

Dec 21  
OK

A. B. Coy.

# ATTESTATION PAPER.

No. 725070

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Montgomery*
- 1a. What are your Christian names?..... *John James*
- 1b. What is your present address?..... *138 Belwoods Ave Toronto*
2. In what Town, Township or Parish, and in what Country were you born?..... *St. Thomas, Ont.*
3. What is the name of your next-of-kin?..... *William Montgomery*
4. What is the address of your next-of-kin?..... *138 Belwoods Ave Toronto*
- 4a. What is the relationship of your next-of-kin?..... *brother*
5. What is the date of your birth?..... *17<sup>th</sup> Dec. 1893*
6. What is your Trade or Calling?..... *Core maker*
7. Are you married?..... *single*
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*

Ont Can

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John James Montgomery*, 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 28<sup>th</sup>* 1915. *James Montgomery* (Signature of Recruit)  
*Wm Campbell* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John James Montgomery*, 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 28<sup>th</sup>* 1915. *James Montgomery* (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 *5<sup>th</sup>* day of *January* 191*6*  
*[Signature]* (Signature of Justice)

6  
111

**Description of John James Montgomery on Enlistment.**

Apparent Age 42 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height ..... 5 ft 6<sup>3</sup>/<sub>4</sub> ins.

Moles on back

Chest measurement { Girth when fully expanded ..... 37<sup>1</sup>/<sub>2</sub> ins.  
 Range of expansion ..... 3<sup>1</sup>/<sub>2</sub> ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Dark Brown

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 December 28<sup>th</sup> 1915.

Place Lindsay

J. McCulloch Capt.  
H. Boyd Medical Officer

\*Insert here "fit" or "unfit."

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

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

..... John James Montgomery ..... 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

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

**DISCHARGE DOCUMENTS**

R. O. No.....

H. Q. No.....



Name MONTGOMERY, 5th H.V. JAMES  
Regt. No. 725070 Rank Pte  
19th ON 2d  
boards  
1 casualty

28178 19/2/20

paid 19/2/20



59 - 21  
25 - 21  
4 - 21

2

(S)

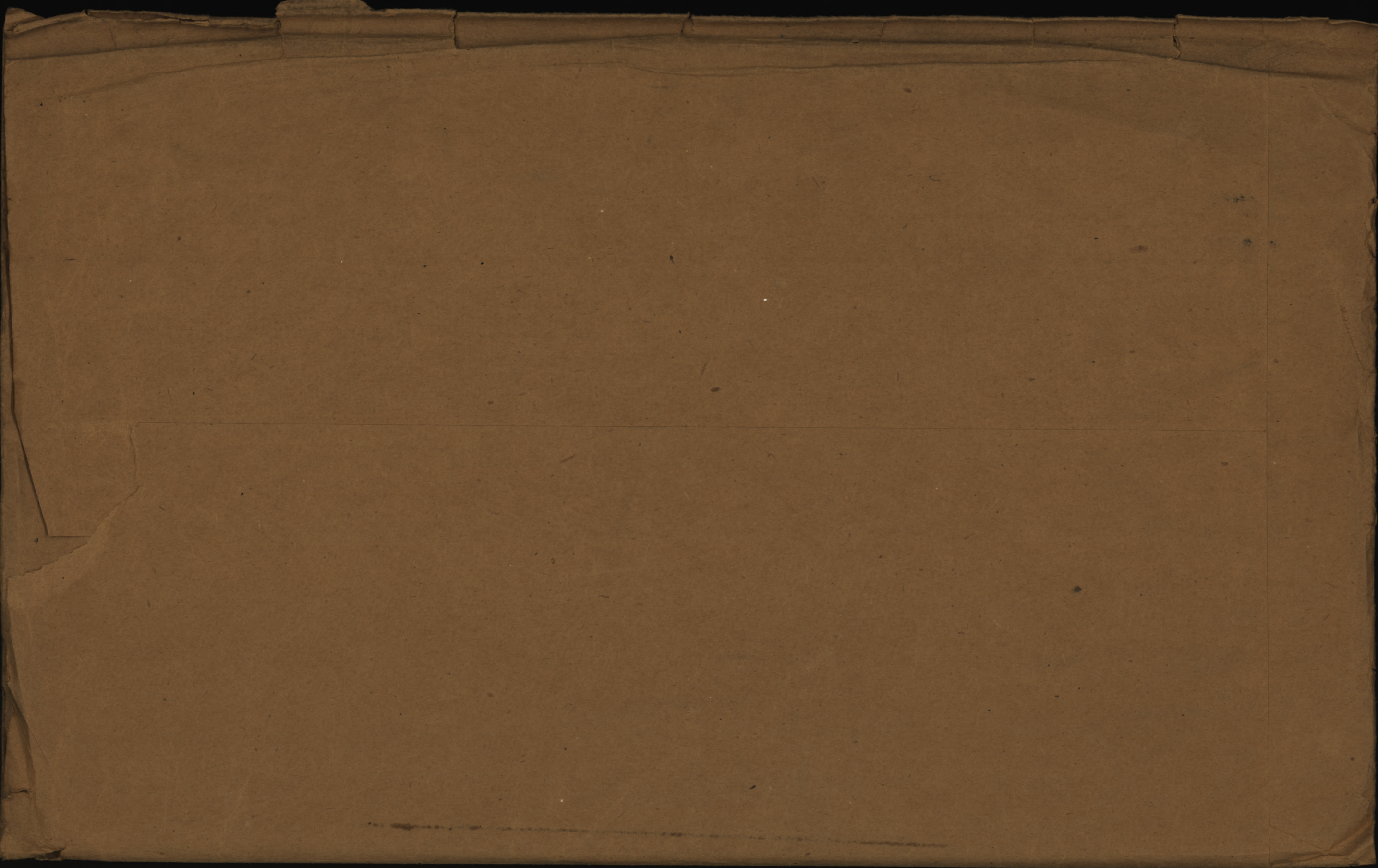
(M)

9-2-12  
M 2-13-24  
M 2-14-39  
M 2-15-92

Wing card

Warrant

M. 2-15-92



MMO

13

*mg*

Number. 725070 . . . . . Rank. . . . . P'te. . . . .

Surname. MONTGOMERY . . . . .

Christian Name. John James . . . . .

Units. 109<sup>th</sup> Bn. Can. Inf. . . . . Theatre of War. England

Date of Service. 31/7/16 . . . . .

Remarks. . . . . 850 Ossington Ave.

Latest Address. ~~138 Bellwoods Ave.~~

Toronto, Ont. . . . .

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID  
FROM

PAID  
TO

SIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

RES. NO. 8835-911  
DESP. MAY 30 1922

SURNAME.

Montgomery

CHRISTIAN NAMES

John James

REGL. NO.

725070

RANK

Pte.

UNIT

109<sup>th</sup>

FORMER CORPS

Nil

CARD NO. 22/6/18=2  
 S.O.S. Disch  
 22/6/18  
 22/6/19  
 No 2-D.O  
 FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Montgomery, William.

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

138 Belwoods Ave., Toronto, Ont

COUNTRY OF BIRTH

Canada, St. Thomas, Ont.

DATE

Dec. 17<sup>th</sup>. 1873.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 5<sup>th</sup>. 1916.

Sailed from Halifax per

S.S. Olympic 23-1-16-26

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

*Coze-maker.*

RELIGION

*Methodist.*

DESCRIPTION.

APPARENT AGE

*42* YEARS

MONTHS

HEIGHT

*5* FEET

*6 3/4* INCHES

CHEST MEASUREMENT

*37 1/2* INCHES

EXPANSION

*3 1/2* INCHES

COMPLEXION

*Fair.*

EYES

*Blue.*

HAIR

*Pk. Brown.*

DISTINGUISHING MARKS.

*Moles on back*

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Dec. 28<sup>th</sup> 1915.*



Canadian Military Hospital

.....

Regt. No. *725070* A. & D. No. *542*  
Rank. *Pte* Corps. *124 Bands.*  
Name *Montgomery J.* Age *48.* Religion *meth*  
Service at Home *17/12.*  
" " "

Diagnosis

Admitted *1-2-17*

Discharged *23-2-17* *Witley*

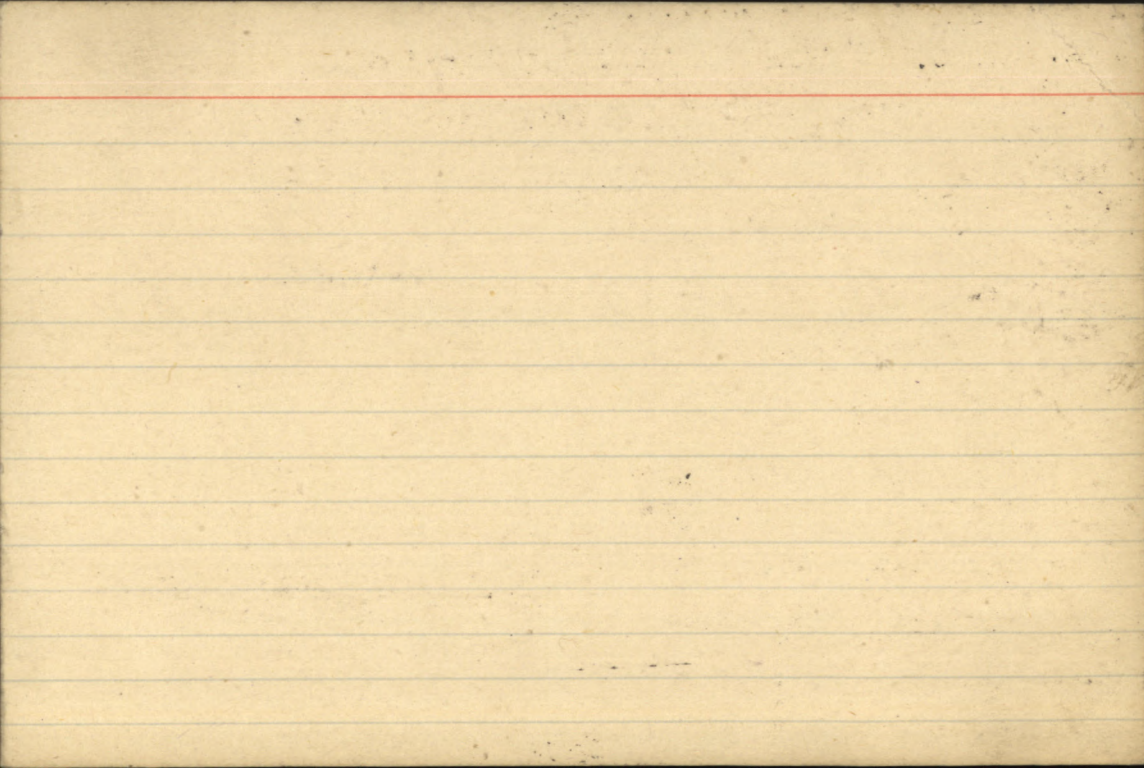
Place in Hospital *ward 9*

M.H.S. Rec'd

Transferred

(See Document Card)

Results.



