

Canada M.A.

109TH BN "B" Coy. No. 725089

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**DUPLICATE**

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Richman*
- 1a. What are your Christian names?..... *John A*
- 1b. What is your present address?..... *Coboconk Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Township of Berley.*
- 3. What is the name of your next-of-kin?..... *Mrs E. Richman.*
- 4. What is the address of your next-of-kin?..... *Coboconk Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *March 1877*
- 6. What is your Trade or Calling?..... *Butcher.*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John A. Richman*, 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 31* 191 *5* *John A. Richman* (Signature of Recruit)  
*G. W. Hall* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John A. Richman*, 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 31* 191 *5* *John A. Richman* (Signature of Recruit)  
*G. W. Hall* (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 *3rd* day of *December* 191 *5*.

*G. A. Stewart* (Signature of Justice)

# Description of John A. Richman on Enlistment.

Apparent Age 38 years 9 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. 3  $\frac{3}{4}$  ins.

*Scar on inside left hand*

Chest measurement { Girth when fully expanded ..... 39  $\frac{1}{2}$  ins.  
 Range of expansion ..... 3  $\frac{1}{4}$  ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Dk Brown

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations Brethren.....  
(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. 31 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.

John A. Richman 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.

Date ..... Dec 31 1915  
*[Signature]* Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

REGIMENTAL DOCUMENTS

NAME

*Rickman John A.*

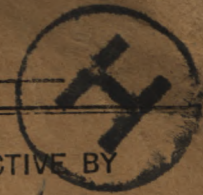
REGT. NO.

*735089*

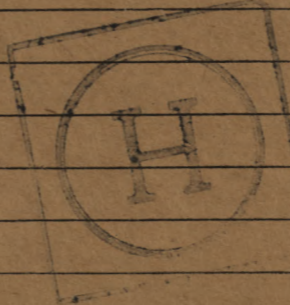
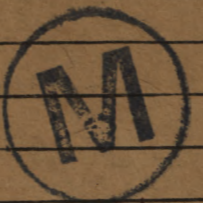
UNIT

*C&D*

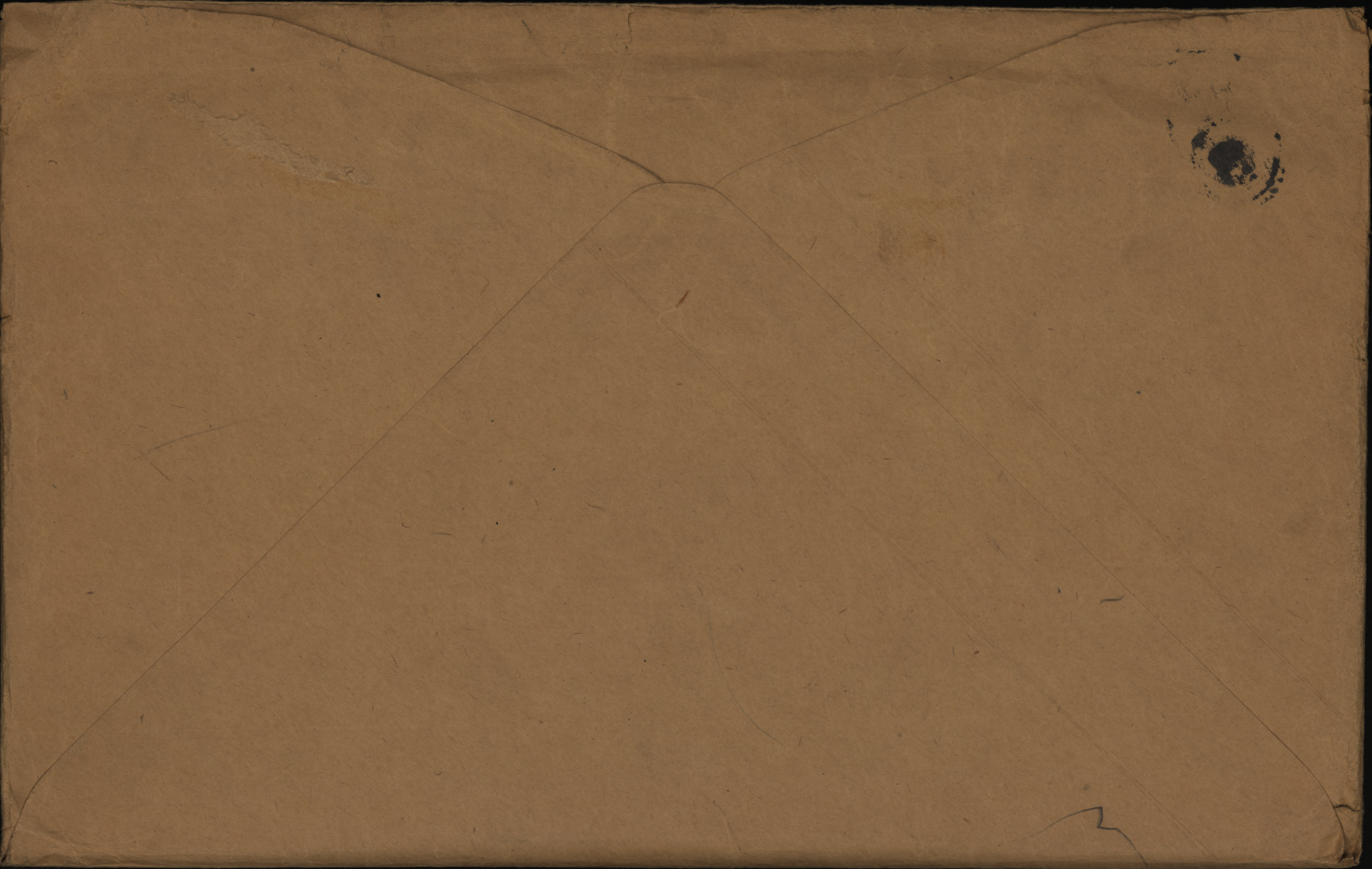
H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
4 <i>S</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>38</i>				DEATH		
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category	
TRAINING HISTORY SHEET (M.F.W. 113)			<i>M</i>				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)							
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)							
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)						Category	
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		<i>Enclosed - date not stated 644- R. 22306</i>			<i>Demob.</i>		
MEDICAL EXAMINATION (M.F.W. 129)							
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					11367		
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)							
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)							
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)							
PARTICULARS OF CHARACTER (A.F.W. 3226)							
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)							
<i>Misc</i>							
<i>1 C. 400.5009</i>							
<i>1 [unclear]</i>							
<i>1 149</i>							



*2*  
*29 - 29*  
*23 - 29*  
*2 - 29*



No. 725089. RANK Pte.

