

original

CLASS

ATTESTATION PAPER.

No. 2476588

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Johnson**
- 1a. What are your Christian names?..... **John**
- 1b. What is your present address?..... **Boissevain, Manitoba Canada.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Coagh Island Derry Ireland,**
- 3. What is the name of your next-of-kin?..... **Thomas Johnson,**
- 4. What is the address of your next-of-kin?..... **Ballydowley, Coagh, ~~Ireland~~ ^{Island} Derry Ireland.**
- 4a. What is the relationship of your next-of-kin?..... **Father,**
- 5. What is the date of your birth?..... **July 15th 1885**
- 6. What is your Trade or Calling?..... **Farmer**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?..... **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**
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No**
- 14. If so, what was the nature of the disability? .. **--**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... **No**
- 16. If so, what was the reason?..... **--**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **John Johnson**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date **October 25th** 191 **7**. *John Johnson* (Signature of Recruit)
John Johnson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **John Johnson**, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date **October 25th** 191 **7**. *John Johnson* (Signature of Recruit)
John Johnson (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 **Winnipeg,** this **25th** day of **October** 191 **7**.
John Johnson (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Johnson on Enlistment.

Apparent Age 32 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

Chest measurement. { Girth when fully expanded..... 36½ ins.
 { Range of expansion..... 2½ ins.

Complexion Dark

Eyes Hazel

Hair Dark Brown

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

Vision R. Eye..... 20/20
 " L. Eye..... 20/20
 Hearing R. Ear..... Normal
 " L. Ear..... Normal

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..... October 25th 191 7.

Place..... Winnipeg, Man. Canada.

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

MOBILIZATION
 MEDICAL BOARD
 APPROVED FIT

[Signatures]
 PRESIDENT
 MEMBER
 MEMBER

OCT 25 1917

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature]
 (Signature of Officer)

Date..... October 25th 191 7

O/C. C.A.M.C. T.D. No.10

O. H. M. S.



JOHNSTON, JOHN.

Re, 2476588.

C.A.M.C. T.D. No. 10.



Demobilization
09331

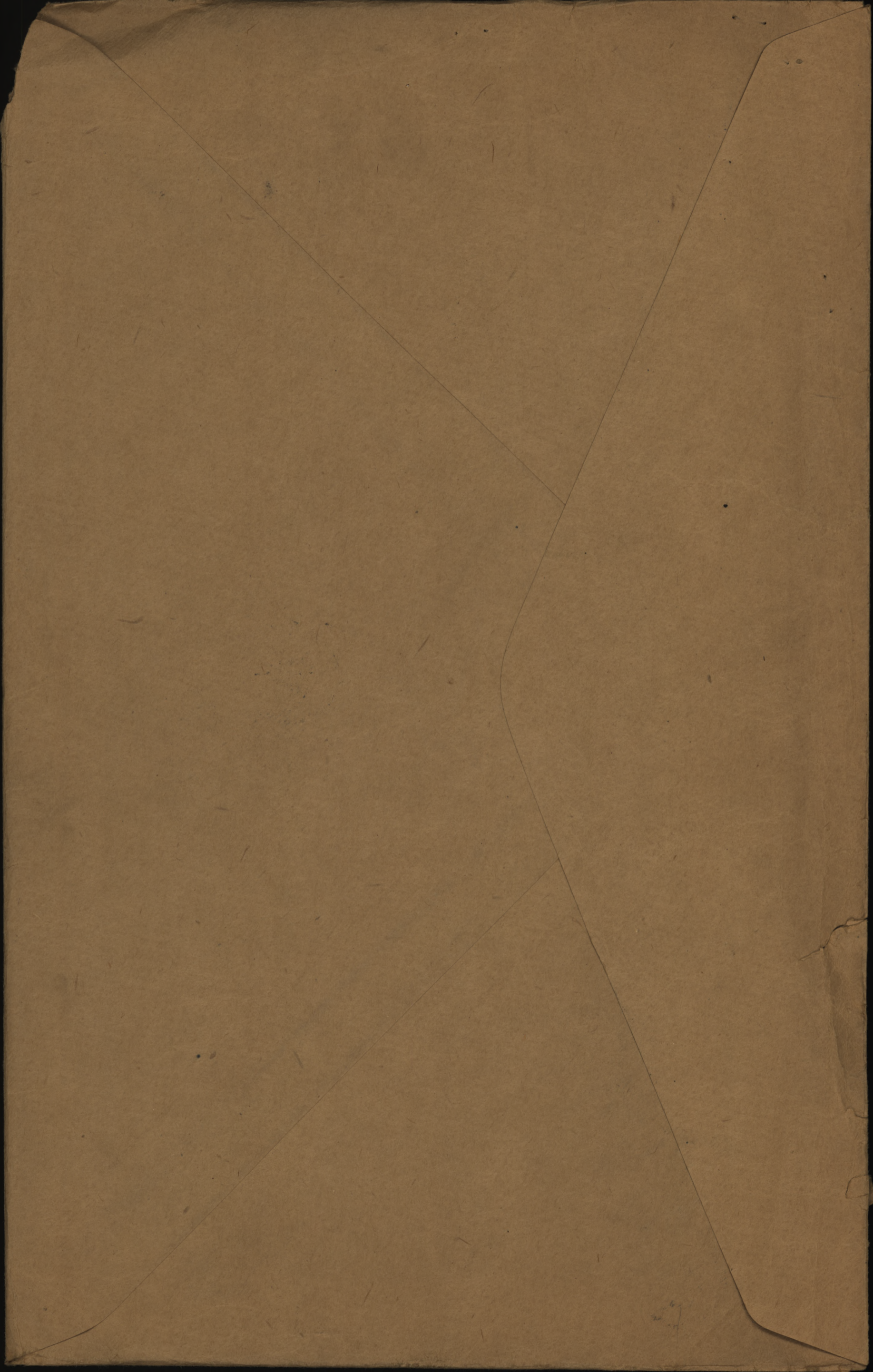
- 31 m. HB- 218
- 1 m. HB- 39a
- 1 Dispersal belt
- 1 m. Fl. 54
- 1 m. Fl. 23
- 2 m. HB. 313.
- 1 m. Fl. 122
- 1 C.A.D.C. 5009A.
- 1 m. Fl. 67
- 1 m. Fl. 129.
- C.D. 3