No. 725070 RANK

Pte.

NAME

Montgomery J. J.

T. O. S. 27-12-15. UNIT

D. O. 32. 28.12.15.

109th. Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 27	1915 Dec 31	✓		
1916. Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July		✓		

UNIT SAILED

JUL 23 1916



John James.

Name Montgomery,

Rank

Reg. No. 725070.

Unit 124th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
19-1.	Mil B'shot.		NYD	39.		
25-1.	Discharged.		Myalgia	40		
2-2.	Mil. Wmp.	B'shott.	N.Y.D.	42		
<del>2-2.</del>	<del>Disch.</del>		<del>Myalgia</del>	<del>47</del>		
	The above Entry is Cancelled.					
Apr. 14.	Discharged		Haemutaria.	B. 66		
May 3.	Moore's Co. Wmp.	Shonediffe	Not stated	B. 96.		
21	Discharged		do.	B. 96.		



NAME

Montgomery, J. J.

RANK AND CORPS

Pte 124th Inf Bn.

REG'T'L. NO.

725070.

H. Q. FILE NO 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

362-2

M. H. C. E. Toronto

27-12-17

Trans to Spadina

Out. P.



Reg. No. 725070 Name Montgomery J. J.  
 Rank Pte Corps 109th Batta Age 30 Service J. J.  
 Ledger No. 166 Serial No. \_\_\_\_\_

HOSPITALS	DATE	DIAGNOSIS
Toronto Gen Hosp. Toronto	6.12.17	Haematuria <sup>05</sup>
Trans to Spadina	21.1.18	
A Military Whitty	14.3.18	" "
See Unit	20.6.18	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

REGT'L NO 725070

H. Q. FILE NO. 649-

NAME

*Montgomery J. J.*

RANK AND CORPS

*Cpl 124<sup>th</sup> Bn.*

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

*Sailed from Liverpool for  
Canada per the S. S. Missanabie  
Oct 18, 1917. Special Authority*

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
39	Mil Bramshott	19-1-17	N. Y. W. "I"
40	Discharged	25-1-17	Myalgia
42.	Mil., Bramshott	2-2-17	N. Y. W. G.
<del>47</del>	<del>Discharged</del>	<del>23-2-17</del>	<del>Myalgia</del>
<i>cancelled as per list 49</i>			
B 66	Disch.	14-4-17	Haematuria
B. 96.	Moore Bks. Shorncliff	3-5-17	not stated.
B 96.	Discharged	21-5-17.	not stated.
319	M. H. C. C. Toronto	13-11-17	Adm Spadina
319	" " " "	13-11-17	Trans. to Out P. Spadina
330 <sup>3</sup>	M. H. C. C., Toronto	23-11-17.	Sp Inpat. Spadina
344	" " " "	7-12-17	Spadina to Mil Ward T. G. H.
5-3	" " " "	3-1-18	To Out. Pat. Spadina.

\*Name L. MONTGOMERY. JOHN J Rank PTE Regtl. No. 725070

Original unit ..... Present unit 109th M-or S. Age 50 Religion METH Fyle Depot ..... Ref. H.Q. ....

Port, ship, and date of arrival. .... Quebec. 28-10-17 .....

Next of kin Brother, Same address 128 Bellwoods Ave. Toronto .....

Address on leave ..... Same .....

Address on discharge. 128 Bellwoods Ave., Toronto .....

Transportation issued <sup>Yes-</sup> No Date ..... Character on discharge Very Good .....

Previous occupation Core maker Date and place of enlistment 5 Jan. 1916 Lindsay .....

Diagnosis Def. Vision Over Age Date of Medical Boards 1-6-18 .....

Date	Remarks	Pt. 2 Order No.
6-6-18	<u>W.M.H. Whitby to Cas. as from, 4-6-18 (Awaiting Dis)</u>	<u>50</u>
4-6-18	<u>Trans. from Hosp. Sect. (Whitby) to Cas. Co. CC.D.O.#59</u>	<u>HQ. D.O.#57</u>
22-6-18	<u>S.O.S. DISCHARGED "DISABILITY PRE-EXISTING ENLISTMENT"</u>	<u>CC.D.O.#62</u>
24-6-18	<u>Docs. forwarded to the A.A.G.</u>	

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.  
60M-3-18. (D.P.) 353.  
1772-39-1243.

Surname **Montgomery** Christian Name or Names **J.J.** Reg. No. **725070**  
 Rank \_\_\_\_\_ Unit \_\_\_\_\_ Co. \_\_\_\_\_ Troop \_\_\_\_\_ Batty. \_\_\_\_\_  
 Ptel **124th Bn. Ron Sat.**  
 Hospital **Bramshott Military** Date of Admission **19-1-17.**  
 Transferred \_\_\_\_\_ Hosp. \_\_\_\_\_

*Detly Sqd Bramshott* Hosp. **2 2 17.**  
*Moore Bks, Shorncliffe* Hosp. **3-5-17**  
 Hosp. \_\_\_\_\_

Diagnosis **Myalgia**  
 (1) \_\_\_\_\_  
 Later Diagnosis (if changed) **& G.S.**  
 (2) \_\_\_\_\_  
 (3) **Myalgia**

Additional Diagnosis: if more than one state present  
**Haematuria**  
**U.S.**

DISPOSITION Date

C.L. 24-1-17 39  
 .....  
 3.3.17 40  
 .....  
 9.2.17 42  
 .....  
 27.2.17 47  
 .....  
 6-3-17 49  
 .....  
 17.4.17 1366

**Dis 25.1.17** Date  
 " 23.2.17  
 REMARKS  
 Dis 23-2-17  
 " 14.4.17  
 - 21-5-17

A.M.D. 2 Dept.  
 Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



J.P.

R-122

Rank *Pfc* Name **MONTGOMERY, John James** ✓ Reg'l No. **725070** ✓  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single** ✓  
 Place and Date of Enlistment **Lindsay. 28th Dec. 1915** ✓ Place of Birth **St. Thomas. Ont.** ✓  
 Name and Address, Next-of-Kin **William Montgomery** ✓  
**138 Belwoods Ave. Toronto. Ont. Can.** ✓ Relationship **Brother** ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **8866**

File R.L.

Category **San M**

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ltd. 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
6.12.16	06109 <sup>th</sup> Bn	SOS on tefu. to Ccac	Dritley	21-11-16	PT II D.O. 341.
12. 1. 17	b.b.h.b.	W.A. on board. 109 <sup>th</sup> Bn	Hastings	22.11.16	" 20
6.12.16	06109 <sup>th</sup> Bn	Attached from Ccac	Dritley	22.11.16	PT II D.O. 341
8.12.16	124 Bn	base all. 109 Bn & all 124 Bn for D.D.P.R. &	"	8.12.16	343.
9. 12. 16	06.12.16	Attached for all purposes	"	8.12.16	" 265.
17. 1. 17	"	Adm B.M. Sp.	"	17.1.17	" 17 of 199/haematur.
20. 1. 17	"	Spec. to be attached to 124 Bn	"	20.1.17	" 20. PT I D.O. 26.
3. 2. 17.	"	Disch'd Hosp.	"	25.1.17.	DCL. 40.
1-2-17	124 Bn	Adm to Dritley	"	1-2-17	D.C.L. 42 PT I D.O. 32. Haematuria

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.				
22-2-17	124 Bn	ceases to be att'd & att'd to Gen. D. Bn	Witley	22-2-17	Pt II D.O. 53
27-2-17		Disch from <del>124 Bn</del> <sup>17. C. L. 180</sup>		23-2-17	494/6.3.17.
23.2.17	48 Bn	att'd to 48 Bn for BDR 96 P.	B'sholt	22.2.17	Pt II D.O. 47
13.2.17	CCAC.	Cease att. 109 Bn. 20/comm 124 Bn. ceases to be attached having		5.2.17	- 75
16-4-17.	48 Bn	proceeded to C.O.K. depot	"	14-4-17	- 91
17.4.17.	124 <sup>th</sup> Pion. Bn.	Dis. Can. Mil. Hosp.	B'sholt	14.4.17.	B.L.B. 66.
14.3.17	C.C.A.C.	S.O.S. on transfer to	Hastings	10.3.17	Pt. II D.O. 120
1 Cent Out Regiment					
20-3-17	1 <sup>st</sup> BORD	To 8 from bbaal att 12 <sup>th</sup> Rec	W. Sandling	10-3-17	- 11
15-4-17	✓	Rep from Hosp ceases on comm to 12 <sup>th</sup> Rec	✓	14-4-17	- 37
7-5-17	✓	To Moore Bn Hosp.	J Cliffe	3-5-17	- 59. <sup>124<sup>th</sup> Bn</sup> B.L.B. 96.
7-5-17	124 <sup>th</sup> Bn	Dischg from " " "	"	21-5-17	B.L.B. 96.
18-6-17	1 <sup>st</sup> BORD	ceases att to Dep Co 9 on comm to <del>124<sup>th</sup> Bn</del> London Inst Det S Cliffe.	W Sandling	18-6-17	Pt II 0 101 (1 <sup>st</sup> CORD 10105)
18-6-17	✓	Dischg from Moore Bn Hosp	Pl	13-6-17	- 101
22-6-17	✓	ceases to be att to Inst Det S Cliffe	✓	18-6-17	Pt II 0 105
24-9-17	✓	On comm to BDD Buxton	"	24-9-17	- 199.
23-10-17	✓	808 to Canada KR 80 392 Sect 16.	"	18-10-17	- 228.
	Dis Dep	To Con Home	120 <sup>th</sup> 2 Toronto	28.10.17	11K 394.

# CANADIAN EXPEDITIONARY FORCE

NJC.

