

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL
DUPLICATE

303044

No.

Folio.

OCT 6 1915

1504
15293

OK
Report
Oct 25th
Attestation Oct 21

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? Johnson
- 1a. What are your Christian names? Herbert
- 1b. What is your present address? 80 Villeneuve St. West, Montreal.
2. In what Town, Township or Parish, and in what Country were you born? Montreal, Que.
3. What is the name of your next-of-kin? Mrs. W. C. Johnson
4. What is the address of your next-of-kin? 80 Villeneuve St., Montreal.
- 4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? August 23rd, 1883.
6. What is your Trade or Calling? Electrical Engineer.
7. Are you married? Single.
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? 5th Royal Scots as private - 15 yrs. ago.
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Herbert 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.

H. Johnson (Signature of Recruit)

Date... October 6th 1915. [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert 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.

H. Johnson (Signature of Recruit)

Date... October 6 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 Montreal this 25th day of October 1915.

Richd J. Kendall, J.P. (Signature of Justice)

Description of Johnson, Herbert on Enlistment.

Apparent Age... 32 ... years... 1 ... 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. 9 1/2 ins.

Chest measurement { Girth when fully expanded... 39 ins.
 Range of expansion... 3 ins.

Complexion... Medium

Eyes... Brown

Hair... Light

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

Pigmented spot on stomach

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him*... for the Canadian Overseas Expeditionary Force.

Date... October... 191 5

Place... Montreal, P. Q.

[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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Herbert 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] Major. (Signature of Officer)
O. C. 3rd Overseas Battery Siege Artillery.

Date... October... 25 ... 191 5

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

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.....

DISCHARGE DOCUMENT

Name Johnson Herbert

Regt. No. 303044 Rank Pte

Corps 107th Siege Bty.