NAME Richman J. A.

T. O. S. 31-12-15. UNIT 109th. Battalion.  
D.O. 37.3-1-16.

M. D. 3

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

UNIT SAILED  
JUL 23 1916



Convalescent Hospital,  
Woodcote Park, Epsom.

HOSPITAL

**DOCUMENT  
CARD**

A. & D. No. .... AT .....  
 ADMITTED **12 MAY 1919** DISCHARGED ..... WARD No. **II**  
 REGTL. No. **725089** RANK ..... NAME **Richman Ja**  
 UNIT **Can mi Service seps.** TRANSFER FROM **Cock Convey**  
 DIAGNOSIS ..... DIAGNOSIS CHANGED .....

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	To	DATE	To	DATE	TO WHOM SENT.
		<b>17/5/19</b>	<b>CRP</b>	<b>30 JUN 1919</b>	<b>Can Spec Hop Witley</b>

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c ..... FLOOR ..... WARD ..... ON ..... 191 .....

RECEIVED FROM M.O. COMPLETE ..... 191 .....

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

3497-1

Jmb - 1



AT.....

A. & D. No. *A 407*

PL. OF ACTION.....

RANK *Plt.*REG. No. *725089*UNIT *Can mil Service Det.*SICK OR  
WOUNDEDNAME *Richman J. A.*AGE *43*RELIGION *Evang.*

PLACE IN HOSPITAL.....

DIAGNOSIS *V. O. G.*ADMITTED *12.5.19.*FROM *Sick convey.*

DISCHARGED.....

TO.....

TRANSFERRED *C. H. Whitley**30.6.19.*SERVICE AT HOME *3 1/2.*IN FIELD *3 1/2.*

RESULTS.....

REMARKS.

29. 5. 19. Slight yellowish white  
air.

Urine 1st. glass clear  
+ 2nd. clear  
Microscopic!

A. B. Hunt  
Capt.

SURNAME.

*Richman*

CHRISTIAN NAMES

*John A.*

REGL. No.

*725089*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*nil*

NEXT OF KIN.

NAMES IN FULL

*Richman, Mrs. E.*

RELATIONSHIP TO SOLDIER

*wife*

ADDRESS

*Cobscok, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada*

*Sp. of Berley, Ont.*

DATE

*March, 1877*

PLACE OF ATTESTATION

*Lindsay*

DATE

*Dec. 3<sup>rd</sup>. 1915*

*Sailed from Halifax N.S.*

*"Olympic"*

*28/7/16*

*488  
29  
P/O 23/8/19*

*398  
54  
Pte.*

CARD NO.

*H3*  
*S.O.S. Serial 258/19*

FOLL.

*D10.2 40-28-8-19*  
*# 9, D. D.*

MARRIED *Yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Butcher*

RELIGION

*Brethren*

DESCRIPTION.

APPARENT AGE

*38*

YEARS

*9*

MONTHS

HEIGHT

*5-*

FEET

*3 3/4*

INCHES

CHEST MEASUREMENT

*39 1/2*

INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*lck. Brown*

DISTINGUISHING MARKS

*Scar on inside left hand.*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Dec. 31<sup>st</sup> 1915.*











*Final Award*

Number **725089**

Rank

*Ote B*

Surname **PICHMAN**

*✓*

Christian Name **John A**

Unit **938th Bn. C.A.N. 24** Theatre of War **France**

Date of Service **4-12-16**

Remarks

Latest Address **Gen Del  
Bexley Ont**

Roll No

*B*  
*Page 1081*

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date	Remarks
DISP. MAY 12 1928 REGN. NO. 37767	

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

NAME

*Richman J.*

RANK AND CORPS

*Pte'*

*38th A. Bn*

REG'TL. No.

*725089*

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1207	No 25 Gen. Hardelot	22-5-17	Impetigo.
1231	No 7 Cav. Depot Boulogne	18-6-17	"
1237	to No 10 Cavalry Depot Caumont	26-6-17	Impetigo
1266	to No 3 Large Rest Camp Boulogne	31-7-17	Impetigo
1493	No 3 Can. Gen Blyss	12-4-19	(20)
1319	Mil. Conv. Epsom	13-5-19	20
1353	Can. Spec. Hitley	1-7-19	"
1366	Dusch	18-7-19	20

Surname **Richman** Christian Name or Names **J.A.** Reg. No. **7 25089**  
 Rank **Pte** Unit **38th Bn (Ymca)** Troop **L.C.U.** Batty.  
 Hospital **25 G n Hardelet** Date of Admission **22-5-17**

Transferred **7 Low. Depot Boulogne** Hosp. **26.6.17**  
**#10 " " Ecault** Hosp. **26.6.17**  
**3 64th. Boulogne** Hosp. **12.4.19**  
**Mil Con. Epsom** Hosp. **13.5.19**

Diagnosis **Impetigo rw. V.D.G.**  
 (1)  
 Later Diagnosis (if changed)  
 (2)  
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.L.29-5-17 A207		Dist. 3. L.R. Camp. 31.7.17
26-6-17 a 231		
4.7.17 a 237		Dis 18.7.19
3.7.17 a 266		
22.4.19 Aug 3		
20.5.19 B 319		
4.7.19 B 353		
23.7.19 B 366		

**A.M.D. 2 DEPT.**  
**Off. of D.G.M.S. O.M.F.C. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Cam. Spec. Hosp. Willey*

*1.7.19*

2.

3.

4.

5.

6.

7.



Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
30.5.19	Emship	LOS from y m e a on Adm to MCH Cypson	Witley	13.5.19	100 116 Cited Correct W. J. J. J.
B.O.B. ON PROCEEDING TO CANADA. P.T.O. 129					W. J. J. J. LIEUT. FOR OFFICER COMMANDING, 1919
Embark S.S. BELGIC. Liverpool 16.8.19 J. J. J. J. Lieut. & A. J. J.					
16-8-19 T.O.S. 380 <sup>6</sup> On demob med unfit for gen ser		Discharged 26-8-19... Kingston. b. v. d. Lt. 2 Order. 2.4.19. R.O. 1894			J. J. J. J. Major O. C. Dispersal Area Station

Log School 1/c Records, m/c

W. J. J. J. LIEUT.  
FOR OFFICER COMMANDING,  
1919

J. J. J. J. Lieut. & A. J. J.

J. J. J. J. Major  
O. C. Dispersal Area Station



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

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

# Casualty Form—Active Service.

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

Regimental No. *25089* Rank *Private* Name *Richman John H.*

Enlisted (a) *31-12-15* Terms of Service (a) *D of W.* Service reckons from (a) *31-12-15*

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) *Butcher*

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.
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	<i>Embarked Canada</i>	<i>Halifax</i>	<i>24.7.16.</i>	
	<i>Disembarked England</i>	<i>Liverpool</i>	<i>31.7.16.</i>	

*AWASSETING* Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.  
12 DEC 1916  
CAN. RECORDS LONDON

	<i>O.C. 109th Bn.</i>	<i>Proceeded overseas with 38th</i>	<i>Witley</i>	<i>8/12/16.</i>	
--	-----------------------	-------------------------------------	---------------	-----------------	--

*Do. Part 2. -339*

*AWASSETING* CAPTAIN,  
ADJUTANT,  
109th BATTALION CAN. INFAN. B.

<i>6.12.16</i>	<i>C.B.D.</i>	<i>TAKEN on STRENGHT 38th Havre</i>		<i>6.12.16</i>	<i>N. R. P. 10.42 - 13 12 16.</i>
<i>7.1.17.</i>	<i>»</i>	<i>Left for Unit</i>	<i>FIELD</i>	<i>7.1.17.</i>	<i>N. R.</i>
<i>14.1.17.</i>	<i>Unit</i>	<i>Joined 4th Cdn. Bn.</i>	<i>FIELD</i>	<i>9.1.17.</i>	<i>B. 213. DCS.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

7250 89  
 Richman  
 J.A.

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				
1 6 MAR 1917	4th Co	Left for Unit	FIELD	1 6 MAR 1917	N. R. 3 5
1 7 MAR 1917	Unit	Joined Unit	FIELD	1 6 MAR 1917	B. 213. DCS. 103
22. 5. 17.	13 Staty.	Impetigo	to 25 Land.	22. 5. 17.	W 3074-W 889.
"	25 Land.	"	cd	"	" " " 541.
2 6 MAI 1917	38 th.	Evacuated Sick	Field	19. 5. 17.	B. 213. DCS. 127.
18. 6. 17.	7 Condep.	Impetigo	7 Condep	18. 6. 17.	W 3034/W 3289.
"	25 Land	"	"	"	" " " 3179.
26. 6. 17.	10 CD.	"	adn 10 "	26. 6. 17.	" " " 3846.
2. 8. 17.	4 CD.	T. O. S. "A"	Base.	2. 8. 17.	W 334
15. 8. 17.	"	Malaria. P.B.	"	15. 8. 17.	W 3339-70.
27 17. 8. 17.	"	S. P. S. on transfer to Canadian Y. M. C. A.	"	27 8. 17.	2A. 96. P. 0. 86d-3. 9. 17.
27-8-17	4 CB D.	T. O. S. U.S. Ser. Dep. Cyruca.		28/8/17	P/26. 5-9-17.
15-12-17	occunit	Granted leave to WK.		14-12-17	P29553 af
5/1/18	occunit	Rejoined Unit from leave.		2/1/18	B 213.
19-7-18	ban corps	SOS TNSD ban smla on trans to 9th ban area temp key		27 7. 18	ban botho A104956 A105956 d/7. 7. 18 W.O. letter 12/05/5783 (202) d/5. 6. 18 7 27-6-18 Ab SHQ 4071/2(0) d/28-5-18 8 30-6-18 Ab. bdnos als. 7. 1. 35 d/18. 6. 18 KA 28 300
19-7-18	a. a. g.	T. O. S. 9th C A E Co	Id	26-7-18	P 11 0 d/
4. 2. 19	do	SOS 9th C A E coy.	do	4. 2. 19	P 11 0 8 d/28/11/18 KA 28300
4-2-19	aaq	T. O. S. Cdn Ymca	Id	5. 2. 19	P. 4 d/15-2. 19 P. 80/19 219

# CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. 214078

THIS IS TO CERTIFY that No. 725089 (Rank) Otc  
 Name (in full) Richman John A. enlisted in  
 the 109 Bn.  
 CANADIAN EXPEDITIONARY FORCE at Lindsay on the 3<sup>rd</sup>  
 day of Dec. 1915

HE served in C.O. R.O. France

and is now discharged from the service by reason of Demobilization Med. Unfit for General Service  
 Medical Unfitness. R.O. 1894

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

Age 43  
 Height 5-3<sup>3</sup>/<sub>4</sub>  
 Complexion Fair  
 Eyes Blue  
 Hair Dr Brown

Marks or Scars  
Scar on inside L hand

J. A. Richman  
 Signature of Soldier.

[Signature]  
 ..... Captain  
 for O. C. Dispersal Office Station H

Date of Discharge



Rank

Date ..... 19.....

NB.- 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.

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL

THIS IS TO CERTIFY THAT  
THE FOLLOWING PERSON IS  
A MEMBER OF THE  
UNITED STATES ARMY

NAME: *John J. [unclear]*  
RANK: *Private*  
COMPANY: *[unclear]*

REGIMENT: *[unclear]*  
DATE OF ISSUANCE: *[unclear]*

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

NAME: *[unclear]*  
RANK: *[unclear]*  
COMPANY: *[unclear]*

REGIMENT: *[unclear]*  
DATE OF ISSUANCE: *[unclear]*

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

NAME: *[unclear]*  
RANK: *[unclear]*  
COMPANY: *[unclear]*

REGIMENT: *[unclear]*  
DATE OF ISSUANCE: *[unclear]*

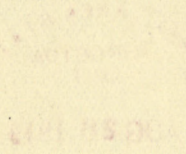
NAME: *[unclear]*  
RANK: *[unclear]*  
COMPANY: *[unclear]*

REGIMENT: *[unclear]*  
DATE OF ISSUANCE: *[unclear]*

UNITED STATES DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

NAME: *[unclear]*  
RANK: *[unclear]*  
COMPANY: *[unclear]*

REGIMENT: *[unclear]*  
DATE OF ISSUANCE: *[unclear]*



CHSRank

Name

RICHMAN John A.

