

**ATTESTATION PAPER.**

No. 1175

Folio. 503135

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

- 1. What is your surname? ..... Kemp
- 1a. What are your Christian names? ..... John Howard
- 1b. What is your present address? ..... Cor. Kamloops & Cambridge St. Vancouver, B.C.
- 2. In what Town, Township or Parish, and in what Country were you born? ..... Emerson, Man.
- 3. What is the name of your next-of kin? ..... Mrs. B. Kemp
- 4. What is the address of your next-of-kin? ..... Cor. Kamloops & Cambridge St. Vancouver, B.C.
- 4a. What is the relationship of your next-of-kin? ..... Wife
- 5. What is the date of your birth? ..... Aug. 31st, 1882
- 6. What is your Trade or Calling? ..... Plumber & Tinsmith
- 7. Are you married? ..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
- 9. Do you now belong to the Active Militia? ..... No
- 10. Have you ever served in any Military Force? ..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? ..... Yes
- 12. Are you willing to be attested to serve in the } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

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

I, John Howard Kemp, 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 Feb. 9th, 1916. John H. Kemp (Signature of Recruit)  
[Signature] (Signature of Witness)

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

I, John Howard Kemp, 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 Feb. 9th, 1916. John H. Kemp (Signature of Recruit)  
[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 Vancouver this ninth day of February 1916.

[Signature] (Signature of Justice)

# Description of *Kemp John Howard* on Enlistment.

Apparent Age.....*32* years *5* 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<sup>3</sup>/<sub>4</sub>* ins.

Chest measurement. { Girth when fully expanded.....*37* ins.  
 Range of expansion.....*3* ins.

Complexion.....*Fair*  
 Eyes.....*Blue*  
 Hair.....*Brown*

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

*1 Wal R Shoulder*  
*Scar over R clavicle*  
*Tattoo: Anchor on R forearm*

*14/4/16*

## 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.....*Feb 9<sup>th</sup>* 191*6*

Place.....*Vancouver B.C.*

*Woodley Lieut. Col.*  
 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:—

*For attention of Dental Corps*

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*John Howard Kemp*.....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.

*G. Eadsward*.....Major, C. E. (Signature of Officer)  
 O. C. 6th Field Company, C. E.

Date.....*Feb. 15th,* 191*6.*

W.S. 19  
19

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

*Comp. docs disp. to  
B.C. on M.O.  
2505  
Ref. B.P.C. spec 361  
d/16-6-19.  
M.R.*

*Ret 4-7-19*

04381

Name KEMP, JOHN HOWARD.

Regt. No. 503135 Rank Spr.

Corps Cas. Engineers C. I.

Demobilization

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers 1 7
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms 2
- Proceedings on discharge 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge  
Parchment Certificate 1
- Medical Report for Invalids.....
- Medical History Sheet 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate 2

M

*ascend - 2*  
*2 Form of Will*  
*1 a + D*  
*will copy*  
*Way Camp*

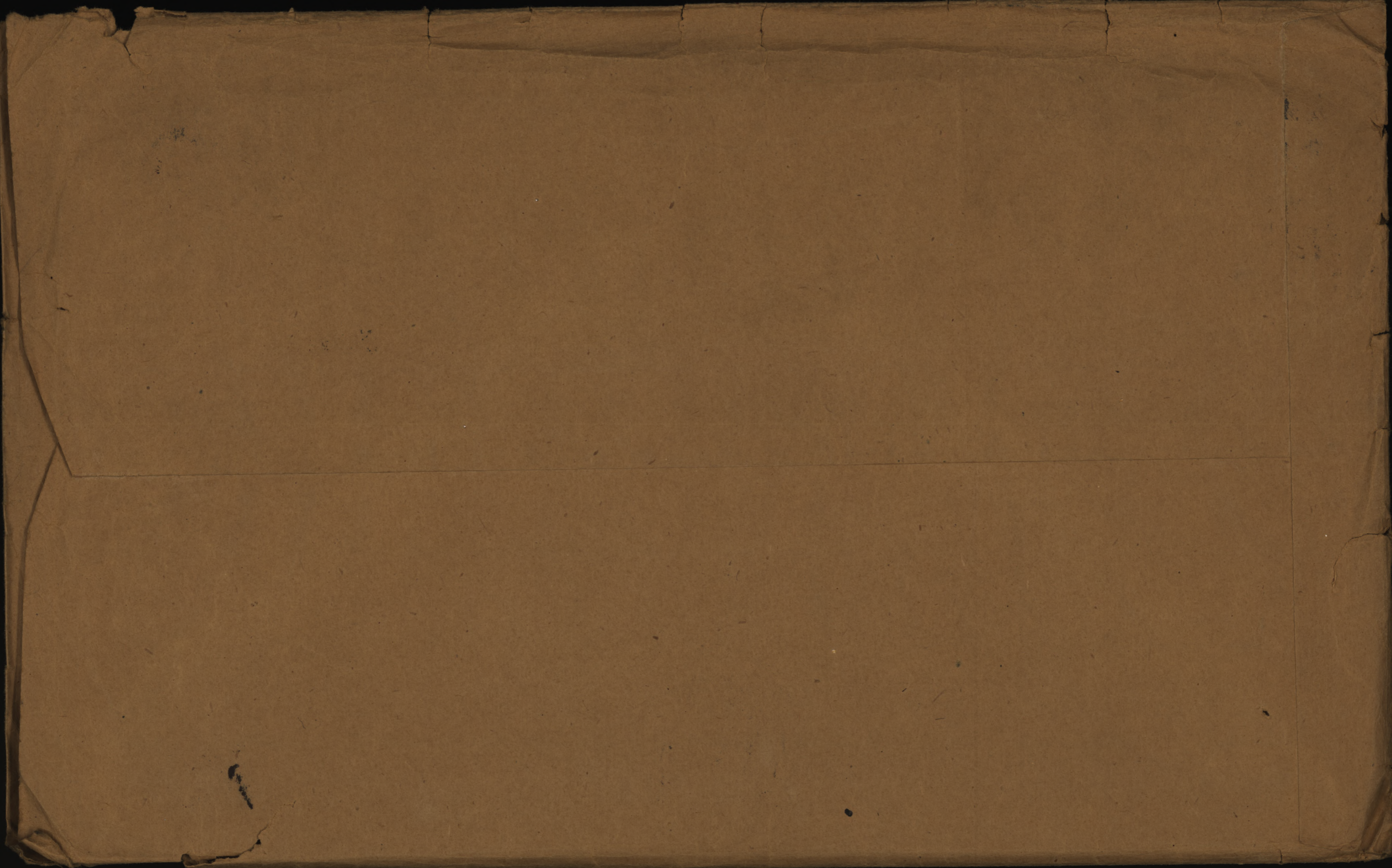
A.F.B. 178-1  
 R.V. 6045-1  
 M. 2-40129-1  
 M. 2-40192-1  
 M.F.W. 5009-1  
 A.F.B. 179-1  
 A.F. 1237

*M.F.W. 52  
 5009-246  
 H.Q. 11-2-30-935*

*M.F.W. 52  
 15-2-27  
 R.P.*

H

2-16  
211  
33  
117





HOSPITAL.

**A. & D.  
CARD**

AT.....

A. & D. No. 3913

PL. OF ACTION.....

RANK. SprREG. No. 503135 UNIT. B.E.T.D.SICK OR  
WOUNDEDNAME. Kemp J.H.AGE. 37RELIGION. PresPLACE IN HOSPITAL. A2DIAGNOSIS. Chinosis ~~at the time~~ add U.S.ADMITTED. 20 AUG 1918FROM. 17

DISCHARGED.....

TO. Cherryhinton CambridgeTRANSFERRED. 26 AUG 1918SERVICE AT HOME. 34/12IN FIELD. 6/12

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)



Name **KEMP. John,** Rank **Spr.**Reg. No. **503135.**Unit **3rd, <sup>Howard.</sup> Can. Div. Engineers. (7th. Fld. Coy.)**Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
14-3.	No. 7. Can. Stat. Hosp.	Harfleur.	Hernia.	A. 208.		
10-3.	Mil. Hosp.	Richmond Surrey.	Slt. Q.	B. 186.		
11-4.	Discharged	(do)	B. 195.			
12-4.	Can. Mil. Hosp.	Abbeville.	Hernia.	B. 201.		
11-5	Disch	"	"	B. 248.		





