

A. B. Coy.

ATTESTATION PAPER.

No. 725040

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Johnston
- 1a. What are your Christian names?..... Robert
- 1b. What is your present address?..... Lindsay
2. In what Town, Township or Parish, and in what Country were you born?..... Janetville Manvers.
3. What is the name of your next-of-kin?..... William Johnston
4. What is the address of your next-of-kin?..... Manitoba
- 4a. What is the relationship of your next-of-kin?..... Brother
5. What is the date of your birth?..... June 30th 1890
6. What is your Trade or Calling?..... Carpenter
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?.. 3 mos 77 Batt.
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, Robert Johnston, 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..... Dec 18 1915. Robert Johnston (Signature of Recruit)
Wm Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Johnston, 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..... Dec 18 1915. Robert Johnston (Signature of Recruit)
Wm Campbell (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 Lindsay this 5th day of January 1916.

[Signature] (Signature of Justice)

Description of Robert Johnston on Enlistment.

Apparent Age 25 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 8 1/2 ins.
 Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.
 Complexion Dark
 Eyes Brown
 Hair Black

scar of varicella operation

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist 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 Dec 18 1915.

Place Lindsay.

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

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Johnston 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)
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 10 1916 1916.

REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

JOHNSTON ROBERT

725040

109 BN

09638

DEMOB.



Received 6-8-57



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

(10) Is your Mother alive?..... no
If so, state name and address.....

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

Miss Nellie Johnston
Durham County Ontario
Canada

(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?.....

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..... July 14/16

[Signature] Lt. Col.
O. C. 109th Overseas Battalion, C. E. F.

Blm

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425040 Rank Private Name Johnston Robert

Enlisted (a) 18.12.15 Terms of Service (a) 2 of W. Service reckons from (a) 18.12.15

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) Carpenter.

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				

			<u>Halifax</u>	<u>24.7.16</u>	
			<u>Liverpool</u>	<u>31.7.16</u>	

W. A. Selting Capt.
ADJUTANT
 100th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.
 4.12.16
 G. H. RECORDS, LONDON.

<u>6.12.16</u>	<u>Bn</u>	<u>Proceeded overseas for service with 38th Bn</u>	<u>Witley</u>	<u>3.12.16</u>	
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W. A. Selting Capt.
ADJUTANT
 100th Overseas Battalion, C. E. F.

<u>6.12.16</u>	<u>C.B.D.</u>	<u>TAKEN on STRENGTH 38th Havre</u>		<u>6.12.16</u>	<u>N. R. P. J. O. M. V. 13.12.16</u>
<u>1.1.17</u>	<u>Unit</u>	<u>Left for Unit</u>	<u>FIELD</u>	<u>1.1.17</u>	<u>N. R.</u>
<u>13.1.17</u>	<u>Unit</u>	<u>Joined Unit</u>	<u>FIELD</u>	<u>9.1.17</u>	<u>E 213 DCS. 80 d 22.1.17</u>

(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.]

725040

Johnston, 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				
27. 9. 17	38 ^b	Forfeit 2 days pay for violation of D.R.O. 2908 being on the streets without gas helmet.		31. 9. 17	B 2009 P 95 d. 10 OCT 17
- 8 DEC 17	"	14 day leave		- 8 DEC 17	B. 213. D.O.I. - 5 JAN 18
29 DEC 17	Unit	Joined Unit	FIELD	23. 12. 17	B. 213.
23. 5. 18	"	7 days F.P. 20. 5. 18.	Drunkenness		B 2009 P 252 - 8 JUN 18
13. 8. 18	49 CCS	Wounded. Posted to Ontario Reg. Dep. Saferd.	adm 11 ^b to 34 AT 3 Staly. to England	12. 8. 18	A 9563
12. 8. 18	3 Staly			12. 8. 18	W. 624.
14. 8. 18	"			14. 8. 18	W. 895.
"	"			14. 8. 18	W 3083/5798. D.O. 99- 31 AOU 18
Wounded Australia		J. M. Anderson		Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3 rd , Ech.	
24-8-18	G.O.R.D.	posted from 38 th Bn Queen's Saferd		16-8-18	Pl 78026
	A. H. B.				Lieut. D. D. Dummer for Lt Col i/c Records. O.M.F.C.
18-12-18		to be attached on proceeding to	G. Res Bn	D No. 349	D/8. 12. 18 L. M. W. Achau. Lieut. Adjutant Canadian Command Depot,

725040
2/26

ORIGINAL
ORIGINAL
725040
JTC 1024.18
ORIGINAL
J 99
MEDICAL HISTORY SHEET.

