

1424/18
Recessed
auth B.O.
31

M. D.

Depot Battalion **1st Depot Battr. Sask. Regt.** Regiment

Regtl. No. **259768**

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class.....)

1. Surname *Whaney*
2. Christian name *John Clarence*
3. Present address *Kendal P.O. Sask.*
4. Military Service Act letter and number *R. 259502*
5. Date of birth *Jan 29 - 1890*
6. Place of birth *Renfrew Ontario*
(town, township or county and country)
7. Married, widower or single *Single*
8. Religion *Presbyterian*
9. Trade or calling *Farmer*
10. Name of next-of-kin *Wm. Whaney*
11. Relationship of next-of-kin *Father*
12. Address of next-of-kin *Shawville, Quebec*
13. Whether at present a member of the Active Militia *No*
14. Particulars of previous military or naval service, if any *None*
15. Medical Examination under Military Service Act:—
 (a) Place *Regina* (b) Date *Oct 11-17* (c) Category *B2*

DECLARATION OF RECRUIT

I, *John Clarence Whaney* do solemnly declare that the above particulars refer to me, and are true.

John Clarence Whaney (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age *28* yrs. *5* mths.

Height *34 1/2* ft. *7 3/4* ins.

Chest measurement } fully expanded *34 1/2* ins.
 range of expansion *4* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

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

John Clarence Whaney
 1st. DEPOT BATTALION SASK. REGT. Depot Btln.
 O. C. Regt.

Place *Regina Sask* Date *May 2/18.*

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

ORIGINAL

Class

1. Surname: *McKenney*
 2. Full name: *John Charles*
 3. Present address: *London, E.C. 4*
 4. Military service Act form and number: *1000*
 5. Date of birth: *1890*
 6. Place of birth: *London*
 7. Married, widower or single: *Single*
 8. Religion: *Methodist*
 9. Trade or calling: *Business*
 10. Name of next of kin: *John Charles*
 11. Relationship of next of kin: *Son*
 12. Address of next of kin: *London, E.C. 4*
 13. Whether at present a member of the Army Medical Corps: *No*
 14. Particulars of previous military or naval service: *None*
 15. Medical Examination under Military Service Act: *Passed*
 16. Place of issue: *London, E.C. 4*

DECLARATION OF RECRUIT

I hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION BY CALLING UP

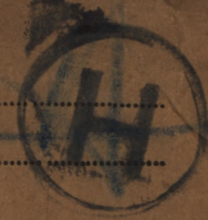
Appearance	<i>5' 8"</i>
Height	<i>5' 8"</i>
Weight	<i>140 lbs</i>
Complexion	<i>Light</i>
Eyes	<i>Blue</i>
Hair	<i>Dark</i>
Build	<i>Slender</i>
Complexion	<i>Light</i>
Eyes	<i>Blue</i>
Hair	<i>Dark</i>
Build	<i>Slender</i>
Complexion	<i>Light</i>
Eyes	<i>Blue</i>
Hair	<i>Dark</i>
Build	<i>Slender</i>

REGIMENTAL SERVICE ACT 1917

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *3*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