Willphoto
R127
pay card

15-30
18-30
29-1

3



AMC TRAIN'G DEPOT
NO-10

WSB Class A,
M. F. W. 54. (A. F. B. 103.)
250M.-1-16.
H. Q. 1772-39-920.

Fill in Only - Unit, Number, Rank and Name
Casualty Form Active Service.

Unit, Regiment or Corps *14th Bn* **C.A.M.C. T.D. No.10**
 Regimental No. **2476588** Rank **Private** Name **John Johnston**
 C. E. F. *Johnston*
 Enlisted (a) **Oct. 25 '17** Terms of Service (a) **C. E. F.** *loop* Service reckons from (a) **Oct. 25 '17**
 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) **Farmer, No Previous Service.**

Report		Record of promotions, reductions, transfers, casualties, etc., during active-service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		EMBARKED <i>May 10th. 1918</i>			
		DISEMBARKED <i>May 24th. 1918</i> ✓			
25 MAY 1918	C.A.M.C. D	TAKEN ON STRENGTH from <i>Canada</i>	<i>Schiffe</i>	<i>10.5.18</i>	<i>Pt. 145</i> ✓
	<i>do</i>	<i>S.S. 11th Bn. Rattr</i>	<i>do</i>	19 JUN 1918	<i>Pt. 170</i> <i>Capt. Adjutant,</i> <i>for O.C., C.A.M.C. Depot.</i>
	O.C. 11th	TOS from CAMC Depot	Seaford	19-6-18	pt. 11. Bn. O. 145 ✓
	<i>OC 11th</i>	<i>SOS on proceeding over seas to 16th Bn</i>	Seaford	2-10-18	" " 233. <i>W. J. Francis</i> LT. FOR ADJT. 11th RES. BDN. (MAN.)

CERTIFIED CORRECT
19 JUN 1918
12 OCT 1918
CAM. RECORDS, LONDON.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

C. B. D.

ARRIVED C. B. D.

FRANCE - 3 OCT 1918

N. R. D.

PART II ORDERS

No. 114 D 1918

C. B. D.

LEFT C. B. D. FOR

16TH CANADIAN INF. BATTALION

N. R. D. - 8 OCT 1918

O. C. BN

ARRIVED

16TH CANADIAN INF. BATTALION

BN.

FIELD

B. 213 D. 10 OCT 1918

Emb. Camp.

Proceeded to England,

26 MAR 1919

N.R.

Pt. 2 O. No. d/10000

M. J. ...

R. W. ...

C. Hewitt

LIEUT.
FOR LT COL.
A.A.G.

T.O.S. D wing cee

27/3/19

Sos

PROCEEDED TO CANADA

26/4/19

R. W. ...
A. W. ...

[Signature]

← I. M. T. S. EMPRESS OF BRITAIN →
EMBARKED 26-4-19

26.4.19 T.O.S. Dispersal Station Do 130 P 2

and Dispersed 7-5-19 do P 3

J. A. ... Lieut.
for O. C. 10 District Depot.

LTR

Rank _____ Name **JOHNSTON, John** ✓ Reg'l No. **2476588** ✓
 Unit **17th Dft. C.A.M.O.** } If in perm. Corps }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **Winnipeg, Oct, 25th, 1917.** ✓ Place of Birth **Coagh Island Derry** ✓
 Ireland
 Name and Address, Next-of-Kin **Thomas Johnston** ✓
Ballydowley Coagh Island Derry Ireland ✓ Relationship **Father** ✓

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.—9:46-16.

N/E. R.B. No. **20285**
 File R.L. _____
 Category **O.R. Can.**

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			24-5-18 S/S TEIRESIAS	
25-5-18	8am B.D.	Taken on strength	Pt	10-5-18	Pt 145.
19-6-18	"	SOS to 11th Can Res Bn	Pt	19-6-18	170 + 11th Can Res Bn 145/20-65
3-10-18	11th Can Res Bn	S.O.S. to 16th Bn, O'Seas	Pt	2-10-18	Pt 233 16th Bn 49-10-18
		30 8th IGBN PROC TO ENGLAND		26 3-19	D O 22
29-3-19	Dalingee	Y.O.S. from 16th Bn.	Pt	27-3-19	DO 11
		29th 4 19th B'W CCC SOS TO CANADA		26-4-19	91 4 26 DO 31
		Canada 56-NI-101		26.4.19	

Handwritten mark

Handwritten mark

7519

NO IC

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. A.M.C. T.D. No. 10

(2) Regimental Number 2476588

(3) Full Name of Soldier John Johnston

(4) Place of Birth County Derry Ireland.