Surname Johnston Christian Name Robert

Examined { on 18 day of December 1915
at Lindsay
Birthplace { City or Town Manners
County Ontario

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

Apparent age 25 years
Trade or occupation Carpenter
Height 5 Feet 8 1/2 Inches.
Weight 146 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>2/11/18</u>	<u>SI</u>	<u>18 AUG 1918</u> <u>J. Thompson</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right none Left one
Number one
When Vaccinated last January 27th 1916

Date	Result	VACCINATIONS.
<u>27.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Scar of varicocele operation

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/11/18</u>	<u>1 ab</u>	<u>J. Thompson</u> M.O.
	<u>3</u>	

(b) Slight defects but not sufficient to cause rejection
Slightly flat footed

<u>18.4.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>28.1.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 18 day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn</u>	<u>725040.</u>		<u>18.12.15.</u>
Transferred to.....	<u>38 Bn</u>	<u>2/12/16</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>1st. C.C.D. Witley</u>	<u>13.12.18</u>	<u>nil</u>	<u>A. B. Jones</u>
<u>Kingsham</u>	<u>6.2.19</u>	<u>no disability</u>	<u>"A" J. Ryan</u> <u>Private</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.

CANADIAN

Robert

Christian Name

Johnston
Surname

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				
Connaught		15	8	16	21	9	16	6oryza	<p>H.V.A. Bad cold and cough for about 1 week. Arrived from Canada 2 weeks ago. Previous to this illness, has always enjoyed good health.</p> <p>4.100. P.80.</p> <p>Treated - Rest. Dieting. Mist expect Sed. Tuberculin test .01 cct No reaction</p> <p>4/9/16 Condition much improved. But still a good deal of post Coryzal debility.</p> <p>Transferred to Kethumde 5/9/16</p> <p>Readmitted from Kethumde 19/9/16</p> <p>Discharged Hospital. Condition normal again. 21/9/16</p> <p>Disch. T+T-Rt cuff</p> <p>R4. Epsom.</p>	<p>Toly Savy Capt</p> <p>ST</p> <p>Mullins Capt R.A.M.C.</p>	



5/25 leg Rt.

Red stamp

2nd Sheet of

ORIGINAL

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^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

CANADIAN

Surname

Johnston

Christian Name

Robert

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—

Approved by

Rank Medical Officer.

Enlisted { at on day of 191.....

Table with 2 columns: Corps, Regtl. No. (425040)

Became non-effective by

on day of 191.....

(Signature)

(Rank)

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.

Table with 2 columns: Date, Brief details, and Signature

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

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

Rank Pt. Name Jackson Surname R. J.
 Unit or Corps I. Res. (If a soldier) Regtl. No. 725040
 Born at Linsey Camp on date June 30 1899
 Signature (for identification) Robert Johnson

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

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

Weight 140 lbs.
 Height 5 ft. 9 ins.

no

2. NUTRITION AND DIATHESIS ?

Fair

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

3. NERVOUS SYSTEM ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

Urinalysis—S.G.? 1.080 Reaction? acid Albumen? nil Sugar? nil

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

no

**10. Is there any evidence of
impairment of health or
physical condition not
mentioned above? If
so, describe.**

no

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

Fair

Examined at Keimel Ph. Co. Signed [Signature] M.O.
 Date 29-12-18 Signed [Signature] M.O.

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

Medical Examination of the
at the Office of the
Robert Johnson

140.
200
for

200
200
200

200
200
200

200
200
200

37 Comberge St Sunday end

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. 725040 Rank Pte Surname JOHNSTON
(Given name in full)
Unit or Corps 3rd C.C.R.D. Birthplace Sunday end

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 10 in. Colour of Eyes Brown
Nutrition good
Pulse normal
Condition of arteries normal
Vision Rt. 2 Left 2
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Scars of exit & entrance of bullet wound through rt calf. Muscles no disability.

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 No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

wounded Aug 19/18 flesh wound. through muscles rt calf no bone involvement. find no disability.
now has no complaints or bad news.
Also as well as on enlistment
fit for Category "A."