Reg'l No.

725089

Unit 109th. Bn.

If in perm. Corps,  
What Unit?

Married or Single

Married

Place and Date of Enlistment <sup>d</sup> Lindsay Dec. 31st. 1915

Place of Birth Township of. Bexley

Name and Address, Next-of-Kin Mrs, E. Richman

Coboconk Ont. Canada

Relationship Wife

Assigned Pay Monthly \$

Payable to

Relationship

*X 439*

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No 16365

File R.L.

Category ORC

Discharge, Date and Place

Reason

Character

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	<i>stem</i>
4-12-16	06109th Bn	SOS on tfr. to 38th Bn	Whitley	4-12-16	Pt II DD 339
13-12-16	38th Bn	T-O-S on tfr from 109th Bnsht Field		6-17-16	Pt II
29-5-17	"	N° 25 Gen Corp	Hardelet	22-5-17	CZ. <i>Stego</i> Sgt.
26-6-17	"	N° 7 Conv. Dep't	Boulogne	18-6-17	" 231 do. —
4-7-17	"	N° 10 Conv. Dep't	Ecault	26-6-17	" 237 do. —
9-8-17	"	Dis to N° 3 Large Red Camp.	Boulogne	31-7-17	" 266 do.
3-9-17	"	Classified "P.B." "Labaux" SOS to Can. Y.M.C.A.	Pte Field	27-8-17	Pt 86 <i>Ymca 11-7-26 / 5.9.17</i>
25-11-18	Mrs Ymca	SOS to 4th Area Emp Coy		25-7-18	<i>1100/R 9 2 28 11/15</i>
15-2-19	9th Coy	SOS to M.S.D. Can. Field	Field	4-2-19	Pt 4. ( <i>Ymca 11-7-26 / 5.9.17</i> )

*Ymca*  
*Gen Report*

*Misc.*

M.F.B. 103 CHECKED  
11 DEC 1916

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.				
30-5-19	GEN. DEP	T.O.S from YMCA made to MCH Flson	Witley	13-5-19	Do 116/ymca (Do 26, 6.6.19)
22.7.19	"	Los from ymca	"	18.7.19	Do 159 - Gen Depses
21.7.19	M. Wing.	T.O.S. pending. R.T.C.	"	20.7.19	" 102. Do 166d/30.7.19
	General Depot.	102 - H - 85		16-8-19	
18-8-19	In wing	Los to Canada		16-8-19	Do 130

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

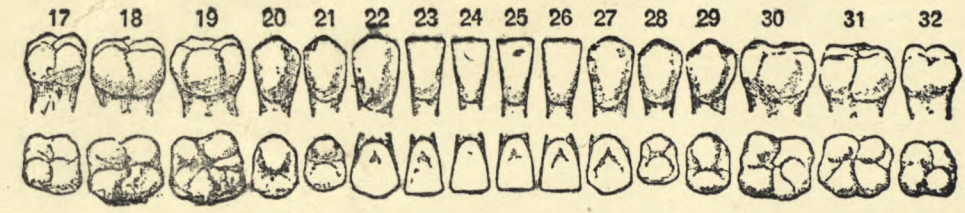
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) J. A. RICHMAN

REGIMENT E. O. R. O. RANK Private No. 725089

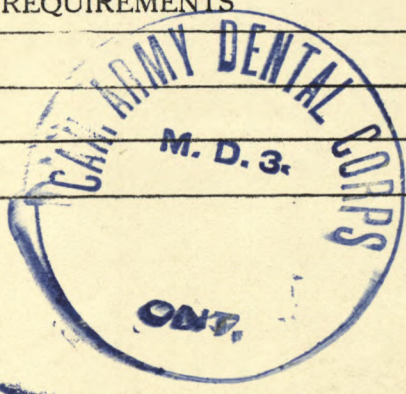
Date of Examination in England 22/7/19 Date of Examination in France



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

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer [Handwritten Signature]

INSTITUTION FOR DIMENSIONALITY

J. A. RICHMAN

60-20 B. P. 1000 N. YORK





**DUPLICATE**

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

INSTRUCTIONS.

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

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

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number.....

**725,089**

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

**John A. Richman**

(4) Place of Birth.....

**Bexley Ont**

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

**Yes**

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

**Elizabeth Emily Richman**

(b) Present Postal Address.....

**Bexley P.O.**

(7) Are you a widower?.....

**No**

(8) Have you any children?.....

**Yes**

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

**4 Boys & 2 girls**

Also their names and ages.....

**Harvey Cumberland Richman 10 yrs  
Albert Timothy 8 yrs, John 6 yrs, Charles David  
1 month, Elizabeth Minnie 12 yrs, Annie Laura 4**

(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.

Elizabeth Emily Richman (wife)

(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? yes

If so, in what Company? no

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 7th 1946

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

BCay

ORIGINAL

ORIGINAL

725089

Surname Richman Christian Name John A

Examined on 31<sup>st</sup> day of December 1915  
at Lindsay

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

Birthplace { City or Town Cobocook  
County Ont

Apparent age 38 years

Trade or occupation Butcher

Height 5 Feet 3 3/4 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 36 inches.  
Maximum expansion 39 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left One  
Number One

When Vaccinated last April 10<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

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

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>14.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

Enlisted on 31<sup>st</sup> day of December 1915 at Lindsay

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt</u> <u>C.E.F.</u>	<u>725089</u>		<u>31.12.15.</u>
Transferred to.....	<u>38th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

CANADIAN

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 *Richardson* Christian name *John A.*

