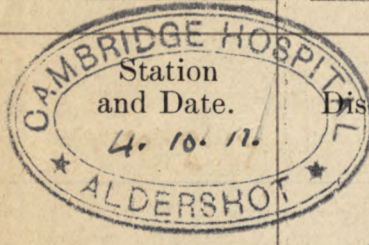
Stitches removed. Wd in fine condition.  
Looseness lessening gradually. J.R.

Jan 14/8

Wanted for C.C.H. J. Rehill  
Specimen. Capt came

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <i>Reg. 205</i> Year.	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	
	<i>725558</i>	<i>PA</i>	<i>Johnson</i>	<i>J R</i>
	<i>21<sup>st</sup> Can A Coy</i>		<i>32</i>	<i>2</i>



Disease *Accidental I.C.T. Pt. I - dra fuzi*  
*Cat knif fuzi, knuckley Pt. I - dra fuzi,*  
*on the edge of a Lwi. Became sore.*  
*Came under treatment on 14th*  
*A.T.S. 1500. on 14. 9. 17*  
*500. on 21. 9. 17*  
*500. 28. 9. 17*  
*Injured on 19th + 23rd. on palm of right*  
*T<sup>o</sup> became wound & suppurated ten.*  
*5. 10. 11. Baked. Not much pain a discharge F. Talbot*  
*T to Bearwood when fit. 8. 10. 17. 500 A.F.S. gun. 4 gun.*  
*Under anaesthetic (N2O) O pencil a superficial*  
*wound on knuckle. packed with Biff. F.T.*  
*Much sloughing tissue removed.*  
*Transfer to Canadian Hospital.*  
*15. 10. 17. A.T.S. 500 L down gun. F Talbot.*  
*16. 10. 17. Palmer incision discharging very freely.*  
*Impured.*  
*Transferred to Bearwood Park*  
*4 down of A.T.S. gun. F Talbot*

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

H. 2  
**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. AS. 10, 209 Year	Regimental No.	Rank.	Surname.	Christian Name.
	725558	Plt.	Johnson	J. R.
	Unit.		Age.	Service.
	2nd Reg		32	12

Station and Date. 1st Reg 3	Disease
	Sh. T. Plt Injured Finger (at ec)

	Loss	10 Sept '17
	18 Gen	12 - - -
	Sh. der shot - Cam -	4 Oct - -
	Be. in wood	17 Oct - -

18/10/17. bound in sheet being dressing. Dressage is only left. Carried arm in sling. R. hair. Finger is still badly swollen. C.O. B.

Wounds still discharging. Right index finger cannot be extended. Hand and fingers swollen. To be transferred to Taplow for treatment.

30-10-17 Taplow.

W.D. McFarland Capt.

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(23205) Wt. W 4234-M 627. 1,000,000. 8/16. C.F.&S. Form I. 1237/11. P.T.O.

Station  
and Date.





Ward 7th

No. of Bed \_\_\_\_\_

Date

8 Nov 17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
725556	plc Johnson JR	21 <sup>st</sup> Cers.	Rt Hand.

1/2 <sup>at 1st</sup>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Age 32.  
Canadian  
wounded Sept 10/17  
near Mt. St Elie.  
Referred from Bearwood.

13rd.  
X-ray ist & 2nd metacarpal  
& digits for bone  
condition

Signature of M.O.

J R Hill

Date

Nov 8/17

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate

5494

old comm. frac. ~~obs~~ of distal  
1/2 of 1<sup>st</sup> phalanx & prox. end of 2<sup>nd</sup>  
phalanx of 2<sup>nd</sup> digit - rt. hand.  
Sequestrum in centre of 1<sup>st</sup> phalanx.  
~~marked~~ Decalcification of other

Signature of Radiographer

Bones of the hand,

Date

John



**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps 21st Can

Military Hospital Dofe Tallow

No. 72888 Rank and Name Johnson J.R.