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Kingsau*(Canada)

Date *Oct 2, 191* Signed *A. H. You Lt*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 *R. Johnston*

(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.)

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1104 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	725040	Pte	Johnstone	R.
	Unit.	Age.	Service.	
	109 th Batt ^{le} Canadian E. F.	25	8/12	

Station and Date. *Connaught 15-8-16*

Disease *Coryza*

History on admission. Had cold and cough for about 1 week. Arrived from Canada 2 weeks ago. Previous to this illness, has always enjoyed good health.

V. 100. P. 80

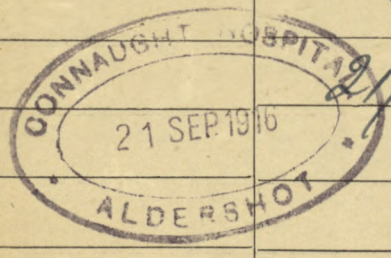
Treated: Rest. Duty. Mixture per Sed. Tuberculin test. No reaction

4/9/16. Condition much improved. But still a good deal of post Coryzal debility.

5/9/16. Transferred to Heather-side A.M.H. T. J. Levy Capt R.A.M.C.

19/9/16. Readmitted from " " Condition normal again

21/9/16. Discharged Hospital



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

Station
and Date.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

M.D.3.
JOHNSTON R.

REGIMENT

38 Bn

RANK

Pte

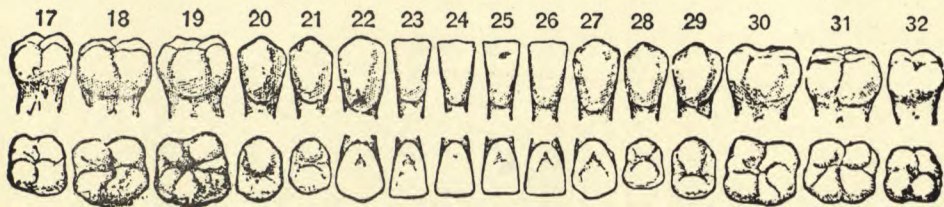
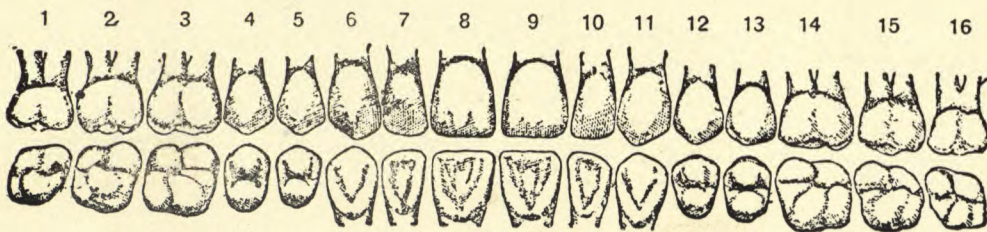
No.

925040

Date of Examination in England

29/12/18

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

12

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

no

(c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

W. Kennedy
Print

Handwritten text, possibly bleed-through from the reverse side of the page. The text is mirrored and includes the name "Johnston" and the number "22".

Handwritten numbers "11" and "16" in blue ink on the left margin.

Small handwritten mark or signature at the bottom right of the page.

Small handwritten mark or signature at the bottom left of the page.

INSTRUCTIONS

On receipt of the instructions, the agent is to be satisfied on
On receipt of the report, the agent is to be satisfied on
Only such entries as are made in the report will show

1. Name of the person or persons to whom the report is made
2. Date of the report
3. Name of the person or persons to whom the report is made
4. Name of the person or persons to whom the report is made
5. Name of the person or persons to whom the report is made
6. Name of the person or persons to whom the report is made
7. Name of the person or persons to whom the report is made
8. Name of the person or persons to whom the report is made
9. Name of the person or persons to whom the report is made
10. Name of the person or persons to whom the report is made

11. Name of the person or persons to whom the report is made
12. Name of the person or persons to whom the report is made
13. Name of the person or persons to whom the report is made
14. Name of the person or persons to whom the report is made
15. Name of the person or persons to whom the report is made
16. Name of the person or persons to whom the report is made
17. Name of the person or persons to whom the report is made
18. Name of the person or persons to whom the report is made
19. Name of the person or persons to whom the report is made
20. Name of the person or persons to whom the report is made