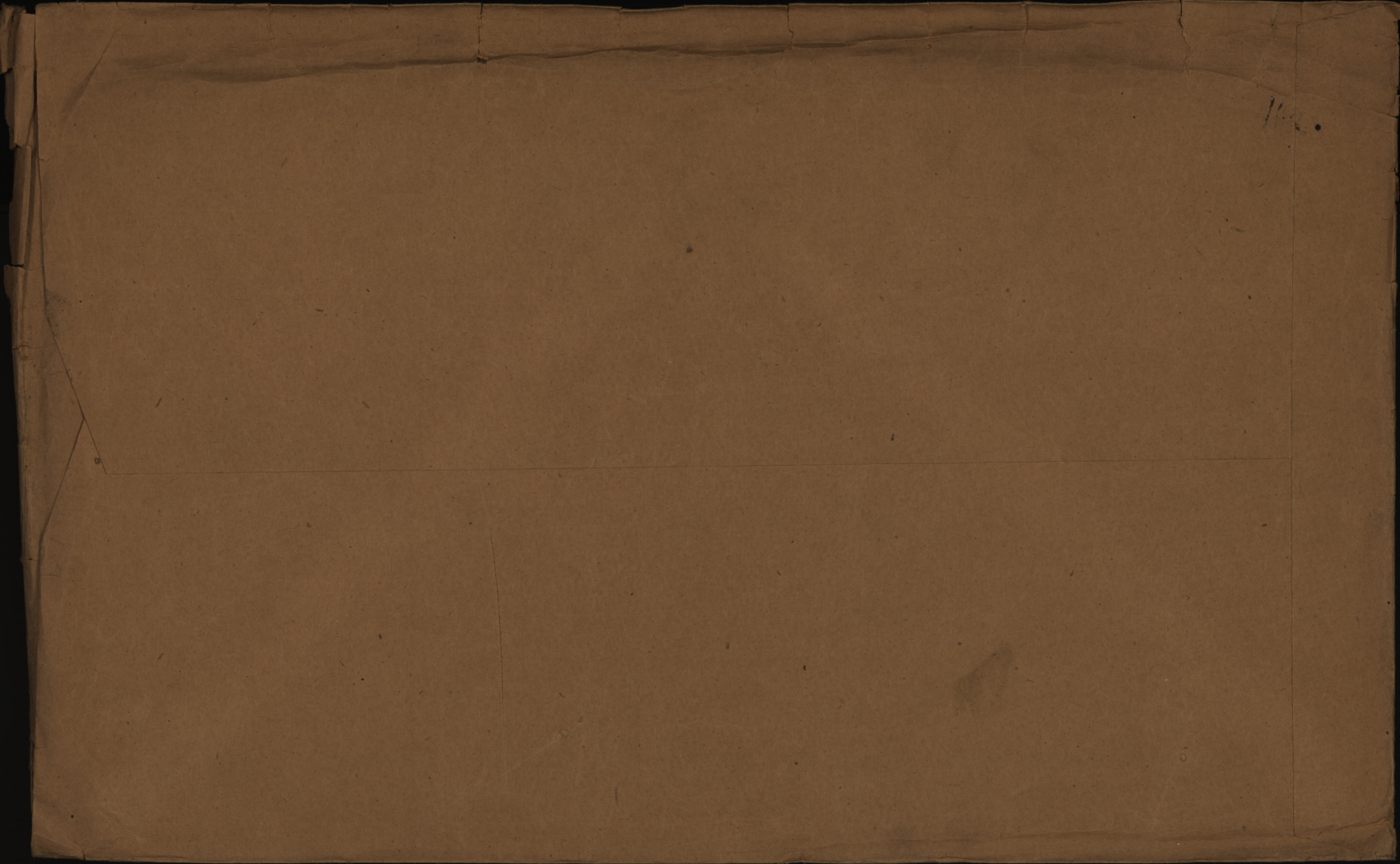
Name WHARRY JOHN CLARENCE
259768
 Regt. No. _____ Rank Pvt
 Corps 1st Depot Bn Sack Regt
Deceased

15680



1-16
1-16

mfw 1787
mfw 1171
mfw 4054
mfw 1787
mfw 1171
mfw 4054
mfw 1787
mfw 1171
mfw 4054
mfw 1787
mfw 1171
mfw 4054



SURNAME.

Wharrey

CARD No. *X*

12

S.O.S. Dec 11-11-18
\$0.316 of 12-11-18
Dec. 14-1-92

CHRISTIAN NAMES

John. Clarence.

REGL. No.

25 976 8

RANK

Pte.

UNIT

Sask Regt, 1st Dps. Bn.

T. O. S.

May 2. 1918

FORMER CORPS

nil.

D.O. Part II No

182

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wharrey, William.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Shawville P. O., P. Q.

