

Staff

# ATTESTATION PAPER.

No. 725153

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ORIGINAL

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? ..... *Warren*
- 1a. What are your Christian names? ..... *James Melbourne*
- 1b. What is your present address? ..... *396 Nepean St. Ottawa.*
- 2. In what Town, Township or Parish, and in what Country were you born? ..... *Harbour Grace, Newfoundland*
- 3. What is the name of your next-of-kin? ..... *Catherine Warren*
- 4. What is the address of your next-of-kin? ..... *396 Nepean St. Ottawa, Canada*
- 4a. What is the relationship of your next-of-kin? ..... *Wife*
- 5. What is the date of your birth? ..... *Oct. 31<sup>st</sup> 1879*
- 6. What is your Trade or Calling? ..... *Piano salesman*
- 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, *James Melbourne Warren*, 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... *Jan 13<sup>th</sup>* 1916. *J. M. Warren* (Signature of Recruit)  
*W. J. Downey* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Melbourne Warren*, 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... *Jan 13<sup>th</sup>* 1916. *J. M. Warren* (Signature of Recruit)  
*W. J. Downey* (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 *15<sup>th</sup>* day of *January*, 1916.  
*[Signature]* (Signature of Justice)



# Description of *James Melbourne Warren* on Enlistment.

Apparent Age . . . . . *36* years . . . . . *3* 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. *7* ins.  
 Chest measurement. { Girth when fully expanded . . . . . *37 1/2* ins.  
                                   Range of expansion . . . . . *3 1/2* ins.  
 Complexion . . . . . *Dark*  
 Eyes . . . . . *Dark Blue*  
 Hair . . . . . *Black*

*scar on left breast*

Religious denominations { Church of England . . . . .  
                                   Presbyterian . . . . .  
                                   Methodist . . . . . *yes*  
                                   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 declares that he is not subject to fits of any description.

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

Date . . . . . *Jan 13<sup>th</sup>* . . . . . 191*6*

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

Place . . . . . *Lindsay*

\* 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:—

*Fit for Bandman*

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*James Melbourne Warren* . . . . . having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*J. H. [Signature]* . . . . . Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.  
 Date . . . . . **JAN 17 1916** . . . . . 191*6*



WARREN JAMES MELBOURNE

725153

38TH BN CAN. INF.

07287

MED UNFIT

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.









SURNAME.

*Sharren*

"y" CARD NO. 3 L

CHRISTIAN NAMES

*James, Melbourne*

*50816-6519*

REGL. No.

*725153*

RANK

*Pte.*

FOLL  
*50127 of 26 LVO*

UNIT

*109th*

*Batt.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Sharren, Mrs. Katherine*

RELATIONSHIP TO SOLDIER

*Wife.*

ADDRESS

*162 Gladstone Ave.,  
Ottawa, Ont.*

*S.A.A.P. 22-11-17.*

COUNTRY OF BIRTH

*Newfoundland, Harbor Grace.*

DATE

*Oct. 31st, 1879.*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Jan. 15th, 1916.*

*Sailed from Halifax per.*

*S.S. Olympic 23-2-16 488*



MARRIED —

SINGLE

Yes

WIDOWER —

TRADE OR CALLING

Salesman

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

36 YEARS

3 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

37½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Dark

EYES

Dark Blue

HAIR

Black

DISTINGUISHING MARKS

Scar on left breast.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 13th, 1916.



*Final*  
*725153*

Number 725153

Rank Private

*B*  
*H*

Surname WARREN

Christian Name James Melbourne

Units *1st* *can* *2nd* *who* *604* Theatre of War France

Date of Service 14-3-17

Remarks  
Latest Address ~~162 Gladstone Ave~~

~~Ottawa~~  
~~Ont~~

Roll No. *B Page*  
*16622*

Hurdmans Bridge, Ottawa,  
Ont.

200m.-2-21.M.



Received British War  
@ Victory Medals

30/8/22

J. M. Warner



No. 725153. RANK

Pte

NAME

Warren. J.

M.

T. O. S. 13-1-16

UNIT

109th. Battalion

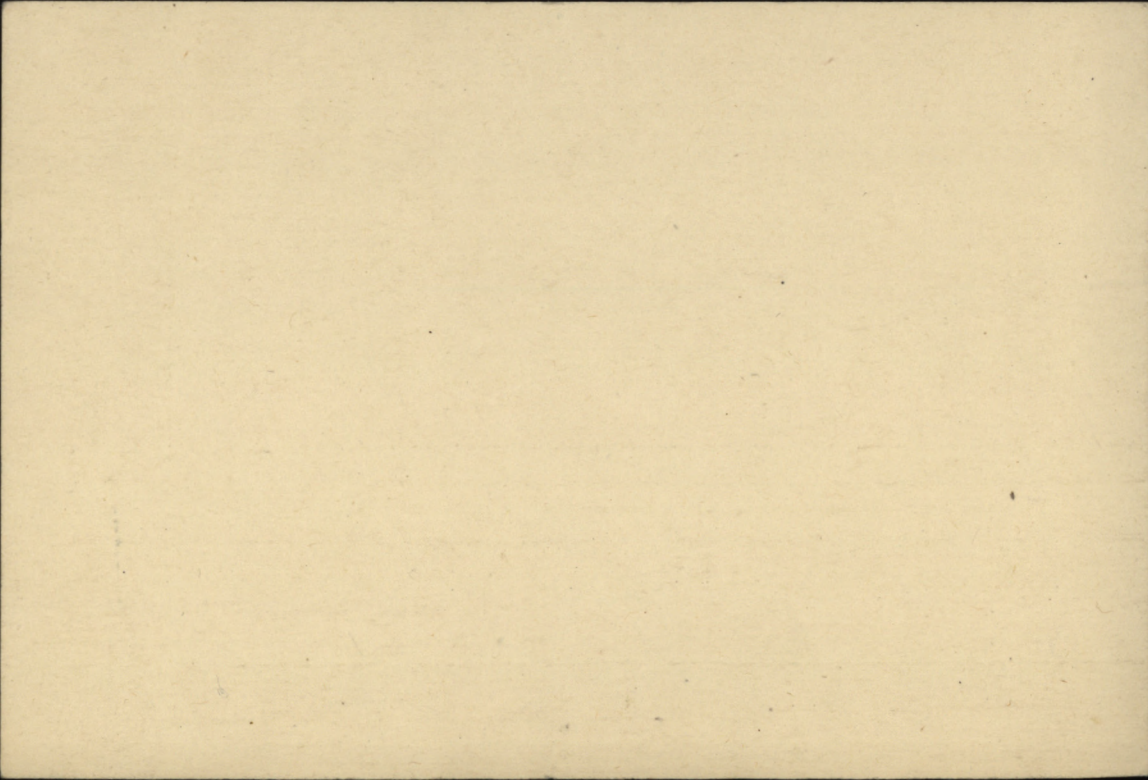
D. P. 47. 14-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 13	1916. Jan 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916







NAME

Warren J. M

REGT'L No. 725153

H. Q. FILE No. 649.

RANK AND CORPS

Pvt. 4<sup>th</sup> Lab. 1st Que Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A-82 <sup>2</sup>	99 Hld. Ambul.	30-11-17	Myalgia.
Q. 82 <sup>2</sup>	14 Gen Wernersux	10-12-17	"
A 98-2	No 1 Conv. Depot Boulogne	15-12-17	"
A 172-2	Discharged	25-3-18	"



*James Melbourne*

Name **WARREN** Rank *Private* Reg. No. **725153**  
 Unit ~~H. Gen. Sub. Bn~~ **2<sup>nd</sup> C. I. WRMS: BN.**  
 Next of Kin *Canada.*

*J.J.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30 11	99 F. Amb.		Myalgia A82			9409
10 12	14 Gen. Nos. Wimmerus		do A92			17341
15-12	1 Cox Dep Boulogne		do A98			17533
25-3	Discharged		do A172			19460-19







SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WARREN

J.N.