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				
<div style="border: 1px solid purple; padding: 2px;">           Convalescent Hospital,            No. ....            Date.....            Woodcote Park, Epsom.         </div>		12	5	19	30	6	19	V.D.G.	50	Transfer to Hosp. for further treat	<i>A. B. Bellamy</i>
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		30	6	19	18	7	19	Haemorrhage	19	APPARENTLY CURED. IRRIGATIONS, LOCAL TREATMENT AND MEDICINES. STOPPAGES AS PER DATES.	<i>Richardson</i> CAPT. REGISTRAR.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *wife* Mrs Elizabeth Richman By Whom Assigned Richman J. A.  
 Address *Bexley P.O. Ont.* Regtl. No. 725089  
 Rank *Pl.*  
 Corps *109<sup>th</sup> B'n. Belg*  
 Rate *15<sup>00</sup>/<sub>XX</sub>* **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				



11/1

8

11/1  
12/1  
13/1  
14/1  
15/1  
16/1  
17/1  
18/1  
19/1  
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29/1  
30/1  
31/1

11/1  
12/1  
13/1  
14/1  
15/1  
16/1  
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19/1  
20/1  
21/1  
22/1  
23/1  
24/1  
25/1  
26/1  
27/1  
28/1  
29/1  
30/1  
31/1

MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs Elizabeth Richman <sup>wife</sup>  
**PAYMENTS.**

Name of Soldier Richman J. A.  
725089 Pte B Coy 109<sup>th</sup> Bn.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 $\frac{00}{X}$
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		X15071	15-	
Sept.		I18301	15	
Oct.		J22981	15	
Nov.		K28020	15	
Dec.		L31884	15-	
Jan.	1917	M40999	15	
Feb.		N44656	15	
March		O52549	15	15- ch
April		P4600	15	15- cu
May		Q11490	15	
June		R18541	15	15- nu
July		S25719	15	6
Aug.		T32402	15	
Sept.		U49093	15	00
Oct.		V45351	15-	
Nov.		W52649	15	
Dec.		X60599	15-	255 <sup>00</sup> (P)
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.				



## SEPARATION ALLOWANCE

1/3/16

Name *M<sup>rs</sup> Elizabeth Emily Richman* Name of Soldier *Richman John A.*  
 Address *Bexley P.O.* Regtl. No. *725089*  
*Ont* Rank *Pte*  
 Corps *109 O. Batten.*  
 Relation to Soldier }  
 wife, child or mother } *Wife*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>L28720</i>	<i>20</i>	<i>20</i>



N. 1-2 0

1 2 3

1/3/16

MILITIA AND DEFENCE

M. F. W. 11a.  
60m.-12-15.  
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Elizabeth Emily Richman <sup>Wife</sup> PAYMENTS.

Name of Soldier Richman John a.  
Pte 725089.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 2691	20	20
May		K 7245	20	20
June		X 5118	20	20
July		E 10058	20	20
Aug.		S 14818	20	20
Sept.		M 11651	20	20
Oct.		V 20649	20	20
Nov.		W 23113	20	20
Dec.		D 27033	20	20
Jan.	1917	B 30707	20	20
Feb.		T 33533	20	20
March		C 37119	20	20
April		R 2599	20	20
May		E 6118	20	20
June		C 9837	20	20
July		C 12913	20	20
Aug.		M 1893	20	20
Sept.		W 18536	20	20
Oct.		B 22982	20	20
Nov.		J 24446	20	20
Dec.		F 28841	20	20
Jan.	1918			\$ 440.00

2340

\$ 440.00

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

P. 559  
MARRIED OR SINGLE

*Married*

PLACE OF BIRTH

*Top of Beasley ont*

NAME AND ADDRESS OF NEXT OF KIN

*Mrs E. Richman*

RELATIONSHIP OF NEXT OF KIN

*Coboconk ont  
wife*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE		NO. OF DAYS	RATE		NO. OF DAYS	RATE					1	2	3	No.	DATE	No.	DATE	No.	DATE
		\$	c.		\$	c.		\$	c.												
1916																					
July 31																					
Aug 31	31	1.00	31	10		310				4 10	34 10	17	9/8/16								
Sept. 30	30		30			3					33	49	3/8/16	81	15/16						
Oct 31	31		31	31		310					34 10	121	30/9/16	160	15/16						
Nov 30	30		30			3					33		188	31/16							
Dec 31	31		31			310					34 10	291	30/11/16								
1917			15 30										241	15/11/16							
Jan 15	15	1.10	16 50								16 50										
Jan. 16-31	16	1.10	17 60								17 60										
Feb. 1-28	28		30 80								20 2 40										
Mar 31			34 10								30 80										
April 30			33 00								34 10										
May 31			34 10								33 00										
June 30			33 00								34 10		76	10/4/17							
			367 40								33 00		202	12/5							
											4 10	371 50	284	20/5							

*Balance from Canada*

9781 14/2/16  
1001328/12/16  
10495 7/1/17  
91 17/1/17  
142 6/2/17  
176 13/2/17  
288 16/3/17

EFFECTIVE DATE		AUTHORITY

REG'L No. 725089 RANK Pte NAME Richman John A.  
 IF IN PERMT. CORPS } UNIT 109<sup>th</sup> Ba TRANSFERRED TO 38<sup>th</sup> Bn DATE 16-1-17 AUTHORITY D0339  
 WHAT UNIT }  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO CORD. DATE 1-11-17 AUTHORITY Man Roll  
 PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION Dec. 31<sup>st</sup> 1916 TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ 15<sup>00</sup> / 100 DATE EFFECTIVE Aug 1<sup>st</sup> 1916  
 PAYABLE TO Mrs E Richman Besley Ont RELATIONSHIP wife

HOSPITAL, &c.	
NAME OF HOSPITAL	

ASSIGNED PAY MONTHLY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_  
 PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ REASON H/V  
 DISCHARGE DATE AND PLACE \_\_\_\_\_ REASON AND AUTHORITY \_\_\_\_\_  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) \_\_\_\_\_  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) \_\_\_\_\_

QUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
<u>Canada</u>											
				15		2473	1347				
<u>81</u>	<u>15</u>			15		2960	1687				
<u>6</u>	<u>15</u>			15		2960	2137				
				15		2230	3207				<u>D0339-4-12-16</u>
				15		2716	3901				<u>2fd to 38<sup>th</sup> Bn</u>
				15		15	4051				<u>Eff 16-1-17</u>
				-	<u>79</u>	515	5296				<u>Im R. Q4005, 2/12/16.</u>
				15		153	54				
				15		2634	5742				
				15		2546	6606				
				15		1500	8406				
				15		2023	9793				
				15		2035	11058				
				165		79	26092	11058			