John Howard

Name KEMP

Rank

Spr.Reg. No. 503135Unit C. E. R. D

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
21 8	14 to G. D. E. Bourne	Phinosis	VDS	C295		24695
	Ref. 626295 d/d. 15/1/19					
	Correct diag should read		VDS	C203		1555
22 10	Gen. Spetching Hill		do	C348		29862
7-11	Ditch		do.			9339

NE



EM  
NO

Number 503135 Rank Spw

Surname KEMP

Christian Name John Howard

Units 6. E Theatre of War France

Date of Service 6/1/17 (D)

Remarks

9979  
Latest Address 937 St Catherine St E  
Montreal PQ

Roll No. Page 15932 Mother - Mrs Agnes Kemp  
170 - 21st St  
San Diego Calif  
USA


200m.-2-21.M.

DESP. DEC 5 1924

REGN. NO. 8267

H. Q. 649-K-5572.

✓ *Spr.* ✓ ✓ ✓ *rd* ✓ ✓  
KEMP, ~~Pte.~~ John H. #503135, *3 Div* Can. Engrs.

Med & D (Mother)  Mrs. Agnes Webster,  
170-21st Street,  
San Diego, Cal., U.S.A.

P & S (Mother) Address as above.

Mem Cross (Mother) Address as above. 48678

*Not Eligible for 14-15 Star*  
*E " " " R.M*  
*E " " " B.W.M.*



*R.R.*

M

46049

FEB 22 1921

1088.

1001

REGT'L NO 503135

H. Q. FILE NO. 649-

NAME

Kemp, J.

RANK AND CORPS

Spv.

H.

3rd. Can. Div. Eng.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 208	No 7. Can. Stat. Warflour	14-3-17	Hernia Q
B 186	Mil. Richmond Surrey	19-3-17	Hernia Q slt.
B 195	Discharged	11-4-17.	Hernia Lt. Ing
B 201	Can. Mil. Hastings	12-4-17	Hernia Q
B. 248	Discharged.	11-5-17.	Hernia Q <i>T. N. S. as per List 0303'</i>
C 295-	14 Can. Gen. Eastbourne	21-8-18	<del>Phimoses</del>
6348-	Can. Etchingham	22-10-18	T. N. S.



No. 503135

RANK

Pte

NAME

Kemp J. H.

T. O. S. 21.2-16  
(no. 43721.2-16)

UNIT

Canadian Engineers Training Depot

M. D.

Agts

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

1916

1916

Feb 21

Feb. 29

✓

mar

✓

apr

✓

may

✓

June

✓

July 1 July 21

✓

1 day's pay &amp; 7 days det.

Forf. " "

" 4 days' pay &amp; 14 days det.

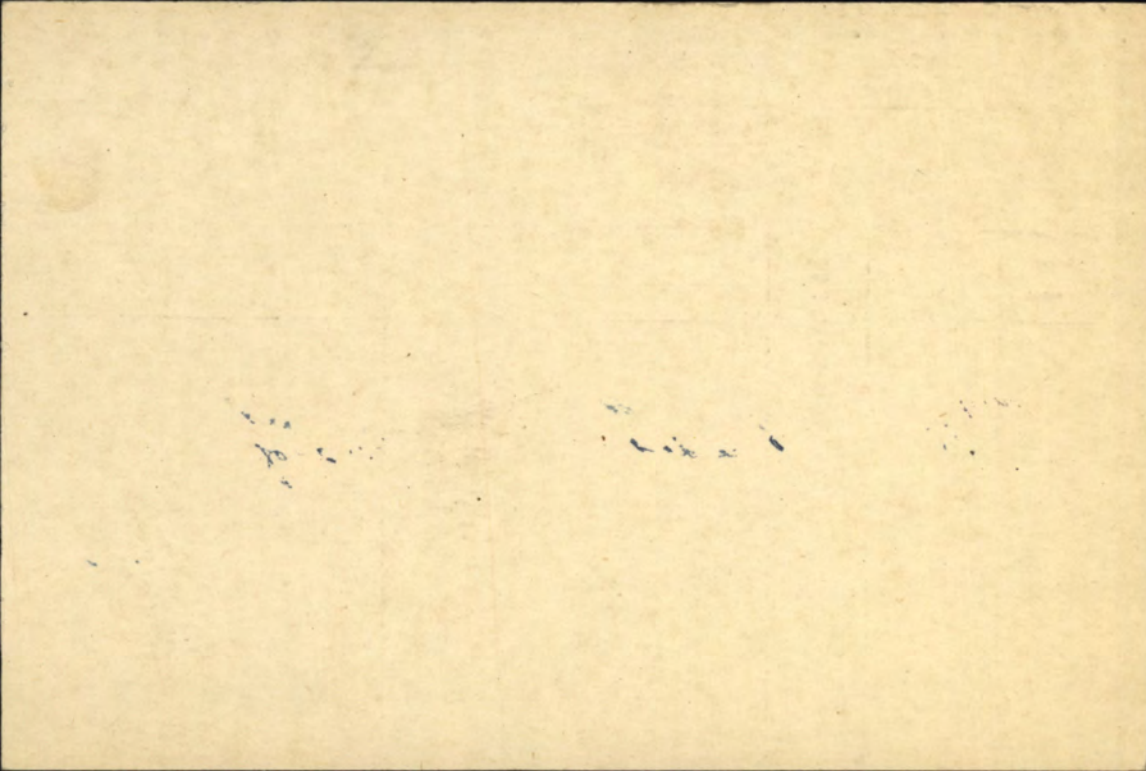
Prac 1/5 21-7-16

no. 104 of 3/5/16

" 146 " 22.6.16

" 161 of 12-7-16

" 169 of 21-7-16



Tsfr from Milit Hosp Richmond.

ADMITTING CARD.

OVERSEAS.

Regt. No. 503135. A. & D. No. 1448.  
 Rank Spr.  
 Name Kemp John H.  
 Corps C.E.  
 Religion Pres. Age 34.  
 M. H. Rec'd M. H. Requested M. H. Ret'd  
 Disease Hernia.  
 Admitted 12 APR 1917  
 Discharged 11 MAY 1917  
 Place in Hospital B.1. *Heim* 25 APR 1917  
 Transferred  
 Results 13/12 3/12. Catbon Admiss. A.1.

## REMARKS:

MEDICAL HISTORY SHEET.	Orig. recd. from	<i>Canterbury</i>	<i>5/5/1917</i>
	Dup. recd. from		/ / 191 .
	Orig. sent to	<i>Staple</i>	<i>17/5/1917</i>
	Dup. sent to		/ / 191 .
	Received from Registrar this	Orig. Dup.	

\*Name <sup>K<sup>E</sup></sup> Kemp. John.H. Rank Sdr. Regtl. No. 903135.

Fyle Depot. 133

Original unit C.E. Present unit D.D.4. M. or S. Age. Religion. Ref. H.Q.

Port, ship and date of arrival Ex. Olympic.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Cat. C. Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
23-12-18.	T.O.S. from O/S. effect 7-12-18. Posted to Gas Co.	
15-12-18.	Furlough W/S. until 3-1-19.	249.P.2.

\*—Name will be given in full; surname first.

Date

Remarks

Pt. 2 Order No.

30-1-19 S.O.S. Discharged. 1420 Para C. Demobilization

#30

Effect 28-1-19 Cat. "A"

Surname

Christian Name or Names

Reg. No.

Kemp.

J.H.

503135

Rank

Unit

Co.

Troop

Batty.

Sgt.

3rd Cav Engrs. Depot.

Hospital

Date of Admission

Transferred # 1. Cav St. 14 anfleu Hosp. 14. 3. 17

Mil. Hosp. Richmond Surrey Hosp. 19. 3. 17

Can. Mil. Hastings Hosp. 12. 4. 17

14 Cav. G. Eastbourne Hosp. 21. 8. 18

Diagnosis

~~Hernia Q. set~~ - Hernia L. Aug. 92

(1) Later Diagnosis (if changed)

(2)

(3)

Hernia Q. Phimosis not ant

Additional Diagnosis: if more than one state present Changed to V.A.S.

A.M.D. 2 DEPT.

DISPOSITION

Bch. of D.G.M.S. O.M.F.C. London.

Date

cl. 21. 3. 17 at 208

REMARKS

" 24. 3. 17 B186.

13. 4. 17 B195. Dis. 11. 4. 17.

21. 4. 17 B207. " 11. 5. 17.

4. 7. 17 B248

24. 8. 18 C295 0

2. 9. 18 C303 - Note - Diag. should read V.A.S.

25-10-18 C348

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

*C. S. Stimpert*

*22-10-18*

2.

3.

4.

5.

6.

7.



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

*AG*

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

250M.-1-16.

H. Q. 1772-39-930.

# Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 503135 Rank Sapper Name Kemp John Howard

Enlisted (a) 9.2.16 Terms of Service (a) War Service reckons from (a) 9.2.16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Plumber

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				

CERTIFIED CORRECT.  
 15 JAN. 1917  
 CAN. RECORDS, LONDON.