Age 32 Service 2812

Disease J.C.T. R. Enderfug Date of admission 30-10-17 Date of discharge 14/1/18 Result \_\_\_\_\_

Dates of Observation	Time																												
	A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		
Oct 30																													
Days of Disease																													
Temperature, Fahrenheit																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Admitted  
 Discontinued Temp



Signature J.P. Lehill In charge of case.  
Capit

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

No. \_\_\_\_\_ Rank and Name \_\_\_\_\_

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature \_\_\_\_\_ In charge of case

MEDICAL CASE SHEET.\*

A

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	72 5558	L/cpl.	Johnson	J.R.
Year	Unit.	Age.	Service.	
	21 Can Batt	35	3 years	
Station and Date.	Disease			
15 JAN 1919	I.I.W. Right shoulder (left forearm)			
Tender scar over middle of right scapula with small entry into arm. No disability from healed scars. Left forearm & thigh and 4 fingers right hand is missing R.G.I.D. 5.				
20/1/19.	C.O. R.G.			
27-1-19.	Co. R.G. Improving			
3-2-19	General class.			
10-2-19	P.T.			
5-3-19	Wd healed casualty no disability fit for Cat A			
	Board			Capt. C.A.M.C. No. 1 Division.
10/4/19	Boarded		BT	3.4.19
	approved			7.4.19
	[Signature]			Capt. C.A.M.C. No. 1 Division.

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION M.C.H. EPSOM DATE 1 - APR 1919

1. 1 (a) Unit 6th RES BN (b) Regimental No. 725558 (c) Rank LC/CPL.  
 (d) Surname JOHNSON (e) Christian name JOHN RAYMOND.  
 (f) Home address BOBGAYGEON, ONT.  
 (g) Next of Kin MRS J. R. JOHNSON (h) Relationship WIFE  
 (i) Address of Next of Kin BOBGAYGEON: ONT.

2. Age last birthday 34 Date of birth 26th APRIL 1884

3. Enlistment, or Appointment (if an Officer) (a) Place BOBGAYGEON, (b) Date 4-1-16

4. Personal description:  
 (a) Height 5' 10 1/2" (b) Weight 150 lbs Estimate (c) Complexion MEDIUM  
 (d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. ACNE

5. Former trade or occupation FARMER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	73

	PERIODS	
	From	To
SOLDIERS STATEMENT		
Canada	4-1-16	1-8-16
England	14-9-17	3-9-18
France or other theatres of War	1-8-16	10-10-16
	15-10-18	To date.
	10-10-16	14-9-17
	3-9-18	15-10-18

7. Original disease, or injury LAET WOUND INDEX FINGER RT. Ont - 15-10-18

(a) Date of origin 10-8-17 (b) Place of origin VIMY SECTOR  
 (c) Cause ACCIDENTAL WHILE OPENING BULLY BEEF TIN.

M. F. B. 227.

4001-11-18  
1772-30-117.

AM SATISFIED

L. C. J. R. Johnson

BOARD OF MEDICAL OFFICERS  
Kingston  
Major C. B. M. C.  
R. R. M. C. M. C.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

AMPUTATION INDEX FINGER RT. with partial loss of function of hand Rt.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

On Ex. Index finger Rt. amputated at metacarpo-phalangeal joint. Good stump; movement of other fingers and hand normal. Subjective No pain.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No Cardio-Vascular System.....No Genito-Urinary System.....No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses.....No Respiratory System.....No Integumentary System.....No Disturbances of Mentality.....No Digestive System.....No Muscular System.....No Osseous and Joint Systems.....No Any other general condition.....No

10. (a) History (of the condition referred to in Section 9 (a).)

On 10-8-17 cut his index finger badly while opening bully beef tin. Eva to Cambridge Hospl Aldershot 4-10-17. "ICT finger" Bearwood Hospl 18-10-17 "Rt index finger cannot be extended, wd still discharging" Taplow 30-10-17 Index finger removed at metacarpo-phal. joint. MCH Epsom 14-1-18 to date categorized Di.