725153.

RANK

UNIT

Co.

TROOP

BATTN

Pte.  
HOSPITAL

1Q.4Lab.

2. C. I. W. B.

DATE OF ADMISSION

99 Fld. Amb.

3 0-11-17.

1. 14 Gen. Wimmering HOSP. 10-12-17

2. 1 Capt. Boulogne HOSP. 15-12-17

3. HOSP.

4. HOSP.

DIAGNOSIS

Myalgia. Jto

- 1
- 2
- 3

DISPOSITION

CL. 7-12-17 A82-2.

Disc. 25.3.18

DATE

REMARKS

19-12-17 A 91-2.  
 28-12-17 A 98(2)  
 28-3-18 A 72-2

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



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



To be made out in duplicate.

H.Q. 54-21-23-53

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..... 100th BATTALION CANADIAN INFANTRY.....

(2) Regimental Number..... 425153.....

(3) Full Name of Soldier..... James Melbourne Warren.....

(4) Place of Birth..... Harbor Grace Newfoundland.....

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

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

(b) Present Postal Address..... 396 Mepeau St  
Ottawa Canada.....

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

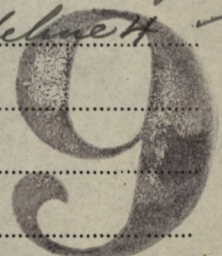
(8) Have you any children?..... Yes 5.....

If so, give number of boys and girls..... 3 Boys 2 Girls.....

Also their names and ages..... Melbourne 11 yrs Elsie 6 yrs

Harold 9 ✓ Madeline 11 ✓

James 1 1/2 ✓





(9) Is your Father alive?.....

If so, state name and address.....

*Yes*  
*James Warren Harbor Grace Nfld*

(10) Is your Mother alive?.....

If so, state name and address.....

*No*

(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.

(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.

*Already arranged*

(15) Are you insured?.....

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

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

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

Date..... *July 11 1916*

*[Signature]*  
Lt. Col.  
O. C. 100th Over Officer Commanding.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. ....

192970

THIS IS TO CERTIFY that No. 725153 (Rank) Private

Name (in full) WARREN James Melvorn enlisted in  
the 109th Bn (Trans 38th Bn)

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 13th  
day of January 19 16

HE served in Canada 38th Bn by France & Belgium

and is now discharged from the service by reason of Demobilization. Med unfit for  
General Service No 1894  
Medical Unfitness

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

Age 39

Height 5' 7"

Complexion Dark

Eyes DK Blue

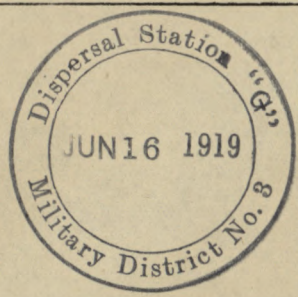
Hair Black

J.M. Warren  
Signature of Soldier.

Marks or Scars

Scar on Left Breast

Date of Discharge



J.D. Heathcote

Issuing Officer.

Cooper

Rank

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



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

11

THIS IS TO CERTIFY THAT  
Name (in full) \_\_\_\_\_  
Rank \_\_\_\_\_  
Service Number \_\_\_\_\_  
Branch \_\_\_\_\_  
Date of Discharge \_\_\_\_\_  
Place of Discharge \_\_\_\_\_  
Signature of Soldier \_\_\_\_\_  
Signature of Officer \_\_\_\_\_  
Signature of Medical Officer \_\_\_\_\_

Signature of Soldier \_\_\_\_\_  
Signature of Officer \_\_\_\_\_  
Signature of Medical Officer \_\_\_\_\_

Signature of Soldier \_\_\_\_\_  
Signature of Officer \_\_\_\_\_  
Signature of Medical Officer \_\_\_\_\_



725153

Pte. Warren J. M.

109th Battn C.E.F.

Will detached by Regt Paymaster

*J. H. Williamson*  
Paymaster, 109th Overseas Battalion, C.E.F. CAPT.

✓ 79353

20

Perforated sheet for Will from Pay Book of Reg.

No. 725153

Name James M. Warren

Unit 109th Battalion, C.E.F.

**Military Will**

Oct. 12, 1916.

In the event of my death  
I give the whole of my  
property and effects  
to my wife

Catherine C. Warren  
162 Gladstone Avenue  
Wetmore Ontario, Can.

*Lt. W. F. Beattie*

Signature *Pte. J. M. Warren*

Rank and Regt. 109th Battalion

Date October 12, 1916.







No. 725153 - Pte. Warren, J.M. - 109th Battalion

56487

Will in the possession of

Mrs. Catharine Warren,  
396 Nepean Street,  
OTTAWA,

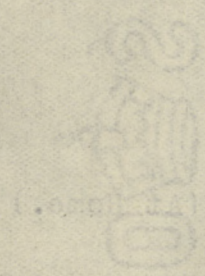
Ont. (At Home.)

Paymaster's Lists to Div. Paymaster, Aldershot Command.



111th the connection of

Mrs. Catherine W. ...  
328 Union Street



Government, 111th the connection of Mrs. Catherine W. ...



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

# Casualty Form—Active Service.

M. F. W. 54.  
18000, 10-15.  
H.Q. 1772-39-920.

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

Regimental No. 25153 Rank Private Name Warren James Melbourne

Enlisted (a) 13.1.16 Terms of Service (a) D of W. Service reckons from (a) 13.1.16

Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Piano Salesman

Date	Report		Place	Date	Remarks
	From whom received	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.			
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
8-12-16	O.C. 109th Bn.	Transferred to 124th Bn.	Whitley	8-12-16	D.O. Pt. II # <del>543</del> 343 Adjutant 109th Overseas Battalion, C. E. F.
9-12-16	124th Bn.	Taken on strength of 124th Bn., C. E. F.	Whitley Camp	8-12-16	Part III Orders 265 Major Adjutant 124th BATTALION C.E.F.
26.1.17	124th Bn.	Transferred to 156th Bn.	Whitley Camp	25.1.17	Part II Orders # 26 Capt. Adjt. 124th Can. Pioneer Bn.
5-2-17	156th Bn.	Taken on strength of 156th Bn. (Canada)	Whitley Camp	6-2-17 25/1/17	Part II D.O. # 36

(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.