8781 14/2/16 CBB  
10013 28/2/16 CBB  
10495 7/1/17 CBB  
91 17/1/17 42<sup>nd</sup> Bn  
142 6/2/17  
176 13/2/17 4<sup>th</sup> Bn  
288 16/3/17

C1

725089 Pt Richman ja

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3	4
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
			367	40				4 10	371 50					54 37	14 60	26 16			
July	31	1 <sup>00</sup> / <sub>10</sub>	34	10					34 10								2 68		
Aug	31		34	10					34 10								2 68		
Sept	30		33						33								2 68		
			468	60				4 10	472 70					54 37	14 60	26 16	36 88		

2173 30/6 CJB Bonlogu  
2373 8/7 " "  
2819 22/7 " "  
3021 31/7 " "

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2
1917		156	06						156 06						
Oct.	31 1 <sup>00</sup> / <sub>10</sub>	34	10	Assgt. Pay.					15						
				AR 563 31/8/17 4 <sup>th</sup> J.B.D.	4	46									
				AR 499 1/8 " "	4	47			166 23						
Nov	PP	34	10		8	93			15						
		33							15						
Dec		34	10	R.P.M. 10 <sup>17</sup> / <sub>17</sub> £30-0-0	146										
				A.P. ban.		146			15 57 33						
1918		67	10						30						
Jan	PP	34	10	Cash Pay. 29/12/17 London. 47363	9	73			15						
				D.M.A.R. 680 30/10/17 26R7	7	14									
				AR 994 15/12/17 72 bn	5	35									
				D.M.A.R. 1498 1/1/18 54 bn	4	46			15 49 75						
Feb	PP	34	10	ban at		26 68			15						
		30	80						15						
				D.M.A.R. 651 22/1/17 66R6	12	49			15 53 06						
				ban at		12 49			15						
March	PP	30	80												
		34	10	Am. 22257 AR 3299 1/12/17 400 5/8	3	57									
				AR 1503 8/3/18 47 bn	4	46			15 74 13 Dr.						
						8 03			15 64 13						

5306  
2410  
8716  
2303  
6413

SH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
60	26	16		165	79	260 92	110	58			
				15		15	129	68			
	2	68									
	2	68		15		20 26	143	42			
	2	68		15		20 36	156	06			
60	36	88		210	79	316 64					

CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- RED. PAY	SER. ALLGE. ENG.
------	------	-------------	------	------	------	------	---------	-----------------------	------------------------

006  
03  
413





ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: RICHMAN, John A. NUMBER: 725089.

EFFECTIVE DATE: AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

Authority: Rte

UNIT AND TRANSFERS

ORIGINAL UNIT: 109 Bn. DATE ACCOUNT FIRST OPENED: 1/8/16

Authority: N.R. DATE EFFECTIVE: 1/4/18. DATE LEDGER SHEET T'S'D: 25/4/18. UNIT TRANSFERRED TO: 60 RR, N.S. Dep. Y.M.C.A.

SERVICE PAY-BOOKS

BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
	28			Lodge Bal. Cr.	20838
	609	7 20		L.P.C. Bal. Cr.	20090
	7 48				

DAILY RATES OF PAY AND ALLOWANCES

Authority	Pay	F.A.	P.F.A.	Subs'ce Allow'ce
	1	10		

NON-EFFECTIVE: 31/7/19 Trans. Canada NR 11947 13 shott 24/7/19 Wilby, R.D. 6.

Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred	Separation
C. A.P.				15	64 13		
33 122 2/4 72 <sup>nd</sup> Bn	446						
33 33	446			15	77 67		
C.A.P.				15			
3410 240 10/5 4 Bn C.M.S.C.	446						
613 18/5 35 Bn	357				88 74		
3410 33	803			15			
NR 753 1/6 38 Bn.	357						
860 15/6 "	446						
Cal.				15	98 71		
33 33	803			15			
3410 Cal.				15			
707 16/7 4 Bn. C.M.S.C.	357						
463 1/7 77 Can. I.B.	535				108 89		
3410 33	892			15			
3410 C.A.P.				15	127 99		
3410 33				15			
6 A.P.				15			
33 753 19/9/18 33rd 69 A.	357						
561 9/9/18 4.	357				138 85		
33 33	714			15			
3410 6 A.P.				15	157 95		
3410 33				15			
33 33				15	175 95		
1088 14 1/8 3rd Bn 674 V.	716						
2236 20 1/8 "	560				162 89		
33 carried fwd	1306			15			

NUMBER 725089

RANK

NAME RICHMAN

John a

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR.
	Forward	33			13 06			15
Dec	PP	3410		R 668 30 <sup>11</sup> / <sub>18</sub> 21	25			15
				loan a pay				15
				2388 7 <sup>12</sup> / <sub>18</sub> 3ab7a 2	373			15
Jan	PP	3410		balay 4179	4179			4
		10120						
				2563 30 <sup>12</sup> / <sub>18</sub> 3ab7a	373			
				2980 20 <sup>1</sup> / <sub>19</sub> ✓ 7.46 } 18.66	2612			
				3061 6 <sup>2</sup> / <sub>19</sub> ✓	560			
Feb	PP	3080		loan a pay				15
				3289 20 <sup>1</sup> / <sub>19</sub> 3ab7a 2	373			
March	PP	3410		loan a pay				15
				3473 6 <sup>2</sup> / <sub>19</sub> 3ab7a } 3.65 } 8.25	2190			
				3691 21 <sup>1</sup> / <sub>19</sub> 3ab7a	365			
					6473			30
April	PP	33		loan a pay				15
				302. 3/4/19. Specs 9 (2)	349			
May	PP	3410		loan a pay				15
		6710			349			30
June	PP	33		cat				15
				11 mt. 16/11/19 Epsom	2 43			
				2995. 16/16/19 ✓	2 43			
July	PP	3410		cat.				15
		6710			486			30
				22/4065 Clx Wiley 187	28			
				20.28 20/10/19 msa ymca 125 stop paper				
				12/4 16 23/4 12 day @ 60				
					28			720
								720
Aug				8581 29/7 M. Wingard 1	973			
				10287 13/8 " " 7	973			
					1946			