D. O. W. 20-10-16.



R. O. No.....

H. Q. No.....



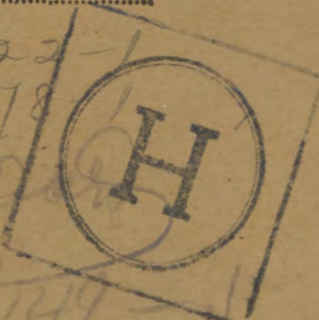
07441

14	29
21	130
33	30
<hr/>	
	2

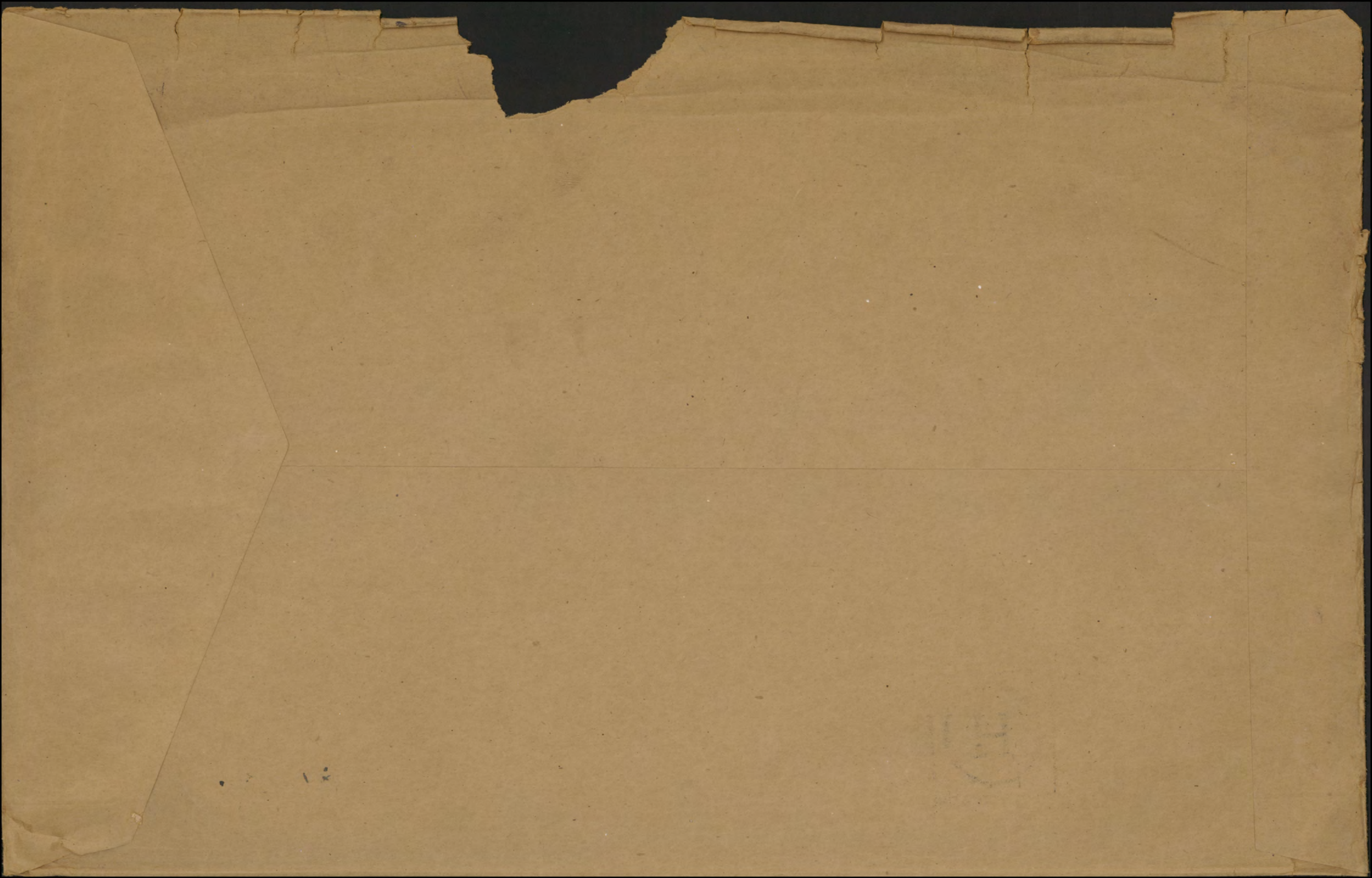
A. J. B. 122-1

A. J. B. 178

1000



Handwritten notes in red ink.



MARRIED OR SINGLE *S*

PLACE OF BIRTH *Montreal P.Q.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. W.C. Johnson*

80 Villeneuve St. Montreal P.Q.

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. W.C. Johnson*

c/o G. Himsley Dco. 7 Bleury St Montreal Can

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Died of Wounds</i>	<i>20/10/16</i>	<i>2029 d 4/1</i>
		<i>of a</i>
		<i>2</i>
		<i>91</i>

ADMISSIONS TO HOSPITAL, &c.

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

COMPILED BY *W.C.*
CHECKED BY *W.C.*

*39
20
780*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3			
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE		
<i>April 1-30</i>	<i>30</i>	<i>1.10</i>	<i>33</i>		<i>30</i>	<i>.10</i>	<i>3</i>								<i>84</i>	<i>74</i>							
<i>May 31</i>			<i>34 10</i>		<i>31</i>		<i>3 10</i>								<i>36</i>	<i>55 15 1/2</i>	<i>68 30 1/2</i>	<i>93</i>	<i>May</i>				
<i>June 30</i>			<i>33</i>		<i>30</i>		<i>3</i>								<i>37</i>	<i>20</i>	<i>79</i>	<i>Aug</i>	<i>86</i>				
<i>July 31</i>			<i>34 10</i>		<i>31</i>		<i>3 10</i>								<i>36</i>								
<i>Aug 31</i>			<i>34 10</i>		<i>31</i>		<i>3 10</i>								<i>37</i>	<i>20</i>	<i>9</i>		<i>19</i>				
<i>Sept 30</i>			<i>33</i>		<i>30</i>		<i>3</i>								<i>36</i>	<i>30</i>			<i>40</i>				
<i>Oct 31</i>			<i>34 10</i>		<i>31</i>		<i>3 10</i>								<i>37</i>	<i>20</i>	<i>50</i>	<i>22.9.16</i>					
<i>Nov</i>			<i>-</i>		<i>-</i>		<i>-</i>								<i>-</i>	<i>-</i>							
															<i>349</i>	<i>349</i>							