725153  
Warren  
JM

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				
11. 3-3-17	0 Lt. 156th Bn	Transferred to 5th Can Engineers H. 2's.	Witley	9-3-17	Part 4 Daily Order 725 PL Younhead Lieut. Adj. 156th Battalion Can Inf
9 MAR 1917 14-3-17	0 Lt. C. L. M. " "	T.O.S. W. C. L. M. Proceeded overseas	Seaford	9 MAR 1917 14-3-17	PL II. No. 24 PL III. Seaford PO 1201 Lieut. Capt. W. C. L. M. for 00. No 29
15-3-17	M.L.O.	DISEMBARKED FRANCE	HAVREB	15-3-17	Nom. Roll.
2.12.17.	0 Lt. 4th Bn	Evac. Sp. Back.	Field	30.11.17.	B 213.
5.12.17.	99th FA	Myalgia. adm 99th FA	20 No 8. C.R.S.	30.11.17 5.12.17	} 436/4020.
10.12.17	14 Genl	Sp. Back. adm 14 Genl	10.12.17	43034/7428.	
15.12.17.	do	do	To 1 Con depot	15.12.17	" 7883.
15.12.17	1 Con dep	do	adm 1 Con dep	15.12.17	" 1830. stale 8.2.18
11.2.18.	do	do	Remaining.	11.2.18	K 9 17. 132. stale 23.3.18
25.3.18	do	do	To 5 Rest Camp.	25.3.18	16 2.17. 132.
		Designation changed to 2nd 1st Can Inf Works Bn (Auth: War Office letter 121/Overseas/4840 A.G.12) d/11-3-18			PL II. No 24 d/31.3.18.
27.3.18.	0 Lt. 205th Co	from Boulogne		27.3.18	NR 767.
23.4.18	0 Lt. 805 of 2nd Can Inf Works Bn	on transfer to 38th Bn.		23.4.18	NR 12774/1.
	T.O.S. 38th Bn.	Field		24.4.18	PL II. No. 32 d/25.4.18.
30.4.18	0 Lt. for Bd ex C. L. M.	Paris.		30.4.18	20. 38. d/ 27.4.18.
3.5.18	0 Lt. Myalgia			3.5.18	NR 810.
17.5.18	0 Lt. Myalgia			17.5.18	W 3339-491-10/5. W 3339/504 W 3339-512.

CERTIFIED COPY  
9 MAR 1917  
2 APR 1917  
CAN. RECORDS, LONDON



J.M.

Rank **WARREN, James Melbourne.** ✓ Reg'l No. **725153** ✓  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married.** ✓  
 Place and Date of Enlistment **Lindsay, 13th Jan 1916.** ✓ Place of Birth **Harbor Grace,** ✓  
**Newfoundland.**  
 Name and Address, Next-of-Kin **Catherine Warren.** ✓  
**396 Nepean St, Ottawa, Ont, Canada.** ✓ Relationship **Wife.**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 12698

File R.L.

Category **OR OR**

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8.12.16	06109 <sup>th</sup> Bn	Soton taken to 124 <sup>th</sup> Bn	Oraley	8.12.16	Pt II D.O. 343
9.12.16	06124 <sup>th</sup> Bn	S.O.S. from 109 <sup>th</sup>			265.
26-1-17	124 <sup>th</sup> Bn	S.O.S. to 156 <sup>th</sup> Bn		25-1-17	26
5-2-17	156 <sup>th</sup> Bn	S.O.S. from 124 <sup>th</sup> Bn		25-1-17	36
11-3-17	156 <sup>th</sup> Bn	S.O.S. transf to 4 <sup>th</sup> Lab. Bn	Seaford	9.3.17	" 70.
9.3.17	4 <sup>th</sup> C.L.B.	Taken on strength.	"	9.3.17	24
1.3.17	4th. Lab.	Embarked for France	Seaford	14-3-17	Pt/2, O. 29
6.12.17	1 <sup>st</sup> Regt	99. Hd. amb.	Seaford	30.11.17	Ch A82. Myalgia.
18.12.17	"	14. Gen D.P.	Wincreux	10.12.17	Ch A02 ✓

A.F.B. 103 CHECKED  
12 APR 1917

WSP



Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
27.12.17	1 <sup>st</sup> Q Regt	1 <sup>st</sup> Gen. Depot		Boulogne.	15.12.17	CL A98. Myalgia
25.4.18	2 <sup>nd</sup> Q. Regt.	S.O.S. on transfer to 38 <sup>th</sup> Bn.		Field Pt	23.4.18	P.H.O 32. 38d/27.4.18 438 <sup>th</sup> P.S.R.
9.5.19	38 Bn	Proceeded to England	Pt	Hoore	5.5.19	- 30
20.5.19	FWing C.C.	T.O.S. pending R.T.C.	"	Brancholt	5.5.19	- 21
14.6.19	FW C.C.	S.O.S. to Canada	"	Brunn	6.6.19	- 24.

83-G-97

6-6-19



DEPARTMENT OF VETERANS AFFAIRS

P.A.

To Copy for H.O. File  
Attention of

Ottawa, Ont.  
Date June 7, 1965

NAME WARREN, James Melbourne

SERVICE 703 WWL  
NUMBER

C.P.C. No. 185320  
W.V.A. No.

NAVY  
ARMY ~~XXX~~  
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. C.P.C. Halifax, N.S. d/May 31, 1965

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 21, 1965  
Cause of Death  
Place of Death Parrsboro, N.S.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~XXXX~~  
~~XXXX~~  
H.O.

Destroy form if advice of death already received.

*C. Richards*  
for  
Chief, Central Registry



MADE IN U.S.A.  
BOND  
1000  
1000

MADE IN U.S.A.



BOND

THE FIRST NATIONAL BANK OF NEW YORK

NEW YORK, N.Y.  
JAN 1 1900

PAID TO THE ORDER OF

THE FIRST NATIONAL BANK OF NEW YORK

NEW YORK, N.Y.

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THE FIRST NATIONAL BANK OF NEW YORK

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NEW YORK, N.Y.  
JAN 1 1900

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THE FIRST NATIONAL BANK OF NEW YORK

NEW YORK, N.Y.

PAID TO THE ORDER OF

THE FIRST NATIONAL BANK OF NEW YORK





# MEDICAL HISTORY SHEET ORIGINAL

**ORIGINAL**

Date

Name

Warren

Christian Name

James Mulholland

Examined { on 13<sup>th</sup> day of January 1916  
at Lindsay

Birthplace { City or Town Harbor Grace  
County Newfoundland

Apparent age 36

Trade or occupation Piano Teller

Height 5 Feet 7 Inches

Weight 138 Lbs

Chest measurement { Minimum 34 inches  
Maximum expansion 37 1/2 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right none Left Two  
Number Two

When Vaccinated last Feb 2<sup>nd</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Eyes

Approved by

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

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

Date	Result	VACCINATIONS,
2-2-16	ml	<i>J. McCulloch</i> M.O.
10-4-16		<i>J. McCulloch</i> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
25-4-16	good	<i>J. McCulloch</i> M.O.
2-5-16	good	<i>J. McCulloch</i> M.O.
10-5-16	good	<i>J. McCulloch</i> M.O.
2-11-16		None

Enlisted on 13<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	109 <sup>th</sup> Batt.	425153.		13.1.16.
Transferred to.....	C.E.F.			
	124th OVERSEAS BATTALION C.E.F. 156 <sup>th</sup> Bn. 667.			25.1.17
	4th Lab Bn			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Loreley	3.3.17.	N. 2/100 L. 2/100 glasses 6/9 6/9	B2 J. H. Lock Capt

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.







725153

DUPLICATE.

MEDICAL HISTORY SHEET.

9  
DUPLICATE

Surname Warren Christian Name James Milbourn

Examined { on 13<sup>th</sup> day of January 1916.  
at Lindsay  
Birthplace { City or Town Harbor Grad  
County Newfoundland

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

Apparent age 36  
Trade or occupation Piano Takerman  
Height 5 Feet 7 Inches  
Weight 138 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 37 1/2 inches.