			<u>Belfast</u>	<u>24-7-16</u>	
			<u>Liverpool</u>	<u>31-7-16</u>	✓

Taken on strength of C.E.T.D. Canella Shorncliffe. ~~1.8.16~~ Part II Order No. 151 ✓

Struck off Strength of C.E.T.D. to Howbrough 57-17 at II ord #5.

Law Eng Pool. Frames.

*[Signature]*  
 Lieut. O.E.  
 Adjutant, C.E.T.D.

		<u>Disembarked</u>	<u>France</u>	<u>6/1/17</u>	
<u>6.1.17.</u>	<u>C.B.D.</u>	<u>S.O.S. C&amp;R. Pool.</u>	<u>C.B.D.</u>	<u>6.1.17</u>	<u>N.R. P/2 no 3. d. 12.1.17.</u>
<u>14.1.17.</u>	<u>d.</u>	<u>S.O.S. to 7 Field Coy</u>	<u>Field</u>	<u>24.1.17.</u>	<u>N.R. P/2 no. 6. Q 27.1.17.</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, 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				
24-1-17	C. B. D.	J. O. D. T.H. Floyd.	Fries	25-1-17	U.R. P. 94/20-1-1917.
27-1-17	O.S.	Joined unit in	Do	26-1-17	B. 213. 65. 145/6/2/17.
10-3-17	C. B. D.	Arrived at	C. B. Depot.	10-3-17	U. Rail.
15-3-17	Do.	To.	Hôtel des Etrangers.	15-3-17	U. Rail.
10-3-17	Do.	To.	C.B. Depot	6-3-17	auth. A.D. 728. 5/10. B. 213 44/3/17. Ch. 1504
14-3-17	7. Can. Dist.	Hernia, slight.	7 C. Dist.	14/3/17.	No. 3034.
19-3-17	H.S. Sarnusca.	Jan. Sick & lft. to Can. Depo. Depot, Cranborough	England	19-3-17.	W. 3083- No. 9981 P. 94/2/26/3/17.

*A. B. Johnson*

Lieut. for Major D. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

26. 3. 17 CCR Depot T. O. 1.

Cranborough. 11. 3. 17

*D. D. Samuel*  
Lieut.  
for Colonel i/c Records, C.O.M.F.

DISCHARGED FROM 3RD C. C. D. *leafed to* *CL*

For O.C.  
3rd Canadian Command Depot.

Casualty Form—Active Service.

Regiment or Corps \_\_\_\_\_ Regimental Number \_\_\_\_\_  
 Rank \_\_\_\_\_ Surname Kemp Christian Name John Howard  
 Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.  
 Enlisted (a) 9/2/14 Terms of Service (a) Deful Service reckons from (a) 9/2/14  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Plumber  
 or Corps Trade and Rate \_\_\_\_\_  
 \_\_\_\_\_ Signature of Officer i/c Records.

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			
			Embarked ... Disembarked...		
17.8.17	C.E.T.D.	W.O.C.E. upon C.E.P.D.	Shoreham	10.8.17	CE 26/60 W.O.C.E. 17/8/17
12.10.17	C.E.T.D.	S.O.S. of H.E. Don King reported to C.E.P.D.	Shoreham	10.10.17	Part 11 Do 239 Lieut. O.E. Adjutant, O.E.T.D.
13-10-17	C.E.R.D.	RE. T.O.S. C.E.R.D.	shoreham	13-10-17	Pt 11 Do 218
			.....LIEUT & ADJT for C.E.R.D.		
6-2-18	C.E.R.D.	Ceases to be detailed to Depot Company On Command to C.E.T.D.	Seaford	6-2-18	Pt. II. DO. 37

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-smith, &c.

Warren Capt. & Adjutant  
 For O.C., C.E.R.D. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
9.2.18	C.E.T.D.	attached from C.E.R.D.	Seaford	6.2.18	Part II Order No. 39
18.6.18	C.E.K.D.	beases C.E.K.D. & Co bomms 1 <sup>st</sup> C.E.K.D.	Seaford	14.6.18	Part II D.O. 167
4.7.18	C.E.K.D.	beases 1 <sup>st</sup> C.E.K.D. & de. tailed to Depot Coy	Seaford	17.6.18	Part II D.O. 182
6.7.18	C.E.K.D.	beases Depot Coy & Co bomms 2 <sup>nd</sup> C.E.K.D.	Seaford	5.7.18	Part II D.O. 184
2.9.18	C.E.K.D.	beases 2 <sup>nd</sup> C.E.K.D. on admission to Hospital	Seaford	20.8.18	Part II D.O. 235
9.11.18	C.E.R.D.	beases Hosp in Det. Dep. Coy	Seaford	7.11.18	Part II D.O. 294
<del>19.11.18</del>	<del>C.E.R.D.</del>	<del>beases Dep Coy in On Com to</del>	<del>Seaford</del>	<del>19.11.18</del>	<del>Do 300</del>
					Lieut of O.C. C.E.R.D.
13.11.18	C.E.R.D.	Placed under stoppage for 1 month from 21.10.18 until 6.11.18 inclusive 17 days at 60 cents per day total stoppage \$10.70	Seaford		Do. 297 Lieut of O.C. C.E.R.D.
<del>3.12.18</del>	<del>C.E.R.D.</del>	<del>On Com to Port of</del>		<del>7/12/18</del>	
10/12/18		Embarkation		3/11/18	Do 314 320
7-12-18		Sailed for Canada			Lieut
28.1.19	S.O.S. dischgd.	A. Demob.		Diopr	30 Lieut of O.C. C.E.R.D.

Lieutenant,  
 Office of Discharge Section, District Depot No. 4.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 508135. (Rank) Sapper.

Name (in full) KEMP, John Howard. enlisted in  
the Canadian Engineers,

CANADIAN EXPEDITIONARY FORCE at Vancouver, B.C., on the 9th,  
day of February, 19 16.

HE served in FRANCE.

and is now discharged from the service by reason of

- Demobilization -

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

Age 36 yrs. 5 mos.

Height 5 ft. 9 ins.

Complexion Fair.

Eyes Blue.

Hair Brown.

John Howard Kemp  
Signature of Soldier

Marks or Scars

Burn scar.

[Signature]  
Issuing Officer

Lieutenant,  
Officer in Charge Discharge Section, District Depot No. 4.  
Rank

Date of Discharge January, 28th, 1919.

Appointment

Signed at Montreal, QUEBEC. this 28th, day of January, 19 19.

in Military District No. 4

File Reference No. DD4-19-K-133.

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

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

Perforated sheet for Will from Pay Book of

Reg. No. 503135

Name John Howard Kemp, Spr. C.E.

Unit Canadian Engineers Regimental Depot.

MILITARY WILL.

I hereby revoke and cancel  
all Wills heretofore made by me.  
I hereby devise and bequeath all  
my property real and personal of which  
I may die possessed of or entitled to  
by way of reversion or expectancy to  
my Mother, Mrs. Agnus Webster of  
2464 Cambridge St., Vancouver, B.C.  
& I hereby appoint her sole executrix  
of this my last Will.

Signature J.H. Kemp.

Rank and Regt. Spr. Canadian Engineers.

Date 8/12/17.

DEC 16 1919

Director Military Estates

I hereby certify that this document is a true copy of an original document now in possession of this office.

Professor [Name] [Address]

My dear [Name]

I have your letter of [Date]

concerning [Topic]

REPLY

I have your letter of [Date] and am glad to hear that you are interested in the [Topic]. I have discussed this with [Name] and we have decided to [Action]. I will be glad to [Action] if you wish. I am, dear [Name], very truly yours, [Name]

Very truly yours,

[Name]

Date [Date]



Perforated sheet for Will from Pay Book of

Reg. No. **503135**

Name **John Howard Kemp.**

Unit **C.E.**

MILITARY WILL.

In event of my death I  
give all my property as  
detailed in my civil  
Will lodged with my wife,  
Mrs. Bertha Kemp.  
2464 Cambridge St.,  
Vancouver, B.C.

Signature **J.H. Kemp.**

Rank and Regt. **Sapper C.E.**

Date **May 23/17.**

I hereby certify that this document is a true copy of an original document now in possession of this office.

DEC 16 1919

Director Military Estates.

Received of Mr. J. H. ...

the sum of ...

for ...

...

...

...

...