Checked *W.C.*

*N.E.B. Mar/17
1917
Aug.*

Cash and in effects *349*

Statement of JUN 8 1917 Account rendered

EFFECTIVE DATE 01/10/16
 AUTHORITY 2029 d 4/11/16
 9-11-16

REG'L. No. 303044 RANK *Cpl.* NAME *Johnson Herbert.*

IF IN PERMT. CORPS } UNIT 107th Gen. Sig. Bty. TRANSFERRED TO N.E. Branch DATE 21 10/16

AUTHORITY 20 10/16 2029 d 4/11/16
 Died of W on 20

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Montreal P.Q.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Oct 6th 1915.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1-1-16*

PB 7412



PAYABLE TO *Mrs. M.E. Johnson, 80 Villeneuve St. W. Montreal* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

Entered on N.E. Card Index *BY*

PAYABLE TO RELATIONSHIP by *E. H.ripps*

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *9-11-16* EFFECTIVE *1-12-16* REASON *Died of Wounds 20% O.O. 29 d/4%*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *21/10/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

QUITTANCE ROLLS

2	3	4
DATE	No.	DATE

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
					30		61 63	23 11				
	973	19 47			15		44 20	14 91				
		9 73										
	1217	9 73			15		46 63	5 48				
					15		15	26 48				
	340				15		18 40	45 28				
	436	349			15		22 85	59 63	14 70	45 43		
	436	349			15		22 85	72 78				
	784	436			15	12 10	39 30	70 68				12% Died of wounds 20%
					15	1 10	16 10	54 58				Do 29 d/4%
					15							1% Underwrite in get Pay List
					15							Trans to N.E. 21 10/16
								54 58				
								58 07				
								58 07				

balance transferred to N.E. Branch

Cr. 349 CIB. Sch 601.
 To Ottawa for Settlement
 23/7/17. V. J. 147.C.

Small Ledger Sheet

Rank **107th** **Edr.** Name **JOHNSON, Herbert** Reg'l No. **303044**
 Unit **Bty. Sge. Arty.** If in perm. Corps, **What Unit?** Married or Single **Single**
 Place and Date of Enlistment **Montreal, Oct. 6th 1915.** Place of Birth **Montreal, Que.**
 Name and Address, Next-of-Kin **Mrs. W.C. Johnson,**
80, Villeneuve St. Montreal, Que. Canada. Relationship **Mother.**

Assigned Pay Monthly \$ **15⁰⁰** Payable to **Mrs. W. C. Johnson 80 Villeneuve St W. Montreal P. Q.**
 Relationship **Mother.**

Separation Allowance \$ Payable to

Discharge, Date and Place **Died of Wounds 20/10/16** Reason **6 LA 21 9/11/16** Relationship
 Character **Entered on N.E. Card Index... Checked by [Signature]**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
	Jan 31/16							274	274							274	L.P. Bal.
	1 Feb 29	29	1 ¹⁰	3190	29	10	290	10	4480			1460	15		2960	1794	10 ⁰⁰ Clothing
	1 Mar 31	31	1.10	3410	31	10	310		3720			1703	15		3403	2311	
				6600.				6	1274.8474.			3163.30			6163.		

Statement of
 JUN 8 1917
 Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

Checked [Signature]
 Settled

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.-12-15.
 1772-39-319.

Mrs. W. C. Johnson
 Sheet No. 2.

Name of Soldier *Johnson, Herbert*
 303044 *3rd B Siege Artillery*

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

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>Just 60</i> W 1289	15	
May		X 4991	15	
June		2 8214	15	
July		Q 11159	15	
Aug.		W 14346	15	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Casualties</i> <i>Cancelled</i> <i>Cancelled 30 July</i> <i>30. = Spec Pay 28-9-16.</i> <i>a/c closed case 1/16</i> </div>
Sept.		B 19773	15	
Oct.		B 216142	30.	
Nov.		H 27224	75	
Dec.			<i>\$18000</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Mr. L.

total \$180
 E. X. Rend. Date *28-8-17* By *P.M.*
 E.F.X. " Date *28-8-17* By *P.M.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Geo. F. Hensby Co. Limited
7 Bleury St.
2nd. Contingent
Montreal
Que.

C.F. 146
 M. F. W. 12.
 2m. -9-15.
 H. Q. 1772-39 819.
250

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

10

To Whom *Mrs G. C. Johnson*
 Address *80 Villeneuve St. West*
Montreal, P. Q.