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

Physical development good  
Small-Pox Marks none  
Vaccination Marks { Arm Right none Left two  
Number two

Date	Result	VACCINATIONS.
<u>2-2-16</u>	<u>nil</u>	<u>J. McCulloch</u> M.O.
<u>10-4-16</u>		<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last Feb. 2nd 1916  
(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2-5-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
<u>10-5-16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection eyes

Enlisted on 13<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>725153</u>		<u>13-1-16</u>
Transferred to.....	<u>C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>13-5-19</u>	<u>Defective Vision</u> <u>13/11</u>	<u>Refused</u> <u>W. H. B. Johnson</u> <u>capt</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.







9

To: Officer Commanding:

The following is a special EYE report on the undermentioned. Your M.C. attention should now be called to it and the case should now be paraded, with this report in triplicate, the Medical History sheet and the Casualty Form to

the ~~SECRET~~ Board as there IS NO TA disability of the EYE.

NAME.....NUMBER.....RANK.....UNIT.....

FORMER OCCUPATION.....

ORIGINAL DISEASE OR INJURY.....

DATE OF ORIGIN.....PLACE OF ORIGIN.....

CAUSE.....

PRESENT DISABILITY.....

RT:-

RT:-

VISION

With Glasses

LT:-

LT:-

Category recommended.....

history of present condition.....

Did the disabling condition have origin before enlistment.....

If so has it been aggravated by service.....

Has the disability been caused or aggravated by Intemperance or Improper conduct or unreasonable refusal to accept treatment.....

What is the probable duration (in months) of the disability.....

Can the former trade or occupation be resumed.....

Fundi...

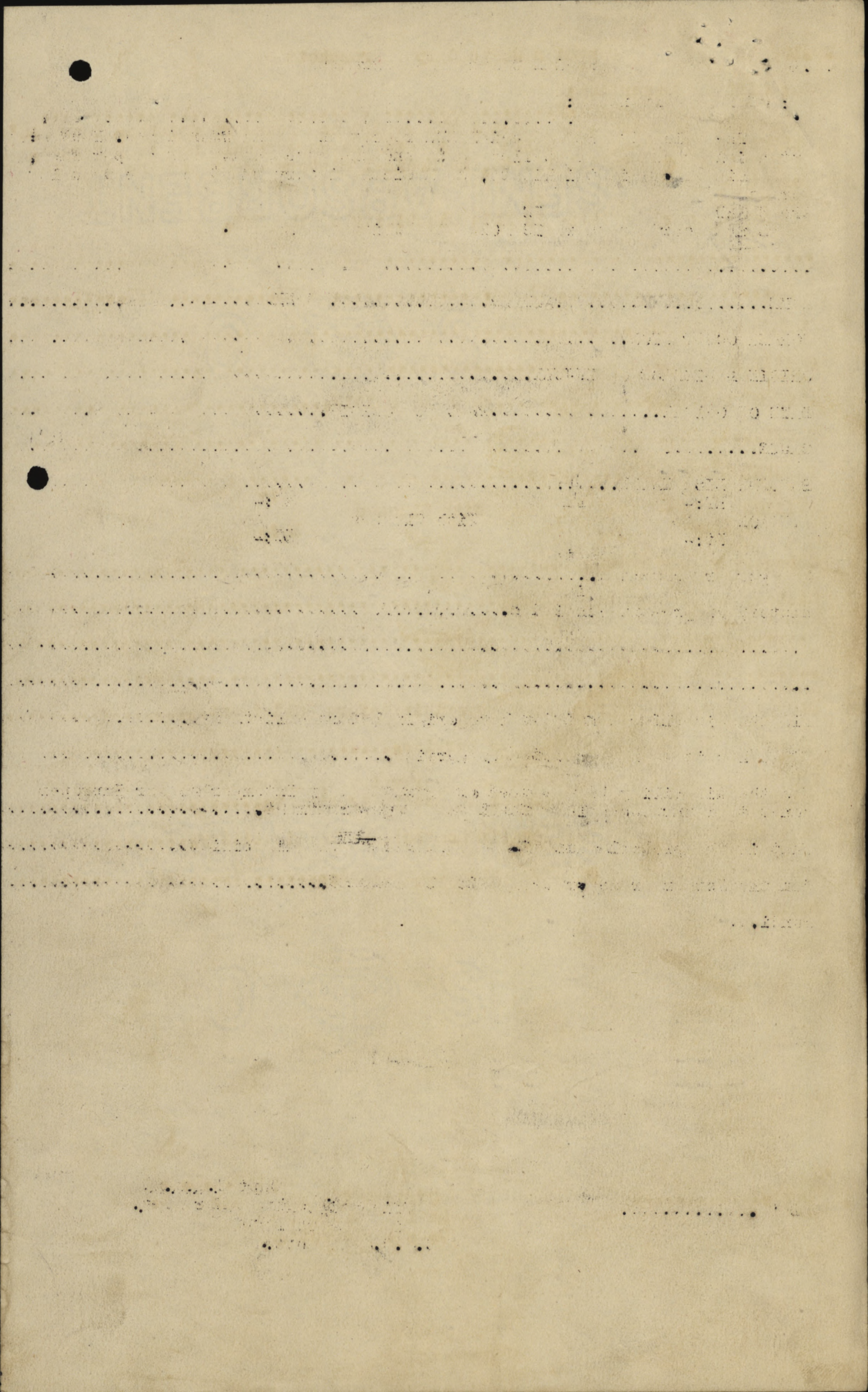
Normal

*[Signature]*  
Capt C.A.M.C.  
Officer i/c Eye & Ear Dept.  
Medical Board Dept  
C.C.C. Bramshott.

Date.....

1/1/19







9

To: Officer Commanding: 38th Bn

The following is a special EYE report on the undermentioned. Your M.C. attention should now be called to it and the case should now be paraded, with this report in triplicate, the Medical History sheet and the Casualty Form to

the ~~SHORE~~ IS Long Board as there IS NOT a disability of the EYE.

NAME *Nassen J M* NUMBER *725153* RANK *Pte* UNIT *38th Bn*

FORMER OCCUPATION *Salesman*

ORIGINAL DISEASE OR INJURY *Myopia*

DATE OF ORIGIN *Congenital* PLACE OF ORIGIN

CAUSE

PRESENT DISABILITY *Defective vision*

VISION RT:- *3/60* With Glasses LT:- *6/9*  
It:- *3/60* LT:- *6/6*

Category recommended *B II*

history of present condition *Congenital*

.....

Did the disabling condition have origin before enlistment. *Yes*

If so has it been aggravated by service. *No*

Was the disability been caused or aggravated by Intemperance or Improper conduct or unreasonable refusal to accept treatment. *No*