## Discharge Certificate

This is to Certify that No. **725070** (Rank) **Private**

Name (in full) **JOHN JAMES MONTGOMERY** enlisted in  
the **109th Battalion. C.O.S.F.**

CANADIAN EXPEDITIONARY FORCE at **Lindsay, Ont.** on the **28th.**  
day of **December** 19**15.**

HE served in **CANADA & ENGLAND**

and is now discharged from the service by reason of **PHYSICAL UNFITNESS.**

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

Age **51 years**  
Height **5ft. 7ins.**  
Complexion **Fair**  
Eyes **Blue**  
Hair **Dark Brown**

Marks or Scars **One vaccination mark  
on left arm.**

*J. Montgomery*  
Signature of Soldier

*H. Beecher*  
Issuing Officer **Captain,**  
**For Lieut.-Colonel,**  
**O.C. No. 2 District Depot.**

Date of Discharge **June 22nd. 1918**

Signed at **Toronto, Ont.** this **22nd** day of **June.** 19**18.**

in Military District No. **2.**

File Reference No. \_\_\_\_\_

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. **725070** (Rank) **Private** Name **John James Montgomery.**

Unit **109th Battalion. C.E.F.**

Address on Discharge **138 Bellwoods Ave., Toronto, Ont.**

Character and Conduct **Very Good**

Former Occupation **Coremaker.**

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at **Toronto, Ont.** this **22nd.** day of **June** 191**8**

*H. Beer*  
Name of Officer **Captain,**  
**For Lieut.-Colonel,**  
**O.C. No. 2 District Depot,**  
Rank

Appointment

*Uniform not to be worn after  
date of discharge unless written  
authority has been granted by  
the G. O. C. of district.*

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

No. 23

## LAST PAY CERTIFICATE

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

Regimental No. 725070 Rank Pte. Name J. J. Montgomery

Corps #2 Dis. Dep. who was\* Discharged

On June 22, 1918 191... to 191...

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 5, 1918 191... to June 22, 1918 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	4	40
Advances } No.....			Reg'tl Pay <u>18</u> days at \$ <u>1</u> c.....	18	
by } No.....			Field Allow. <u>18</u> days at \$..... c <u>10</u>	1	80
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* .....		
Payment on transfer or discharge No.....	23733		Other Credits* <u>Clothing</u>	8	
Balance Cr. (to be paid by the new unit).....	65	20	Bal. Dr. (to be deducted by new unit).....	33	
Total.....	65	20	Total.....	65	20

\*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191... } (to) Assignee.....  
 and Sep'n Allee. for month of.....191... }  
 (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 .....
- (2) if married and if a Separation Allowance Card has been submitted No.....
- (3) cause of discharge..... authority D.O. 62.....
- (4) authority for transfer .....

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

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

Date June 19, 1918

Place Toronto

*[Signature]*  
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



**DUPLICATE**

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... 109th. Battalion. C.E.F. .....

(2) Regimental Number..... 725070 .....

(3) Full Name of Soldier..... John James Montgomery. .....

Pte. .....

(4) Place of Birth..... St. Thomas, Ont. Can. .....

(5) Are you married, or not? No .....

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

(b) Present Postal Address.....

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

(8) Have you any children? No .....

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

Also their names and ages.....

(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...**Nil**.....

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.

**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.

**William Montgomery.**

**138 Bellewoods Avenue Toronto Can.**

(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.

**Nil**

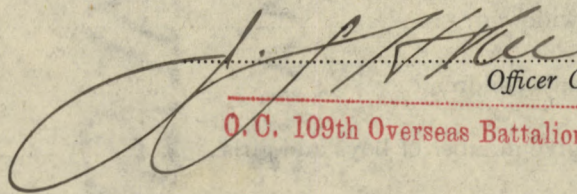
(15) Are you insured?.....**No.**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....**JUL - 8 1916**.....

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



## MEDICAL CASE SHEET.\*

No. of  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

725070

Pvt.

Montgomery

J. J.

249

Year

1917

Unit.

124<sup>th</sup>

Age.

42

Service.

10/12

Station  
and Date.

Disease

Dr. H. D. (19/1/17) Myalgia

Bramshott Hosp.

Jan 17

Previous History - No diseases of  
Childhood. Typhoid Fever at 24, sick  
two mos. Jaundice at age 38 - sick  
for two weeks. Diseases T. D.; admits  
Alcoholism.

Present Condition - In 1911 first noticed  
pains colored urine about 3 times during  
winter. In following 4 yrs. noticed  
bloody urine 3 or 4 times. No other  
urinary sign or symptom while in Canada.  
In Nov. 1916 passed bloody looking urine;  
no microscopic exam. Has passed similar  
looking colored urine 2 or 3 times since  
there. Frequent Urination - particularly if cold.  
Urinary less frequently since coming to Hosp.  
No pains in back or groins.

Urinalysis in Hospital negative.

Treatment - ~~At~~ Repeated Urinalyses.

Capt. D. A. Welch

Jan 17

Three urinalyses at different dates - negative.  
Slight pain in shoulder and back.

Capt. D. A. Welch

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

Station  
and Date.

# 725070

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name Montgomery Corps 1 CO. R.D.  
Disease \_\_\_\_\_ Hospital West Sandling

To Officer i/c Laboratory. \_\_\_\_\_ Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of \_\_\_\_\_  
with special regard to Urinalysis

Date 8/6/17. \_\_\_\_\_ C. E. Flatt, Capt.  
O. i/c \_\_\_\_\_ Ward.

**LABORATORY REPORT.**

Color amb  
Sp Gr 1024  
Reaction acid  
Sugar 0  
Albumen 0  
Microscopic a few granular casts  
a few polymorphus.

Date of Examination 8-6-17

B. Stornell  
Lt.

O. i/c Laboratory.

Patient No., Rank and Name

Corps

Room

Hospital

Other Laboratory

Ward

Please carry out an examination of the accompanying specimen of

with special regard to

Date

Ward

Room

# LABORATORY REPORT

Date of Examination

C. I. C. Laboratory

Regtl. No., Rank and Name 725070 Pte Montgomery, Corps 1 C.O.R.D.

Disease Haematuria Hospital M.B.C.H.

To Officer i/c Laboratory. Ward 17

Please carry out an examination of the accompanying specimen of Urine with special regard to Stems marked thus "V" in places or naught.

Date 7-5-17 A. Fisher Esq  
O. i/c Ward.

**LABORATORY REPORT.**

Cloudy or Clear }  
or Turbidity Faden } ✓  
Course or Fine }  
Color - coly amb  
Reaction - acid  
S.G. - 1010  
Sugar - neg.  
Albumen - neg.  
Bile -  
Acetone -

Microscopic ✓  
Polymorphs - ✓ +  
R.B.C. <sup>Δ</sup> - ✓ +  
Cast. - ✓ 0  
X.L.T. <sup>Δ</sup> - ✓ 0  
If any R.B.C. or W.B.C. <sup>Δ</sup> ✓  
H.C. - ✓ 0  
Y.B. - ✓ 0  
Culture - ✓

Specimen taken 8<sup>30</sup>  
Specimen exam. 10<sup>30</sup>

Date of Examination \_\_\_\_\_ A. Campbell Esq  
O. i/c Laboratory.

Please state especially how exam.

Corps

Hospital

Ward

Please carry out an examination of the accompanying specimen of

Ward

O. I. S.

# LABORATORY REPORT

9

Regtl. No., Rank and Name 725070 Pfc M. M. Ingram Corps C. O. B. D.

Disease Nervousness Hospital M. B. N.

To Officer i/c Laboratory. Ward 17

Please carry out an examination of the accompanying specimen of urine with special regard to \_\_\_\_\_

Date 5-5-17.

A. J. Fisher Capt. C. S. M. Ward.

**LABORATORY REPORT.**

Color ← cdy amb  
 Reaction ← acid  
 S.G. ← 1.012  
 Sugar ← neg.  
 Albumen ← Pos.  
 Bile \_\_\_\_\_  
 Acetone \_\_\_\_\_

Microscopic ←  
 Polymorphs ← +  
 P. B. C. ← +  
 Casts ← 0  
 X. L. J. ← 0  
 Gram P. B. C. or W. B. C. ← 0  
 S. C. ← 0  
 T. B. ← 0  
 Culture ← 0

Hour taken 9. a. m.  
 Hour exam 10. a. m.

Date of Examination \_\_\_\_\_

A. J. Campbell Capt. O. i/c Laboratory.

Please state especially hour exam.

*[Faint, illegible handwriting]*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### LABORATORY REPORT

Ward \_\_\_\_\_

Office \_\_\_\_\_



3  
 Regtl. No., Rank and Name Pte. Montgomery No 725070 Corps C. O. R. D.

Disease Amatonia Hospital M. B. C. A.

To Officer i/c Laboratory. Ward No 17

Please carry out an examination of the accompanying specimen of Urine  
 with special regard to Items marked thus in Blusses or Naught.

Date 4<sup>th</sup> May 1917 A. H. H. H. H.

O. i/c Ward.

**LABORATORY REPORT.**

Color of Clear  
 in Upper Part ✓  
 Coarse or Fine ✓  
 Color ✓ amyl  
 Reaction ✓ acid  
 S. G. ✓ [redacted]  
 Sugar ✓ ney  
 Albumen Pos.  
 Acetone

Polymorphs ✓ +  
 R. B. C. ✓ +  
 Casts ✓ 0  
 P. + P. ✓ 0  
 Many R. B. C. or ✓  
 W. B. C. 0  
 G. C. 0  
 H. B. 0  
 Culture

How taken 9 a.m.  
 " examined 9.30

Please state specially the hour examined

Date of Examination \_\_\_\_\_ A. H. H. H. H.

O. i/c Laboratory.

Serial No. *1000* and Name *John Doe*

To: *Mr. J. Edgar Hoover*

Date: *10/1/50*

Please print out an examination of the accompanying specimen of

with special regard to

*Handwritten notes*

LABORATORY REPORT

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

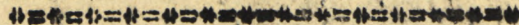
*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

*Handwritten notes*

URINE SPECIMEN.



Ward... 9 ..... Date... Feb 12 ..... 1917...

Reg. No. 725070 ..... Name & Rank... Montgomery Plt ..... Unit... 124 Bact .....

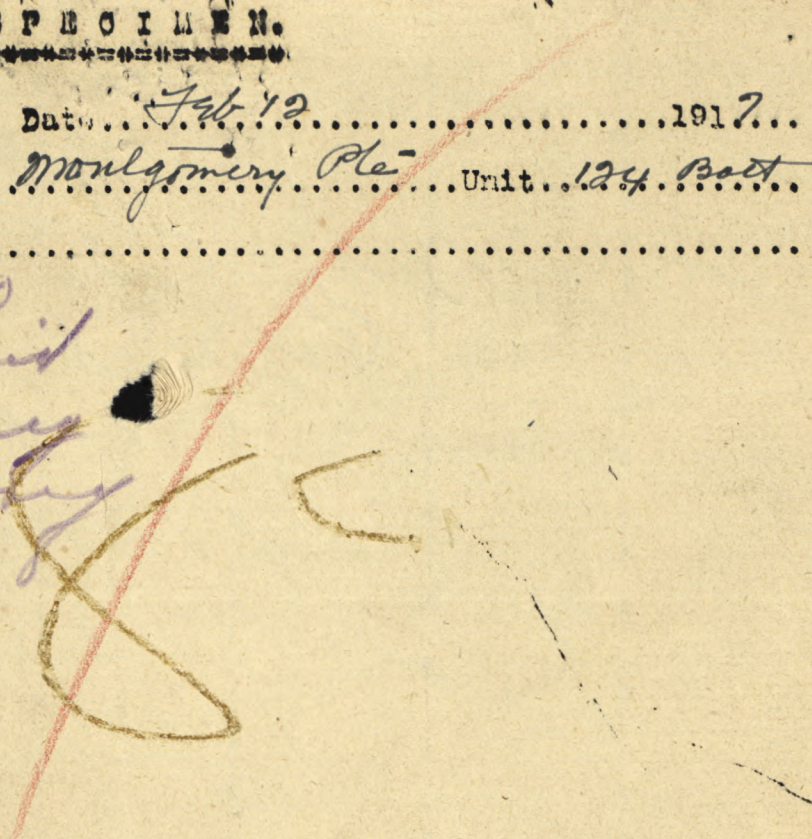
Disease.....