By Whom Assigned *Johnson, Herbert*
 Regtl. No. *303044*
 Rank *Gunner*
 Corps *3rd Overseas Batty, Signal Battalion*

Rate *\$ 15.00*
.XX
DEC 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div> <i>Stop payment 1¹⁰/₁₆</i> <i>Died of Wounds 20th Oct/16 C.F. (40)</i> <i>8/11/16 Pa.</i> <i>3 M Nov 10/16</i> <i>J. X- 27-11-16</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>M 11523</i>	<i>15</i>	
Jan.	1916	<i>Q 11868</i>	<i>15</i>	
Feb.		<i>Q 14766</i>	<i>15</i>	
March		<i>Q 1988</i>	<i>15</i>	
			<i>\$ 60.00</i>	

at E.
✓

Number 303044 Rank *bpt*

Surname JOHNSON

Christian Name Herbert

Units *6. G. a.* Theatre of War *France*

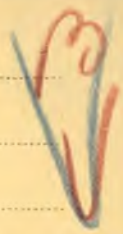
Date of Service *18-6-16*

Remarks *(M) Mrs. W. C. Johnson,*

Latest Address *34 Hillcrest Ave.,
Lakeside, P.O.*

Roll No. *33*

200m. - 2-21.M. *Page 18034*



DESP. NOV 18 1921

REGN. NO. 22010

✓
✓
✓
✓
JOHNSON, Cpl. Herbert, #303044,
107th Can. Siege Battery.

H.Q. 649-J-2274.

M. & D. (Mother) Mrs. W. C. Johnson,
34 Hillcrest Ave., ~~1621 Hutcheson St.,~~
Lakeside, Montreal, P.Q.

M

P. & S. " ^{P.Q.} Ditto.

Mem. C. " Ditto.

Scroll Des ~~FEB 14 1921~~ Reqn. No 3-12591

Plague Des ~~DEC 15 1920~~ Reqn. No 20778

W of slip. for 4-15 slip.

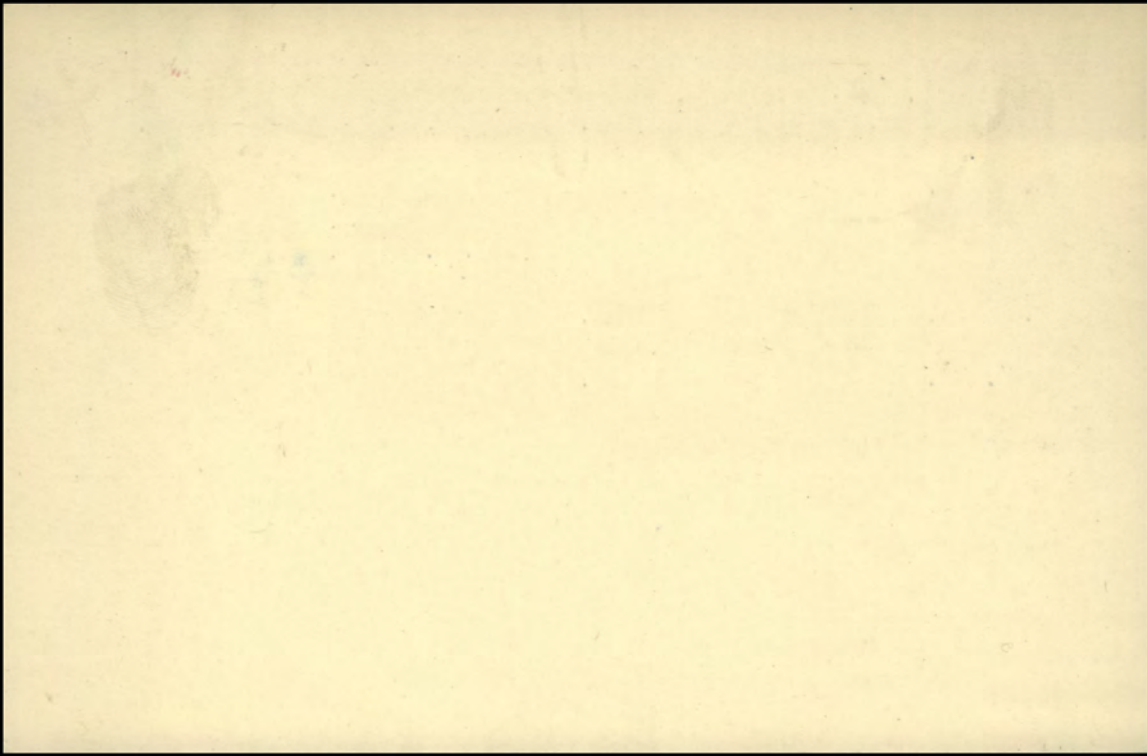
E slip for U. m.