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Wounded 13-10-18 GW Shoulder Rt; Arm Rt; Arm L and Thigh L;  
to Horton W. Hosp1 10-10-18 MCH Epsom 14-1-19 to date. Wds  
healed.

(c) (Here give a description of wounds, scars and deformities.

Scar middle Rt scapula 2" x 2" Amputation stump index finger Rt.  
Scar 1" long post. surface olecranon left. Scar 1" long ant surface  
thigh lt. middle.

11.—(a) Did the disabling condition have its origin before enlistment?

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(a) No.  
(b) N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No. (B) No.

The regimental documents will be referred to.  
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes.  
(If not, briefly state why)

17. Recommendations.

*W. H. Scott*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *J. A. Johnson* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*J. A. Johnson* Rank. *Y/E*  
Signature of invalid examined.

4  
OPINION OF THE MEDICAL BOARD

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

We concur and agree with opinion of Medical Officer.

X-Ray report attached.

19. Is the invalid fit for

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

Bi

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)  
N. A.

- (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.)

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

Boarded for return to Canada, Authy. A.G. Telegram 9083 11.11.18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Epsom, Surrey.

DATE 3 - APR 1919

*[Signature]* President.  
*[Signature]* Members

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

PLACE.....  
DATE.....  
APPROVED BY.....  
APPROVED BY.....  
President  
Members

CERTIFIED TRUE COPY

*[Signature]*  
Assistant Director of Medical Services.  
DATE 3-4-19  
Major, C.A.M.C.  
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF  
Director-General of Medical Services.  
CANADIAN MILITARY AREA.  
DATE APR 7 1919  
13, BERNERS ST. LONDON, W.1

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

2625

Date of Assignment

Aug 1-16

RATE OF SEPARATION ALLOWANCE

20	25 <sup>1/4</sup>	30 <sup>1/4</sup>
----	-------------------	-------------------

Pt. 3257 P.L. 2753 No. 26101

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725558  
 Rank *Pt* Promoted Reverted Discharge  
 Soldier's Name *J. R. Johnson*  
 Battalion *189 Bn C.*  
 Beneficiary *Mrs Bertha M. Johnson*  
 Relationship *Wife*  
 Address *M. F. W. 2534*

PARTICULARS OF ASSIGNMENT

Name *Mrs Bertha M. Johnson (wife)*  
 Address *Bobcaygeon, Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

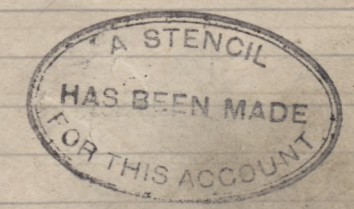
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		440	340	480	
1918					
Jan	B69676	30	20	50	g v
Feb	L 74668	25	20	45	
Mar	J 100053	25	20	45	
Apr	J 14461	25	20	45	
May	J 11329	25	20	45	v
June	C 20319	25	20	45	v
July	R 30052	25	20	45	v
Aug	H 35278	25	20	45	v
Sept	J 44436	25	20	45	v
Oct	N 48705	25	20	45	v
Nov	G 53348	25	20	45	v
Dec	J 67672	45	20	65	v
1919					
Jan	K 69448	30	20	50	v
Feb	G 78364	30	20	50	v
March	G 84868	30	20	50	v
April	H 11	30	20	50	v
May	Z 8195	30	20	50	B
June		915	780	1695	B

M. F. W. 128 400M-6-17-1772-88-1141 L. L. 22520-M. & D. 7495.

m. d 3

A/c Closed 31-5-19  
 Ret'd per. *R. ...*  
 Date 28-5-19 M.F.W. 1876-6-19  
 Clerk *R. ...*

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7483.