What is the probable duration (in months) of the disability. *Perman*

Can the former trade or occupation be resumed. *Yes*

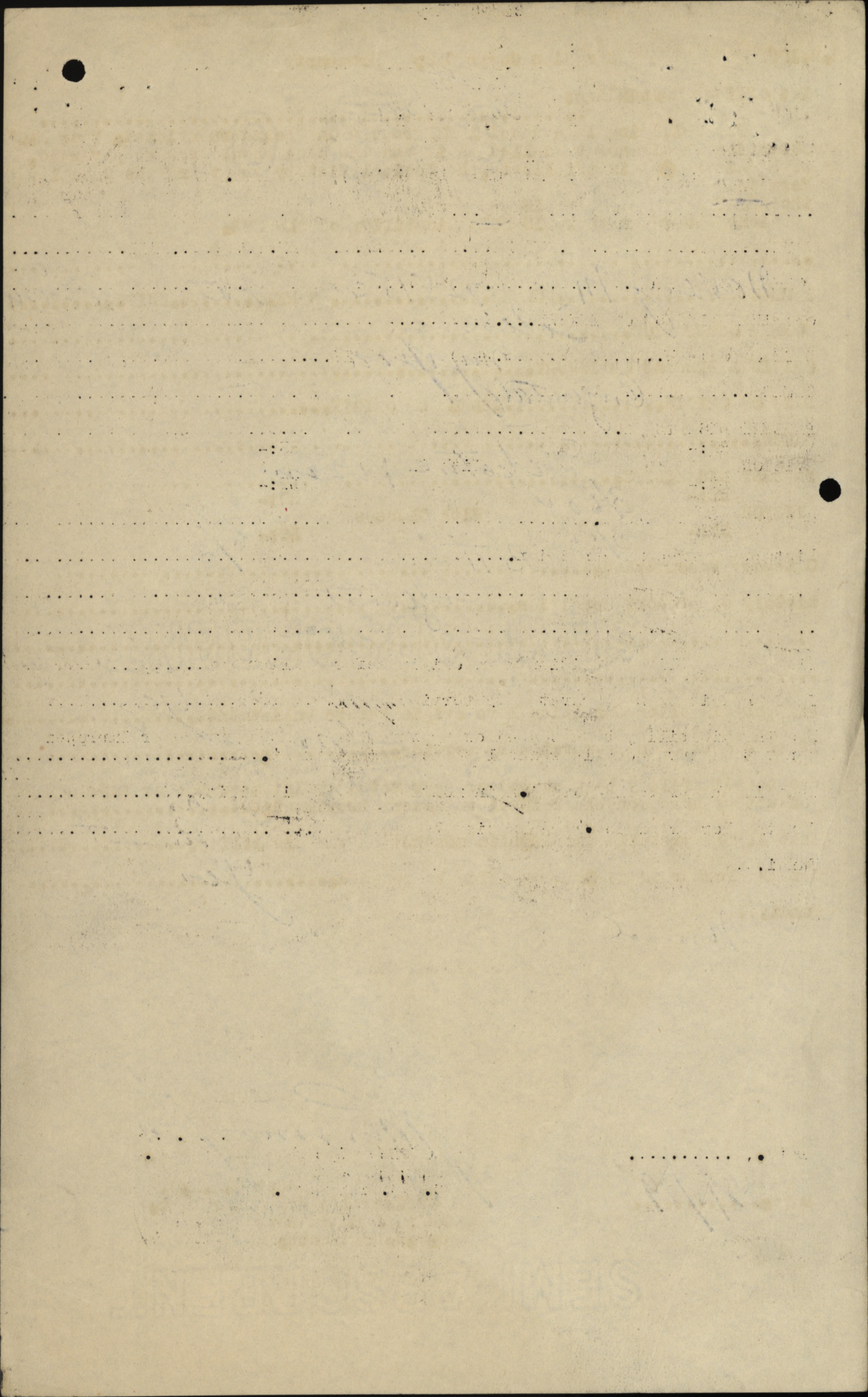
Fundi... *Normal*

Date *12/1/19*

*[Signature]*

Capt C.A.M.C.  
Officer i/c Eye & Ear Dept.  
Medical Board Dept  
C.C.C. Bramshott.







1-3-16

MILITIA AND DEFENCE

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

## SEPARATION ALLOWANCE

Name *Catherine Warren*Name of Soldier *Warren J. M.*Address ~~*396 Nepean St.*~~Regtl. No. *725153*~~*162 Gladstone Ave. Ottawa Ont.*~~Rank *Plt.*~~*% Mrs. Ellis Billings Bridge*~~Corps *109th Batta*

Relation to Soldier

To what Corps belonging

wife, child or mother

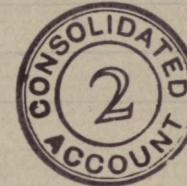
*wife*

when called out

## PAYMENTS

*162 Gladstone Ave.*

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





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## SEPARATION ALLOWANCE

Sheet No. 2.

*Catherine Warner* wife  
 OVERSEAS CONTINGENTS  
 PAYMENTS.

Name of Soldier.

*Warner J. M.*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	E-41	40 -	40 Handed out 10/4/16.
May		S 5735	20 -	20
June		V 7638	20	20
July		U 11078	20	20
Aug.		J 14625	20	20
Sept.		K 17994	20	20
Oct.	18	S 21255	20	20
Nov.		C 24571	20	20
Dec.		C 28048	20	20
Jan.	1917	I 30323	20	20
Feb.		C 34240	20	20
March		D 36831	20	20
April		E 2991	20	20
May		D 7086	20	20
June		D 10566	20	20
July	10 1/2	D 10966	20	20
Aug.		U 15780	20	20
Sept.		T 18926	20	20
Oct.		H 22211	20	20
Nov.	18 9/10	O 23964	20	20
Dec.		J 28386	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

340  
 13 % Mr Ellis Billings Bridge RR #1  
 Out  
 162 Gladstone Ave  
 440



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.				



162 Gladstone Ave

Ottawa  
Ont.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom

*Catherine Wassen*  
~~*John Ellis*~~

By Whom Assigned

*Warren J.M.*

Address

*396 ~~Keegan St~~*  
~~*162 Gladstone Ave Ottawa*~~

Regtl. No.

*725153*

Rank

*Pte*

Corps

*109th Batt. "B" Coy*

Rate

*20<sup>00</sup>*

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				





11113



## ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

L. L. Job 310.—Req. 6374.

Name of Soldier

42515 3

Warren J M  
Pte 109th Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 <sup>00</sup>	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		J 15272	20	
Sept.		T 20036	20	
Oct.		T 25356	20	
Nov.		K 28942	20	
Dec.		H 33989	20	
Jan.	1917	H 0601	20	
Feb.		C. 48684	20	
March		E 53688	20	
April		J 5314	20	20 (lv)
May		F 10363	20	
June		E 19525	20	lv
July		u 25502	20	
Aug.		K 33014	20	
Sept.		W 42084	20	
Oct.		G 49367	20	
Nov.		N 54003	20	
Dec.		S 63896	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

cb

7

20 (lv)

lv

162 Gladstone Ave Ottawa Ont

3408



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.				











\* Strike out whichever inapplicable.

ASSIGNED PAY.	<del>ENGLAND</del> OR CANADA.	SEPARATION ALLOWANCE.	<del>ENGLAND</del> OR CANADA.	NAME: <b>WARREN</b> <i>James Melbourne</i>
EFFECTIVE DATE: <i>1-8-16</i>		EFFECTIVE DATE: -		NUMBER: <i>725153</i>
AMOUNT: <i>20</i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>Catherine Warren 396 Neilan St Ottawa Ont (Wife)</i>	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				<i>Plt</i>

UNIT AND TRANSFERS
ORIGINAL UNIT: <i>109 Bn</i>
DATE ACCOUNT FIRST OPENED: <i>1-8-16</i>

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>Request</i>	<i>1-5-18</i>	<i>21-5-18</i>	<i>1st Labor 38 Bn</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

<i>24/1/19 2159</i>	<i>Belgian</i>	<i>349</i>					
<i>7/5/19 2605</i>	<i>A.C.C.C</i>	<i>1187</i>					
		<i>5211</i>					

PARTICULARS OF RENDERING NON-EFFECTIVE: <i>Canada 8614 1/5 B Show Disposal D! 13-21</i>
---