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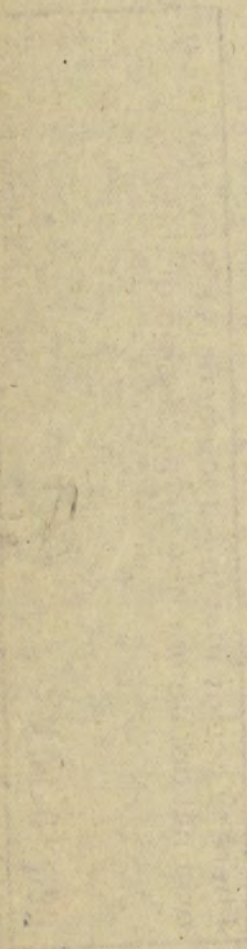
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71

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 Canadian Engineers

ENGINEER TRAINING DEPOT

(2) Regimental Number 503135

(3) Full Name of Soldier Kemp  
John Howard

(4) Place of Birth Emerson  
Manitoba

(5) Are you married, or not? Yes

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

(b) Present Postal Address 2464 Cambridge St  
Vancouver B C

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls 1 boy 2 Girls

Also their names and ages Howard Louis Arnold 5 years  
Blossom Lydia Frances 10 "  
Ruby Hazel Alva 1 "

(9) Is your Father alive? *Yes*

If so, state name and address *George Kemp 1340 Chesterfield Av NW Vancouver*

(10) Is your Mother alive? *Yes*

If so, state name and address *Agnes Webster 2464 Cambridge St Vancouver*

(11) If your Mother is a widow *Yes*

Are you her sole support, or not? *Yes*

(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.

*Yes*

(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 *12/7/16*

*J. Blumington L.C.E.*  
Officer Commanding.  
O. Engineer Training Depot

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET.

503135

Surname Kemp Christian Name John Howard

Examined { on 9 day of Feb 1916  
 at Vancouver B.C.  
 Birthplace { City or Town Emerson  
 County Man.

Approved by J. Woodley  
 Rank Rt. Capt. M.O.

Apparent age 32  
 Trade or occupation Plumber  
 Height 5 Feet 8 3/4 Inches  
 Weight 156 Lbs.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
1871	B1	<u>see</u> 26 MAR 1917	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Chest measurement { Minimum 34 inches  
 Maximum expansion 37 inches.  
 Physical development Good  
 Small-Pox Marks

Vaccination Marks { Arm Right Left  
 Number 1  
 When Vaccinated last Child

Date.	Result.	VACCINATIONS.	M.O.
1871-16		<u>see</u>	M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
10-2-16		<u>see</u>	M.O.
1-11-16		<u>see</u>	M.O.
7/7/16		<u>see</u>	M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 9 day of February 1916 at 2 NORTH VANCOUVER, B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6 Field Coy</u> <u>C-2</u>	<u>475</u> <u>503135</u>		<u>9-12-16</u>
Transferred to	<u>Pool</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Crowborough</u>	<u>Nov 23/16</u>	<u>L. Deg. Nerve</u>	<u>Fit. with Honor Capt</u>
<u>Shouham</u>	<u>9 Oct. 17</u>	<u>D. A. H.</u>	<u>C2 C. J. Wheatland Capt</u>
<u>Seaford</u>	<u>14-11-17</u>	<u>D. A. H.</u>	<u>B1 J. W. Mearns Capt</u>

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

3913

Christian Name John Howard

Surname Heath

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				
Richmond Military Hospital No. .... Date..... O. 500 Road, Richmond, Surrey		19	3	17	11	4	17	Heroin (L. 24)	24	23.3.17 Operation Radical cure 4.4.17 Strabed, Discharged Canadian Assembly Centre Haslemere	<i>Heath</i> Capt. R.A.M.C. (Retired)
Can Hill Hosp Haslemere		12	17	11	5	17	Conval. Her. op.	30	Nothing unusual to be reported	Joseph Capt	
1st Lt Gen Hpl Castbourne		20	8	18	26	8	18	V. D. S. + Phimosi	7	Prepuce greatly oedematous. Considerable pus around sulcus penis. Lft Ing glands enlarged Wasserman pos. transf to Venereal Hpl for treatment.	<i>Styphle.</i> MAJOR C. A. M. C. REGISTRAR.
BRIMINGTON MILITARY HOSPITAL CAMBRIDGE		26	8	18	21	10	18	S. B. 42	56	First attack. Phimosi Indurata sore in sulcus. Genual. acquir. Macular. last in front. Suits tried. cured. Patch in R. end of Palate. -Treated with 2.1. gr. Klen 1/4 Hg-beam. 2.5. Intravine Wassermann 30.9.18 + ±. Transferred to. Can Hpl. 4/2. Etching for further treatment.	<i>W. H. W. Will</i> Capt

Duplicate Medical History Sheet posted to here.

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1183 (D.P.) 250M.-12-18.  
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 503135 Rank Spr. Name Kemp John H.  
(Surname first)  
Unit C.E. who was\* discharged  
On 28-1-19 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 to 28-1-19 191...  
the inclusive date of transfer or discharge.

L.P.C.		Dr.	Cr.
Bal. Dr. or Cr. from prev. month			58 58
Regimental Pay..... <u>59</u> days at \$ <u>1.00</u> c			13 85
Field Allowance..... <u>59</u> days at \$ <u>10</u> c			59 00
Separation Allowance			5 90
Clothing Allowance			28 00
Post Discharge Pay			35 00
*Other Credits	Subs Do <u>249</u>		100 00
			2 40
Advances <u>14597-16119</u> on boat		95 73	
Separation Allowance and Assigned Pay Cheque No. <u>19300</u>		44 00	
*Other Charges <u>1st mo W.S.G.S/A 19300</u>		30 00	
Balance on transfer or on discharge, cheque No. <u>19214</u>		133 00	
Total		<u>302 73</u>	<u>302 73</u>

\*Give particulars.

A monthly stoppage of \$16.00 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Jan. 1919..... }  
and Separation Allowance for month of 28-1-19 191..... } (to) Assignee Mrs. Agnes Webster  
170-21st St. San Diego Calif.  
U.S.A.  
(Address) .....  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) 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 9-2-16 married or single.....  
(2) Separation Allowance, entitled or not yes..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer D.D.4 19-K-133.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date JAN 27 1919

Place MILITARY DISTRICT NO. 4

*for*  
R.C. England Lt  
CAPTAIN-PAYMASTER  
O.C.—Demobilization Division—Military Dist. 4  
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(†) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "on discharge cheque No." will be deleted.  
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.





# 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. 503135 Rank Sapper Surname Kemp  
 (Given name in full)  
John Howard  
 Unit or Corps 22 #4 Birthplace Emerson, Mass.

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 9 in. Colour of Eyes grey  
 Nutrition good  
 Pulse 78  
 Condition of arteries good  
 Vision Rt. 30 Left 30  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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

Scar burn as a child

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 yes Cardio-Vascular System yes  
 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 no

## 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.

Syphilis. Aug. 1908. Wassermann negative  
History of D.H. in Aug. 1908. No evidence.  
Enlisted Feb. 9. 1916.  
Now A

**EXAMINATIONS.**

**THIS SECTION FOR USE OVERSEAS—**

Examined at .....(Overseas)

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 SECTION FOR USE IN CANADA—**

Examined at *Montreal* .....(Canada)

Date *Jan 24 1919* ..... Signed *CB Kaleshu Capor* .....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 *John H Kersh* .....

(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.)

*John H Kersh*

[OVER]

C.T. Rank KEMP Name John Howard Reg'l No. 503135  
 Unit 17th Dft. Can:Engineers If in perm. Corps, }  
 What Unit? } Married or Single Married  
 Place and Date of Enlistment Vancouver. 9th Feby. 1916 Place of Birth Emerson. Man.  
 Name and Address, Next-of-Kin Mrs B. Kemp,  
Cor. Komloops & Cambridge St, Vancouver. B.C. Canada. Relationship Wife  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