" " B W m

Req. 28/8/20 (m) C. 20593.

35317

12



REG'T L No 303044
H. Q. FILE No. 649-

NAME Johnson Herbert
RANK AND CORPS Cpl 107th Siege Bty

FOLLOWS
Form 91d
Bot. Siege
FOLLOWS

No.	DATE
04410	8-11-16
05073	23-11-16
7132090a	4.11.16

C
NATURE OF CASUALTY ✓
Died of wounds Oct 20th 1916. ✓
W.S.M. With reference to my telegram nov. 1st. 04033.
Died of Wounds in the Field (France) or (Belgium) 20/10/16

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 17 ~~64~~ No. 15 Corps Main Dressing Station 14-9-16

Cont. Lt. Leg.

A 17. No 15 Cas. Clear. Station 15-9-16

" " "

A 21. Rep from Base 20-10-16

Decd of wounds

No. 303044

RANK *Sr.*

NAME

Johnson, H.

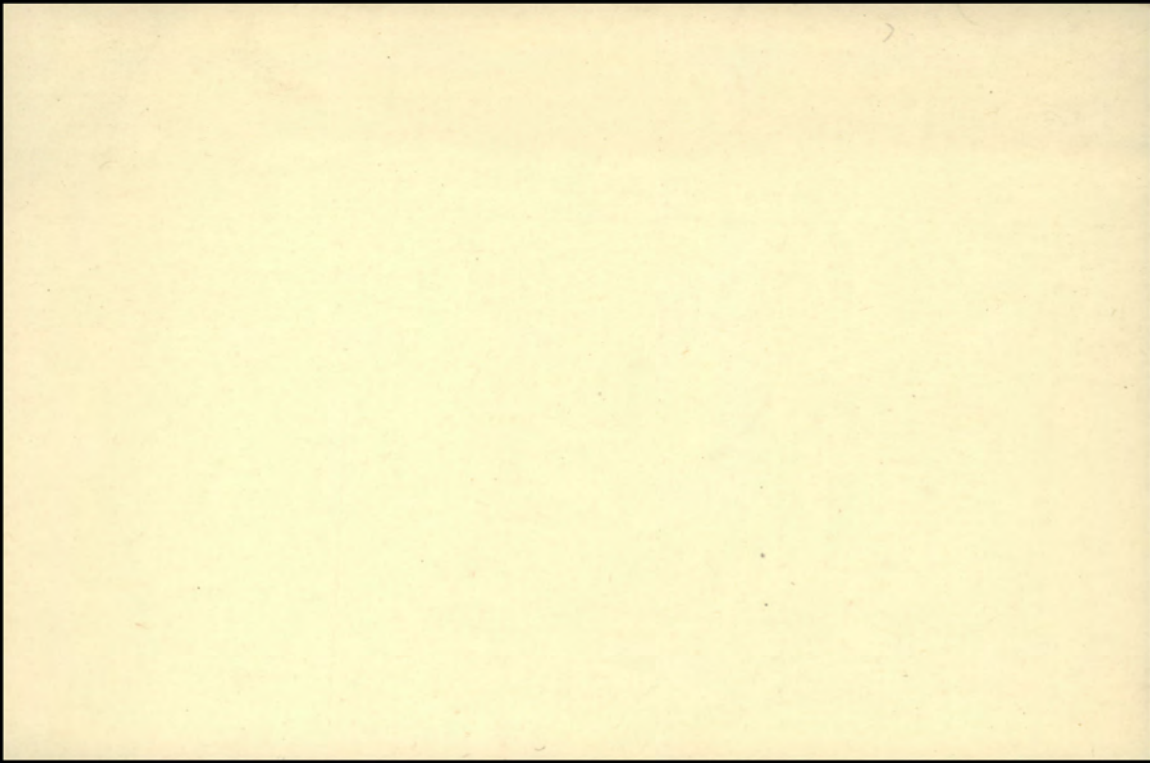
T. O. S. 25-10-15

UNIT *3rd. Overseas Battery Siege Artillery*

DO. 38, 25-10-15

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> Oct. 25	<i>1915</i> Oct. 31.	<i>r</i>	<i>Promoted Bomb. 2-11-15</i>	<i>DO. 46 of 2-11-15</i>
<i>Nov.</i>		<i>r</i>		



Name JOHNSON, Herbert. Rank Cpl.