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Feb 31</i>	<i>Bal. Bt fu</i>								<i>35 01</i>		<i>20</i>
<i>Apr.</i>	<i>P. Pay</i>	<i>33</i>		<i>Can AP.</i>				<i>20</i>	<i>48 01</i>		
				<i>6300 AR, 252 7/4</i>	<i>4 46</i>				<i>43 55</i>		
				<i>" " 1043 20/4</i>	<i>4 46</i>				<i>39 09</i>		
		<i>33</i>		<i>" " 1445 20/4</i>	<i>4 46</i>			<i>20</i>	<i>34 63</i>		
<i>May</i>	<i>M.A.</i>	<i>3410</i>			<i>13 38</i>						
				<i>CAP</i>				<i>20</i>			
		<i>3410</i>		<i>A.R. 515, 18/5/18, C.J.B.L.</i>	<i>4 46</i>				<i>44 27</i>		
<i>June</i>		<i>33</i>		<i>CAP</i>	<i>4 46</i>			<i>20</i>			
				<i>" 562, 4/6, 4 C.A.R.C.</i>	<i>3 57</i>						
		<i>33</i>		<i>" 831, 15/6/18, 38 Bn</i>	<i>3 57</i>				<i>50 13</i>		
<i>July</i>		<i>3410</i>		<i>CAP</i>	<i>7 14</i>			<i>20</i>			
				<i>" 924, 1/7/18, "</i>	<i>4 46</i>						
		<i>3410</i>		<i>" 1002, 15/7/18, "</i>	<i>4 46</i>			<i>20</i>	<i>55 31</i>		
<i>Aug.</i>		<i>3410</i>			<i>8 92</i>			<i>20</i>			
				<i>" 1084, 38 Bn, 1/8/18</i>	<i>3 57</i>						
		<i>3410</i>		<i>" 1172, " , 19/8/18</i>	<i>3 57</i>				<i>62 27</i>		
<i>Sept</i>		<i>33</i>		<i>CAP</i>	<i>7 14</i>			<i>20</i>			
				<i>A.R. 7056 - 11.9.18. Canadian Det. Paris</i>	<i>17 84</i>						
				<i>A.R. 7332 13.9.18 Canadian Det. Paris</i>	<i>11 60</i>						
				<i>" 1225. 9.9.18. 38th Bn.</i>	<i>8 92</i>						
				<i>" 1274 9.9.18 38th. Bn.</i>	<i>3 57</i>						
				<i>" 1374 24.9.18 "</i>	<i>3 57</i>				<i>29 77</i>		
<i>Oct</i>		<i>33</i>		<i>C.A.P.</i>	<i>4 50</i>			<i>20</i>			
		<i>3410</i>						<i>20</i>			
				<i>1446 6.10.18 12 Bde</i>	<i>3 73</i>						
				<i>1440 15.10.18 "</i>	<i>3 73</i>				<i>36 41</i>		
		<i>3410</i>			<i>7 14</i>			<i>20</i>			
				<i>Carried over</i>							



NUMBER 425153 RANK *Me*

NAME WARREN *James Melbourne*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION	
1916				Brought over					36 41 20			
Nov	<i>S. S.</i>	33		<i>b. A. P.</i>				20				
				2340 9.11.18 12 Rd	3 73							
				2508 14.11.18 "	13 06							
Dec	"	34 10		2651 1.12.18 "	3 75							
				2732 10.12.18 "	4 33							
				<i>b. A. P.</i>				20				
1919		34 10		<i>b. A. P.</i>				20	44 46 20			
Jan	"	101 20						60				
Feb	} 2 <sup>nd</sup> "			AR 2955 14/1/19 12 CIB	29 85							
Mar		64 90		3240 4/2/19 "	3 73							
					1812 1/1/19 "	3 73						
					3414 15/2/19 "	3 73						
				<i>b. A. P.</i> 2 <sup>nd</sup>	19 55			40				
Apr	"	64 90		3577 3.3.19 "	3 65			40	39 16			
		33		<i>Cap.</i>	33 50			20				
May	"	34 10		AR 37 3/4/19 12 CIB	6 74							
				✓ 118 3/4/19 12 CIB	17 74							
				✓ 210 10/4/19 12 CIB	3 45							
				<i>Cap</i>				20				
				✓ 489 26.4.19 ✓	3 49				34 86			
		67 10			31 40			40				
				AR 265 8/5 38 Bn	48 67							
				✓ 5456 29/5 End ✓	14 60							
				✓ 5093 29/5 ✓ ✓	9 73 73				38 14			
					73 00							
				<i>Sold Canada</i> 6/6/19								
				SL 83 58 13								

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*J. Mann*  
 27/5/19



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WARREN, J.M.  
REGIMENT 38 Bn RANK PL No. 725153

Date of Examination in England 7/5/19 Date of Examination in France \_\_\_\_\_



DIRECTIONS TO DENTAL OFFICERS

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

9A

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17, 20, 28

2. EXTRACTIONS \_\_\_\_\_

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

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

A. D. D. S., M. D. No. 3

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

BRAMSHOTT CAMP

Signature of Dental Officer

*[Handwritten Signature]*



WARREN, J.M.  
C 8 RT

1/1/19

DP

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101

ST. LOUIS, MO. 63101



Casualty Form—Active Service.

Regiment or Corps

38 Bn

Rank..... Surname **WARREN**..... Christian Name **J. M.**

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

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

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

Occupation..... Signature of Officer

Report		III. C. B. CLASS A.			Remarks
Date	From whom received	Place of Casualty	Date of Casualty	taken from Army Form B.213, Army Form A.36, or other official documents.	
		Embarked .....			
		Disembarked .....			
23 MAI 18	C. B. D.	Left for <i>66th</i>	Field	23 MAI 18	<i>WR 1233</i>
"	"	Joined	"	"	<i>WR 9-731</i>
18 JUN 18	"	Left for Unit	FIELD	18 JUN 18	
15 JUN 18	Unit	Joined Unit	FIELD	14.6.18	<i>B213</i>
<i>14.9.18</i>	"	<i>14 Days leave to Paris</i>		8.9.18	<i>B213. Do. 92-25.9.18</i>
21 SEP 18	Unit	Joined Unit	FIELD	21.9.18	"
-5 MAI 19		Proceeded to England.		-5 MAI 19	

*A. Skelton* Lieut. for Lt Col. A. A. G.  
Canadian Section, G. H. Q. - 3<sup>rd</sup>, Ech.

(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) Signaller, Shoeing-Smith, &c.  
G.P. & S. Ltd. Form B/103 E/1907. P.T.O.



Report		Record of promotions, reductions, transfers, casualties &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	<i>Col. W. Bramshott</i>	s.o.s on Proceeding to Canada		<i>At II. 24</i>	<i>Returned to ad 38 B</i>
		<i>6-6-19 L.O.S. Sup Depot.</i>		<i>Ottawa N.Q.</i>	<i>-177</i>
		<i>16-6-19 L.O.S. Dis</i>		<i>R.O. 440, 1894.</i>	<i>N.Q. -177</i>

*[Signature]* Lieutenant  
For O. C. No. 9 District

H-M-T OLYMPIC  
SAILED S'EM'TON 6/6-19  
ARR'D HALF X JUNE 12 1919



PROCEEDINGS OF A MEDICAL BOARD

Dated at 3.3.7 1917

725753 RANK ste NAME Warren, Jm

LOCAL UNIT 1561 OVERSEAS UNIT \_\_\_\_\_ AGE 37

Examination held at Witley

DISABILITY. Eyesight  
 Overseas -  Local.  
 (Strike out one)

PRESENT CONDITION

V.A. R 8/60 L 2/60  
Glasses - 6/9 - 6/9.  
No other physical disability. In good  
French & German.

BOARD RECOMMENDS:-

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

B II

Signatures:-

J. H. Beck Capt President

Members.