Sp. Gr..... 1030 .....

Acid..... Acid .....

Albumen..... .....

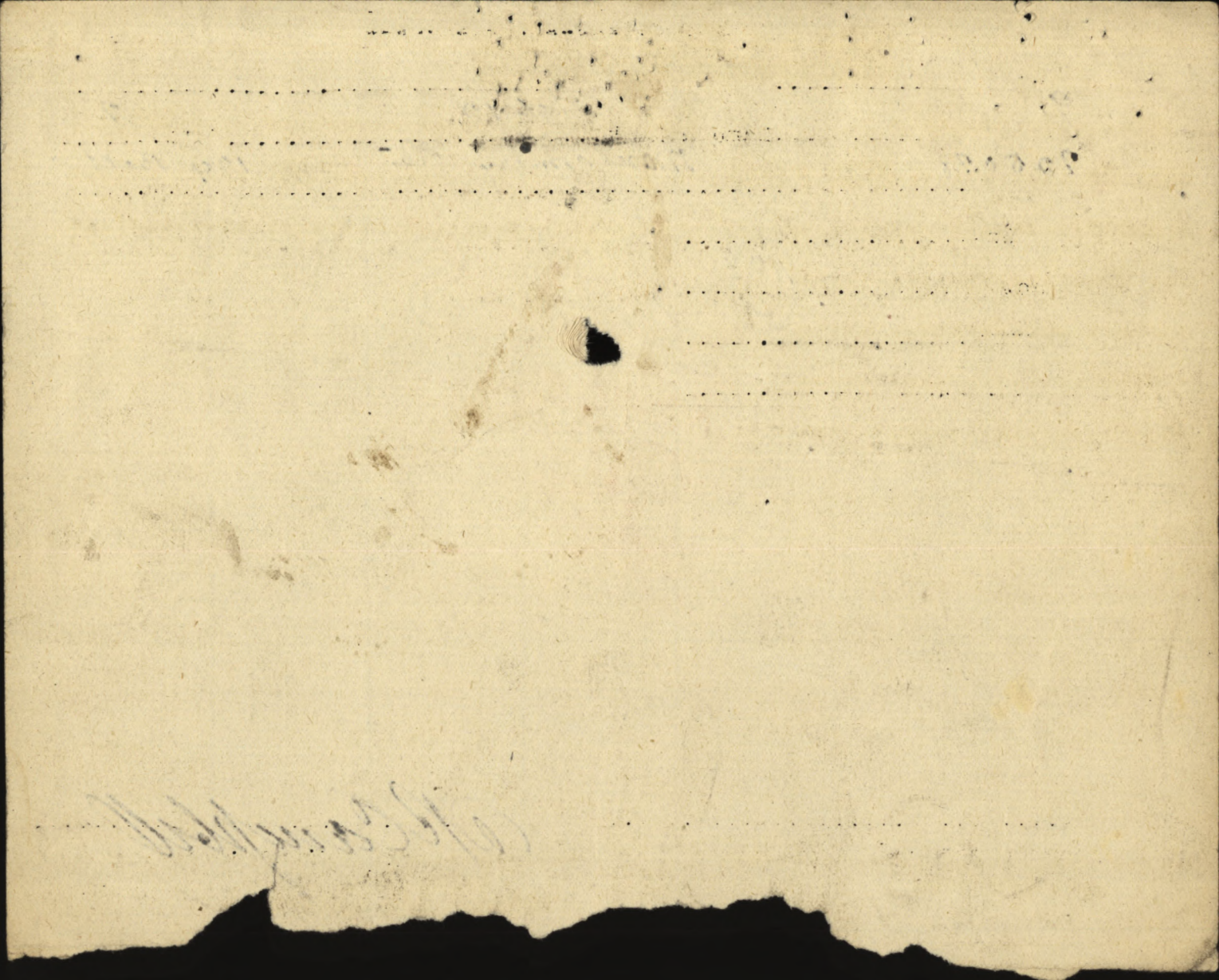
Sugar..... .....



Handwritten notes in purple ink: '1030', 'Acid', and 'Sugar' with checkmarks.

.....  
M.O. i/c Ward

.....  
*C. Campbell*  
Capt. C.A.M.C.  
Officer i/c Laboratory



URINE SPECIMEN.

\*\*\*\*\*

Ward.....9.....

Date.....Feb 20.....1917.

Reg. No. 725070

Name & Rank

Pt. Montgomery

Unit 124

Disease.....

NYP

Sp. Gr.....

1.025

Reac.....

Acid

Albumen.....

Neg

Sugar.....

Neg

M.O. i/c Ward

A. R. Campbell

Capt. C.A.M.C.

Officer i/c Laboratory

124

Handwritten text, possibly a name or address, mostly illegible due to fading.

Handwritten text, possibly initials or a short name, mostly illegible.

Handwritten text, possibly a date or number, mostly illegible.

Local Ward (17)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Moore Barracks Hospital May 18<sup>th</sup> 1917.

No. 725070 Rank Pte Name Montgomery John

Local Unit P.C.O.R.D. Overseas Unit \_\_\_\_\_ Age 48

Examination held at Moore Barracks Hospital Shorncliffe

DISABILITY:  
Overseas—Local  
(scratch one out).

Haematuria

①

PRESENT CONDITION.

R.B.A. Still present. trabeculation of bladder. raised bar at vesicle sphincter. Has dilated ureters & renal pelvis. Has some difficulty starting water. stream & projection poor. Source of bleeding not definitely located.

Considering age and the fact that he is a skilled mechanic being a Carr maker in brass works. has worked on munitions

Recommend discharge Class Ciii and put on munitions

He will never make a Soldier W. Fisher Capt

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members { .....President.  
 .....  
 .....

APPROVED

Dated.....1917.

PROCEEDINGS OF A MEDICAL BOARD

No. 1000  
 Rank: Lt  
 Name: J. W. [unclear]  
 Overseas Duty: [unclear]  
 Local Unit: [unclear]  
 Examination held at: [unclear]

DISABILITY  
 Overseas - Local  
 (Mark the Duty)

PRESSENT CONDITION

The following is a statement of the present condition of the member as given by the member himself. The member states that he has been suffering from [unclear] since [unclear]. The member states that he has been unable to perform his duties since [unclear]. The member states that he has been unable to perform his duties since [unclear].

BOARD RECOMMENDATIONS

1. Fit for Duty
2. Fit for duty after [unclear] weeks, physical training
3. Fit for Temporary Base Duty [unclear] weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature: \_\_\_\_\_

President \_\_\_\_\_

Members \_\_\_\_\_

APPROVED

1917



# CLINICAL CHART.

Army Form B. 181

Corps 124<sup>th</sup>

(To be attached to Case Sheet.)

Military Hospital Bramshott.

No. 725070

Rank and Name Pte Montgomery

Age 48

Service 12/2

Disease \_\_\_\_\_ Date of admission 1-2-17 Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	3						4						5						8						9						10					
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time							
Days of Disease	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.							
Temperature Fahrenheit																																				
Pulse per Minute	75		74		75		78		76		71																									
Respirations per Minute	20		20		20		22		22		22																									
Motions per 24 hours																																				

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



## Casualty Form—Active Service.

Regiment or Corps 109<sup>th</sup> BattalionRegimental No. 725070 Rank Plt Name Montgomery John JamesEnlisted (a) 27/12/15 Terms of Service (a) 5<sup>th</sup> War Service reckons from (a) 27/12/15Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on }  
to present rank } \_\_\_\_\_ to lance rank } \_\_\_\_\_ roll of N.C.Os. }Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (i) Care maker

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				
25 SEP 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11	ORDER No. 227		<u>B. Vigne Lt. Col.</u> Canadian Discharge Depot.
18 OCT 1917		EMBARKED FOR CANADA FROM LIVERPOOL			<u>B. Vigne Lt. Col.</u> Canadian Discharge Depot.
APR 18 1918		Taken on Strength No 2. District Depot.			<u>J. M. Kay Capt.</u> Hospital Representative, WHITBY MILITARY HOSPITAL

(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.

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				
		<p>S of S. #2.D.D. Pt.2. D.O.62.</p> <p><i>HsBecker</i></p> <p>Lieut. Officer I-c Discharges. District Depot #2.</p>			

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.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425040 Rank Private Name Montgomery John James  
E. F.

Enlisted (a) 24.12.15 Terms of Service (a) D of W Service reckons from (a) 24.12.15

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) Core Maker

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				

Embarked Canada Halifax 24.7.16.  
Disembarked England. Liverpool 31.7.16.

~~8/12/16 Oct 109 Transferred to 124th Bn. Withy 2/12/16 Mo. pt II 9 4/13.~~

~~Capt. ADJUTANT 109th Overseas Battalion, C. E. F.~~

6.12.16 6C 109 Trans to C. C. A. C. Withy 21.11.16 DC 341

~~Capt. ADJUTANT 109th Overseas E. F.~~  
Capt. ADJUTANT 109th Overseas Battalion, C. E. F.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Report Form

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				
20-1-17	124th. Bn.	<del>Attached to Garrison Duty Battalion</del>	<del>Witley Camp</del>	20-1-17	<del>Part II Orders No. 20</del> <i>W. H. Hutton</i> Lieut. Asst. Adjt. 124th. Bn. C. E. F.
22-2-17	124th. Bn.	Attached to Garrison Duty Bn., Bramshott	Witley Camp	22-2-17	Part II Orders No. 53 <i>W. H. Hutton</i> Lieut. Asst. Adjt. 124th. Can. Bn.
20.3.17	P/CO RB	Taken on strength	W Sandling	20.3.17	Plat 50.11 <i>W. H. Hutton</i> Lieut. & Asst. Adjt. for O. C. 1st C. O. R. D.
24.9.17	P/CO RB	W Sandling	W Sandling	24.9.17	Plat II 50.11 <i>W. H. Hutton</i> Lieut. & Adjt. for O. C. 1st C. O. R. D.