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

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

If so, state name and address **Thomas Johnston, Bally Dowley Coagh, County
Derry Ireland.**

(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.

(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?..... **No.**

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

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

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

Coma...
.....
Officer Commanding.

Date **April 15th, 1918.**.....

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)

REGIMENT

RANK

No.

Date of Examination in England

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.

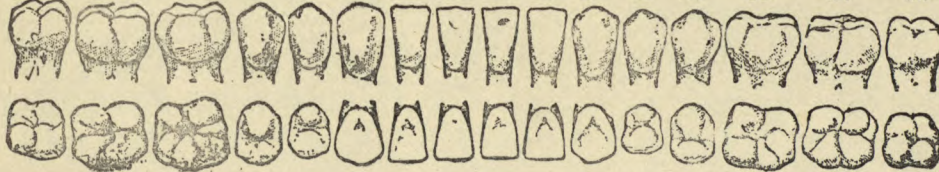
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

25m.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Repair
unfit for duty

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

Yes

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

L. Berry Capt.

1874

1875

1876

1874

1875

1876

FORM OF WILL

1314

207978

I, Pte John Johnston (Name in full)

Regimental Number 2476588 serving in A in C & D No 10

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....
.....
.....

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr Thomas Johnston
Ballydonuley Coagh
Co Derry Ireland

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this Mar 23 day of Mar 23 A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Pte John Johnston Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Pte JH Kere

Address of Witness 201 Furby St. Winnipeg

THE TWO WITNESSES

Occupation of Witness Soldier

MUST

Signature of Second Witness A E Stearns

SIGN HERE

Address of Witness 411 S Broadway Barracks

Occupation of Witness Soldier

FORM OF WILL

I, the undersigned, do hereby revoke all former Wills made by me and declare this to be my last Will.

I devise all my real estate unto

Name and Address of person to whom I wish to give it in full or in part, and the share or shares to which I wish to give it (see note).

NOTE

This form is for the use of the testator only.

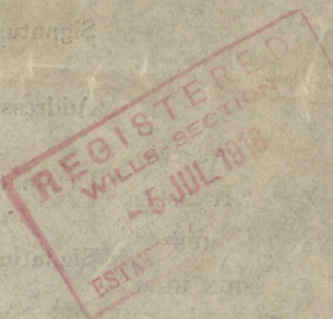
IMPORTANT NOTE

This form is to be filled in by the testator and is not to be used by any other person.

Witnessed and attested by the Testator as that to be his last Will in the presence of the persons named below, who in the presence of the Testator, and in the presence of each other, subscribed and attested the contents of this Will as follows:

Handwritten signatures and names of witnesses.

Signature of Testator
Address of Witness
Address of Witness
Address of Witness
Occupation of Witness



War Office, London.
1918 A. No. 16458

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2476588 (Rank) Pte

Name (in full) JOHNSON John enlisted in
the C. A. M. C.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 25th
day of October 1917

HE served in England & France in 16th Battrn

and is now discharged from the service by reason of Demobilization.
Medical Unfitness. *Demobilisation R.O. 1420 (-)*

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

Age

Height 5' 4"

Complexion Dark

Eyes Hazel

Hair Dark Brown

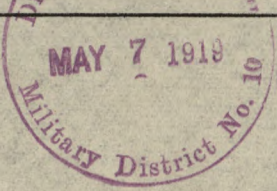
Marks or Scars

Depressed scar on forehead
over right eye.

J. Johnston
Signature of Soldier

G. Smith
Issuing Officer

Date of Discharge



Issuing Officer

Lieut.
Rank

Date May 7th 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19__

He served in _____

and is now discharged from the service by reason of _____
Demobilization / Medical Unfitness

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Leaving Officer _____

Rank _____

Date _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward same in unopened envelope to the Secretary, Military Council, Ottawa, Canada.

M.C. 100
1917-18

A.M. c. Tmp. Depot. M.D. 10/10

CASE HISTORY SHEET.

No. 2476588 Rank. Pte Name. Johnston J. Age. _____
 Unit. A.M.C. Completed years of service _____ Where and how long }
 Date of admission. 2/3/18 Date of discharge. 2/4/18
 Diagnosis. measles Place of origin. Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Rash on Chest & Face. Coryza.
Slight conjunctivitis. Temp 102

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

Routine
 (Especially any specific or special form.)

CONDITION ON DISCHARGE.

(and disposal made of case.)

Date. 27/3/18

Winnon M. Leech
 Medical Officer i/c case.
10290

CASE HISTORY SHEET

Name: _____

Address: _____

City: _____

State: _____

Date: _____

Referral: _____

Referral Source: _____

Referral Date: _____

Referral Reason: _____

Referral Agency: _____

Referral Contact: _____

Referral Phone: _____

Referral Fax: _____

Referral Email: _____

Referral Website: _____

Referral Other: _____

Referral Comments: _____

Referral Status: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

Referral Date: _____

CASE HISTORY SHEET.