REMARKS

AGENTS

GROWERS

DATE

NAME

DETAILS

PLANT

FRUIT

LEAF

STEM

ROOT

SEED

WOOD

BARK

RESIN

GUM

ASH

MOISTURE

WATER

WIND

TEMPERATURE

100

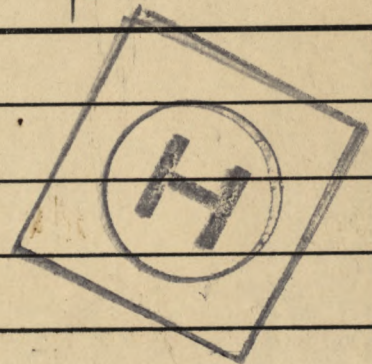
DEPARTMENT OF AGRICULTURE

DEPARTMENT OF AGRICULTURE

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



14-3-19



1. No. 725040	
2. Rank. Private	
3. Name. Johnston, Robert	
4. Unit. No. 3 District Depot.	
5. Date of Discharge	12.2.19
Place	Kingston, Ont.
6. Reason for Discharge... Demobilization	
7. Authority. 3DD 3. D.J. 200. D. 8. 2. 19. R.O. 1343	
8. Proposed Residence after Discharge... Lindsay, Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39	
Signature of Soldier: R. Johnston	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place... Kingston, Ont. Date... 12.2.19.	
Signature: A. Money Capt (O. C. Discharging Unit.) No. 3 District Depot	

Received 6-8-57

E.R.T.



PROCEEDINGS ON DISCHARGE
(Continuation)

1. Name	
2. Rank	
3. Service No.	
4. Date of Discharge	
5. Reason for Discharge	
6. Period of Residence with Discharge	

CERTIFICATE TO BE SIGNED BY SOLDIER

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

M. F. W. [Signature]

[Signature]
Signature of Soldier

COMMISSIONER

The discharge of the above named man is hereby certified

[Signature]
[Signature]

[Signature]
[Signature]

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

RECEIVED OFFICE	
FEB 28 1919	
REFERRED TO	<i>[Signature]</i>
ACTION TAKEN	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725040 (Rank) Private

Name (in full) JOHNSTON, Robert enlisted in

the 109th Battalion

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

day of December 1915

HE served in Canada, England and FRANCE

and is now discharged from the service by reason of in accordance with R.O. 1343

Demobilization. Auth. 3DD 3. J. 200, D. 8. 2. 19

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

Age 23 years 7 months

Marks or Scars

Height 5 feet 8 1/2 inches

Scars of exit & entrance of
bullet through right calf muscles.

Complexion Dark

Eyes Brown

Hair Black

Robert J. Johnston
Signature of Soldier

J. J. Money Lieut.
Issuing Officer
O. C. Discharge Section
No. 8 District Depot
Appointment

Date of Discharge 12. 2. 19

Signed at Kingston, Ont. this 17th day of February 1919

in Military District No. 3

File Reference No. 3DD 3. J. 200.

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
puted.

CANADIAN EXPEDITIONARY FORCE.

ORIGINAL

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 725040 Rank Pvt Name Johnston R J
(Surname first)
Unit 109th Bn who was* Discharged
On Feb 12th 1919, to Category A 2
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 12/2/19 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		33.91
Regimental Pay..... <u>12</u> days at \$..... <u>1.c.00</u>		1.20
Field Allowance..... <u>12</u> days at \$..... <u>c.10</u>		1.20
Separation Allowance		
Clothing Allowance		3.50
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>3240</u>	82.11	
Total	<u>82.11</u>	<u>82.11</u>

*Give particulars.

A monthly stoppage of \$.....15-00 (†) has.....(‡) been paid on account of
Assigned Pay for the month of Jan 1919 } (to) Assignee Imperial Dominion Bank
and Separation Allee. for month of.....191..... } Lindsay Oak
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

- State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not not (3) Reason for discharge.....
(4) Authority for discharge or transfer 3-DD-3-J-200

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feb 10/19
Place Kingston Ont

W Peters Captain,
OFFICER IN DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

A17
PS

Number 725040 Rank Plt-

100

Surname JOHNSTON

Christian Name Robert

Units 38th Bn Can Inf Theatre of War France

Date of Service 6-12-16

Remarks 57 Cambridge Sc

Latest Address Lindsay Court

Roll No.