T. T. Wainwright Capt

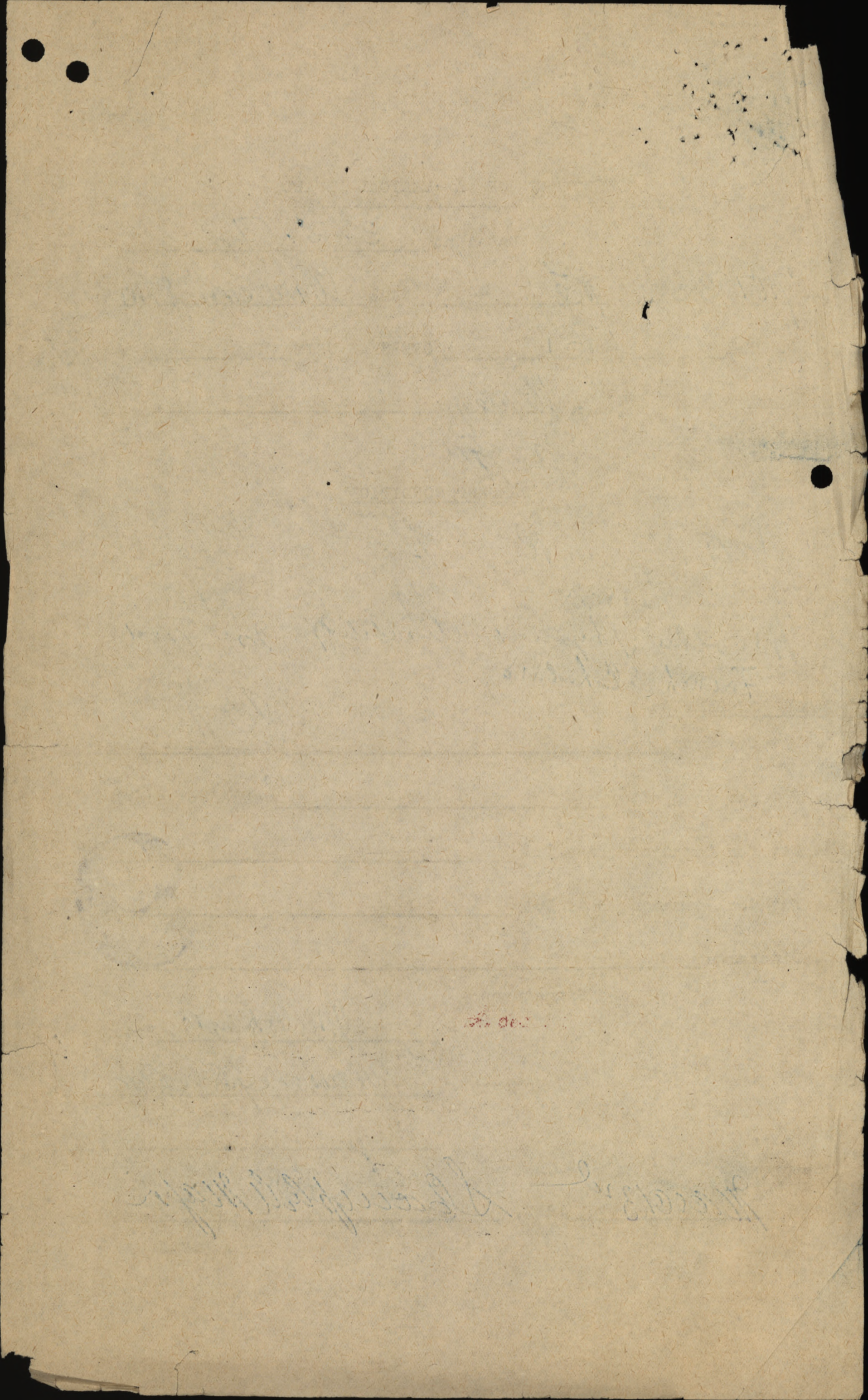
APPROVED

Dated March 3<sup>rd</sup> 1917. Spaulhill Major

for A.D.M.S.,









PROCEEDINGS OF A MEDICAL BOARD

Dated at 3. 3. 17. 1917.

No. 725153 RANK 1st Lt NAME Wardlaw J.M.

LOCAL UNIT 1561 OVERSEAS UNIT \_\_\_\_\_ AGE 37

Examination held at Witley

DISABILITY.  
~~General~~ - Local.  
(strike out one)

Eyesight

PRESENT CONDITION

V.A. R. 9/60 L. 7/60  
Glasses - 6/9 6/9  
No other physical disability. In good  
French scholar.

B II

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 \_\_\_\_\_

**9**

Signatures:-

Members.

J. Cook Capt. President  
T. W. ... Capt

APPROVED

Dated March 3rd 1917. Scamphill Major

for A.D.M.S.,







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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

J.W.D.R. ✓

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 initialed 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... BRAMSHOTT. ..... DATE... 11.5.19. .....

1. (a) Unit... 38th. BN. ..... (b) Regimental No... 725153. ..... (c) Rank... PTE. .....

(d) Surname... W A R R E N. ..... (e) Christian name... JAMES, MELBOURNE. .....

(f) Home address... 162, GLADSTONE AVE. OTTAWA. .....

(g) Next of Kin... MRS. C. WARREN. ..... (h) Relationship... WIFE. .....

(i) Address of Next of Kin... SAME ADDRESS. .....

2. Age last birthday... 39. ..... Date of birth... 31.10.79. .....

3. Enlistment, or Appointment (if an Officer) (a) Place... OTTAWA. ..... (b) Date... 13.1.16. .....

4. Personal description:

(a) Height... 5-7 ..... (b) Weight... 138. ..... (c) Complexion... FAIR. .....

(stripped)

(d) Colour of hair... BROWN ..... (e) Colour of eyes... GREY. ..... (f) Identification marks, Scars, etc. ....

..... TWO VACC LEFT. MARK 2" ABOVE LT. NIPPLE. .....

5. Former trade or occupation... SALESMAN. .....

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3.	118.

	PERIODS	
	From	To
Canada .....	13.1.16.	24.7.16.
England.....	24.7.16.	15.3.17.
France or other theatres of War.....	15.3.17.	5.5.19.

7. Original disease, or injury... MYOPIA. .....

(a) Date of origin... CONGENITAL. ..... (b) Place of origin... NEWFOUNDLAND. .....

(c) Cause... " .....



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.)

DEFECTIVE VISION.

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.)

VISION RT. 3/60 WITH GLASSES R.6/9

LT. 3/60

L.6/6

CAT.RECOMMENDED BII.

SGD. J.W.PENNINGTON. CAPT.

12.5.19.

(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).)

CONGENITAL.



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).)

2.12.17. SPR. BACK. A.F.B. 103.

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

N.A.

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

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

A. YES. B. NO.

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

The regimental documents will be referred to.

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

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

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

NIL.

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

N.A.

(SGD). DOUGLAS WALLACE, CAPT. 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.M. WARREN 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

(SGD). J.M. WARREN. PTE. Rank. Signature of invalid examined.



4  
OPINION OF THE MEDICAL BOARD

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

YES.

19. Is the invalid fit for

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

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. AUTH. A.C. TEL. 9083 F 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.

(SGD). P.J.O'DWYER.CAPT. President.

PLACE BRAMSHOTT.

DATE 13.5.19.

N.B.FERGUSON.CAPT. } 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 (SGD). JAMES.C.FYSHE.MAJOR.

APPROVED BY

FOR. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 13.5.19.

