

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS).

1. What is your name?..... John Joseph Wright
  2. In what Town, Township or Parish, and in what Country were you born?..... Manchester England
  3. What is the name of your next-of-kin?..... Father, J. M. Wright, India.
  4. What is the address of your next-of-kin?..... Miss May Wright, sister, address Manchester, England
  5. What is the date of your birth?..... May 2nd 1894
  6. What is your Trade or Calling?..... Labourer
  7. Are you married?..... no
  8. Are you willing to be vaccinated or re-vaccinated?..... no inoculated
  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. 34 Stone St, Parkhill, Stoke-on-Trent, Staffs, England.
  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
- J. J. Wright (Signature of Man).  
[Signature] (Signature of Witness).

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

I, J. J. Wright, do solemnly declare that the above answers made by me to the above questions 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.

J. J. Wright (Signature of Recruit)  
 Date May 1 - 1915 [Signature] (Signature of Witness)

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

I, J. J. Wright, 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.

J. J. Wright (Signature of Recruit)  
 Date May 1 - 1915 [Signature] (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 Manara this 5th day of May 1915.

[Signature] (Signature of Justice)  
**JUSTICE OF THE PEACE IN AND FOR THE COUNTY OF CARLETON**

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)



Description of Wright, J. J. on Enlistment:

Apparent Age 21 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. 8 ins.

Chest measurement { Girth when fully expanded ..... 34 1/2 ins.  
 Range of expansion ..... 2 ins.

Complexion ..... Ruddy

Eyes ..... Blue

Hair ..... Blonde

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

*Malformed nail  
 1st. Finger right  
 hand.*

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 ..... May 3 1915

*Howard Murray M.D.*

Place ..... Ottawa

*Capt. A.M.C.*  
 Medical Officer.

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Joseph Wright ..... 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 ..... May-10-1915 1915



REGIMENTAL DOCUMENTS

NAME

*WRIGHT John Joseph*

REGT. NO.

*48231*

UNIT

H. Q. FILE NO.

**H**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

*38*

**M**

**H**

35361

*21-19*  
*16-19*  
*3-20*  
*1*

**S**

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 253A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

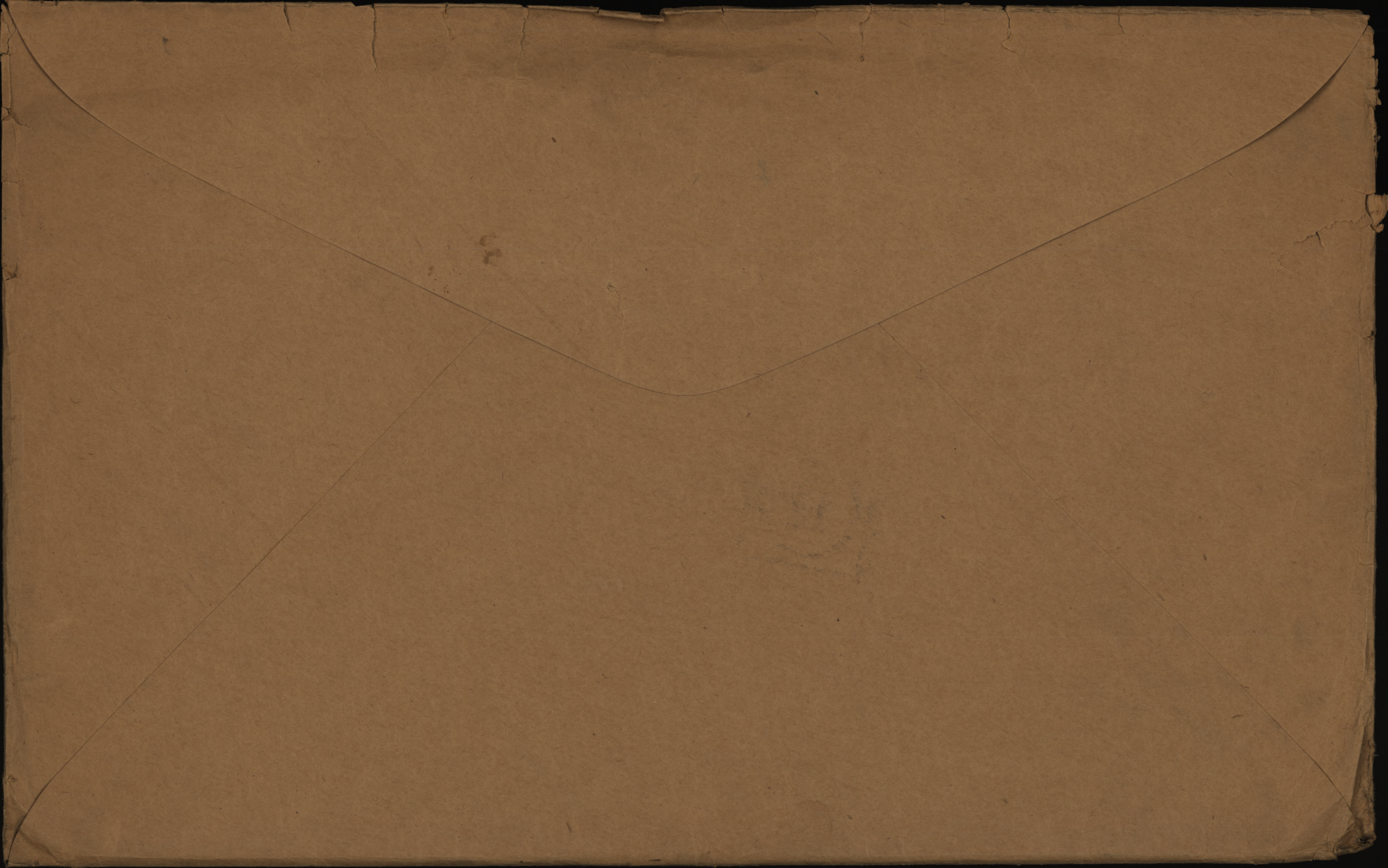
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*0117W 67*  
*6688 4090*  
*1177*  
*index*