COUNTRY OF BIRTH

Canada, Renfrew, Ont.

DATE

Jan. 29th, 1890

PLACE OF ATTESTATION

Regina, Sask.

DATE

May 2nd, 1918.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Wharrey, John Clarrue

REGIMENTAL NO.

259768

RANK

Pte

ENLISTED AT

Regina

PROMOTIONS, &c.
AND DATE

DATE

2/5/18

IF SERVED PREVIOUSLY. STATE, UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Mrs. Wharrey,

RELATIONSHIP

Father

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<p><i>Capt. Guy Mumford</i></p> <p><i>SoS. having died</i></p> <p><i>Queth. B.O. #316</i></p> <p><i>Date of Discharge</i></p>	<p><i>288/2834</i></p> 	<p><i>13.10.18</i></p> <p><i>11-11-18</i></p>	

✓
WHARRY, J.C. ✓✓

✓
259769

649-W-19707.

✓
Pte.

C.E.F.

4th Exp. Bn. Sask Regt

Medals
& Decs.

(mother)

Mrs. Hannah Wharry,
R. R. #2,
Shawville, P.Q. #12

P. & S.

(father)

Wm. Wharry,
Address as above.

Memorial Cross

(mother)

As above.

MAY 10 1926
Serial Desp. _____ Reqn. No. 49400
2.42294

Plaque Desp. 18.7.22 Reqn. No. P42907

Canada only

H

1096

M 46483 FEB 25 1921

LEDGER No. 19-7716³⁶²³

SERIAL No. A4766

REG. NUMBER 259769 NAME Wharry J C

RANK Pte- CORPS 1st W.B. S.R.

AGE 25 SERVICE 6/12

NAME OF HOSPITAL Parish Hall PLACE Regina

DATE OF ADMISSION 10.11.18

DISEASE Diabetes & Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO ³ Died 11.11.18 at 5⁴⁵ PM. IN CATEGORY

REMARKS:.....

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CASE HISTORY SHEET.

Hospital: PARISH HALL Station: REGINA.
 No. 259769 Rank: PTE Name: WHARRY, J. G. Age: 25
 Unit: 1ST D.B.S.R. Completed years of service 6 MONTHS IN CANADA Where and how long
 Date of admission: 10-11-18 Date of discharge: 11-11-18 Dec 5⁴⁵ P.M.
 Diagnosis: DIABETES - INFLUENZA Place of origin: REGINA.

CONDITION ON ADMISSION AND PROGRESS OF CASE

^{on admission}
1012 P 00R 34 No headache, no general pains. Severe pain in Right Side along costal border. Morphine given to ease pain. Rrural rube and moist expectoration at base of right lung ~~probs anteriorly~~.
 Reported seriously ill before admission to Parish Hall.

Condition on admission very unfavorable slight Cyanosis. Circulation good.
 Nov 11. Condition grave this morning Cyanosis is deepening and circulation failing unconscious.
 Died at 5.45 P.M.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

negative

TREATMENT

(Especially any specific or special form.)

~~Aspirin~~ ~~1/2 gr~~ ~~1/2 gr~~ ~~1/2 gr~~ ~~1/2 gr~~
Laed Strimutants Stychnine

CONDITION ON DISCHARGE

(and disposal made of case.)

Died

Date: 11-11-18

W. R. Coles Capt.
 Medical Officer i/c case.

CASE HISTORY SHEET

NO. 111

2

Grey Burns

CASE HISTORY SHEET.

No. 25 9769 Rank. Private Name. Whaney J. G. Age 28
Unit. 1st W. B. Completed years of service } Where and how long } 6 months in Canada
Date of admission. Oct 13th 1918 Date of discharge. Nov 10th 1918
Diagnosis. Diabetes Place of origin. Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Well developed diabetes - emaciation, polyuria, voracious appetite etc. does not respond to treatment. Lab report Oct 23. Sugar 10%.