200m.-2-21.M. B, Page 17872.

DESP. JAN 20 1923

REGN. NO.

[Handwritten signature]
33285

b. NAME Johnston, Robert

3 508 Dis 12-2-19
Smd 6-1-19 #300
913-2-19 #300

RANK & No. Pte.

725040

CORPS 109th 3DD.

Batt.

ENLISTMENT, PLACE Lindsay Ont. DATE Jan. 5th, 1916. S.

FORMER CORPS 77th Batt.

COUNTRY OF BIRTH Canada, Janetville Manvers Ont.

NEXT OF KIN Johnston, Hiliard (Brother)

ADDRESS OF NEXT OF KIN Manitoba

DISCHARGE, PLACE

DATE

(also notify) Miss Nellie Johnston (sister) (54-21-38-1, 22-2-17)
Janetville Ont.

Sailed from Halifax 23-1-16 per SS Olympic

M. F. W. 22. 100 m. - 915

9/6 14-1-19 ²⁵⁴/₈₄ Pte. H. Q. 1772 39 839

NAME

Johnston Robert

REG'T'L. No.

725040

RANK AND CORPS

Pte 38th Bn. (form 109th Bn)

CABLE

NO.

DATE

NATURE OF CASUALTY

n. of K.

Also notify:

Miss Nellie Johnston (Sister)
Janetville Ont.Q 460. ²⁵⁻² 23-8-18.

Adm. Lord Derby War H.

Also N.L. B297¹¹
22-8-18Warrington Aug. 16th 1918. Adv.
R. leg.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6

Leam, Aldershot

16-8-16

M. Y. L. "O"

15.

Disc

21-9-16

Coryza.

B 362

Milton, W. dist. P. Epsom Surrey

2.11.18

G.S.W. R. Reg. Flush

of Lord Derby War, Warrington

B371-3.

Discharged

8-11-18

" . . .

Name **Robert Johnston** Rank **Pte.**

Reg. No. **725040**

Unit **38th Bn.**

Next of Kin

(Sister) Miss Nellie Johnston, Janetville, Ont, Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
16-8	Ind Duty w. H. Warrington	Cow Pt	Regt		B29	Auto 24257
2-11	Wre (cont) to Epsom		Do	B3628		226
8-11	Discharged			B371		9322
8-11	Wre pro m 1-11	15	Reg of Ryl			lost

Name

Johnston Robert

Rank

Pte

Reg. No. 725040

Unit

109th Bn

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K ☉.	W.☉. List
16.8.16	Cornaught Aldershot		at. y. R	6		
21.9.16	Dis.		Coryza	15		

No 725040 RANK Pte

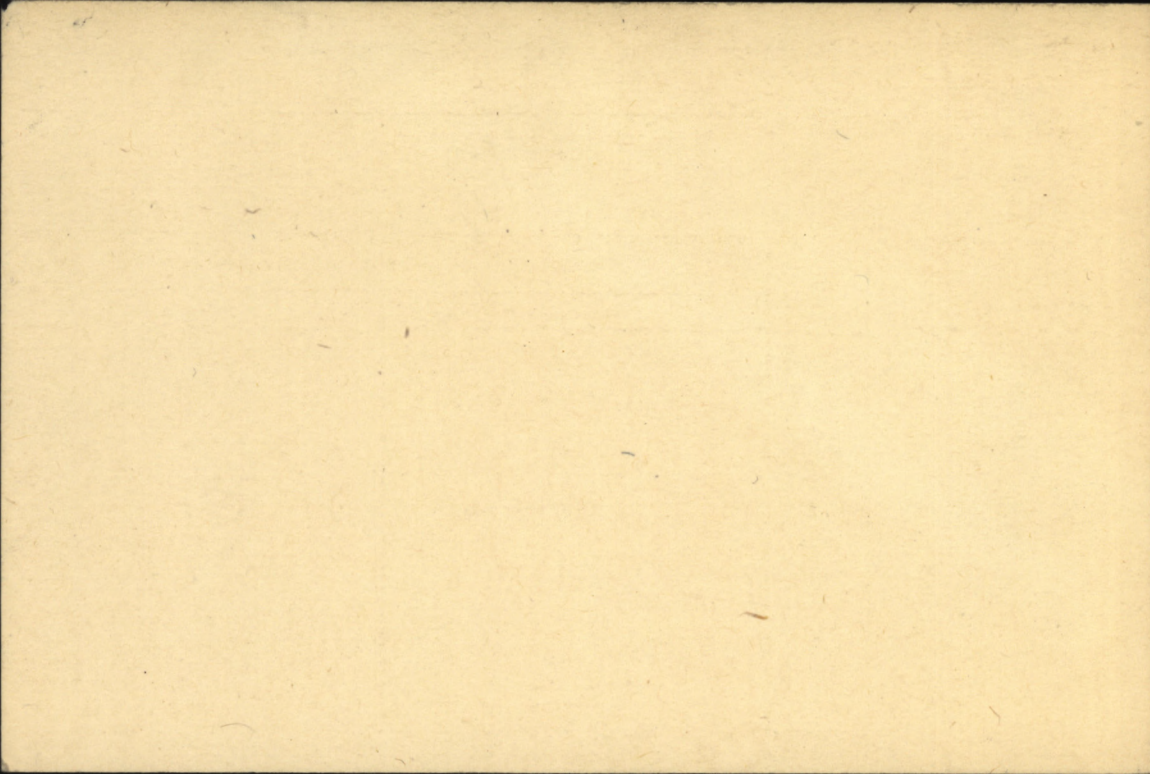
NAME Johnston R.