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..... **38th OTTAWA BATTALION: C.E.F.**
- (2) Regimental Number..... **410231**
- (3) Full Name of Soldier..... **Wright, John Joseph**
- (4) Place of Birth..... **Clifton Junction, Manchester, England**
- (5) Are you married, or not?..... **No**
- (6) If married, state,  
 (a) Full name of your wife.....
- (b) Present Postal Address.....
- (7) Are you a widower?..... **No**
- (8) Have you any children?..... **No**

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

Also their names and ages.....

*[Handwritten signature and scribbles]*

**4**



(9) Is your Father alive?..... **Yes ----- Wright, John**

If so, state name and address **(Somewhere in France) (Soldier)**

(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.

**Miss May Wright, (Sister)**

**c/o Mrs/ Williams, Enderly House, Hartshill,**

**Penkull, Stoke-on-Trent, England**

(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.

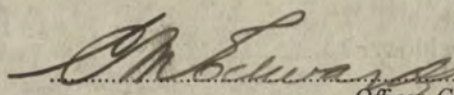
(15) Are you insured?..... **No**

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.

Date **May 13 1916 /**

  
.....  
Officer Commanding  
Lieut Colonel.  
Cor dg. 38th Batt. Can. Expeditionary Force



NAME *Wright, John Joseph.* ✓ A

RANK & No. *Pte.* *410231* ~~*A11342*~~

CORPS *38<sup>th</sup>* *Battalion*

ENLISTMENT, PLACE *Ottawa Ont.* DATE *May 5<sup>th</sup>, 1915* "E"

FORMER CORPS *nil.*

COUNTRY OF BIRTH *England, (Manchester)*

NEXT OF KIN *Mrs. Gertrude Wright, (wife)*

ADDRESS OF NEXT *27, Gordon St. Hartshill, Stoke-on-Trent, Co.*

DISCHARGE, PLACE *and. 54-21-28-1. 13-1-18*

*of 22/5/16. 439A  
24.*

*to Bermuda. 8/8/15. 166  
5.*



REMARKS:

Sailed from Halifax per S.S.  
"Champion" 23-5-16..





LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Number

410231

Rank

Pte

Surname

WRIGHT

Christian Names

John Joseph

Unit

4/Conduct Sq Coy

Theatre of War

France

Date of Service

12-8-16

Remarks

Latest Address

27 Gordon St

Harts Hill

Roll No.

B. Page 3158.

Stoke-on-Trent  
England.



NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

*gpa 17327 resp*



No *a 11342* RANK *Pte*  
 # *410231* (Sept paylist)

NAME *Wright J.* *J.*

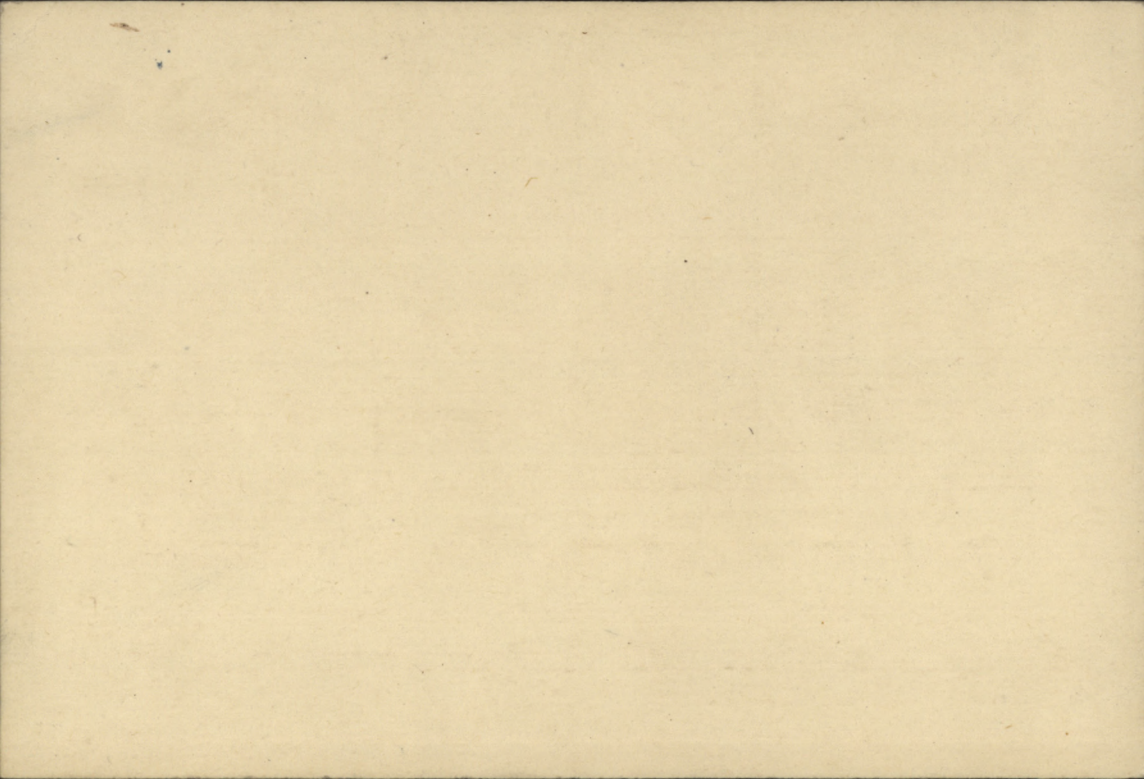
T. O. S. *16-4-15*  
 (D.O. *161-16-4-15*)