No. 2476588 Rank Pte Name Johnston J Age 32
Unit 6. A.M.B. Completed years of service 3 1/2 Where and how long Canada
Date of admission Jan 14th 1918 Date of discharge 21 June 1918
Diagnosis Colles' Fracture Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE

Hand Plaster cast X Ray showed ordinary Colles' Fracture

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Plaster cast

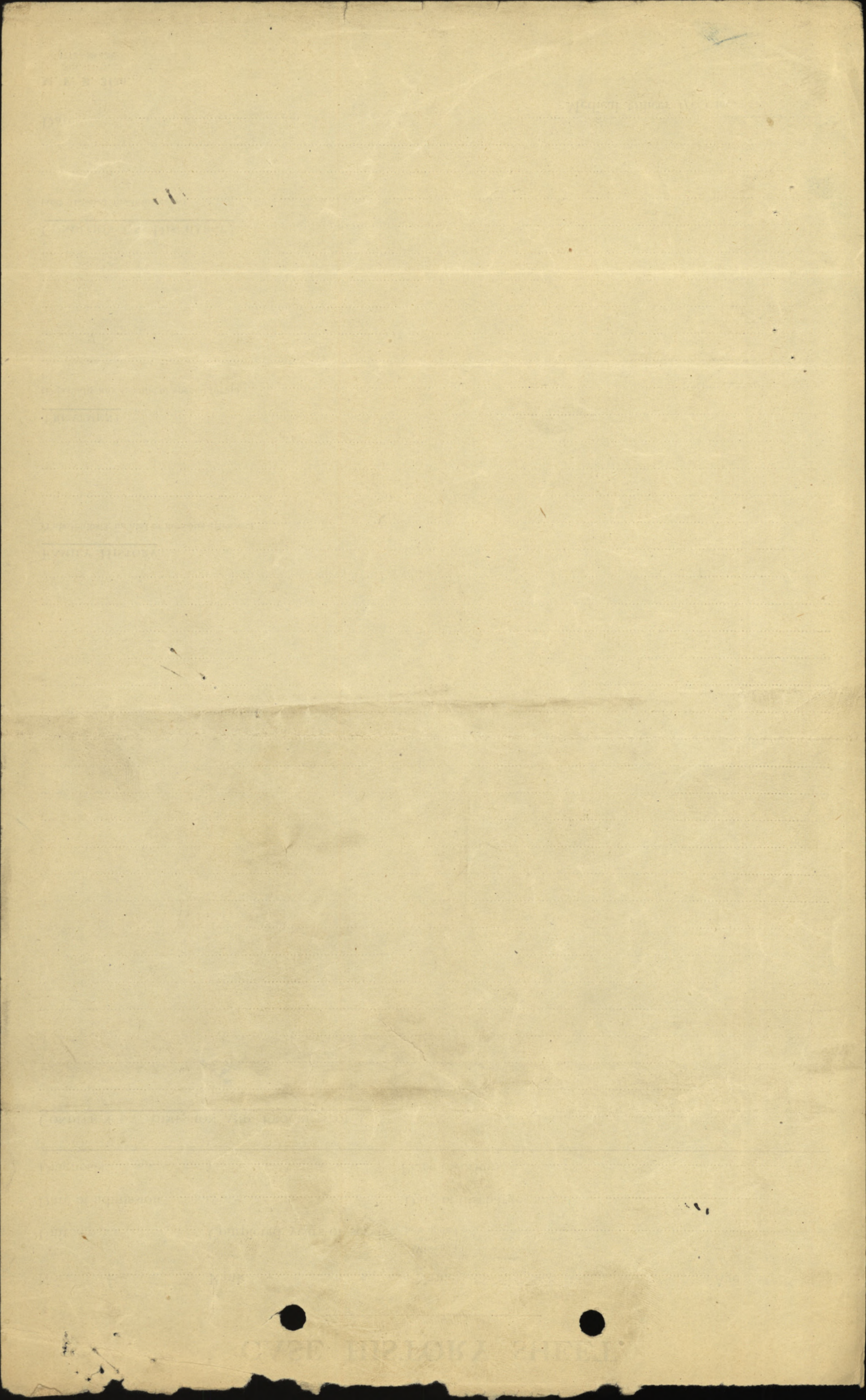
CONDITION ON DISCHARGE

(and disposal made of case.)

Hand not painful now

Date Jan 21st 1918

E. N. Macdonald Lieut. Col.
Medical Officer i/c case.



MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No 2476588 Rank Pte Surname JOHNSTON
(Given name in full) John
Unit or Corps 16th Birthplace Lisagh Ireland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 4 Est. Colour of Eyes Blue
Nutrition Good
Pulse 97 Regular
Condition of arteries Soft
Vision Rt. 6/7 Left 6/7
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Depressed scar on forehead over Rt eye pre war.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition eye

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

Sprained wrist 14/1/18 23/2/18 no disability
Measles 26/3/18 2/4/18 no disability
Flat feet slight wobble

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at *Ramoth* (Overseas)

Date *30/3/19*

Signed *[Signature]* M.O.

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

Signature *[Signature]*

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CLASS

MEDICAL HISTORY SHEET

A II

AMC TRAINING DEPOT NO. 10

Surname *Johnston* Christian Name *John*

Examined on 25th day of October 1917 at Winnipeg, Man. Canada.

Approved by *[Signature]*

Birthplace { City or Town *Coagh Island Derry* County *Ireland,*

Rank *Capt* M.O. MOBILIZATION MEDICAL BOARD EXAMINED FOR RE-ENGAGEMENT APPROVED FIT OCT 25 1917

Apparent age 32

Trade or occupation *Farmer*

[Signature] M.O.

Height 5 feet 4 Inches

[Signature] M.O.