T. O. S. 18-12-15, UNIT 109th Battalion
D.O. 26-12-15.

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Dec 18	1915 Dec 31	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



Name JOHNSON Robert John Rank Pvt. Regtl. No. 725040

Original unit 109 Bn. Present unit M or S Age 29 Religion Methodist Fyle Depot 3-2-200

Port, ship and date of arrival Olympic Halifax 12-1-19

Next of kin Bro. Harold Johnson Manitoba

Address on leave Lindsay Ont.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Carpenter Date and place of enlistment 18-12-15 Lindsay Ont.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
22-1-19	T.O.S. Casualty Company No. 3 District Depot. <u>From 1918</u> for Disposal, Part Two D.O. <u>22</u> <u>Eff. 20-1-19.</u> <u>Leave + Sub. 21-1-19 to 3-2-19.</u>	

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

Surname
Johnson

Christian Name or Names
R.

Reg. No.
725040

Rank
Pte.

Unit
109th Bn.

Co.
38. 60

Troop

Batty.

Hospital

Connaught Aldershot

Date of Admission

16.8.16

Transferred

Hosp.

*Lord Derby Warrington.
Woodcote Park. Epsom.*

Hosp. 16. 8. 18

Hosp. 2. 11. 18.

Hosp.

Diagnosis

N.Y.D. *Coryza*

(1)
Later Diagnosis (if changed)

G.S. M. B. Leg. flesh.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

*Dis 21. 9. 16
" 8. 11. 18*

C.L. 22.8.16 6

REMARKS

" 27. 9. 16 15

22. 8. 18 B297^D

6. 11. 18 B362²

16. 11. 18 B371/3

A.M.D. 2 Dept.

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

211

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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.				
23-12-18	G.O.R.D.	Commission com. to Rlyl. Pk. - W. Pitley		18-12-18	Sp 3/16
28-12-18	6 th Res	on Com ^d Kimmel Pk. Rlyl M D 3	" "	27-12-18	" 305
21.1.19	"	SOS Rlyl M D 3 to 6 th Res	"	9.1.19	- 17

015 Cas

MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Sheet No. 2. *Manager, Dominion Bank*

Credit of -
 PAYMENTS # *725040*

Name of Soldier *Johnson Robert*
Pte "A Coy" 109 Batt.