UNIT *43<sup>rd</sup> Regiment, D. C. O. R.*  
*(4th C. I. I.)*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Apr. 16</i>	<i>Apr. 30</i>	<i>✓</i>	<i>transf'd to 38<sup>th</sup> Bn 1-5-15</i>	<i>(D.O. 174-1-5-15)</i>
<i>May 1</i>	<i>May 1</i>	<i>✓</i>	<i>{ now shown on 38<sup>th</sup> Bn. Paylist, from, 1-5-15</i>	<i>A.O. # 59 of 4-5-15</i>
<i>May 1</i>	<i>May 31</i>	<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
<i>Dec</i>		<i>✓</i>	<i>disch'd from hospital 1-11-15</i>	<i>D.O. # 196 of 3-11-15</i>
<i>1916</i>	<i>1916</i>			
<i>Jan</i>		<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		







241  
CERTIFIED CORRECT.

25 AUG 1916

CAN. RECORDS, LONDON.

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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 38th OTTAWA BATTALION: C.E.F.

Regimental No. 410231 Rank Private Name Wright, John Joseph  
G. E. F.

Enlisted (a) 11/3/15 Terms of Service (a) Duration of war Service reckons from (a) 11/3/15

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

Extended W.S.B. class Re-engaged \_\_\_\_\_ Qualification (b) Nil Labourer

Report Date	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.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked <u>St. John's</u> arrived	Bermuda Plymouth	29/5/16 9/6/16	Per <u>S.S. Crampian</u>
		Trans <u>to Headquarters</u>	Sub-Staff	9/8/16	Auth. Daily Order <u>11/15</u> Major
		Trans <u>to 12th Brigade</u>	H.Q. Sub Staff	10/8/16	Auth. <u>Blogst 116</u> <u>R.P.M. name</u> Major
		Proceeded for service overseas. 12-8-16.			<u>W. Wright</u> Capt. Staff Captain, 12th Can. Inf. Bde.
24/8/16	M.L.O	Disembarked	Home	15-8-16	Landing Return 6301
22.9.17 6.10.17	12th Bde.	10 days leave to England. Rejoined upon leave.	England	22.9.17 3.10.17	B213 <u>11/16</u> d. 30.9.17
16.4.18	"	S.O.S. 12th Bde H.Q. on transfer to 4th Can. Div. H.Q. as <u>batman</u>		1.3.18.	Authy. W.F. H.Q. of a Div. leaflet 682 Part VII-A. W.O., S.O. 2 d. 23.8.17 & K1.18-9233 D.O. 9-30 18
"	adj Cdn Sect.	T.O.S. 4th Bde H.Q. on transfer as batman	Field.	2.3.18.	" Part 2 Orders 19 d.
11.9.18.	4th Bde	Granted permission to marry in accord. with Oin C PC 1842 d. 6.7.17			B213 - Part 2 Orders 22 d

(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				
	Emb. Camp. <i>lele</i>	Proceeded to England. <i>S. B. of 460 M. G. and posted to Record List</i>		7-5-19	N.R. Pt. 2 O. No. 16 d. 1..5:19
			<i>G. Skelton</i>		Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.
<i>29<sup>5</sup>/19</i>	<i>C.R.L.</i>	<i>T.O.S from HQ 4th Div</i>	<i>Haore</i>	<i>8<sup>5</sup>/19</i>	<i>PT II D. 052</i>
<i>14<sup>5</sup>/19</i>	<i>C.R.O.</i>	<i>T.O.S for duty</i>	<i>London</i>	<i>13<sup>5</sup>/19</i>	<i>112</i>
					<i>Checked correct</i> <i>J. B. Mc</i> Lt Colonel i/s Records, O.M.F.
<i>7. 8. 19</i>	<i>C. R. O.</i>	<i>On Command to 2nd C. D. P. London, pending discharge in British Isles.</i>	<i>London</i>	<i>7. 8. 19</i>	<i>DISCHARGED IN ENGLAND, K. R. &amp; O. PAR. 392, Sec. XXV</i> <i>7-11, DO 1780</i> <i>J. H. Mc</i> Adjt. FOR Officer i/s Record Canadian Overseas Military Forces, Capt. Officer Commanding No. 2 Canadian Discharge Det.