*W. H. Hutton*

Adjutant

124th. Bn.

Name

*R. Montgomery J. J.*M. F. W. 41  
1 0M-7-16  
1772-39 889.Regimental No. *725070*

Name and address of next-of-kin

Unit

*109 Bn*

Date of enlistment

Place of

Married (yes or no)

*No.*

Date and place discharged

*4. 6. 18.*

Amount of pay assigned monthly \$

Reason for discharge

*D.O.S 7*

To whom payable

Character on discharge

*Transferred to Cas. Co.*

Form 5351-M. &amp; D. 6880

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>Dec</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>1838</i>		<i>48344</i>	<i>25</i>			<i>330</i>	<i>Out 13-11-17-23-11-17 D.O.</i>	
								<i>8</i>	<i>24048</i>	<i>48085</i>	<i>21218</i>				<i>24048 3198320 2. 21. 2. 4. 12. 17</i>	
															<i>D.O. 3408344. Forfeits 3</i>	
<i>Jan</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>9 60</i>	<i>4370</i>	<i>55580</i>	<i>4370</i>			<i>4370</i>	<i>dep pay D.O. 344</i>	
															<i>Out 22-12-17-31-18 D.O. 362</i>	
<i>Feb.</i>	<i>1</i>	<i>28</i>	<i>1</i>	<i>28</i>	<i>28</i>	<i>10</i>	<i>280</i>		<i>30 80</i>	<i>60340</i>	<i>30 80</i>			<i>30 80</i>	<i>85</i>	
															<i>Forfeits 14 days P. &amp; a.</i>	
<i>Mar</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>65395</i>	<i>1870</i>			<i>15 40</i>	<i>3410 D.O. 67.</i>	
<i>Apr</i>	<i>1</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>	<i>69686</i>	<i>33</i>			<i>33</i>		
<i>May</i>	<i>1</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>76435</i>	<i>3410</i>			<i>3410</i>		
<i>June</i>	<i>1</i>	<i>4</i>	<i>1</i>	<i>4</i>	<i>4</i>	<i>10</i>	<i>40</i>		<i>4 40</i>							

4 40





Name *Pte J. J. Montgomery*

M. F. W. 41  
100M-1-13  
1773-30-839.

*65 paid*

Regimental No. *725070*  
Unit *Gas Sec 109 Bn*

Name and address of next-of-kin

Date of enlistment

Place of

Married (yes or no) *no*

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*Spc 138 Bellwoods ave Toronto*

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<i>June</i>														
<i>5</i>	<i>22</i>	<i>18</i>	<i>1</i>	<i>18</i>	<i>18</i>	<i>10</i>	<i>180</i>	<i>440</i>	<i>3220</i>	<i>23733</i>	<i>6520</i>		<i>33</i>	<i>For 0059 Dis 0062</i>

*See New Ledger  
Sheet for further  
char. act 2700  
7/19/49  
m3*



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Montgomery, J.J.**  
Surname

Christian Name

Regimental Number **725070** Rank **Pte.**

Address (in full) **138 Bellwoods Ave.,**

Unit **109th Bn.**

**Toronto, Ont.**

Original Unit

District where paid **M.D.2.**

Date of Discharge

P. D. P. Filing Number **11-604-2.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	9940	22-7-18	33 00	9429	22-8-18	34 10				33 00	67 10

**M. F. W. 127.**  
60M-6 17.  
1978 89-1140.

Remarks:



E  
m  
in

Pfc Name *Montgomery John James*

M. F. W. 41  
1 0M-7-16 P. C. No.  
1772-39 889  
M2391

Regimental No. *725070*

Name and address of next of kin *Gen. Del.*

Unit *109th Bu.*

*Toronto Ont.*  
*M. B. 8.11.17*  
*Cow. Home.*

Date of enlistment *20.12.15*

Place of *" Lindsay*

Married (yes or no) *no.*

Date and place discharged

Amount of pay assigned monthly \$ *mil.*

Reason for discharge

To whom payable

Character on discharge

*Missouri 28<sup>10</sup>/<sub>17</sub>*

*Cate. D. H.Q. 649-M-24909*

Form 5351-M. & D. 6890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	<i>27.9.17</i>							<i>24258</i>								<i>E. L. P. Co.</i>
<i>28.9.17</i>	<i>30.11.17</i>	<i>64</i>	<i>100</i>	<i>6400</i>	<i>64</i>	<i>10</i>	<i>640</i>		<i>31298</i>					<i>487</i>		<i>A. R. 12253</i>
														<i>973</i>		<i>Boat.</i>
														<i>10000</i>	<i>11460</i>	<i>C. D. Fee.</i>
																<i>L. P. Co. refund</i>
									<i>31298</i>							<i>showing a/c adj. to 30<sup>th</sup></i>
																<i>and of "D" Unit.</i>

*J. H. M.*  
*3.12.17*

*Eng. A. P. Co. mil.*





P. 559 MARRIED OR SINGLE *Single*

PLACE OF BIRTH *St Thomas Ont*

NAME AND ADDRESS OF NEXT OF KIN *Wm Montgomery  
138 Belwood Ave Toronto Ont*

RELATIONSHIP OF NEXT OF KIN *Brother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.			
PARTICULARS	EFFECTIVE DATE	AUTHORITY	
ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *725070* RANK *Pte* NAME *Montgomery John James*

IF IN PERM. CORPS WHAT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *6641* DATE *1-2-17* AUTHORITY *50341*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Byt to sep. Pay 2 l. wife to Can.* DATE *26.9.17* AUTHORITY *6-12-16 295-1-23 21.9.17*

PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *N. E. Br* DATE *28/9/17* AUTHORITY

DATE OF ATTESTATION *Dec 28<sup>th</sup> 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE *27/9/17 Canada* REASON AND AUTHORITY *A 95-1.33 - For Disposal*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.A. Card Index *MT*

Checked by *J. McGill*



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								
July 31																Balance from Canada										2305										
Aug 31	31	1.00	31	10	3.10							34.10	10	1/16												974										
Sept 30	30		30		3							33	42	3/16	74	15/16											730	730				1460	6581			
Oct 31	31		31	31	3.10							34.10	114	3/16	144	15/16											973	730				1703	8288			
Nov 30	30		30		3							33	173	31/16													974						974	106.14	61	
Dec 31	31		31		3.10							34.10	219	11/16													730						1216	128.08		
Jan 31	31	1.00	31									34.10																								
Feb 28	28	1.00	28.80									30.80																								
Mar 31	31		34.10									34.10																								
Apr 30	30		33									33																								
May 30	30		33									33																								
June 20	20		33									33																								
	1		1.10									1.10																								
July 31	31		36.74		40							23.05	270.45															48.67	14.60	46.24				109.51		
			981.10									23.05	390.45															48.67	14.60	46.24				109.51		

**SUPPLIES INDENT FOR RATIONS.**

**EXTRACTS FROM OFFICERS' SERVICE PAY-BOOKS.**

**OFFICERS AND MEN.**

**HEAVY DRAFT HORSES.**

TOTAL STRENGTH

ATTACHED FOR RATIONS

LESS ON COMMAND

IN HOSPITAL

ON LEAVE

ABSENT WITH-OUT LEAVE

OFFICERS NOT DRAWING RATIONS

O.R. NOT DRAWING RATIONS

TOTAL NOT DRAWING RATIONS

TOTAL DRAWING RATIONS

\* These totals must agree with the Daily Parade State accompany

\* TOTAL RATIONS AUTHORIZED

NUMBER OF DAYS RATIONS INDENTED FOR OFFICERS AND MEN.

NUMBER OF DAYS RATIONS INDENTED FOR HORSE

BREAD MEAT BACON SUGAR TEA SALT

TOTAL RATIONS AUTHORIZED AS ABOVE

DEDUCT—NUMBER OF RATIONS ON HAND

Sailing list 48 d 18/10/17 \$ 237.22



425040. Ft. Montgomery, J.I.

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								
Balance forward.																																													
			367	40										23	05	390	45									48	67	14	60	46	24		109	51	280	94									
July	31	1 <sup>00</sup>	34	10												34	10																		315	04									
Aug	31		34	10												34	10																			349	14								
Sep	25		27	50												27	50																					376	64						
			403	10												23	05	486	15																				109	51					
26	27	2	2	20												4	87																									383	71		

Drans to Pay 2<sup>nd</sup> 26/9/17  
 Dis to Canada  
 \$ 487 Sub on Pay 31/9/17

ASM FORM REND. EFFEC.  
 DISCHARGED TO Can DATE: 27/9/17  
 PAYBOOK VERIFIED 27/9/17  
 Ser. BAL 242 P.C. REND. 27/9/17  
 AUTH. A.S. 1. 33-

For Disposal  
 Checked W.E. S.C.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLOC. ENG.
Oct	Bel Fold								383 71		
	DR 130 <sup>30</sup> Per 20/4/17				29	20					
	DR 185 <sup>20</sup> Per 30/4/17				7	30					
	" 19 <sup>10</sup> Per 14/6				4	87			342 34		
Nov	DR 125 <sup>50</sup> Per 15/7				4	87					
	" 94 <sup>10</sup> Per 15/7				4	87					
	" 127 <sup>20</sup> Per 30/7				14	60					
	DR 511 <sup>50</sup> Per 28/5				24	33					
	" 247 <sup>10</sup> Per 30/9				4	87					
	" 225 <sup>10</sup> Per 11/9				4	86					
	" 161 <sup>10</sup> Per 11/9				4	87					
	" 54 <sup>10</sup> Per 30/6				29	20			249 87		
									921 47		
1918											
Jan	DR 196 <sup>10</sup> Per 31/9/17				12	17			234 40		
									1214		
	Balance transferred to N. E. Bra <u>Fail</u>										

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
542	725 070	Plc.	Montgomery	J.
Year	Unit.		Age.	Service.
1917	124 Casuals		48	12/12
Station and Date.	Disease <u>Haematuria</u>			
<u>Bramblett</u>	<p><u>Previous history</u> - gives history of passing blood in urine, first about 4 years ago. Did not recur until about 4 mos. ago.</p> <p><u>Family history</u> - neg</p> <p><u>Onset present illness</u> - admitted Feb. 1 complaining of pain in back with weakness. Exam urine - albumin granular casts cannot hold urine frequent micturition.</p>			
Feb 20	<p>Patient feels fine he states urine clear "Sample to lab" Jan</p>			
Feb 22-17	Urine	Exam	Sp. 10.25	
		Reac -	Acid	
		Alb -	neg.	
		Sugar -	neg.	
	<p>Patient feels normal for man of his age.</p>			
	<p><u>Jan 22</u> Capt. Cam</p>			
Feb 22	<p>No evidence of haematuria has been discovered</p>			

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

Station  
and Date.