*M. X.  
15-2-2 R.R.*

*4392*  
 N/E. R.B. No. ~~577~~  
 File R.L.  
 Category **CANOR**  
*d/c*

H. W. & V., Ltd. 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>C.</i>		<i>Arrived in England. for Olympic</i>		<i>31-7-16</i>	
<i>1.8.16.</i>	<i>O/O CETD</i>	<i>Taken On Strength.</i>	<i>Shorncliffe</i>	<i>1-8-16</i>	<i>PTIIOIS1</i>
<i>5-1-17</i>	<i>- Do -</i>	<i>S.O.S. G.P.E. Pool, France</i>	<i>Croulers</i>	<i>5-1-17</i>	<i>- - - 5.</i>
<i>12-1-17</i>	<i>C.E. Reinf Pod.</i>	<i>G.O.S from C.E. I.D.</i>	<i>Field</i>	<i>6-1-17</i>	<i>" 2</i>
<i>27-1-17</i>	<i>" "</i>	<i>S.O.S. on transfer to 7th Fld Coy</i>	<i>"</i>	<i>24-1-17</i>	<i>At #0 no 6.</i>
<i>30-1-17</i>	<i>7th Fld Coy</i>	<i>G.O.S. of coy as seen from B.C.P.P.</i>	<i>"</i>	<i>25-1-17</i>	<i>R II OT 9</i>
<i>21-3-17.</i>	<i>3rd Div Engrs</i>	<i>Adm No 7. Can Stat. Hosp.</i>	<i>Harfleur.</i>	<i>14-3-17.</i>	<i>C.L. CA. 208 Hernia 9.</i>
<i>24-3-17</i>	<i>" "</i>	<i>" Military Hosp</i>	<i>Richmond</i>	<i>19-3-17</i>	<i>" B186 "</i>
<i>26-3-17</i>	<i>3rd Div Engr.</i>	<i>Ins. Sect. Posted to C.D. brow.</i>	<i>Field</i>	<i>19-3-17</i>	<i>At # 22</i>
<i>26-3-17</i>	<i>4th CERD.</i>	<i>I.D.S. from 3rd C.D. Engr. Field</i>	<i>browborough</i>	<i>17-3-17</i>	<i>" - 17</i>

**A.P.B. 103 CHECKED**  
**12 JAN. 1917**  
*[Signature]*

*[Handwritten mark]*

503135

Kemp J. H.

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.				
13.4.17	3 <sup>rd</sup> Div Cong <sup>o</sup>	Discharged from Military Hosp	Richmond	11.4.17	68 B145 Hernia Surg
21.4.17	---	Adm. Can. Military Hospital on Com. 3 <sup>rd</sup> CERD 1.4 PRQDC.	Hastings	12.4.17	---201. ---
12.5.17	C.E.R.D	Dis From C.M. & Hastings	Crowboro	11.5.17	Pt. II 64. C.I. B 248
14.5.17	3 <sup>rd</sup> CERD	aka for P.T. Duty & Etc	Hastings	11.5.17	" 72.
4.7.17	3 <sup>rd</sup> X. Eng.	Adm.			
17.8.17	CETD	T.O.S. from CERD	Shoreham	16.8.17	Pt. II O. 191 CERD No. 160 d/16.8.17
"	3 <sup>rd</sup> CERD	ceases to be att'd	Seaford <sup>Spv</sup>	"	" 150
12.10.17	CETD	S.O.S. to CERD C/2	Sham	10.10.17	" 239 CERD No. 18 d/13.10.17
16.10.17	CERD	Pt. II O. 218 d/13.10.17 cancelled from Y.I.C	"	"	" 221
15.10.17	CERD	T.O.S. & detailed to Depot <sup>Spv</sup>	" Spv	14.10.17	" 220
<del>28.5.18</del>	<del>1st b.C.R.B.</del>	<del>T.O.S. from b.C.R.D</del>	<del>Seaford</del>	<del>21.5.18</del>	<del>" 7, banc Pt. II 30d/24.6.18</del>
17.6.18	"	ceases to be att'd	"	17.6.18	" 24, b.C.R.D. Pt. II 182 d/4.7.18
18.6.18	b.C.R.D.	On Com 1st b.C.R.B.	"	21.5.18	" 167, 1st b.C.R.B. 1d/21.5.18
4.7.18	"	On Com 2nd b.C.R.B.	"	5.7.18	" 184, 2 b.C.R.B. 40d/8.7.18
30.8.18	2 <sup>nd</sup> CERD	ceases attached	"	20.8.18	" 864 2354 2 <sup>nd</sup> CERD
10 12 13	CERD	SOS To GAN. AG	SEAFORD	7, 12, 18	DO3ZO

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Mrs Bertha Kemp (wife)

Name of Soldier Kemp, J. H.

L. L. Job 310.-Req. 6374.

PAYMENTS. #

503135. Spr. Can. En. Dft. 17

Month.	Year.	Cheque No.	Amt.	Remarks.
				16 <sup>00</sup> AUG 1 1916
April	1916			
May				
June				
July				
Aug.		215508	16	
Sept.		116961	16	
Oct.		121518	16	
Nov.		26591	16	
Dec.		C 38020	16	
Jan.	1917	<del>H 38247</del>	<del>16</del>	<del>H 38977</del> Retd. cancelled 19 <sup>3</sup> /17 b2.
Feb.		<del>H 44237</del>	<del>16</del>	<del>H 44237</del> " " " 12 <sup>4</sup> /17 b2.
March		<del>B 51136</del>	<del>16</del>	<del>H 1351136</del> " " " 8 <sup>9</sup> /17 b2.
April				Issue no further cheques till
May		80		better address 19-3-17 b2.
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*[Handwritten initials]*

*[Handwritten checkmark]*

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.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

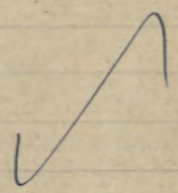
M. F. W. 12.  
 50m.—4-16.  
 H. Q. 1772-39-819.

*(wife)*

To Whom Mrs Bertha Kemp By Whom Assigned Kemp J. H.  
 Address ~~2164 Cambridge St.~~ Regtl. No. 503135.  
576-30<sup>th</sup> Ave. East. Vancouver B.C. Rank spr.  
 Corps Can. Engr. Dft. 17  
 Rate \$ 16<sup>00</sup> **AUG 1 1916**

**PAYMENTS**

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



J 1962

11 11 11



*C. H. Bonner*

SEPARATION ALLOWANCE

Name *Mrs. B. Kemp*

Name of Soldier *Kemp, John, H.*

Address *2464 Cambridge St.*

Regtl. No. *503136*

*Pat Lund Vancouver*

Rank *Spr*

*B.C.*

Corps *b. b.*

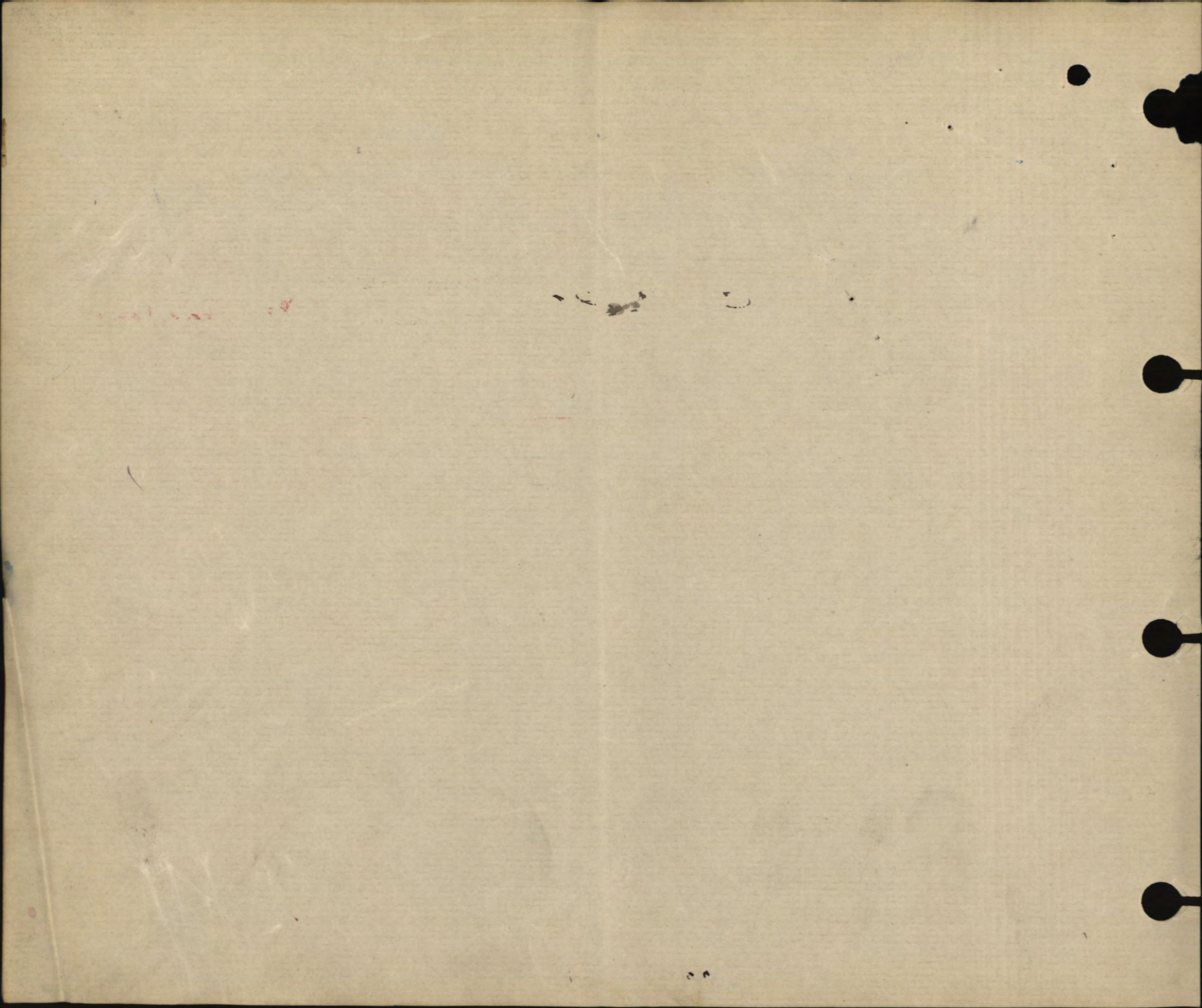
Relation to Soldier  
wife, child or mother