Reg. No. 303044.

Unit 107th. Battery Can. Siege Artillery.

File No. 25-J-615.

Next of Kin CANADA.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-9.	No. 15. Corps Main Dressing		Cont. L. Leg.			
15-9.	No. 15. Cas. Clg. Station. Ex	Ab.	do.	A39.	A39.	
20-10.	Reported from base DIED OF WOUNDS. Ottawa Cabled. 8-11-16.			A21.	04410.	

SURNAME.

*Johnson,**649-f-2274.*

CARD NO.

CHRISTIAN NAMES

Herbert

FOLL.

D

REGL. NO.

303044

RANK

Gnr.

UNIT

Brd. Bat. Siege Art.

FORMER CORPS

Royal Scots.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Johnson, Mrs. W. E.

RELATIONSHIP TO SOLDIER

(mother)

ADDRESS

~~*80 Villeneuve St., Montreal.*~~*43 St. J. Hemslry. Co. Limited P. Q.,
7 Bleby St. Montreal*

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Oct. 25th 1915.

MARRIED

SINGLE *yes.*

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

Surname *Johnson.* Christian Name or Names *N.* Reg. No. *308.044*
 Rank *Cpl* Unit *107 Battery* Co. Troop Batty.
 Hospital *13 Corps* *Mani Dressing Station* e. S. A. Date of Admission *14-9-16*
 Transferred *15 C.C. Station* Hosp. *15-9-16*
 Hosp.
 Hosp.

Diagnosis *Contusion Lt. Leg*
 (1) Later Diagnosis (if changed) *Died of Wds 20.10.16.*
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

cf 25-10-16 - 217.

REMARKS

9-11-16 221

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

012/13

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, MILLBANK, S.W.
M. F. W.
150M. 10-15.
H.Q. 1872-39-320.

Casualty Form—Active Service.

NO. 107 (CANADIAN)
SIEGE BATTERY.

Unit, Regiment or Corps 3rd Overseas Battery Siege Artillery.

Regimental No. 303044 Rank Bombardier Name Herbert Johnson
C. E. F.

Enlisted (a) 6/10/15 Terms of Service (a) War 6 months Service reckons from (a) 6/10/15

Date of promotion to present rank. } 22-12-15 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
		<i>Embarked Canada</i>		<i>19/12/15</i>	
		<i>Arrived England</i>		<i>25/12/15</i>	
<i>22-12-15</i>	<i>O.C. 3rd B.S.A.</i>	<i>Promoted to Corporal Part II Orders # 3 89</i>		<i>14/12/16 22/12/15</i>	
<i>14-6-16</i>	<i>C. B. S.A.</i>	<i>Confirmed in rank as Cpl.</i>	<i>Horsham</i>	<i>12-6-16</i>	<i>Pt 11 D.O. 82+93 Lt. Col. Cpl. Records</i>
		<i>Landed in France</i>		<i>18-6-16</i>	
<i>22-9-16</i>	<i>O.C. Unit</i>	<i>admitted to Hosp. Strained Back Discharged</i>	<i>Field</i>	<i>14-9-16 19-9-16</i>	<i>AFB 213. DCS. No 21. d/29-9-16</i>
<i>29-9-16</i>	<i>O/C 15 Co. Main Detachment</i>	<i>Adm. Contusion Leg L. W. " " " "</i>	<i>15 Co Main Det 15. B.R.S.</i>	<i>14-9-16 15-9-16</i>	<i>A 36 DCS. 26 d 21-10-16</i>
<i>26-10-16</i>	<i>O.C. Unit</i>	<i>Died of Wounds</i>	<i>Not Stated</i>	<i>20-10-16</i>	<i>AFB 213, DCS No. 30 4-11-16 Pt 11 Orders 29 4-11-16</i>

Amber
LIEUT.
OFFICER IN CHARGE
RECORDS

(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				
 					

SERVICE AND CASUALTY FORM (Part I).