Weight 144 lbs.

[Signature] M.O.

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

Vision R. Eye 20/20 M.O.

L. Eye 20/20 M.O.

Physical development *Good*

Hearing R. Ear *Normal* M.O.

L. Ear *Normal* M.O.

Small-pox Marks *None*

Vaccination Marks { Arm 2 Right Left Number 2

VACCINATIONS

When Vaccinated last *Chicago*

10-11-17 *[Signature]* M.O.

(a) Marks indicating congenital peculiarities or previous disease

M.O.

(b) Slight defects but not sufficient to cause rejection

ANTI-TYPHOID INOCULATIONS, ETC.

27-10-17 *OK* *[Signature]* M.O.

3-11-17 *OK* *[Signature]* M.O.

10-11-17 *OK* *[Signature]* M.O.

20-6-18 *JAB* *[Signature]* M.O.

Enlisted on 25th day of October 1917 at Winnipeg, Man. Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	A.M.C. T.D. No. 10	2476588	<i>26</i>	Oct. 25th '17
Transferred to	<i>11th Recon Bn</i> <i>16th Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Reford</i>	<i>20-6-18</i>	<i>nil A</i>	<i>[Signature]</i>

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.

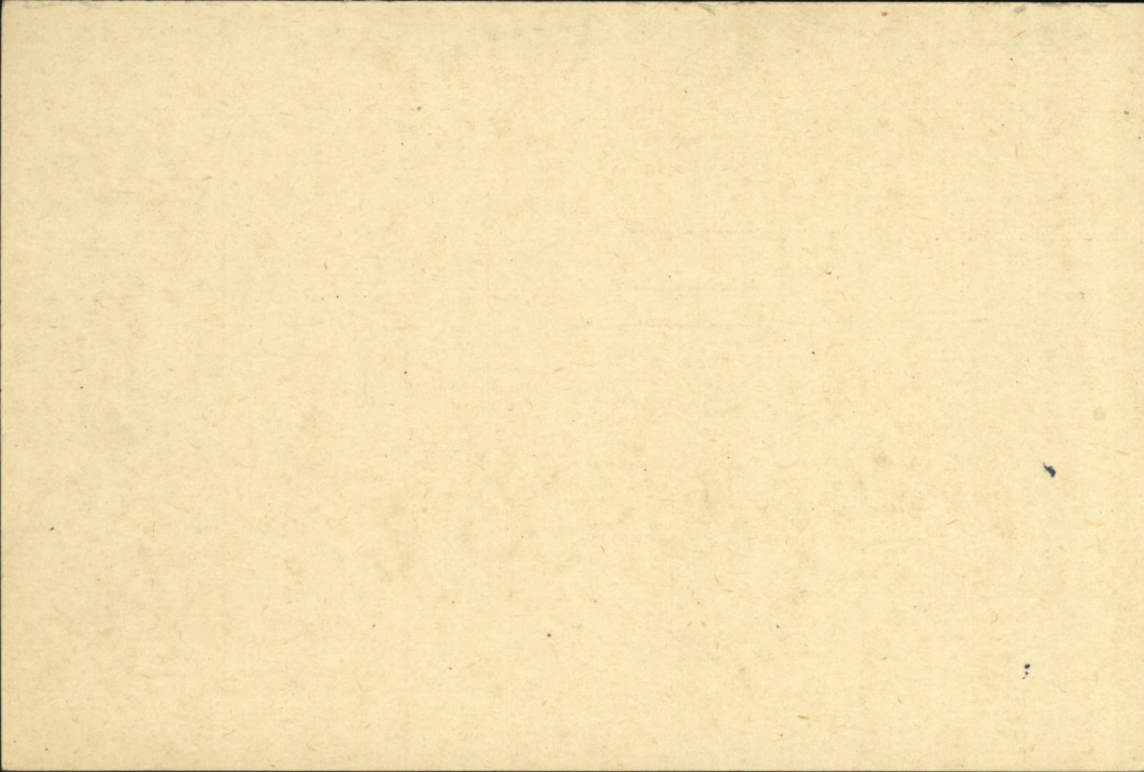
No. 2476588 RANK Pte

NAME Johnson, John

T. O. S. 25-10-17 UNIT 100 Training Depot A.M.C.
 224 of 27-10-17

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917	1917			
Oct 25	Oct 31	W		
Nov		W		
Dec		W		
1918	1918			
Jan		W		
Feb		W		
Mar		W		
Apr		W		
May 1	May 3	W	17th of 5 off	apl P. R.
			" " " " noc of 35/18	20, 24 of 4-5-18



Reg. No. 2476588 Name Johnston J
 Rank Pte Corps C A M Co Age 32 Service 6 3/12
 Ledger No. Serial No. 10290-8079 45

HOSPITALS	DATE	DIAGNOSIS	
Gen. Winnipeg Dis Duty	14 1 18	Colles Fracture	0
ad. St. Boniface Winnipeg Dis Duty	25 1 18 27 3 18	Measles	0
	2 4 18		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Number

2476588

Rank

Pfc

Surname

JOHNSTON

Christian Name

John

Units

16th Bn En Inf

Theatre of War

France

Date of Service

2-10-18

Remarks

Box 182

Latest Address

Boisevan Man
U.P.O.

Roll No.

200m.-2-21.M.