*Guardian*  
*Wife*

To what Corps belonging  
when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>733978</i>	<i>34</i>	<i>34 F33978 Cancelled 12-5-16.</i>



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. *B. Kemp*Name of Soldier *Kemp John H.*

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

*503135*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>Mailed 12-5-16.</i>
April	1916	<del>02405</del>	<del>20</del>	<i>02905 cancelled 12-5-16.</i>
May		<del>6553</del>	<del>74</del>	<i>74</i>
June		<i>H 8619</i>	<i>20</i>	<i>20 June</i>
July		<del>C 5244</del>	<del>20</del>	<i>20</i>
Aug.				<i>Wife has deserted - gone to Reno -</i>
Sept.				<i>Children at present with Soldiers</i>
Oct.				<i>Mother Mrs. A. Webster.</i>
Nov.				<i>2464 Cambridge St - Vancouver -</i>
Dec.				<i>per verbal authority O. C. Engso.</i>
Jan.	1917			<i>12-5-16. OK.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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

9-2-16

League 129

247

MILITIA AND DEFENCE

M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mrs. B. Kemp* Name of Soldier *Kemp. J. H.*  
 Address ~~*2464 Cambridge*~~ Regtl. No. *503-135*  
*+ 576-30th Avenue* *+ Vancouver* Rank *Spr*  
*+ B.C.* Corps *68*  
 Relation to Soldier }  
 wife, child or mother } *wife*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<del>F 33978</del> 34		<i>Cancelled</i> F 33978 ✓ 12-5-16



11-00-2

# MILITIA AND DEFENCE SEPARATION ALLOWANCE

*August 129* M. F. W. 11a.  
50m.-416.  
1772-30-318. 247

OVERSEAS CONTINGENTS

Sheet No. 2 *Mrs. B. Kemp*  
L. L. Job 310.-Req. 6574.

*wife*  
PAYMENTS.

Name of Soldier *Kemp, John. H.*  
*Lpr*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<del>Q. 2905</del>	<del>20</del>	0 2905 cancelled 12-5-16
May		E 553	74	mailed 12-5-16
June		H 8619	20	
July	<i>H 9917</i>	<del>G. 5244</del>	<del>20</del>	<i>G 5244 - cancelled. Wife cheque</i>
Aug.		B 12174	20	
Sept.				<i>Sta from D. E. unit to</i>
Oct.	20			<i>CH Bonner. Pat Fund.</i>
Nov.		L. 24454	60	<i>60 Vancouver -</i>
Dec.		A 28336	20	<i>mailed 22-11-16</i>
Jan.	1917	P 29117	20	<i>20 from 1-7-16 mail cheque</i>
Feb.		<del>R 32331</del>	<del>20</del>	<i>20 to Mrs. B. Kemp (wife)</i>
March		<del>+ Q 38257</del>	<del>20</del>	<i>20 P 32331 cancelled per address M. L. 23-6-16</i>
April		<del>Q 1421</del>	<del>20</del>	<i>Q 38257 cancelled per add 5/5/17</i>
May		<del>P 4693</del>	<del>40</del>	<i>Q 1421 cancelled per address 7.7.17</i>
June				<i>40 7<sup>th</sup> Lynch</i>
July				<i>Reopen debt without loss of time</i>
Aug.				<i>Per P. 7 Telegram 15<sup>th</sup> O.R. direct London 17<sup>th</sup></i>
Sept.				<i>18<sup>th</sup> Nov 1916 9m. 9.</i>
Oct.				<i>no cheques per add "</i>
Nov.				
Dec.				<i>234 078</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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









NUMBER 503135. RANK

NAME KEMP, J. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Bal Forward								542		
		34	10	cap				16			
				Hos. Rem. 46441, Embdgl. 24'18	4	84					
				undtd. \$10 fine, add. with 168 h. detention		10			8	65	
		34	10	730 15, 2nd C&R	4	84		10			
Nov.	14 Nov. Sp. Pay	15	40	cap				16	8	05	
	30 " " "	17	60						25	65	
	Chg for Nov. Dec. 17 + Jan. 18 charged twice	48	-						73	65	
				Ac No 117 C&R 15 1/8	4	84			68	78	
				Stop Ven. 21-10-18 to 6-11-18				10	20		
				Ac No 294, 13-11-18, C&R 17 days					58	58	
				Ac No 2857 1 C&R 6 1/8	9	73			48	85	
		81	-								
					14	60		10	20		
								16			

Ac. Canada, eff 15/18, 666, 10/12/18

Credit note applied for 48.00  
 to adjust (X) error receipt  
 of 7 of water Dept. & entry  
 were made to offset  
 on 11/20/18

Issued 21/1/19  
 (C)

364. Mad  
10.2.1919

K-856

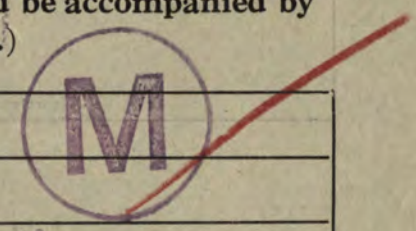
30

DET No. 4

This space to be for numbers.

# Proceedings on Discharge.

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



No.	503135.
Rank	Sapper.
Surname	KEMP.
Christian name	John Howard.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Canadian Engineers, C.E.F.
Date of discharge	January, 28th, 1919.
Place of discharge	Montreal, QUEBEC.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age 36 years 5 months.	
Height 5 feet 9 inches.	
Complexion Fair.	
Eyes Blue.	Burn scar.
Hair Brown.	
Trade Plumber & Tinsmith.	
Intended place of residence	
(To be given as fully as practicable.)	
937 St. Catherine St., E., Montreal, QUEBEC,	

2. The above-named man is discharged in consequence of

R.O. #1420 Para (C) Category "A". Demobilization.

Authority for discharge.....

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.

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

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

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.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

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) Montreal, QUEBEC. J H Kemp (Signature of Soldier.)

(Date) January, 28th, 1919. J M Emery (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).....years.....days.

Total.....years.....days.

### 11. Confirmation of Discharge.

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

(Place) Montreal, QUEBEC.

(Date) January, 28th, 1919.

(Signature) R. W. G. Lee Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.

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 RESERVATIONS.

*J. H. Kemp*

Attention Paper	Attention Paper	Attention Paper	Attention Paper
Particulars of Reserve	Particulars of Reserve	Particulars of Reserve	Particulars of Reserve
Proceedings on the Issue	Proceedings on the Issue	Proceedings on the Issue	Proceedings on the Issue
Field Endorsement	Field Endorsement	Field Endorsement	Field Endorsement
Copies of Commissions	Copies of Commissions	Copies of Commissions	Copies of Commissions
Medical Reports for Service	Medical Reports for Service	Medical Reports for Service	Medical Reports for Service
Formal Military Staff	Formal Military Staff	Formal Military Staff	Formal Military Staff
Lawyer's Certificate	Lawyer's Certificate	Lawyer's Certificate	Lawyer's Certificate
Provisional Certificate	Provisional Certificate	Provisional Certificate	Provisional Certificate
Form of Will	Form of Will	Form of Will	Form of Will
Other Documents	Other Documents	Other Documents	Other Documents
I hereby certify that the following documents are indistinguishable			
to those now in my possession and that I have no other copies			
of any of them.			
Signed and sworn to before me this _____ day of _____ 19____			
Notary Public			
In the case of a man discharged on purchase			
the date and number of purchase receipt will			
amount of sum paid to be noted herein			

## 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.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shoreham 1st 1916.