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

Month.	Year.	Cheque No.	Am't.	Remarks.
			<i>15⁰⁰</i>	<i>AUG 1 1916</i>
April	1916			
May				
June				
July				
Aug.		<i>7 15422</i>	<i>15</i>	
Sept.		<i>046943</i>	<i>15</i>	
Oct.		<i>621518</i>	<i>15</i>	
Nov.		<i>9 268 31</i>	<i>15</i>	
Dec.		<i>L 34523</i>	<i>15</i>	
Jan.	1917	<i>71. 739989</i>	<i>15</i>	
Feb.		<i>Z 45326</i>	<i>15</i>	
March		<i>U 48294</i>	<i>15</i>	<i>15 (W)</i>
April		<i>Q 2609</i>	<i>15</i>	<i>15 (W)</i>
May		<i>Q 8703</i>	<i>15</i>	
June		<i>B 16046</i>	<i>15</i>	<i>Mc.</i>
July		<i>Q 22545</i>	<i>15</i>	<i>PDW</i>
Aug.		<i>Z 31530</i>	<i>15</i>	<i>OB</i>
Sept.		<i>P 36204</i>	<i>15</i>	<i>6</i>
Oct.		<i>Z 44501</i>	<i>15</i>	
Nov.		<i>V 48627</i>	<i>15</i>	
Dec.		<i>H 52822</i>	<i>15</i>	<i>255 mar</i>
Jan.	1918			
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Bank Account.

cr. of -

To Whom *Manager*
 Address *Dominion Bank*
Lindsay, Ont.

By Whom Assigned *Johnson, Robert.*
 Regtl. No. *725040.*
 Rank *Pte.*
 Corps *109 Batt. "a" Co.*

Rate *15⁰⁰ 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				



Handwritten text, possibly a signature or initials, located in the center of the page. The text is faint and difficult to decipher, but appears to consist of several lines of cursive or semi-cursive writing.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

2799

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

Bank Account.

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **725040**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **Robert Johnson**
 Battalion **109 Battr A. Co.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

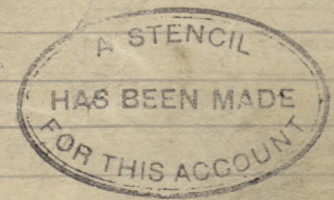
for credit.
 Name **Manager Dominion Bank.**
 Address **Lindsay, Ont.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
1918					
Dec 31			255	255	
Jan	69753B		15	15	9 ✓
Feb	74745R		15	15	
Mar	100222 J		15	15	
Apr	14628 J		15	15	
May	11497 7		15	15	
June	20481 C		15	15	
July	30217R		15	15	
Aug	35447 H		15	15	
Sept	44619 D		15	15	
Oct	748885		15	15	
Nov	653526		15	15	
Dec	166236		15	15	
1919					
Jan	1269605		15	15	
			450	450	

09598-R-18

M. F. W. 128
 400M.-6-17-1772-33-1141
 L. L. 22520-M. & D. 7883.

A/c Closed **31/19**
 Ret'd per **Olympic**
 Date **17/19** M. F. W. 181 **22/19** **MS 3**
 Clerk **W. Bennett**
MS Declay 88411-2/19



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

M. OR S. REGT. No. 725040 RANK Pte. NAME (IN FULL) JOHNSTON, R. J.

NEXT OF KIN Nil.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. 109th Bn.	IF IN P. F. WHAT UNIT
ADDRESS		1.10			PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? Nil.	DATE EFFECTIVE	Pte. Johnson, Robert, J.			DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP	37 Cambridge St., Lindsay, Ont.			ASSIGNED PAY, \$ 15.00	DATE EFFECTIVE 1-2-19
ADDRESS Nil.					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mgr Dominion Bank, Lindsay, Ont.	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					Kingston - 12-2-19	Demob. 3-J-200