Nov 9 feeling of general malaise etc. cough with rust, sputum, backache + all symptoms of complicated influenza. Condition serious.

FAMILY HISTORY

negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT

diet, Codium etc.

(Especially any specific or special form)

anti influenza treatment

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 11-11-18

[Signature] Medical Officer in case.

25 2761

Well developed thicket - *Thymus*

Lab report Oct 25. Report 107.

100 ft. from road. *Thymus* *maritimus* *complanatus*

Thymus *maritimus*

that *Thymus* is

but *Thymus* is

100 ft. from road

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battn. Sask. Regt.

Regimental No. 259768 Rank Private Name John Clarence Wharrey

Enlisted (a) May 2/18 Terms of Service (a) C. E. F. Service reckons from (a) May 2/18

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) Military Nil. Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>Apr 22 1918</u>		<u>Deceased</u> <u>Apr 11* 1918</u>			<u>Auth. B. O. 316</u>
		<u>L. M. Williams</u> <u>Capt.</u> <u>1st Depot Battn. Sask. Regt.</u>			

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

FORM OF WILL.

I, John Clarence Wharry (Name in full)
Regimental Number 259768 serving in 1st Depot Battn. Sask. Regt.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto mother.

Hannah Wharry
Shawville P.Q.
Quebec.

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

absolutely, and my personal estate I bequeath to

Same as above

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

IMPORTANT NOTE this 2 day of May A. D. 1918
This must be Signed and Dated by THE SOLDIER HIMSELF. John Clarence Wharry 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 H. Marguher
Address of Witness 1st Depot Battn. Sask. Regt.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Soldier.
Signature of Second Witness E. J. O'Hara
Address of Witness 1st Depot Battn. Sask. Regt.
Occupation of Witness Soldier

FORM OF WILL

I, the undersigned, of legal age and sound mind, do hereby declare that I am a single person, and do hereby make, publish and declare this to be my last will and testament.

I bequeath all my real and personal estate, of what kind soever, unto the following persons, to wit:

First, I bequeath unto my dear wife, Mrs. Mary Ann, the sum of five hundred dollars, to be paid to her at her death, and the residue of my estate I bequeath unto my dear daughter, Miss Elizabeth, to be paid to her at her death.

IMPORTANT NOTE
The will is good and valid if signed by the testator himself.

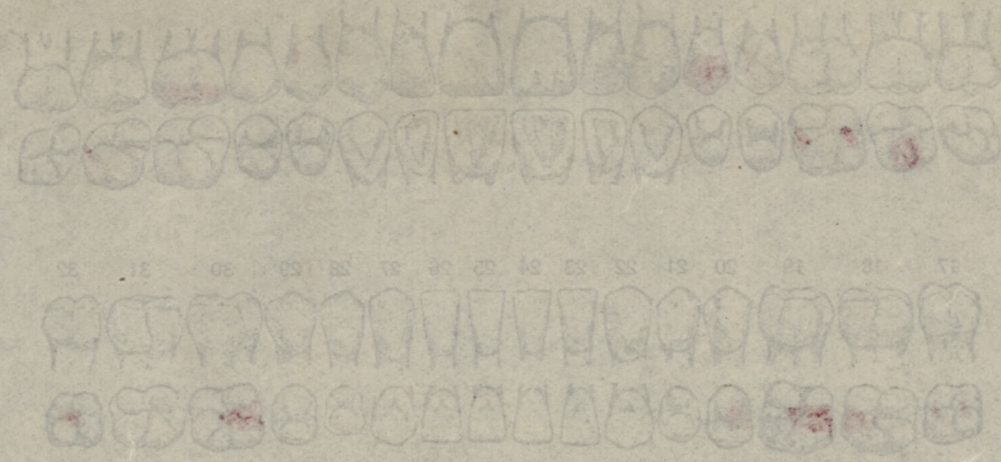
THE TWO WITNESSES MUST SIGN HERE

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red)
2. Condition on leaving Canada.
3. Condition on discharge.