Apr 8<sup>th</sup>

patient is now out of quarantine. Says  
he is feeling alright - but a little weak.  
Urinalysis to be taken - Then Board for Category -

Born at St Thomas - out. But has lived  
in Toronto 30 yrs before Quebec. Was a Brass worker.  
Is now 48 yrs old. Before 35 yrs ago was never 10 days  
sick in bed - nor 5 days - lost no time at work - except  
typhoid when young. Same until 40 yrs. About  
8 years ago had "Yellow jaundice" - two weeks  
at Michael's hospital - After that he never  
lost any time through sickness until he enlisted.  
Last fall, about November he first was troubled  
with his present complaint - urine looking color  
of stout when examined was pronounced blood.  
This was examined by the Med. of the 104<sup>th</sup> Bn. Capt<sup>n</sup> McPherson  
who he alleges that this comes on when he is exposed  
to cold weather - but weather makes no difference.  
He complains that his feet are always cold.  
He is anaemic - Heart slow. Spleen puffing &  
suspicion of pyrotoxaemia - Arteries good - Heart normal  
Lungs normal - Bronchial - some chronic bronchial catarrh  
& cough. - Take B.P. = 150-80 mm Hg  
board for Cat. H. H. Rapin

Bed 3 ward 17

Forms

L. 1237

11

copied to\*

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
27113 Year	725070	Pte.	Montgomery Cockmaker in Trade	John Goulding
		Unit.		Age.
		1 CORP		48
				Service.
				17/12
Station and Date.	Disease Hematuria			
MOORE BARRACKS,	Jumble first started 4 or 5 yrs ago in Canada.			
CANADIAN HOSPITAL	noticed blood in urine dont. know any cause			
SHORNCLIFFE	had no pain but had frequency. never had injury no free blood but was intimately mixed with the urine which was a dark wine colour. lasted a few days then disappeared did not. Consult a Dr. Enlisted Dec 1915. Came to England Aug 1916. Has not been to France.			
D. W. J.	Oct 1916. had a similar attack to the first but was more severe there was more blood. lasting 4 or 5 days then cleared up again. up to Jan 17 had another attack. sent to Hospital at Bramshot. Cleared up in about 10 days. was all right for two weeks. started to do some fatigue work and it came on again. left Bramshot Hospital about 15th April. Sent to Regimental Depot. Sandling. started work and bleeding. started again about the 22nd of April. never been entirely free since.			
Family History	Negative no T.B. no stone			
Personal Hist	always strong & healthy Had Typhoid fever when 17 never any other illness never had venereal disease			
Genetole.	Scrotal Contents. Left Epididymus thickened hard nodule in globus minor <sup>at right testicle</sup> small & atrophied always small. Scar in left crum had small tumor removed. Abdomen normal to palpation slight tenderness in right CV angle			

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

M 627. 1000,000. 5/19

P.I.O.

10.5.17. ~~10.5.17.~~ Contained ~~stale~~ blood colored urine without clots -  
Cystoscopy. R. U. orifice emits clear <sup>glycerum like</sup> swirl undoubted.

L. U. " (watched for long time carefully) is questionable. <sup>Swab.</sup>  
Water thro' cystoscope voiding bladder was hardly coloured at all.  
no bleeding spot in bladder. - no stone. - no fungus. - but ves-  
ical orifice is raised to form an even bar. - There is slight  
10.5.17 ~~if any~~ <sup>considerable</sup> trabeculation of bladder & cystoscope did not cause any  
bleeding. - Mood is probably from left ureter when it comes. \*

4.5.17 - Prostate normal to feel - no bleeding today -  
Abdomen <sup>far</sup> large but palpable easily - no tenderness  
thru' out but a finger sized cord felt in the line  
of the left ureter from level of crest of ilium  
for 3 or 4 inches up - Both kidneys are negative  
to palpation before & behind. \* X

4.5.17. Lab. Urine Report. Cloudy Amber Acid S.S. - Alb Pos Sugar neg Polymorphs X  
RBC X Casts xth GC TB

5.5.17 Lab. Urine. Cloudy T.F. Colour. Amber. Acid S.G. 10/12  
Albumen Pos Sugar neg. Polymorphs X RBC X Casts 20th  
TB GC

7.5.17. Cloudy Amb. Acid Alb neg Sugar neg Polymorphs X RBC X  
Casts 20th GC TB none

9.5.17 X-ray. Plates poor to return.

10.5.17 Argypol X-ray both kidneys.

R. K. urea .5.6 - no pus -

L. K. " .6.5 - " pus. \*

11.5.17. 9 cc. 40% Argypol throws no shadow at the right and  
\* same amt. in left renal pelvis gives tracing attached.

13.5.17 X-ray Medium Callagel. Pelvis Kidney Left. Opus 3rd  
Lumbar vertebra

16.5.17 - <sup>He is 49 yrs old.</sup>  
He has had no macroscopic bleeding since entering M.H. & source is not definitely determined

4th - He has a median bar at vesical sphincter. - trabeculated bladder, dilated ureters  
and renal pelvis. - He has had difficulty in starting water & stream was  
poor. - It is much better for 3 days now. - He was engaged in munitions  
before joining up, is an "exc. maker" of moulds in brass and  
copper work. - Recommended Class C.III. and institution  
work again - and to report here if recurrence  
of haemorrhage from  
am. anal  
Station  
and Date

URINE SPECIMEN.

\*\*\*\*\*

Ward.....9.....

Date: March 23<sup>rd</sup> 1917.....

Reg. No. 725070 Name & Rank. Pte. Montgomery Unit 124<sup>th</sup> Res.

Disease.....Haematuria.....

Sp. Gr.....1020

Reac.....acid

Albumen.....neg

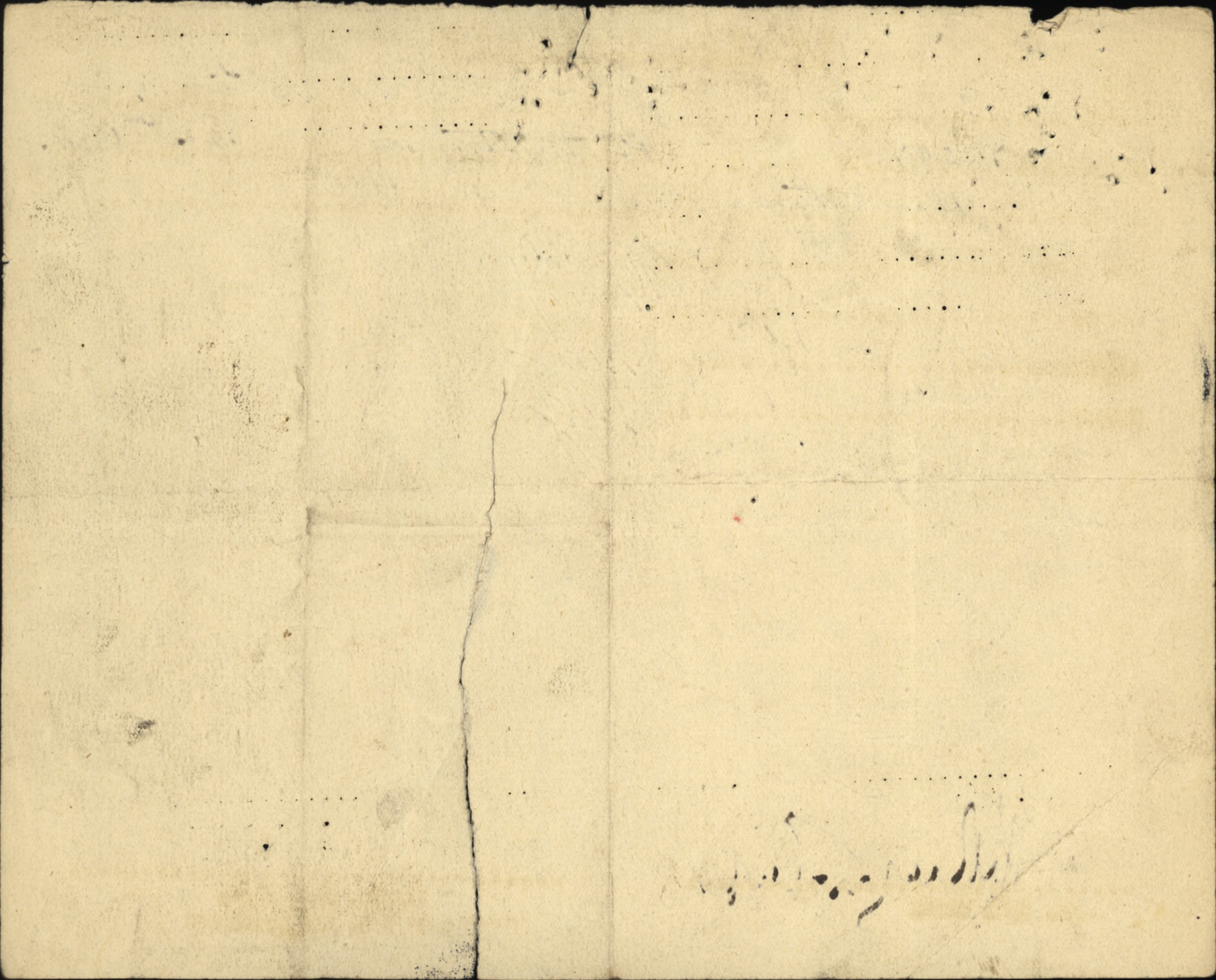
Sugar.....neg

12

W. H. ...  
i/c Ward

Flower

Capt. C.A.H.C.  
Officer i/c Laboratory



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at 14 - 6 - 1917

No. 725-070 Rank Pte Name Montgomery J.J.

Local Unit 1st. COR D Overseas Unit — Age 48

Examination held at W. Sandling

DISABILITY. Def. Vision  
Overseas—Local.  
(scratch one out)

### PRESENT CONDITION.

R. V.  $\frac{6}{36}$     c glasses  $\frac{6}{12}$     0  
L. V.  $\frac{6}{36}$     not improved c glasses  
His condition is good for one of his age

M. - 216

BOARD RECOMMENDS:— B II

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { D. C. Howes Capt. ..... President.  
H. B. Thomson Capt. .....

APPROVED **15 JUN 1917**

Dated at.....1916.

W. H. Davis Major  
CAPT.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE:

For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD.

Form 8-0-11  
Revised 1916

..... 1916  
 Dated at .....

No. .... Rank .....

Local Unit ..... Overseas Unit .....

Examination held at .....

QUALIFICATION  
 Overseas (years)  
 (Specify country)

PRESENT CONDITION

BOARD RECOMMENDS -

1. Fit for duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:

..... President

.....

.....

Members

APPROVED 18 JUN 1917

..... 1916  
 Dated at .....