P.O. to Mrs. S 16.8.19 d.L. 102

NAME RICHMAN

John a

2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
		13 06			15	162 89		
	R 668 30 <sup>4</sup> / <sub>78</sub> 21	25						
	loan a pay				15	156 99		
	2388 7 <sup>12</sup> / <sub>8</sub> 3ab7a 2	373				153 26		
	loan a pay 4179				15	172 36		
		4179			45			
	2563 30 <sup>12</sup> / <sub>18</sub> 3ab7a	373						
	2980 20 <sup>4</sup> / <sub>9</sub> v 7.467 18.66	2612						
	3061 6 <sup>2</sup> / <sub>9</sub> v	560				136 91		
	loan a pay				15	152 71		
	3289 22 67a 20 <sup>2</sup> / <sub>9</sub>	373				148 98		
	loan a pay				15	168 08		
	3473 6 <sup>2</sup> / <sub>9</sub> 3ab7a 3.65 18.25	2190				146 18		
	3691 21 <sup>3</sup> / <sub>9</sub> 3ab7a	365				142 53		
		6473			30			
	loan a pay				15	160 53		
	302. 3/4/19. Scedig (2)	349				127 04		
	loan a pay				15	176 14		
		349			30			
	cap				15	194 14		
	11nt. 16/19 Eprom	2 43				191 71		
	2995. 16/19 v	2 43				189 28		
	cap.				15	208 38		
		4 86			30			
	224065 Cst Wiley 187	28				208 10		
	20.28 20/19 mss ymca 1st 50 pages					200 90		
	12/4 16 23/4 iday @ 60 <sup>+</sup>			720				
		28		720				
	8581 29/17 M. King and 1	973						
	10287 13/18 " " 7	973				181 44		
		1946						
	16.819 S.L. 102							

War Service Badge

Class "A" No. 914218

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

O. G. I.  
D. A. G.

1. No. 725089

2. Rank. Pte

3. Name. Richman John A.

4. Unit. C O R L.

5. Date of Discharge 26-8-19 Place Kingston

6. Reason for Discharge .....  
 Demobilization  
 Med unfit for General Service R.O. 1894

7. Authority. R.O. 1894

8. Proposed Residence after Discharge..... Burlington 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

*Received by R.O. 22/8/19*

*John A. Richman*  
 Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.

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

*Emk'd S.S. Belgio  
 L pool 16-8-19*

*[Signature]*  
 Signature..... Captain  
 for O. C. Disposal Discharge Unit.

**DISPENSAL AREA STATION H.  
 KINGSTON  
 ONT.  
 AUG 26 1919  
 DISTRICT DEMOB.**

**Medical Documents  
 Forwarded to  
 S.C.R. or B.P.C.  
 on  
 Date SEP 20 1919**

LIST OF DISCHARGE DOCUMENTS

190  
A

- Attention Paper, Tipton Form W-23
- Particulars of Record, Tipton Form W-113
- Medical History Sheet, Tipton Form W-123
- Company Form, Tipton Form W-103
- Last Pay Certificate, Tipton Form W-11
- Certificate that missing documents are being furnished, Tipton Form W-113
- Medical History Sheet, Tipton Form W-123
- Proceedings of Medical Board, Tipton Form W-123
- Dental History Sheet, Tipton Form W-123
- Medical Report, Tipton Form W-123
- Residential Contact Sheet, Tipton Form W-123
- Company Contact Sheet, Tipton Form W-123

*Handwritten notes and signatures in the middle section of the page.*

REMARKS BY BENEFIT OFFICER

*Remarks section containing handwritten text.*

Checked by No. *[Signature]*  
Group *[Signature]*

NOTARY PUBLIC

*[Notary Seal/Stamp]*

*[Large handwritten signature]*

PROCEEDINGS ON DISCHARGE

(Continuation)

1. Name of Soldier: *James R. ...*

2. Rank: *Private*

3. Name of Regiment: *...*

4. Unit: *...*

5. Date of Discharge: *...* Place: *...*

6. Reason for Discharge: *...*

7. Proposed Residence after Discharge: *...*

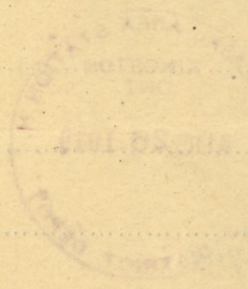
8. Signature of Soldier: *James R. ...*

9. Signature of Officer: *...*

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Forwarded to  
S. E. H. or R. F. C.  
Date see to file



10. Signature of Officer: *...*

for O. G. Department (see page 11)

**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

Group..... *B*  
Checked by No..... *24*  
*CA AM*  
Date..... *14.8.19*



Original

M. Wing  
G. Group

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp. DATE July 28-1919

1. 1 (a) Unit 6 OR D (b) Regimental No. 725089 (c) Rank Plt

(d) Surname RICHMAN (e) Christian name JOHN

(f) Home address P.O. Exley Dowl.

(g) Next of Kin Wm E. Richman (h) Relationship Wife

(i) Address of Next of Kin P.O. Exley Dowl.

2. Age last birthday 43 Date of birth Feb 14<sup>th</sup> 76

3. Enlistment, or Appointment (if an Officer) (a) Place London (b) Date 31-12-1915

4. Personal description:  
(a) Height 5' 3<sup>3/4</sup> (b) Weight 140<sup>gst</sup> (c) Complexion medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar back of neck

5. Former trade or occupation Butcher

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>209</u>

	PERIODS	
	From	To
Canada	<u>31.12.15</u>	<u>24.7.16</u>
England <u>12-5-19-Date</u>	<u>31.7.16</u>	<u>4.12.16</u>
France or other theatres of War	<u>4.12.16</u>	<u>12.5.19</u>

7. Original disease, or injury MYALGIA

(a) Date of origin Feb 1917 (b) Place of origin France

(c) Cause Service conditions

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

(MYALGIA) Slight -  
PAIN IN ~~BACK~~ LUMBAR MUSCLES

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

Objective - Good condition found  
no swelling or redness of joints  
no tenderness of back  
pressure  
Examination negative

Subjective - Can march three  
miles without trouble. Pain  
in legs a longer distance.  
Pain in back after heavy work.