# 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. 410231 Rank Pte. Surname WRIGHT  
(Given name in full)  
John Joseph  
 Unit or Corps H. Qrs. Records Birthplace England

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

## 1. GENERAL DESCRIPTION:

Physique Good Weight 137 lbs. Height 5 ft. 8 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse Good  
 Condition of arteries Good  
 Vision Rt. Good Left Good  
 Hearing (conversational voice) Rt. Good Lt. Good

Identification marks, scars, or deformities.  
 (Give cause and date of origin).

Deformed nail right index finger.  
4 Vacc. Left arm

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 Sytem 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 Yes

## 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.

Had Inflammation of Ing. Lymph Glands for five days November 1915 - Healed.  
Had Pleurisy January 1918 for two weeks - did not go to hospital - Had good recovery.  
Had Influenza for two days May 1919 - Recovered Well



MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at Green Arbor House, W.D. Birley. (Overseas)

Date July 9, 1919 Signed Wm. F. Pocock 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 J. J. Wright  
(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.)

General Description  
Nervous System  
Special Senses  
Respiratory System  
Digestive System  
Circulatory System  
Genitourinary System  
Skin and Appendages  
Other General Conditions



# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WRIGHT, J.J.

REGIMENT 6 RO RANK Pte No. 410231

Date of Examination in England 9/7/19 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

### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3 + 32

2. EXTRACTIONS no

3. CROWNS no

4. DENTURES

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

} no

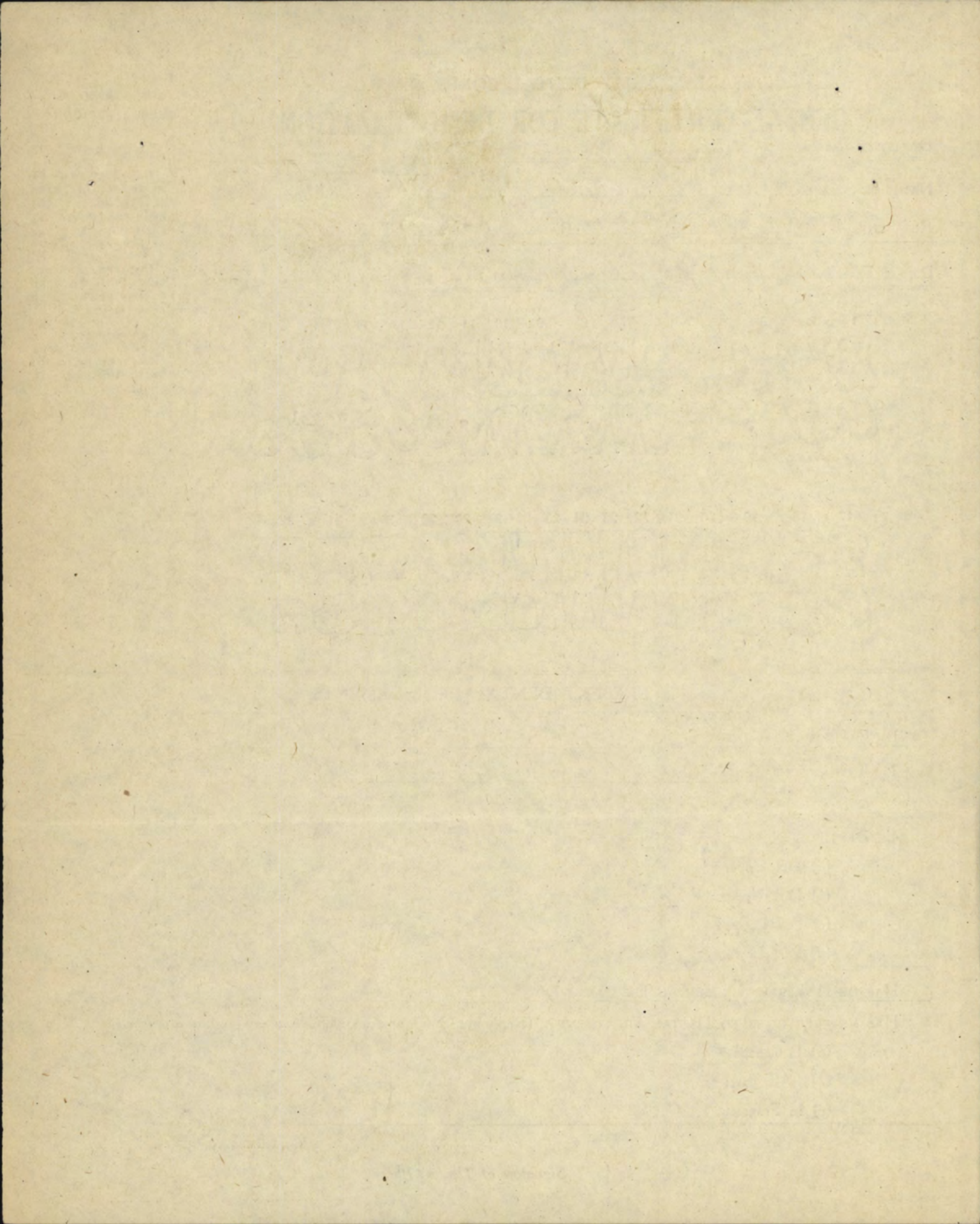
HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada no
- (b) In England no
- (c) In France yes