B. Page 18085-

DESP
REGN. NO. *[Signature]*
DEC 29 1922
15085

Surname Christian Name or Names Reg. No.
 JOHNSTON W.H. 2476558
 Rank Unit
 Pte. Man. 27

Cas. List.

6-2-19A440	8 Sta. Wimereux 28-1-19.
22-2-19 B 454	myalgia. R
1-3-19 O 460	Graylingwell HP. Chichester 19-2-19
12-3-19 B 469-1	Ennis St. Exhill 27-2-19
	Rise 7-3-19

A.M.D. 2 Dept.

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: JOHNSON, John
EFFECTIVE DATE: 1.5.18		EFFECTIVE DATE: -		NUMBER: 2476588
AMOUNT: 15⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
Thomas Johnston (Father) Ballydowley, Co. Derry, Ireland Stopped 1/5/19				from P.C. Canada
				DATE EFFECTIVE
				RANK OR APPOINTMENT
				Pte

UNIT AND TRANSFERS			
ORIGINAL UNIT: A.W.C.D. No 10. 17th A/R			
DATE ACCOUNT FIRST OPENED: 4.5.18			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D.	UNIT TRANSFERRED TO
D.O. 145	10.5.18		C.A.W.C.D.
J.P.	1/11/18		J.P.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/3	3212/16	P.M.	8.78				
29/3	3212/16	P.M.	48.67				
			52.40				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Am/Can 3/19. P.M. NR 258 29/19. L.S. Ballydowley 41.30. 30. 10.10.**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
May 3	Balance from Canada		10.30						10.30		
May 4	June 30. A.P.	63.80		Supp KA 99520 A.P. MAY-JUNE 16-3-4			30		31.10		
				Dn. 1088. Camc. D. 12/6. 15	5.01				29.09		
				" 993 " 28/6. 15	4.87				24.22		
				" 1088 " 12/6/18. 15	5.01				19.21		
				Q 4005 " J.S. 24/6. 16	1.72				17.49		
July		63.80			16.61		30				
	P.P.	34.10		P. 99048. 3-1-8			15		36.59		
				Dn. 1232. 11 P.P. 12/7. 11	9.73				26.86		
				" 1365 " 30/7. 15	9.73				17.13		
		34.10			19.46		15				
Aug		34.10		C 44650. 3-1-8			15		36.23		
				Q 4005 1278 " 2/8. 20	26				35.97		
				Dn. 1569 " 13/8. 11	29.20				6.77		
				" 1761 " 28/8. 12	4.87				1.90		
		34.10			34.33		15				
Sept		33		D 19051. 3-1-8			15		19.90		
				Dn. 1960 " 11/9. 16	7.30				12.60		
				" 2106 " 29/9. 12	9.73				2.87		
		33			17.03		15				
Oct		34.10		D 72053. 3-1-8			15		21.97		
				Dn. 2165 " 3/10. 51	2.43				19.54		
				" 881 " 15/10. 57	3.73				15.81		
				" 992. 16 P.M. 27/10. 63	3.73				12.08		
		34.10			9.89		15				

FORD

FORD

145

NUMBER 2476588 RANK

NAME JOHNSTON J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Bal fnd								12 08		
Nov	P.P.	33		No B039			15				
				AR 1150 16 Br. 8/11	373						
Dec	"	34 10		" 1660 ✓ 23/11	373						
Jan	"	34 10		No 10961			15				
				" 1781 16 Br. 16/12	1298						
				23538			15		47 84		
		10 20			20 44		45				
				1908 30 Br. 3 Br	779						
				1065 11	373						
Feb	"	30 50		7822 8 £3.1.8	11 52		15				NIV
				AR 2447 15/1/19 J.C.Hd.	373						
Mch	"	34 10		Mort £3.1.8	15 25		15				NIV
				1630 2/3 3 Br	373						
				June 66 4/3 Park Train.	373						
				v. 22 4/3 ✓ ✓ 80	373						
				(Pastor)	26 44		15				
				AR 3343 293. 3 Br	373						
		64 90			30 17		30		52 57		
							30				
April				at April A46230			15				
				AR 1083 29/3/19 Army sep.	48 67						
				" 0733 17/4/19 " "	973						
				EMLPC.	58 40						
					58 40		15		20 83		
				Post Office 26/4/19.							
				SL. 56.							

700

1918

22-12-50



SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge

Class "A" No. 2476588

(Demobilization.)

1. No.		2476588	
2. Rank.		Plt	
3. Name.		JOHNSON John	
4. Unit.		16th Bn	
5. Date of Discharge	7/5/19	Place	Winnipeg
6. Reason for Discharge		DEMOBILIZATION	
7. Authority.		DO 130	
8. Proposed Residence after Discharge		Boiservain, Manitoba.	
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.?			
		J. Johnson Signature of Soldier.	
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place	Dispersal Station "M"		
Date	MAY 7 1919		
		Military District No. 2	
Signature		G. Smith (O. C. Discharging Unit.)	