No. 5035 Rank Spr. Name W. J. T. T.

Local Unit CANTON Overseas Unit 7th Div. 1st Bn. 1st Div. 1st Bn. 1st Div. Age 35

Examination held at Shoreham

DISABILITY.  
Overseas—Local.  
(scratch one out)

## PRESENT CONDITION.

*[Faint handwritten text describing the present condition of the member, including details of service and medical history.]*

## BOARD RECOMMENDS:—

- 1. Fit for Duty..... C2
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty .....
- 5. Discharge .....

## Signatures:—

Members { [Signature] President.

{ [Signature]

{ [Signature]

APPROVED

Dated at SHOREHAM 10 OCT 1917 1916.

CARI  
D.A.D.M.S. CANADIANS.  
For A.D.M.S.-SEA.

PROCEEDINGS OF A MEDICAL BOARD

1918

Dated at ..... 1918

No. .... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY  
Overseas - Local  
(Insert one out)

PRESENT CONDITION.

BOARD RECOMMENDS:-

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

Signatures:-

..... President

..... Members

APPROVED

Dated at ..... 1918

Continuation of Original

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Stemp Christian Name John Howard

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

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

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

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

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Corps.	Regtl. No.
_____	503135
_____	_____
_____	_____

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

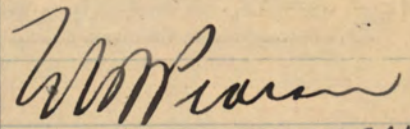


List in the case of Warrant Officers treated in quarters.

cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Patient admitted from Cherry Hillton hospital,  
where four injections Hg + 606 had been given.  
Completed course here, last injection 2/11/18 <sup>3/10/18</sup> Wass. neg



Capt. C.A.M.O.

**Table III.—Boards ; Courts of Inquiry, Vaccination, Inoculations, etc. ; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service ; Issue of Surgical Appliances ; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
<i>Sanford</i> 14-01-18	Bi <i>J. W. Mackert Capt.</i>

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>3973.</u> Year <u>1918</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>503135</u>	<u>Spu.</u>	<u>Kemp.</u>	<u>J. H.</u>
	Unit.	Age.	Service.	
	<u>C. E. R. D.</u>	<u>37</u>	<u>34</u> <u>12</u> <u>6/12</u>	

Station and Date. 20-8-18

Disease <sup>(1)</sup> Phimosis. <sup>(2)</sup> V.D.S. 22/8/18

R.H.:- Invalided from France from internal injuries from being buried. Feb-17 - Richmond Hosp. 1 month - while here operated on in abdomen. Orr. Hosp. Hastings - 1 month - Hastings. Conval. Hosp. 1 month - 3<sup>rd</sup> C.C.D. Abdomen has been troubling patient right along - sore when walking or on exertion -

H.P.E.:- Swelling of head of penis started 1-week ago with pains in Lt. groin.

Exam.:- Prepuce greatly oedematous - Considerable pus around sulcus penis. Lt. inguinal glands enlarged.

Heart & Lungs. Neg.

Urine. Neg.

23-8-18 Today a small area of ulceration & considerable induration found on int. side of prepuce under inner surface.

23-8-18 Lab. exam. Sore on penis for T.P.:- Positive.

Transferred to Venerial Hosp.

J. Curickham  
Major  
C.A.M.C.

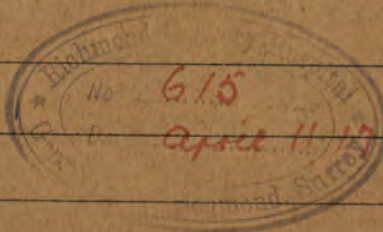
Station  
and Date.



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T.O. Conn 374 Year 19-3-17	503135	Spr.	Kemp.	John H.
		Unit.	Age.	Service.
		Canadian	34	14/12
Station and Date.	Disease			
	Lip Inf. Hernia.			
	History developed hernia about 10 w <sup>th</sup> ago.			
	Causes feeling of cramp in L. groin.			
	Exam L. ring v. large - & hernial sac descends on coughing.			
	R. ring also pretty big - but no hernia yet.			
23. 3. 17.	Op. Radical cure.			
26. 3. 17.	Little pain.			
31. 3. 17.	Comfortable. Stitches to be taken out tomorrow.			
4. 4. 17.	W <sup>d</sup> healed.			
10. 4. 17.	Been up & about.			
	Recommend for Canadian Prov. Camp.			