Army Form
Part I

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G. W. P. Co. (3490)

(1)*Substantive rank *Acting rank *To be entered in pencil to facilitate alteration. (4) Surname (5) Christain Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regt
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(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) _____ (date) _____

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	
(18) Demobilizer (f)	(Date)	(Signature of Posting Officer)
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

(A) Report From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
26-12-18	12 th Res Part II 306	J. O. S. 12 th Res Batten	Witley	26-12-18	
<p>Attached C. C. C. K. P. <i>20</i> Part 2 Orders pending transfer to C. E. F. Canada. 24 JAN 1919</p>					
<p>Ceases to be attached on transfer to C. E. F. Canada. Part 2 Orders. <i>10</i> 24 JAN 1919</p>					
<p><i>Wardman</i> Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.</p>					
<p>H. M. T. 'AQUITANIA' EMBKO. LVP L. JAN. 18. 1919 DEPT. D. H. LEAF. N. S. JAN. 24. 1919</p>					

Nothing to be written in this margin.

Rank ^{Corpl.} ~~Bdr.~~ Name JOHNSON, Herbert
 Unit ^{10th} ~~3rd Bty.~~ Sge. Arty. If in perm. Corps, What Unit? Married or Single Single

gm 107 S Batt
 Reg'l No. 303044 R-122.

Place and Date of Enlistment Montreal, Oct. 6th 1915. Place of Birth Montreal, Que.

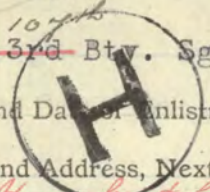
Name and Address, Next-of-Kin ~~Mrs. W.C. Johnson,~~
~~80, Villeneuve St. Montreal, Que. Canada.~~ Relationship Mother. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

*Jan. X 21-29
 27-11-16
 5*



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				
22-12-15	O/c. 3 rd P.S.A.	Promoted Corporal	at sea	22-12-15	<i>DW.</i> S.S. Messanahie Pt II D.O. # 30 - page 2 Pt II D.O. # 89
14. 6. 16	O/c. C.B.S.A.	Confirmed in rank of Cpl (with 144.2 D.P.R.G. decorations) Shorncliffe 23-6-16	Horsham	12-6-16	Pt II D.O. # 82 + 93 Pt II D.O. # 56
19-6-16	6th Bn	Embarked for France.		18 JUN 1916	17 FB 103 CRA 29.6.16
25-10-16	107 th S. Batty	Adm No 15 Corps Main Dressing station	Field	14-9-16	bk # A17 (Contusion ft. leg)
25-10-16	"	Adm No 15 Casualty Station	"	15-9-16	" - A17 " Pt II D.O. # 29
9-11-16	"	Died of Wounds	"	20-10-16	" - A21 DW

MEDICAL HISTORY SHEET.

ORIGINAL

303044

0076-4110
1917-9-130

Surname Johnson Christian Name Herbert

Examined { on 6th day of October 1915
at Montreal
Birthplace { City or Town Montreal, P. Q.
County Canada

Approved by [Signature]
Rank Capt

Apparent age 32 yrs. 1 mo.
Trade or occupation Electrical Engineer
Height 5 Feet 9 1/2 Inches.
Weight 151 Lbs.
Chest measurement { Minimum 36 inches.
Maximum expansion 39 inches.
Physical development Good
Small-Pox Marks None

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 3
When Vaccinated last Childhood
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS,
<u>26/11/15</u>	<u>Good</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/11/15</u>	<u>Good</u>	<u>[Signature]</u> M.O.
<u>11/13/15</u>	<u>"</u>	<u>[Signature]</u> M.O.
<u>11/23/15</u>	<u>"</u>	<u>[Signature]</u> M.O.

Enlisted on 25 day of October 1915 at MONTREAL

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>3rd Battery 5th Artillery</u>	<u>303044</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

470204

Herbert.

Christian Name

Johnson

Surname

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				
Montreal	Oct 25 1915						No admissions			J. H. [Signature] Capt. [Signature]	
Herbert	October 3										

JOHNSON

October 3

Montreal, B. C.

Canada

38 yrs. J. No.

Electrolysis

MONTREAL