PROCEEDINGS ON DISCHARGE

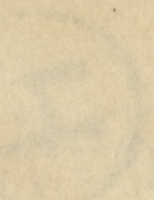
Demobilization

Post Office Labels

1. Name	[Faint handwritten name]
2. Rank	[Faint handwritten rank]
3. Branch	[Faint handwritten branch]
4. Unit	[Faint handwritten unit]
5. Date of Discharge	[Faint handwritten date]
6. Branch for Discharge	[Faint handwritten branch]
<p>7. Proposed Residence after Discharge</p> <p>[Faint handwritten address]</p>	
<p>8. Proposed Residence after Discharge</p> <p>[Faint handwritten address]</p>	
<p>9. Proposed Residence after Discharge</p> <p>[Faint handwritten address]</p>	
<p>10. CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>[Faint signature]</p>	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 10	Statement Paper, English
Medical Form W. 10	or Testimony of Hospital
Medical Form W. 10	Medical History Sheet
Medical Form W. 10	Company Form
Medical Form W. 10	Last Pay Certificate
Medical Form W. 10	Certificate for Release of Hospital
Medical Form W. 10	Medical History Sheet
Medical Form W. 10	Proceedings of Medical Board
Medical Form W. 10	Medical History Sheet
Medical Form W. 10	Medical Report
Medical Form W. 10	Legislative Conduct Sheet
Medical Form W. 10	Company Conduct Sheet



Faint text at the bottom of the page, possibly a signature or date.

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 (M.F.W. 178).
7. Proceedings of Medical Board (M.F.B. 227a)
8. Discharge Certificate (M.F.W. 133)
9. Certificate of Discharge (M.F.W. 133)
10. Discharge Certificate (M.F.W. 133)
11. Equipment Statement (M.F.W. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (M.F.W. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

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

Date..... *22 4 19*

Col B

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

REGT. No. *2476588* RANK *Pte* NAME (IN FULL) *Johnston J*

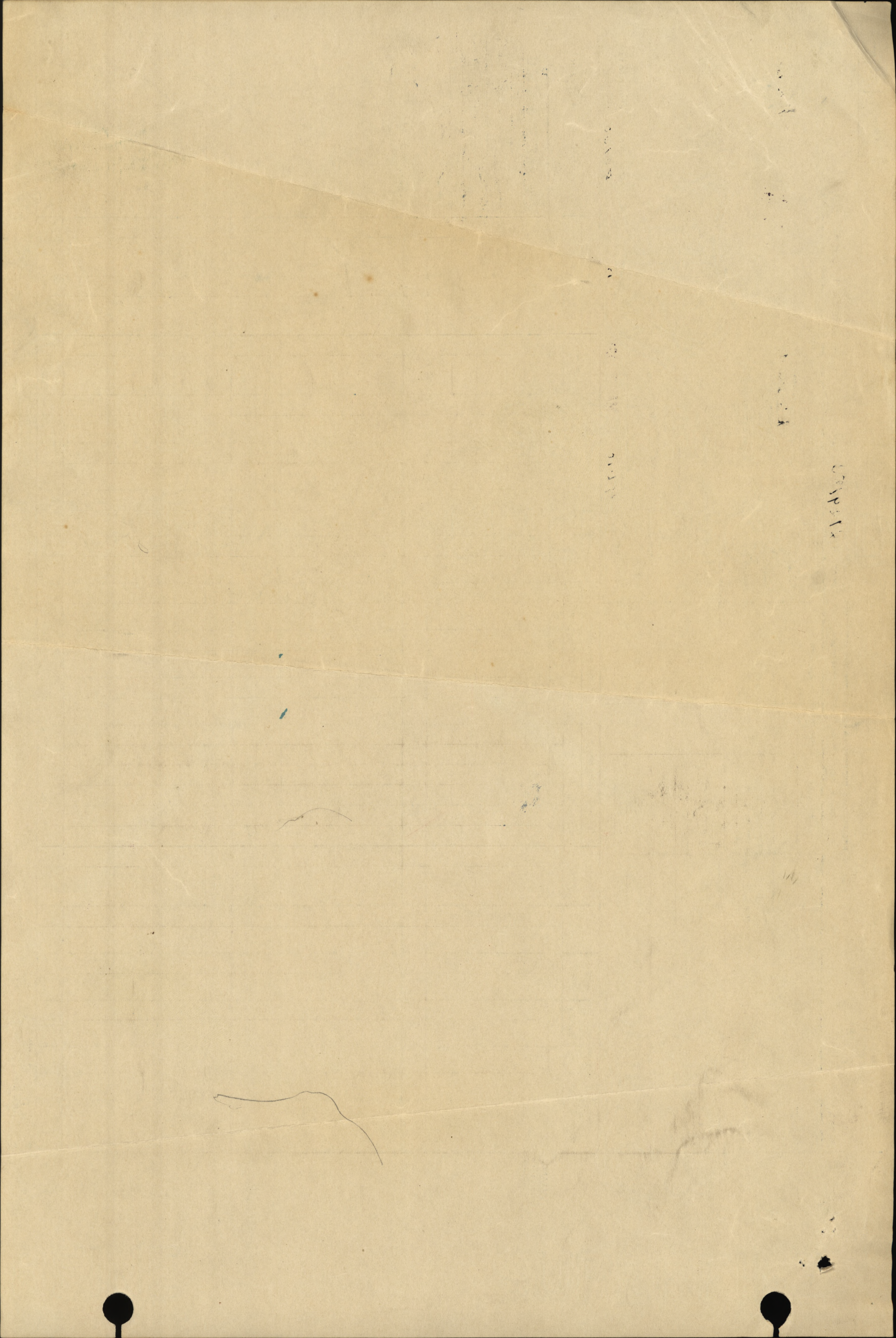
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>bamb</i>	IF IN P.F. WHAT UNIT?	BLOCK LETTERS SURNAME FIRST
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO <i>Dis Str M</i>	DATE <i>App 26 1919</i>
IS SEPARATION ALLOWANCE PAID? <i>No.</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>Oct 25-17</i>	TRANSFERRED TO	DATE
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE	AUTHORITY <i>D0130</i>
ADDRESS					PAYABLE TO <i>Johnston</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Boissemann P.O. Man</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE	EFFECTIVE	
					DISCHARGED	PLACE <i>MD10</i>	DATE <i>MAY 7 1919</i>
						REASON <i>D</i>	AUTHORITY <i>D0130</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
<i>31-3-19</i>																			<i>BAL. ENG. L. P. C.</i>
<i>1-4-16-5</i>	<i>46</i>	<i>1.10</i>	<i>50.60</i>	<i>35.00</i>	<i>125.60</i>	<i>155483</i>			<i>9.73</i>					<i>11.10</i>		<i>11.10</i>		<i>11.10</i>	<i>Clothing Allee. 1st payment W.S.G.</i>
				<i>7.00</i>					<i>5.00</i>					<i>15.00</i>		<i>155.60</i>			<i>Advances - Boat - Train</i>
									<i>109.90</i>										<i>A. P. ehgd. on Eng. L. P. C. to</i>
				<i>W.S.G. Sa</i>					<i>War Service Gratuity,</i>										<i>Soldier's Deferral</i>
<i>122 days at minimum</i>				<i>280.00</i>	<i>280.00</i>														<i>1st Payment W S G as above</i>
<i>at. may.</i>				<i>15.00</i>	<i>295.00</i>									<i>9.90</i>		<i>200.10</i>			<i>Adv. 9 days. o/p. Pra</i>
<i>June 4</i>									<i>755-940</i>	<i>70</i>						<i>215.10</i>			<i>70 2nd</i>
<i>" 14</i>									<i>766432</i>	<i>5</i>						<i>140</i>			<i>520 adj for Pra rap</i>
<i>July 4</i>									<i>779645</i>	<i>70</i>						<i>70</i>			<i>70 3rd</i>
									<i>120546</i>	<i>40</i>						<i>6</i>			<i>70 4th</i>
					<i>295 -</i>									<i>9.90</i>		<i>295 -</i>			