REMARKS	OPERATOR	DATE	CLINICAL HISTORY	PERIODONTAL	PERIAPICAL	OROPHARYNGEAL	ENTOMOLOGICAL	LABORATORY	ORTHODONTIC	ORTHOPEDIC	PROSTHETIC	RADIATION	OTHER

DATE: _____ TIME: _____

1. Name of Patient: _____

2. Name of Operator: _____

3. Name of Institution: _____

4. Address: _____

5. City: _____

6. State: _____

7. Country: _____

Canadian Dental Council

TEETH HISTORY SHEET

1952

MADE IN CANADA

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 259768 Rank Pte Name Wharry J C

Corps Ist DBSR who was * S.O.S. (deceased)

On 11 Nov. 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Nov. 1918 to 11 Nov. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	<u>11</u>	<u>72</u>
Advances by No.			Reg'l. Pay <u>11</u> days at \$ <u>1</u> c	<u>11</u>	<u>00</u>
Cheques by No.			Field Allow. <u>11</u> days at \$ <u>10</u> c	<u>11</u>	<u>10</u>
Assigned Pay No.			Other Allowances*		
Other Charges <u>Harvest Leave W O P</u>	<u>12</u>	<u>10</u>	Other Credits*		
Payment on transfer or discharge No.			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)	<u>11</u>	<u>72</u>			
Total	<u>23</u>	<u>82</u>	Total	<u>23</u>	<u>82</u>

*Give Particulars

A monthly stoppage of \$ Nil (t) has (x) been paid on account of Assigned Pay for the month of 1918 to (Assignee)
(Address)

- (t) Insert amount to be assigned, whether it has been paid or not
- (x) Insert "not" if amount has not been paid for period of account

On Transfer of an Officer

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

REMARKS :—

State (1) date of enlistment 2-5-18

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Deceased D.O. 316

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded and date

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

Date 13-11-18

Place Regina, Sask.

James Mitchell Capt. Paymaster

N.B.—For purposes of transfer this form to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

10

(deceased)

11 Nov.

11 Nov.

11 Nov.

11 72

11 72

11 72

23 62

11 72

11 72

23 62

11 72

11 72

11

deceased

11-11-11

11

11-11-11

This space to be for numbers.

Military District No. 19
NOV 23 1918
28-6-4-32
Regina, Sask.

Proceedings on Discharge.

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

No.	259768
Rank	Private
Surname	Wharry
Christian name	John Clarence
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st. Depot Battalion Sask. Regt.
Date of discharge	Dec 11 Nov 11, 1918
Place of discharge	Regina Sask.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....28.....years.....11.....months.	Descriptive marks Nil
Height.....5.....feet.....7.....inches.	
Complexion Fair	
Eyes Blue	
Hair Brown	
Trade Farmer	
Intended place of residence (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of
Having died
 Authority for discharge *Auth. B.O. 316*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Good *EMD*

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

M. F. B. 218.
200M.—5-18.
H. O. 1772-39-1102

(OVER)

Rec

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.
1209

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) *Regina Sack*

(Date) *Nov 22nd 1918*

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Regina Sack*

(Signature of Soldier.)

(Date) *Nov 22, 1918*

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) *Nov 11/1918*years *19*1/2 days.

Total.....years *19*1/2 days.

11. Confirmation of Discharge.

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

(Place) *Regina Sack*

(Signature).....

Andrew St. Col

(Date) *Nov 22 1918*

Commdy. 1st Depot Batt. Pash. Regt

Reservations referred to at Para. 8.

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

List of Discharge Documents

No.	Description	Date	Remarks
1
2
3
4
5
6
7
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9
10
11
12
13
14
15
16
17
18
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41
42
43
44
45
46
47
48
49
50

Handwritten signature

Other Documents

I hereby certify that the following documents are attached to this discharge and are true and correct copies of the original documents as they appear in the files of the War Department.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218 In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet.
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

nil

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