Signature of Dental Officer [Handwritten Signature]







52

# 39588

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

*Duplicate*

CHECKED: ✓  
OFFICER 1/4 Pay 2 F.

To Whom *Miss May Wright.*

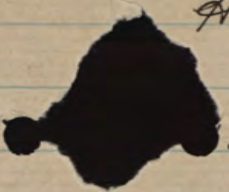
By Whom Assigned *Wright J. J.*

Address *27 Gordon St  
Hartshill Stoke-on-Trent  
England.*

Regtl. No. *410231* ~~1342~~

Rank *Pte.*

Corps *38 Batt.* ~~A. "Co"~~



*5<sup>00</sup>  
Aug 1-1915.*

RECEIVED FROM  
OCT 31 1916  
REMARKS  
OTTAWA

*DM 20 1/6 Wch - 9 3/16. PAYMENTS*

Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
April			
May			
June			
July			
Aug.		<i>R6070</i>	<i>15</i>
Sept.		<i>H. 3377</i>	<i>15</i>
Oct.		<i>T. 5535</i>	<i>15</i>
Nov.		<i>X 3633</i>	<i>15</i>
Dec.		<i>Y. 5851</i>	<i>15</i>
Jan.	1916	<i>Z 9158</i>	<i>15</i>
Feb.		<i>K 12181</i>	<i>15</i>
March		<i>W. 16509</i>	<i>15</i>

*Paid in Canada to  
Jas. Haley  
Shurmoore Ave.*

*120*



# ASSIGNED PAY.

By whom assigned *Wright J. J.*  
 Regtl. No. *H10231* *Ste 38<sup>th</sup> Bri*

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March			120		
Apl.		<i>T 2358</i>	<i>15</i>		} <i>Para m' leanaaa</i>
May.		<i>S 5720</i>	<i>15</i>		
June		<i>m 8888</i>	<i>15</i>		
July		<i>C 7638</i>	<i>15</i>		
Aug.		<i>W 15413</i>	<i>15</i>		<i>OK. Tubyan's actg pay sep. 14. 11. 16</i>
Sept.					
Oct.		<i>224437</i>	<i>30</i>		} <i>Transferred off sheet made from Cable now on Fyle. 22/11/16</i>
Nov.		<i>262276</i>	<i>15</i>		
Dec.		<i>300297</i>	<i>15</i>		
Jan.	1917	<i>344444</i>	<i>15</i>		
Feb.		<i>386569</i>	<i>15</i>		
March		<i>434423</i>	<i>15</i>		<i>A.P. checked - found correct J.F. Best</i>
Apl.			<i>300</i>		
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					



*overseas cable 28/10/16*

*#39588*

MILITIA AND DEFENCE

Ref. No.

*(Handwritten initials)*

ASSIGNED PAY.

To whom *Miss May Wright*  
 Address *27 Gordon St*  
*Hartshill*  
*Stoke-on-Trent*  
 Rate *\$15.00*  
 Date to Commence *Sept 1st 1916*

By whom assigned *Wright J.J.*  
 Regtl. No. *410231*  
 Rank *Pte*  
 Corps, &c. *38th Bn R.E.F. Bermuda*

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
					<i>58911 asp.</i>
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.		<i>224137</i>	<i>30</i>		<i>30 to August Sept.</i>
Nov.		<i>22276</i>	<i>15</i>		
Dec.					
Jan.	1917	<i>Payments transferred to sheet received from Ottawa 31/10/16. See Current Ledger.</i>			
Feb.					
March					
April					
May					
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

460

*J. J. Wright*

To Whom *Miss May Wright <sup>Sister</sup>*  
~~37 <sup>1</sup> Staley St~~  
Address ~~Thurso. Que.~~