For A.D.M.S.

URINE SPECIMEN.

\*\*\*\*\*

Ward. *9* Date. *Feb 3* 19*17*  
Reg. No. *725070* Name & Rank. *Pte Montgomery J* Unit. *124*  
Disease. *N.Y.D.*

Sp. Gr. *1027*  
Reac. *Acid*  
Albumen. *Pos*  
Sugar. *neg*

*granular casts*

M.O. i/o Ward

*C. Campbell*  
Capt. C.A.M.O.  
Officer i/o Laboratory.

1848

1848

1848

1848

1848

13 - 1 - 0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLLESTONE

*June 13* 1917.

SPECIAL REPORT ON EYES

NO. *725070*

RANK *Pte*

NAME *Montgomery J.J.*

IN OR OUT PATIENT

UNIT *1st C.O.R.D*

FROM: OFFICER-COLLARING

TO: *1st C.O.R.D*

*(1)*

RIGHT VISION

*6/36 c glasses 6/12*

LEFT VISION

*6/36 not improved c glasses*

Remarks:  
Right eye - *lenticular opacities - hazy cornea - hazy lens*  
Left eye - *Vitreous opacities - hazy lens - hazy cornea*  
*Some astigmatism by retinoscope.*

HE IS ~~not~~ FIT FOR OVERSEAS SERVICE. GLASSES  
HAVE ~~not~~ BEEN ORDERED. CONDITION WAS ~~present~~  
PREVIOUS TO ENLISTMENT AND HAS *not been* CAUSED  
BY SERVICE.

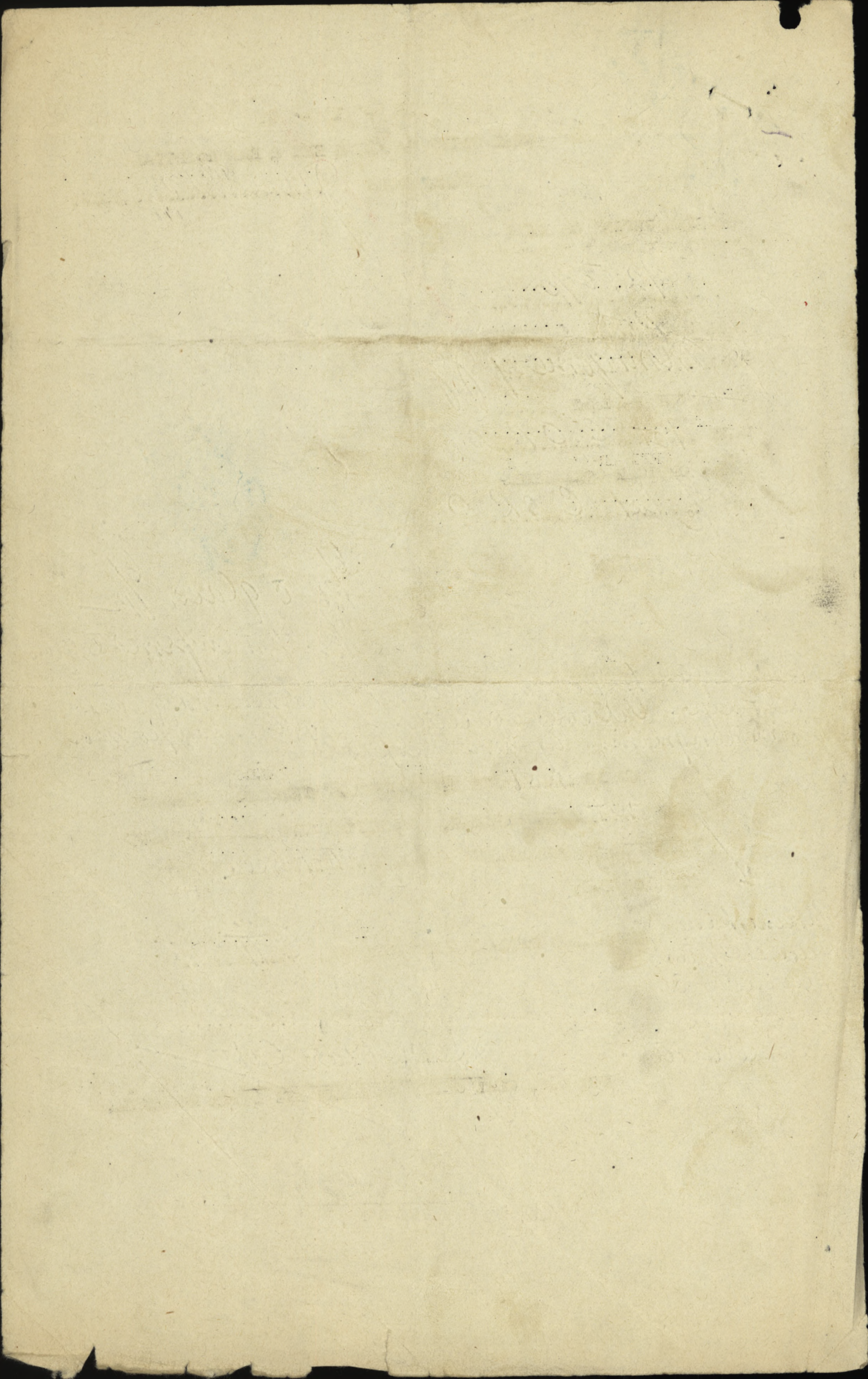
*Patient has  
been supplied  
previously c  
glasses of the  
same correction.*

RECOMMEND PATIENT FOR CATEGORY

*C.II*

FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL. C. A. L. C.

*J. Medlar Capt*



72570

# MEDICAL HISTORY SHEET. ORIGINAL

Surname Montgomery Christian Name John James

Examined { on 28 day of December 1915  
at Lindsay  
Birthplace { City or Town St Thomas  
County Ontario

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

Apparent age 42 years  
Trade or occupation Care maker  
Height 5 Feet 6 3/4 Inches.  
Weight 135 Lbs.  
Chest measurement { Minimum 34 1/2 inches.  
Maximum expansion 37 1/2 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left Two  
Number Two

Date	Result	VACCINATIONS.
<u>25-1-16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>3-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last January 25 1916  
(a) Marks indicating congenital peculiarities or previous disease Peteriosis

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection  
Large toe left foot crooked  
Sight little weak

Enlisted on 27<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C. I. C.</u>	<u>725070</u>	<u>11</u>	<u>28-12-15</u>
Transferred to.....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>APPROVED.</u> <u>J. D. Stewart M.D.</u> <u>for a.m.s.</u>	<u>22-11-16</u>	<u>over age</u>	<u>T.B. D. (C.I.)</u> <u>G. Copple</u> PRESIDENT. MEDICAL BOARD, BRAMSHOTT.

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.

Surname *Montgomery* Christian Name *John James*

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				
<i>Granshott</i>		<i>18</i>	<i>1</i>	<i>17</i>	<i>25</i>	<i>1</i>	<i>17</i>	<i>Lumbago</i>	<i>8</i>	<i>Mediatok. Urinalyses negative. Improved.</i>	<i>Capt. D.A. Webb</i>
<i>Bawdon</i>		<i>1</i>	<i>2</i>	<i>17</i>	<i>23</i>	<i>2</i>	<i>17</i>	<i>Haematuria</i>	<i>24</i>	<i>This condition with a history of previous attacks cleared rapidly and patient feels normal. Urine Exam. Neg.</i>	<i>J. McKee Capt. C.M.C.</i>
	<i>Moore Barracks Hpt. Sporncliffe.</i>	<i>3</i>	<i>5</i>	<i>17</i>	<i>21</i>	<i>5</i>	<i>17</i>	<i>Haematuria</i>	<i>19</i>	<i>Microscopic blood in urine on arrival home since source not definitely determined. Has a median bar at vesicle sphincter trabeculated bladder dilated ureters &amp; renal pelvis. Condition improved. He is 49 yrs old worked in brass foundry. Recommend discharge Class C III as muniton maker. will never make a soldier <del>at all</del></i>	<i>Wisher Capt C.M.C.</i>

D6341  
B I.  
CM 216

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

22 - 11 - 1916.

No. 725070 Rank Pte. Name Montgomery John James.

Local Unit 109th Bn Overseas Unit \_\_\_\_\_ Age 48

Examination held at Bramshott, Hants.

DISABILITY. average.

~~Overseas~~ - Local.  
(scratch one out)

PRESENT CONDITION.

①

*This man's condition is good for one of his age. Visual acuity R.E. 6/24 L.E. 6/18  
0 glasses R.E. 6/9 L.E. 6/18.  
glasses needed. Fit. W.S. Ainley Capt*

Board recommends:

1. ~~Fit for Duty.~~
2. ~~Fit for duty after \_\_\_\_\_ weeks physical training.~~
3. ~~Fit for Base duty \_\_\_\_\_ weeks.~~
4. Fit for Permanent Base Duty. Yes - C I
5. ~~Discharge.~~

Signatures:

Members {  
 C.E. Cooper Cole <sup>Major</sup> Pres.  
 L.A. Dickson Major  
 W. F. Jackson Capt

Approved.

Bramshott 22-11- 1916.

*A. Stewart Maj*  
for A.D.M.S. A.D.M.S.  
Canadian Troops, Bramshott.



EXAMINATION

BRANDS

25 - 11

Handwritten notes in blue ink, including the word "PHE" and other illegible characters.

Handwritten word in blue ink, possibly "over" or "over" written upside down.

Handwritten notes in blue ink, including the word "The" and other illegible characters.

Handwritten word in blue ink, possibly "The" or "The" written upside down.

Handwritten notes in blue ink, including the name "Richard" and other illegible characters.

Handwritten notes in blue ink at the bottom of the page, including the name "Richard" and other illegible characters.



LIBRARY OF THE

READ WORDS ARE LOOKING THE P.W. AND IS THE  
signature  
in charge of case

(2.)

# No. 2 DISTRICT DETOP

AUDITOR *Clark* PAYMASTER *Stuart*

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

REGT. No. 725070.

RANK *Pte.*

NAME (IN FULL) *Montgomery*

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID?