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

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... no Respiratory System... no Integumentary System... no

Disturbances of Mentality... no Digestive System... no Muscular System... no

Osseous and Joint Systems... no Any other general condition... no

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

In March 1917 first noticed  
pain in legs & back. In  
hospital 15. 8. 17. Myalgia.  
Discharged and states  
he was given Base duty  
A.T. 103 15-8-17 myalgia

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

22.5.17. Limpetigo Recovery  
12.4.19 V.D.G apparently cured

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

4 (P)

11.—(a) Did the disabling condition have its origin before enlistment? no

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

na

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

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

10 (a)

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

no

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

17. Recommendations

*[Signature]*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

*GH*

*John A. Richman* Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*yes we concur.*

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service;
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- ( " B) (Yes or No.)
- ( " C) (Yes or No.)
- ( " D) (Yes or No.)
- ( " E) (Yes or No.)

*yes*

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

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

*R.T.C under auth A.G. Tel  
9083 of 11-11-18*

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

*[Signature]*

President.

PLACE *WITLEY CAMP, SURREY.*  
*28-7-1918*  
DATE

*[Signature]*  
Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President

PLACE.....  
DATE.....  
Members

APPROVED BY *[Signature]*  
Assistant Director of Medical Services.

APPROVED BY.....  
Director-General of Medical Services.

DATE *28-7-19*

DATE.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1/3/16

Aug 1-16  
3280

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00 1-12-17	30	
----	---------------------	----	--

RATE OF ASSIGNMENT

15			
----	--	--	--

P.C.3257

1-9-18  
P.C. 2753  
M.O. 25869

R 3280

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 725089  
 Rank Pte Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name J. A. Richman  
 Battalion 109th Batta "B" Coy  
 Beneficiary Mrs Elizabeth Richman  
 Relationship wife  
 Address \_\_\_\_\_

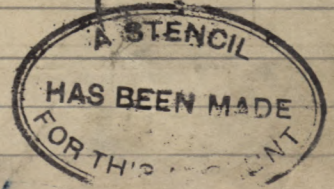
Name Mrs. Elizabeth Richman (wife)  
 Address Berley P. O. Ont  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					15336-9-5
Dec 31		440	255	695	
Jan 18	J 69302	20	15	45	
Feb	K 71483	25	15	40	
Mar	R 92184	25	15	40	✓
Apr	R 9907	25	15	40	✓
May	V 12409	25	15	40	✓
June	S 23283	25	15	40	✓
July	F 24462	25	15	40	✓
Aug	S 37672	25	15	40	✓
Sept	O 46463	25	15	40	✓
Oct	H 52455	25	15	40	✓
NOV	S 60740	25	15	40	✓
Dec	X 66052	45	15	60	✓
Jan	E 72996	30	15	45	✓
Feb	H 80751	30	15	45	✓
Mar	G 82362	30	15	45	✓
Apr	B 2849	30	15	45	✓
May	M 6182	30	15	45	✓
June	N 9286	30	15	45	✓
July	S 12787	30	15	45	✓
Aug	S 13252	30	15	45	✓
		1005	555		

Alc Closed 31-8-19  
 Ret'd per. Belgie  
 Date 23/8/19 M.A. 187  
 Clerk W.A. MD #3

AUDITED.

Des. In AD. Lp. 120009 12/19  
KSC



M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22520-M. & D. 71862.



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

M. OR S. \_\_\_\_\_ REGT. No. *725089* RANK *Pte.* NAME (IN FULL) *Richman John A.*

ORIGINAL UNIT C.E.F. *38 Bn.* IF IN P.F. WHAT UNIT? \_\_\_\_\_ (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN *Mrs Eliz B. Richman* RELATIONSHIP *wife* ADDRESS *Berley P.O. Ontario*

DATE OF ATTESTATION *3 Dec 1915* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY *15* DATE EFFECTIVE *1-9-19*

PAYABLE TO *Mrs Eliz Richman* RELATIONSHIP *wife* ADDRESS *Berley P.O. Ontario*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED *Dunston* PLACE \_\_\_\_\_ DATE *26-8-19* REASON *Demot.* AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

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	P	C	C	D	C	D	C		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$
<i>Aug</i>	<i>31</i>	<i>1.10</i>	<i>3410</i>	<i>7000</i>	<i>20090</i>	<i>20090</i>				<i>487</i>	<i>1946</i>	<i>500</i>	<i>29567</i>	<i>1500</i>		<i>550</i>	<i>34000</i>	<i>550</i>	<i>550</i>	<i>20090</i>	<i>Returned Belgium</i> <i>Bal. per Eng L. V. C.,</i> <i>Clothing Allow. and 1st Payment W. S. G.</i> <i>Pay to Estimate date of discharge.</i> <i>Advances in England.</i> <i>Post Money, Train Money.</i> <i>Overpaid 5 days on discharge.</i>
<i>183 dep at m</i>			<i>42100</i>	<i>18100</i>	<i>600</i>				<i>7000</i>	<i>3100</i>			<i>6450</i>	<i>2600</i>	<i>400</i>	<i>550</i>	<i>100</i>	<i>350</i>	<i>150</i>	<i>1st Pay W.S.G.</i> <i>17-9-1908</i>	
																	<i>104</i>	<i>350</i>	<i>146</i>	<i>0. pay so. 4 dy</i>	
																	<i>109 50</i>	<i>344 50</i>	<i>146</i>	<i>OR Relief Bal</i>	
																	<i>174 00</i>	<i>280 00</i>	<i>146</i>	<i>2nd pymnt W.S.G.</i> <i>\$ 325 347 20/9/19</i>	
																	<i>300 00</i>	<i>280 00</i>	<i>120</i>	<i>2nd pymnt W.S.G.</i> <i>\$ 325 348 26/9/19</i>	
																	<i>400</i>	<i>210</i>	<i>90</i>	<i>\$ 1327921.23/ 27-10-19</i>	
																	<i>40</i>	<i>30</i>	<i>60</i>	<i>1336740-1 NOV 24 1919</i>	
																	<i>40</i>	<i>30</i>	<i>30</i>	<i>1851502-3 20.12.19.</i>	
																	<i>70</i>	<i>30</i>		<i>1841536-7 JAN 21 1920</i>	