By Whom Assigned *Wright J. J.*  
Regtl. No. ~~11946~~ <sup>410251</sup>

*Hartshill Stoke-on-trent*  
*England.*

Rank *Pte.*  
Corps *38 Battrn. a. co*

Rate *\$15.00* **AUG 1 1915**

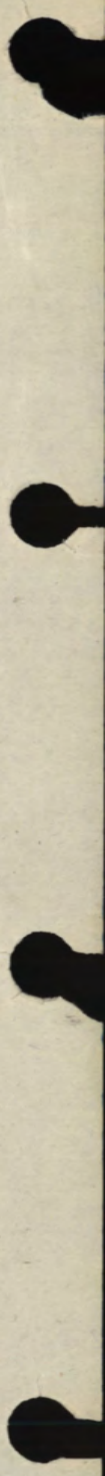
*27m 20 1/6 WEG 9%* PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<b>ENGLISH</b>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>R6070</i>	<i>15 =</i>	<i>Duplicate sent to England</i>
Sept.		<i>U3377</i>	<i>15 -</i>	
Oct.		<i>W5525</i>	<i>15 -</i>	
Nov.		<i>X3633</i>	<i>15 -</i>	
Dec.		<i>Y5851</i>	<i>15</i>	
Jan.	1916	<i>Z9158</i>	<i>15</i>	
Feb.		<i>W12181</i>	<i>15 -</i>	
March		<i>W16509</i>	<i>15</i>	



RECEIVED  
MAY 10 1964  
U.S. AIR FORCE

RECEIVED  
MAY 10 1964  
U.S. AIR FORCE





46

*Miss May Wright*  
*Gas Haley*

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Wright J. J.*

~~#1247~~ 410201

*38 Battery A Co*

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$1500</i>
April	1916	<i>T2358</i>	<i>15</i>	<i>Aug 1<sup>st</sup> 1915</i>
May		<i>S 5720</i>	<i>15</i>	
June		<i>n8888</i>	<i>15</i>	
July		<i>C7638</i>	<i>15</i>	
Aug.		<i>w15413</i>	<i>15</i>	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ENGLISH



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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.				















NUMBER

410231

RANK

Plc

NAME

WRIGHT J J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
20/1/18	Bal Ford								253 83		
Oct.				D 27570			15		238 83		
	PP.	38 75							277 58		
				978 5/10/18 15 CRB 5	3 73				273 85		
				" " 5	5 60				268 25		
				43285 6/10/18 Ldn 6	97 33				170 92		
				1157 4/10/18 12 CRB 13	97 33				73 59		
		38 75		203 99	203 99		15				
Nov		37 50							111 09		
				D 97169 14-15-11			20		91 09		52 -
				1303 20/11/18 12 CRB 21	13 06				78 03		
				1124 5/11/18 " 11	3 73				74 30		
				S 56171			20		54 30		30
Dec		38 75							93 05		
				1408 3/12/18 " 44	3 73				89 32		
				1499 10/12/18 " 54	3 73				85 59		
Jan		38 75		F 19540			20		104 34		30
		115			2425		60				112
Feb		35		D 87988			20		119 34		30
				1824 1/1/19 12 CRB A	3 73				115 61		
				2513 15/1/19 " C	3 73				111 88		
				2955 2/2/19 " F	3 73				108 15		
				3139 12/2/19 " H	18 66				89 49		
				S 3132			20		69 49		30
Mar		38 75							108 24		
				3745 15/3/19 " G	3 65				104 59		
				3473 4/3/19 " R.	3 65				100 94		
		73 75			37 15		40				60
Apr		37 50		A 21566			20		118 44		30
				3860 21/3/19 " (5)	3 65				114 79		
				71 3/4/19 " (11)	3 49				111 30		
				224 11/4/19 " (23)	17 44				93 86		
				401 19/4/19 " (29)	5 23				88 63		
				R 79976 Ldn (29)	48 67				39 96		
				65166 26/4/19 Ldn (29)	24 33				15 63		
May		38 75		A 61336			20		34 38		30
				8828 13/5/19 London (49)	34 07				31		
		76 25			13 688		40				60
	24/5/19 31/5/19 19 days @ 40 p/cr	7 60									
	Low Sub 19 days @ 1 <sup>00</sup>	28 50									
June	Pra @ 3 <sup>00</sup>	90 =		Eng B 107942	10 5/6		20				30
				AR 74614	13/6/19 34 07				72 34		
				DRAR 72350	29/5/19 34 07				38 27		
				AR 77045	27/6/19 34 07				4 20		
July	Pra 3 <sup>00</sup>	93		CR B 120545	10 5/6		20		77 90		30
		219 10			10221		40				60
				AR 79822	14/7/19 38 93				38 27		
				80527	19/7/19 34 07				4 20		
Aug	1. 7 <sup>00</sup> Pra 3 <sup>00</sup>	21 =		Supp 1/9/19 7/9/19 SA 0130489 1.7.11	73 -				25 20		6 79
		21 =			73 -						6 79

31.00

420  
21  
25.20



SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)



1. No. *H10231*

2. Rank *Plt*

3. Name *Wright John Joseph*

4. Unit *38th Bn. Ball. Coy. P. O.*

5. Date of Discharge *7/8/19* Place *L. C. D. D. London*

6. Reason for Discharge

*K. R. & O. Para. 392 Sec. XXV*  
*(Being Demobilized in England - C.R.O. 5222)*

7. Authority *2-B-5969* *17-7-19*

8. Proposed Residence after Discharge

*27 Gordon St.*  
*Hart's Hill Stoke-on-Trent*

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. ? *A. J. D. 20/9*

*J. J. Wright*  
 Signature of Soldier.