TO WHOM PAID

ADDRESS

RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *14 Norfolk St. Toronto*

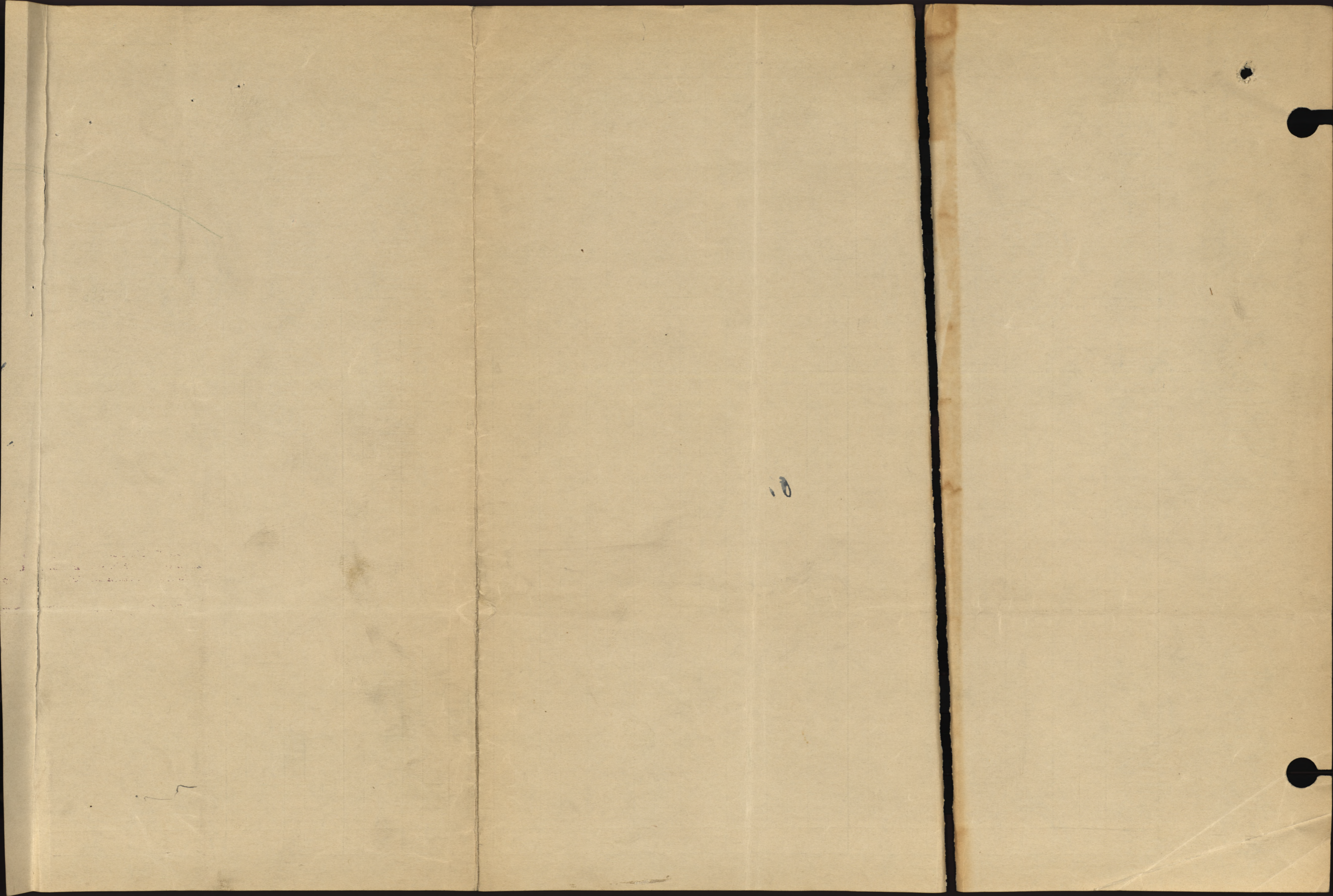
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*Toronto 22/6/18* *5.0.62*

BALANCE FROM PREVIOUS ACCOUNT

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			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
7-11-19				27 - 5	27 - 5													<i>change examined</i>
																		<i>Balance of clothing endorsement certificate corresponds with signature Charles Benckham Toronto 4<sup>th</sup> on 18-19</i>



(2)

# No. 2 DISTRICT DEPOT

AUDITOR *[Signature]* PAYMASTER *[Signature]*

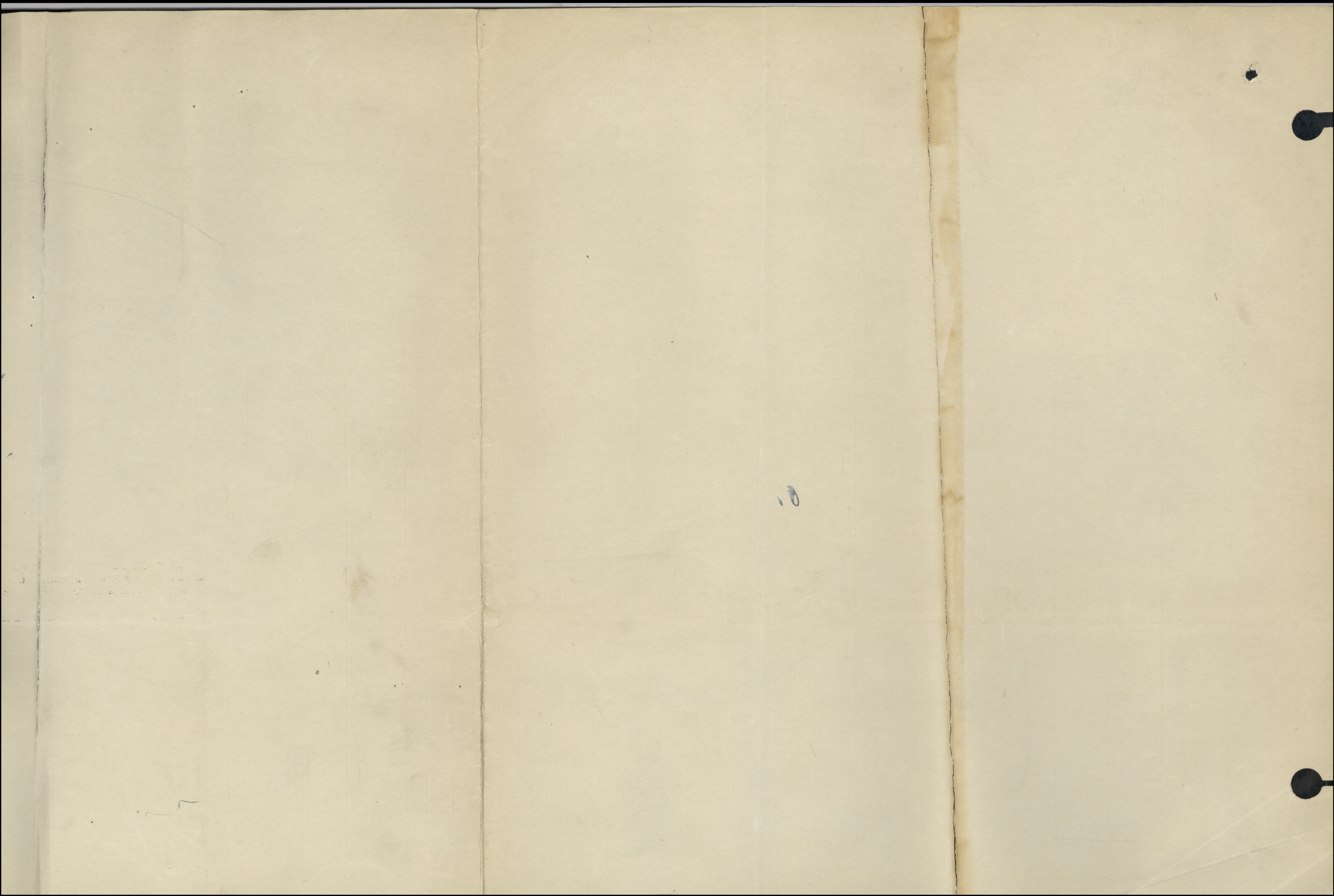
## PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *725070.* RANK *Pt.* NAME (IN FULL) *Montgomery* (BLOCK LETTERS SURNAME FIRST)

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY		
NEXT OF KIN										
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE				
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
ADDRESS					ADDRESS					
					<i>14 Norfolk St.</i>					
					<i>Toronto</i>					
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
					<i>Toronto</i>		<i>22/6/18</i>		<i>S.O. 62</i>	

BALANCE FROM PREVIOUS ACCOUNT

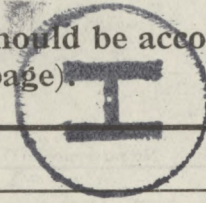
MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					\$	C.		\$	C.	\$	C.
			\$	C.																			
<i>7-11-19</i>					<i>27</i>	<i>-</i>	<i>27</i>	<i>-</i>	<i>1877</i>				<i>27</i>	<i>-</i>			<i>27</i>	<i>-</i>	<i>cheque enclosures</i>	<i>Balance of clothing endorsement</i>	<i>repaid</i>	<i>corresponds with Cashier Bank of Montreal 18-1919.</i>	



19838

# Proceedings on Discharge.

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



No.	725070	
Rank	Private	
Surname.....	Montgomery.....	
Christian Name .....	John James.....	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	109th Btn. #2. D. D.	
Date of Discharge	June 22nd. 1918.	
Place of Discharge	Toronto, Ont.	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>		
Age.....	51..... years.....	<b>Descriptive Marks</b>  One vaccination mark on left arm.
Height.....	5..... feet.....	
Complexion	Fair	
Eyes	Blue	
Hair	Dark Brown	
Trade	Coremaker.	
Intended place of residence	138 Bellwoods, Ave.,	
(To be given as fully as practicable.)	Toronto, Ont.	
<b>2. The above-named man is discharged in consequence of</b>  <p style="text-align: center;">"PHYSICAL UNFITNESS".</p>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	<b>3. Conduct and character while in the service have been, according to the records, etc.</b>  <p style="text-align: center;">Very good JHB</p>	
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>  <p style="text-align: center;">Coremaker.</p>		

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

11 C. D. 1912/20  
249



5. He is in possession of the following number of G. C. Badges:

nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Toronto, Ont.

H. Beemer

Captain

For Lieut.-Colonel

(Date) June 22nd. 1918.

Commanding O.C. No. 2 District Depot.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Toronto, Ont.

H. Montgomery

(Signature of Soldier.)

(Date) June 22nd. 1918.

H. Beemer

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)...2 years 206 days.

Total 2 years 206 days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.

H. Beemer

Captain,

(Signature) For Lieut.-Colonel.

(Date) June 22nd. 1918.

O.C. No. 2 District Depot.

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents.**

<p>Arrestion Paper Militia Form B 267</p>	<p>Net Conduct Sheet Militia Form B 261</p>
<p>Procedure on Discharge B 218</p> <p>(a) Particulars on Discharge (b) Arrestion (c) Medical History Sheet in the event such having been prepared.</p>	<p>Company Battery Regiment Conduct Sheet B 203</p> <p>Books of Operations by C. P. in M.S.</p> <p>Medical Report for Insults B 277</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate B 277</p> <p>When it discharged "Medically unfit"</p>

N.B.—In the case of a man discharged for purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

## List of Discharge Documents.

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