acc. closed

AUDITED
 1919
 Audit Clerk
 M. D. J. O.



207.978

204.129.

20

Perforated sheet for Will from Pay Book of Reg.

No. 2476588

Name Pte J Johnston

Unit A Co 67 D B Co 10

Military Will

in case of Death
I give the whole of my
belongings to my father
Thomas Johnston
Ballydawley Coagh
Co Derry Ireland

Signature Pte J Johnston

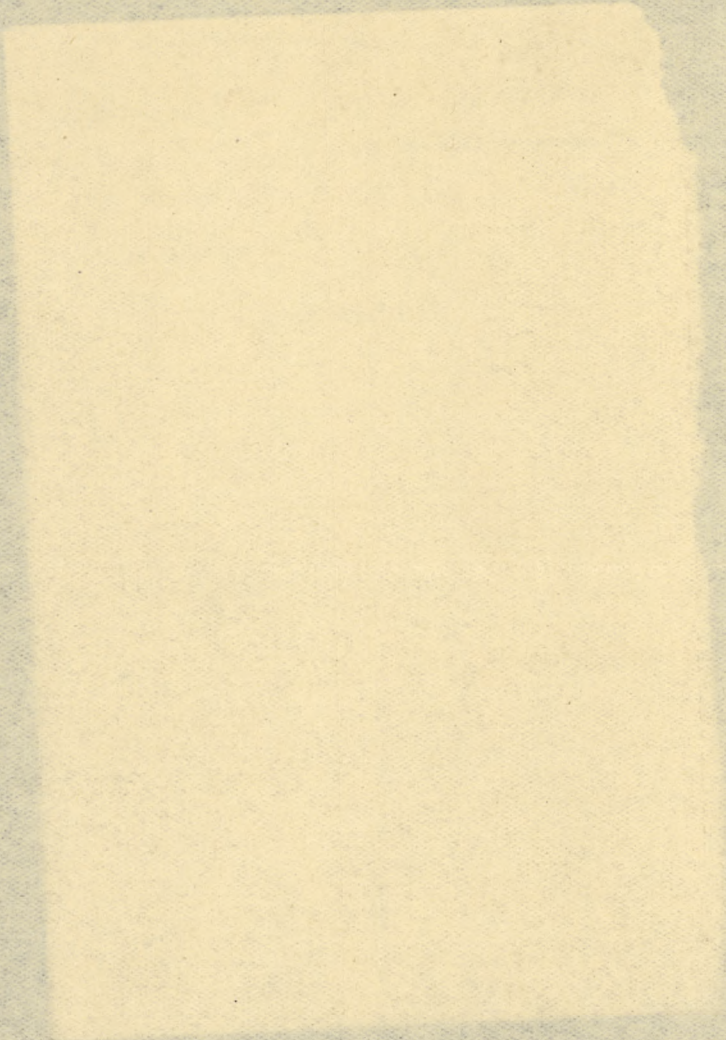
Rank and Regt. A Co 67 D B Co 10

Date Mar 25 1918

Detached by,

A E Stephens

Pay Sgt.
C. A. M. C. R. & T. Depot.



Detached by

C. A. M. C. R. C. T. Dept.

REGISTERED.
WILLS-SECTION
12 SEP 1918
ESTATES OF