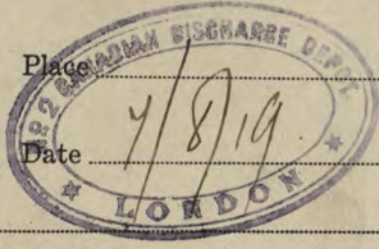
10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *LONDON*

Date *7/8/19*

Signature *A. Staveley*  
 (O.C. Discharging Unit.)









LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	MINUTA FORM W. 23
or Particulars of Receipt	MINUTA FORM W. 188
Field Conduct Sheet	MINUTA FORM W. 178 or A.F.B. 123
Casualty Form	MINUTA FORM W. 54 or A.F.B. 184
Last Pay Certificate	MINUTA FORM W. 44
Certificate that missing documents are replaceable	
Medical History Sheet	MINUTA FORM B. 212 or A.F.B. 172
Proceedings of Medical Board	MINUTA FORM B. 212 or A.F.B. 172
Dental History Sheet	MINUTA FORM B. 485
Medical Report	MINUTA FORM W. 120 or D.M.S. 1875
Residential Conduct Sheet	MINUTA FORM B. 202
Company Conduct Sheet	MINUTA FORM B. 222

*[Faint handwritten signature]*

*[Faint handwritten signature]*

*[Faint handwritten signature]*



**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



R 213  
R 2105

# ORIGINAL.

Alon

## MEDICAL HISTORY SHEET.

Surname Wright Christian Name John Joseph

Examined { on 3 day of May 1915  
 at Ottawa  
 Birthplace { City or Town Manchester  
 County England

Approved by R. N. Higginbotham  
 Rank \_\_\_\_\_ M.O.

Apparent age 21  
 Trade or occupation Labourer  
 Height 5' Feet 8" Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 34 1/2 inches.  
 Physical development \_\_\_\_\_  
 Small-Pox Marks \_\_\_\_\_

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

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>7/3/16</u>	<u>Good</u>	<u>Jas Seager</u> M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/15</u>	<u>Good</u>	<u>R. N. Higginbotham</u> M.O.
<u>18/5/15</u>	<u>Good</u>	<u>R. N. H.</u> M.O.
<u>15/7/16</u>	<u>TAB</u>	<u>Jas Seager</u> M.O.

Enlisted on 1 day of May 1915 at Ottawa

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>43rd. Reg't. C. M.</u>	<u><del>410231</del></u>		
Transferred to.. ..	<u>38 Bn. C. E. F.</u>	<u><del>411342</del></u>		<u>1-5-15</u>
		<u>410231</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<div style="font-size: 2em; opacity: 0.5;">             410231           </div>			

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



Surname *Wright* Christian Name *John Joseph*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Bermuda Prospect</i>		<i>28</i>	<i>10</i>	<i>15</i>	<i>1</i>	<i>11</i>	<i>15</i>	<i>(606) Inf Lymph Glands</i>	<i>5.</i>	<i>Acute infective character. Treatment incision + drainage. Recovery satisfactory</i>	<i>J. H. Munnro Captain R.A.M.C.</i>
<i>Prospect Bermuda</i>	<i>May 10/1916</i>	<i>Examined for Active Service &amp; found</i>								<i>fit</i>	<i>R. N. Stegle botham</i>

Duplicate Medical History Sheet  
posted in store. RR



No. 2 Canadian Discharge Depot.  
133, Oxford Street, London. W.1.

.....1919

I HEREBY CERTIFY THAT I desire to secure my discharge  
in England and waive all claim on the Canadian Government for trans-  
portation to Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

WITNESS... *J. E. Dore* ..... SIGNATURE..... *Wright J.* .....







Rank **38TH BN** Name **WRIGHT, John Joseph** Reg'l No. **410231**  
 Unit **38TH BN** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Ottawa Ont, 1-5-15.** Place of Birth **Manchester Eng.**  
 Name and Address, Next-of-Kin ~~Miss. Mary Wright, 27 Gordon Street, Stoke on Trent, Eng.~~ **27 Gordon Street, Stoke on Trent, Eng.**  
~~Relationship Sister + Uncle.~~  
 Assigned Pay Monthly \$ **410** Payable to **Mrs Gertrude Wright, 27 Gordon St.** Relationship **(Wife)**  
 Separation Allowance \$ Payable to **Hartshill, Stoke-on-Trent, Eng.** Relationship **R.L. 29.V. 24.30 10/8**  
 Discharge, Date and Place Reason **X172** Character **3132**