DATE.....

CERTIFIED A TRUE COPY

J.D. Davison  
CAPT CAMC



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

2293

### RATE OF SEPARATION ALLOWANCE

\$ 25.00	30	
1-12-17	7-9-18.	
P.O. 3257	706.2753	770358726

### RATE OF ASSIGNMENT

20			
----	--	--	--

# W

### PARTICULARS OF SEPARATION ALLOWANCE

No. 725-15-3  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name J. M. Warren  
 Battalion 109 Battrn B Coy  
 Beneficiary Catherine Warren  
 Relationship Wife  
 Address

### PARTICULARS OF ASSIGNMENT

(wife)  
 Name Catherine Warren  
 Address 40 Mrs Ellis R.R. #1  
 Change of Address Billings Bridge  
 1 162 Gladstone ave, Ottawa Ont  
 2 40 Mrs Ellis R.R. Mt Billings Bridge  
 3  
 4

M.F.W. 2554 Rev. 3/78 OK 23-11-18.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—	440	340	780	
Jan	71462	30	20	50	R
Feb	73197	25	20	45	H
Mar	X 90047	25	20	45	✓
April	W 12134	25	20	45	✓
May	W 17903	25	20	45	W
June	R 25774	25	20	45	W
July	B 21068	25	20	45	
Aug	S 35779	25	20	45	
Sept	V 45404	25	20	45	
Oct.	K 49223	25	20	45	T
Nov.	D 60801	25	20	45	
Dec	P 62143	45	20	65	
Jan	n 72107	30	20	50	
Feb	v 77378	30	20	50	
May	n 87512	30	20	50	
Apr	J 5039	20	20	50	
May	J 6269	30	20	50	
June	n 11265	30	20	50	
		945	700	1645	

018826-7-14

M. F. W. 128  
40 M. 1-17-1772 33-1141  
L. L. 2320-M. & D. 7583.

A/c Closed 30-6-19  
 Ret'd Olympic  
 Date 12-6-19 187 M.O. 3.  
 Closed 23-6-19 J.M. Gray.

L P 100268 des g u d 23-6-19









War Service Badge

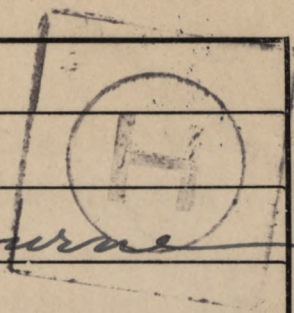
Class "A" No. 192972 P.A.S.

Occupational Group No. 3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No. 725153

2. Rank. Pfc

3. Name. Warren James Melbourne

4. Unit. 38th Bn CT

5. Date of Discharge JUN 16 1919

Place Ottawa

6. Reason for Discharge On Demobilization

Medically unfit for General Service

H-M-T Olympic SAILED S'HEMPTON 6/6-19 AFID VALIDITY HERE 12 11

7. Authority. AD 1420 1894

8. Proposed Residence after Discharge. 762 Gladstone Av

Ottawa

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

WJA

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Date Dispersal Station "G" JUN 16 1919 Military District No. 8

Medical Documents Forwarded to S.C.R. or B.P.C. on Date JUL 24 1919

Signature for O.C. Dispersal Area Captain (O. C. Discharging Unit.)



SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Rehabilitation)

1.	No.	
2.	Rank	
3.	Name	
4.	Unit	
5.	Date of Discharge	
6.	Reason for Discharge	
7.	Authority	
8.	Proposed Residence after Discharge	
9.	(CERTIFICATE TO BE SIGNED BY SOLDIER)	
	I hereby acknowledge that at the underlined place and date I received my discharge Certificate	
	M. J. W. S.	
	Signature of Soldier	
10.	CONFIRMATION	
	The discharge of the above named man is hereby confirmed.	
	Place	
	Date	
	Signature	

Medical Department  
 Forwarded to  
 Director, P. H. C.  
 Date



(O. C. Discharging Unit)



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Typewriter	Minutes Form W. 28
or Practitioner of Medicine	Minutes Form W. 133
Field Conduct Sheet	Minutes Form W. 178 or A.R. B. 133
Casualty Form	Minutes Form W. 54 or A.R. B. 108
Last Pay Certificate	Minutes Form W. 41
Certificates that missing documents are unobtainable	
Medical History Sheet	Minutes Form B. 212 or A.R. B. 177
Proceedings of Medical Board	M. B. B. 207, A.R. B. 173 or A.R. B. 174
Dental History Sheet	Minutes Form D. 402
Medical Report	M. R. W. 120 or D. M. B. 127B
Regimental Conduct Sheet	Minutes Form B. 248
Company Conduct Sheet	Minutes Form B. 208



**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122,)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing { Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *A Dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. .... *18* *GLB*

Date..... *3/5/19*



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

M. OR S. \_\_\_\_\_ REGT. No. *725153* RANK *Pte* NAME (IN FULL) *WARREN, James Melbourne*

NEXT OF KIN *Mrs Catherine Warren Wife* RELATIONSHIP *Wife* ORIGINAL UNIT C.E.F. *109<sup>th</sup> Bn* IF IN P.F. WHAT UNIT? \_\_\_\_\_

ADDRESS *162 Gladstone Ave Ottawa Ont* PARTICULARS *Gas. of Warren 162 Gladstone Ave Ottawa Ont* AUTHORITY \_\_\_\_\_

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS *as above* PAYABLE TO *Mrs Catherine Warren Wife* ADDRESS *162 Gladstone Ave Ottawa Ont*

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

DISCHARGED *Ottawa* PLACE *16/6/19* DATE *Demob* REASON AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

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		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				\$	C.	\$	C.		\$	C.	\$	C.
			\$	C.																				
<i>June</i>	<i>21</i>	<i>1.00</i>	<i>23.10</i>	<i>35.00</i>	<i>70.00</i>			<i>24.33</i>	<i>48.66</i>	<i>500.00</i>	<i>20.00</i>			<i>13.81</i>	<i>13.81</i>	<i>13.81</i>				<i>981</i>	<i>Returned "Olympic" Bal. per Regt. P. Co. Clothing Allow. and 1st Payment W.S.G. Pay to Estimate date of discharge. Advances in England. Boat Money. Loan Money. Overpaid 5 days on discharge.</i>			
				<i>70.00</i>	<i>128.10</i>										<i>5.50</i>	<i>5.50</i>	<i>15.41</i>				<i>M.W. 2595 Rec</i>			
				<i>420.00</i>	<i>180.00</i>	<i>600.00</i>											<i>100</i>	<i>350</i>	<i>150</i>		<i>1st Payt W.S.G. as above</i>			
																	<i>170</i>	<i>280</i>	<i>150</i>		<i>20/6/19 1st Payt W.S.G. &amp; Rd. 275561</i>			
																	<i>200</i>	<i>280</i>	<i>120</i>		<i>Dr Bal</i>			
																	<i>300</i>	<i>210</i>	<i>90</i>		<i>20/6/19 14 days</i>			
																	<i>400</i>	<i>140</i>	<i>60</i>		<i>OK 2.941731 JUL 14 1919</i>			
																	<i>500</i>	<i>70</i>	<i>30</i>		<i>2.1290599 + 600 AUG 13 1919</i>			
																	<i>600</i>	<i>0</i>	<i>0</i>		<i>2.1309061 + 62. 11-9-19.</i>			
																					<i>2.1324172 + 25. 15-10-19.</i>			
																					<i>2.1335688 + 89. 14-11-19.</i>			