J-217

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS																					
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.																						
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$	C.	\$	C.	\$	C.															
Dec					43.48	43.48				5.00	4.87	30.00	15.00				54.87	11.39	43.48	324.00																					
Jan.	31	1.10	34.10		11.20	45.30													33.91	100.21. Ombd 14 days																					
Feb.	12		13.20		35.00	48.20						82.11					82.11																								
						136.98											136.98																								
<u>War Service Gratuity</u>																																									
183 days @ minimum <i>W.S.G. s.a.</i> 420.00 - - 420.00																																									
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><i>Apr 8/19</i></td> <td style="width: 30%;"><i>9317151</i></td> <td style="width: 30%;"><i>W.S.G. p.a.</i></td> </tr> <tr> <td><i>May 6/19</i></td> <td><i>9332663</i></td> <td><i>7000 - - 7000 35000</i></td> </tr> <tr> <td><i>June 5/19</i></td> <td><i>730</i></td> <td><i>70 - 140 - 280 -</i></td> </tr> <tr> <td><i>July 7/19</i></td> <td><i>427 30 4905 124</i></td> <td><i>70 - 210 - 210 -</i></td> </tr> <tr> <td></td> <td><i>2439923</i></td> <td><i>70 - 280 - 140 -</i></td> </tr> <tr> <td></td> <td></td> <td><i>77 30 - 357 30 75 - 10W</i></td> </tr> <tr> <td></td> <td></td> <td><i>70 - 427 30 - 0</i></td> </tr> </table>																					<i>Apr 8/19</i>	<i>9317151</i>	<i>W.S.G. p.a.</i>	<i>May 6/19</i>	<i>9332663</i>	<i>7000 - - 7000 35000</i>	<i>June 5/19</i>	<i>730</i>	<i>70 - 140 - 280 -</i>	<i>July 7/19</i>	<i>427 30 4905 124</i>	<i>70 - 210 - 210 -</i>		<i>2439923</i>	<i>70 - 280 - 140 -</i>			<i>77 30 - 357 30 75 - 10W</i>			<i>70 - 427 30 - 0</i>
<i>Apr 8/19</i>	<i>9317151</i>	<i>W.S.G. p.a.</i>																																							
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<i>July 7/19</i>	<i>427 30 4905 124</i>	<i>70 - 210 - 210 -</i>																																							
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		<i>Soldier Dependent</i>																																							
		<i>26143 / Feb. 12/19</i>																																							
		<i>Ly. 23625 10/3/19</i>																																							
		<i>M. F. Dr. 25-95 Received</i>																																							
		<i>10 days Sick Dur on 27/5/19</i>																																							

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1/8/16	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	
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.	
Mgt. Dominion Bank Lindsay, Ont			
Stopped off 1/1/19			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/2/18	6787	aced £ 7-0-0	14 00
16/11/18	7302	✓ 1-0-0	4 87
			19 47

NAME:- **JOHNSTON Robert.**

NUMBER:- **725040**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 ^{h/p} _m

DATE ACCOUNT FIRST OPENED:- 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'FO	UNIT TRANSFERRED TO
216	1/9/18	20/9/18	38 ^{h/p} _m BOLD Canada Sec

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	100	60		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1.1.19. 6th Res NR. 127.12.18 A.P.C. Label. \$43.48.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
31 March	Bal Bwd								44 81		
April	P.P.	33		ap				15			
				AR 7. 2/4/18. 38 th	803						
				" 198. 18/4 "	357				51 21		
May	P.P.	3410		ap	1160			15			
				AR 305. 4/5. "	446						
				" 479. 18/5 "	357				62 28		
June	P.P.	2410		ap	803			15			
				AR 654. 1/6 "	357						
				7d. 79.1. 20/5/18. 20. 52. 8/6/18.		770					
				AR 787. 15/6. 38 th	357				65 44		
July	P.P.	3410		ap	770			15			
				AR 892. 1/7 "	446						
				" 973 11/7 "	446				75 62		
Aug	P.P.	3410		ap	877			15			
				AR 1053. 1/8 "	357						
				" 24810 2/8 (Warrington HP)	973				81 42		
Sept	"	33		ap	1520			15			
				AR 36215- Don 20.9.18.	973				89 69		
					973			15			
Oct	"	3410		leaf				15			
				46764. 25.10.18. H Rem.	973				99 06		
					973			15			
Nov	"	3410		leaf				15			
				339 4.11.18. Epaon	487						
				5206 19.11.18. Kinnell PA	1460						
				3177 14.11.18. ✓	1187						
				6783 25.11.18. ✓	4887						
				Forward.	7321						

F.7. 6

270 cash paid 2.12.18

NUMBER 725040 RANK *Plt*

NAME JOHNSTON Robert

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Nov</i>	<i>pt</i>	<i>33</i>		<i>Forward</i>	<i>7321</i>			<i>15</i>	<i>99.06</i>		
<i>Dec</i>	<i>v</i>	<i>34.10</i>		<i>cat</i>				<i>15</i>			
	<i>8726.11 to 5.12.18 (vday) 1st CCD 20348</i> <i>n.b. advised 13.1.19.</i>	<i>730</i>		<i>6787 11.12.18 1st CCD</i>	<i>14.60</i>						
		<i>74.40</i>		<i>7302 16.12.18</i>	<i>4.87</i>				<i>50.78</i>		
					<i>92.68</i>			<i>30</i>			

W. Johnston
28/1/18