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	<b>9 JUN 1916</b>		
10-8-16.	38th Bn	S.O.S. on transfer to Hdqrs. Sub Staff	Bramshott	10-8-16	Pt II. D.O. 166. Auth 12B-7-278/14. 10.8.16.
10-8-16	12th Bde	T.O.S from 38th Bn	"	10-8-16	Pt II DO: 211
11-8-16	12th Inf Bde	Proceeded Overseas	Bramshott	12-8-16	Pt II DO 212
30-4-18	12th Inf Bde	S.O.S. to Lt Col Dis H.Q.	Field	1-3-18	TOS, Pt II 19 of 10-5-14 Lt Col Dis P.O. 9. OS
26-9-18	4th Bn HQ	Granted permission to marry	"	"	" 32
16-5-19	-do-	S.O.S. to Gen Record Lich	"	7-5-19	-do- 16
24-7-19	G.B.O.	Proc to England	London	12-5-19	-do- 63
14-5-19	C.R.O.	T.O.S. for duty.	London	13-5-19	-do- 112
29-5-19	C.R.L.	T.O.S. from H.Q. 4th Div	Harve	8-5-19	-do- 52
7-8-19	C.R.O.	On board to 2nd C.D.D London	London	7-8-19	-do- 179 <sup>a</sup>

N.L. R.D. 3132  
 REMARKS.  
 Taken from Official Documents.  
 Eng OR

AFB103 checked 28-8-16



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.				
23.8.19	HQTS. CRO	Discharged in British Isles SOS on disch in BI	London	7-8-19 7-8-19	NR945 (9D) DD 193a



**DUPLICATE.**

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

# LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 410231 Rank Plt Bdr Name WRIGHT John J Unit 2nd O Records

Nominated for embarkation to ~~Canada~~: Date 7/8/19 no 2677 d/7/8/19 DR

<u>CREDIT.</u>		\$	¢	<u>DEBIT.</u>				\$	¢
BALANCE FORWARD				CASH PAYMENTS:—					
as at	<u>31/7/19</u>		<u>191</u>						
			<u>4</u>						<u>20</u>
EARNINGS:—				Date	A.R. No.	Paying Unit	Amount		
From	<u>1/8/19</u>								
	to								
	<u>7</u>	days at							<u>7</u>
									<u>00</u>
	<u>7</u>	days at							<u>3</u>
									<u>50</u>
		days at							
ANY OTHER CREDIT:—				OTHER CHARGES:—					
Interest on Deferred Pay	<u>hul</u>								
<u>Loe Suballow 1/8/19 to 7/8/19</u>	<u>7 days 1'50</u>								<u>10</u>
									<u>50</u>
<b>"VICTORY" WAR LOAN.</b>				WAR LOAN INSTALMENTS CHARGED:—					
Amount Subscribed	- \$			X ASSIGNED PAY for period					
Amount Paid	-			from <u>Supp. effective 1/8/19</u>					
Balance due	-			to ..... at \$ <u>20<sup>00</sup></u>					
				per month in favour of:—					
				Name <u>W Gertrude Wright</u>					
				Address <u>27 Gordon Street, Hantsburg</u>					
				<u>Stoke-on-Trent</u>					
				Relationship <u>Wife</u>					
				X SEPARATION ALLOWANCE, if any, in favour					
				of same party as Assignment at					
				\$ ..... per month					
				<u>SA paid up to 7/8/19</u>					
				X BALANCE CREDIT <u>25 20</u>				<u>25</u>	<u>20</u>
				<u>hul Dep</u>				<u>25</u>	<u>20</u>

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

(Signature of Soldier.)

~~X BALANCE DEBIT~~

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

X Have been stopped. Effective 1/8/19 191..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY ajh

CHECKED BY Fab...

Date 8/8/19 191.....

CERTIFIED CORRECT [Signature]

Capt. Lieut

FOR BRIGADIER GENERAL PAYMASTER GENERAL, O.M.F.G.



GENERAL LEDGER

DEBIT

8

WAR LOAN (ST. MEXICO)

X

X

WAR LOAN

THIS ACCOUNT IS SUBJECT TO ANY CHANGES AND

REVISIONS ORDERED ON THE REVEREND FATHER

BY THE SUPERIOR OF THE ORDER OF THE

OF THE ORDER OF THE

CARRIED FORWARD



WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

410231

Payable to WRIGHT, John Joseph  
Address 27 Gordon St. Harts Hill  
Stoke-on-Trent. Staffs

Dependent Mrs Gertrude Wright  
Address — Wife —

Date	Cheque No.	Gratuity	Paymen	Balance Due	Remarks
Aug 7	58885		18 7 8		Gratt c/c
12	L.P.C. c/c	5 3 7 4 0 0			
11	65409 65410		5 3 7 6 3 3		L.P.C. S/R.
23		86 6 0 36 19 9		102 14 10	
Sept 15	104128 104129		14 7 8 6 3 3	88 7 2 82 3 11	2 <sup>nd</sup>
Oct 16	120898 120899		14 7 8 6 3 3	61 13 0	3 <sup>rd</sup> 5 <sup>th</sup>
Nov 18	140447 140448		14 7 8 6 3 3	41 2 1	4
Dec 11	156753 156754		14 7 8 6 3 3	20 11 2	5
Jan 20	156924 156925		14 7 8 6 3 6	0 0	Final Final
		132 9 4	132 9 4		



WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

1918-19

Name of Beneficiary: *WRIGHT, Mrs. Frank*  
 Address: *211 North 1st St. St. Paul, Minn.*  
 City: *St. Paul, Minn.*

Name of Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
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 City: \_\_\_\_\_

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 City: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_