HIGHER CIVIL MILITARY  
 SURREY



\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

### CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181,

Corps Canadian

Military Hospital \_\_\_\_\_

RICHMOND

No. 503135

Rank and Name Spr. Kemp. 2. 26

Age 34

Service 14 1/2

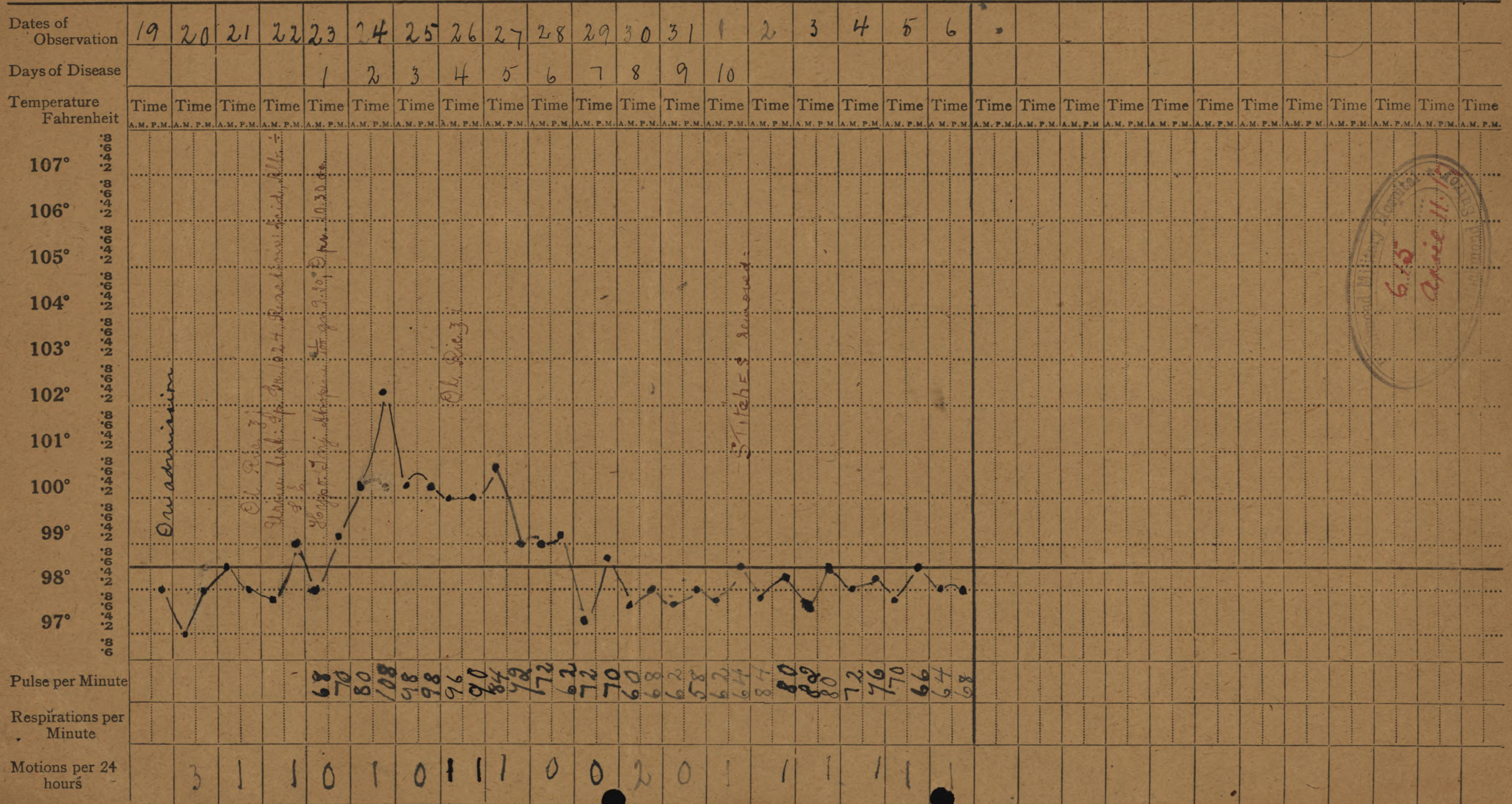
SURREY

Disease \_\_\_\_\_

Date of admission 19-3-17

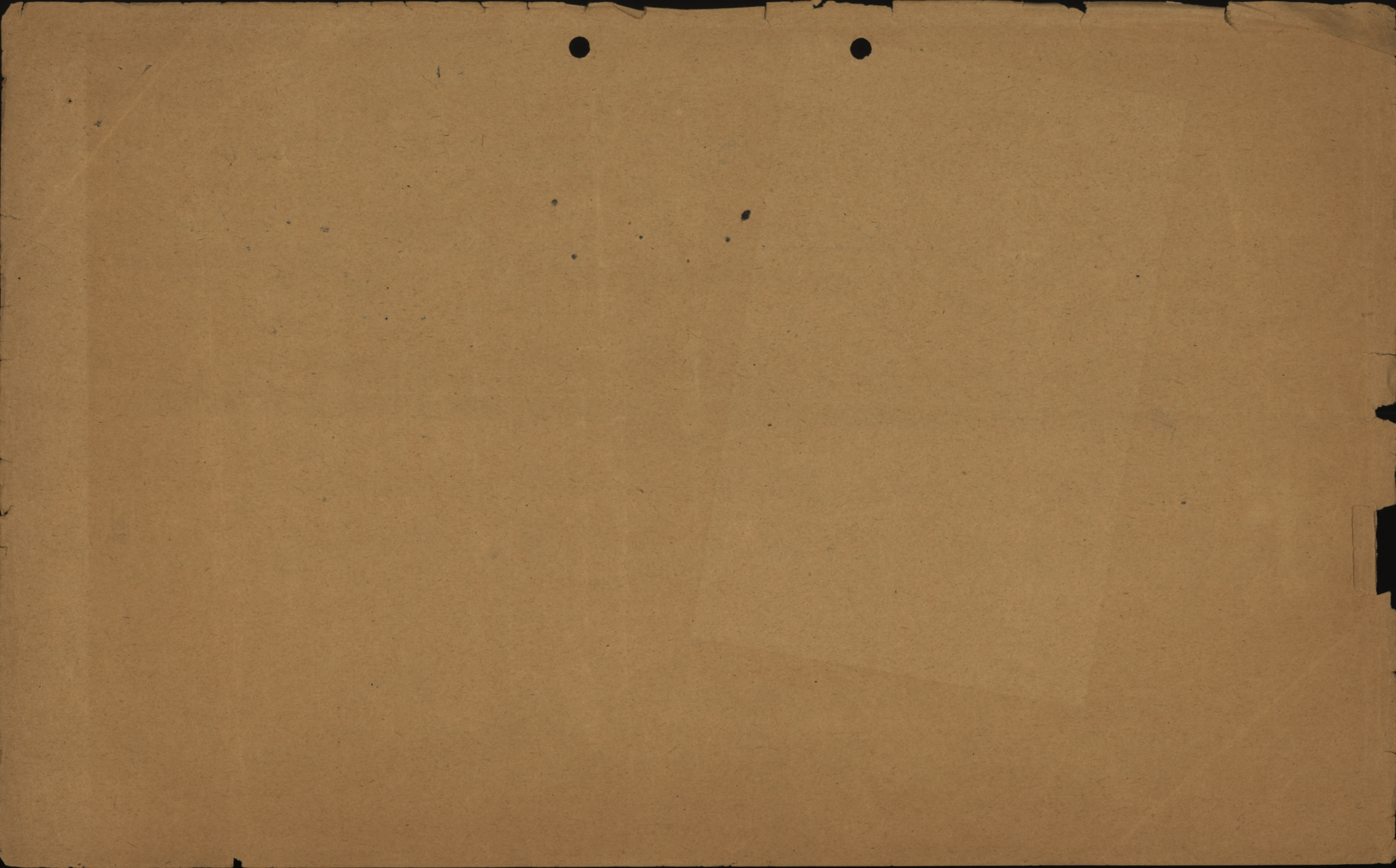
Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_



1448

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
1448 Year 1917.	503134	Spr.	Kemp	Jno A.
		Unit.		Age.
	Can. Exp.			Service. 15/12
CANADIAN MILITARY HOSPITAL, Station SUSSEX, and Date.	Disease <u>Heroinia</u>			
April 12.	Had hernia operation Mar 25/17 at Richmond Hill Hosp. Surrey.			
Mauchle Capt.	Condition. Wound healed. For convalescence.			
21/4/17.	Feeling stronger.			
	17 MAY 1917 DISCHARGED TO DUTY.			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

1887

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL REPRESENTATIVES, S. C. R.

- For use in accordance with Instructions laid down in General Procedure—Medical Branch of this Department. Later amendments should be carefully noted.
- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B. P. C., and Instructions issued by Militia H. Q., Ottawa, will be carefully followed.
- The Medical Representative in charge of the case is responsible for the proper completion of Sections 1 to 21 of this Form, and will obtain the signature of the man to the "Statement", Page 3. The Senior Medical Representative of the Board of Medical Officers is responsible for the proper completion of the Sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Representatives, S. C. R., will carefully obtain and record the man's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the man concerned, from witnesses, or from documents, regimental or otherwise.
- Special care is required in answering question 9. Please read the questions carefully. All questions must be answered.
- If space provided under any Section is insufficient, add another sheet. Such sheets must be initialled by the Medical Board. A note will be made of attached papers by the Medical Board under the Section, "Opinion of the Medical Board."
- Under no circumstances may information other than that in sections 9, 10, 11 and 12 be communicated to the man, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal DATE May 9th, 1919

- Former Unit 3rd Bttn (b) Regimental No. 503135 (c) Rank Pte.
  - Surname Kemp (e) Christian Name John H.
  - Home Address San Diego California
- Age last birthday 36 Date of birth 31/8/82
- Enlisted at \_\_\_\_\_ on \_\_\_\_\_
- Personal description :
  - Height Unknown (b) Weight Not known (c) Complexion Dark
  - Colour of hair Dark brown (e) Colour of eyes Brown (f) Identification marks \_\_\_\_\_
- Next of kin and Address Wife - San Diego California
- Former trade or occupation Plumber

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

	Years	Days
In Canada.....		
In England.....		
In France.....		
In other parts.....		

	PERIODS	
	From	To
In Canada.....		
In England.....		
In France.....		
In other parts.....		

- (b) Date of Discharge Feb 1919 Pension No. Not Known Pension Class Not known
- Original disease or injury Not known
    - Date of origin \_\_\_\_\_ (b) Place of origin \_\_\_\_\_
    - Cause Not known

This Form is to be completed in quadruplicate and forwarded, together with all other available Medical Documents, to the Unit Medical Director for approval and disposal as follows :

- Secy. B.P.C., Ottawa.
- District Office, B.P.C.
- Chief Inspector, Dept. S.C.R.
- Unit Medical Director, S.C.R.

*J. H. Kemp*

9. Disability for which the man was discharged from the Navy or Army .....

Not known

10. Present Disability : (Here state the exact nature of the disability resulting from the disabling condition:—(a) Weakness, slight, moderate, marked, etc. (b) Loss, complete or partial, of an organ or member or of its functions. (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons. (d) Any other cause for restriction in choice of occupation.

Delirium tremens

11. Present Condition : (a) (Before completing this Section the man should be stripped and subjected to a thorough physical examination.)

(Important, to be a full description of the present disabling condition or conditions only. "History" must be recorded in Section 12. Describe all abnormalities, anatomical and functional, contributing to present disability. Objective findings are to be stated first, then subjective findings.)

Man was admitted to the Dorchester St., Hospital on May 5th '19

suffering from Delirium Tremens. Was irrational and restless

had visual hallucinations - no marked course - tremors of whole

body - rapid pulse of only fair volume. Confined to bed and put

on bromide with response. Condition became gradually worse he

became noisy and violent and had to be strapped to bed. Pulse gradual

ly became more feeble. Cardiac stimulants freely exhibited

patient rallied for awhile.

(b) Has the man now any affection of the following systems not described in Section 11 (a) above?

(Answer yes or no.—If the answer to any part is yes, give a brief description of the present condition.)

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary.....	No
		(If pulse rate abnormal B.P. will be taken).		(Albumin and sugar will be excluded).	
Special Senses.....	No	Respiratory System.....	No	Integumentary.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular.....	No
Osseous and Joint System.....	No	Any other general condition.....			

12. History (a) (of condition referred to in Section 11 a.)

On May 8th, 1919 but his condition became worse again towards morning and he died at 9.35 a.m. on May 9th, '19

(b) (Here give a complete history, with dates of origin, of any affection from which the man has suffered, either prior to, or since enlistment, and not included in answer to Section 12 (a) above.)

Not known

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



13. (a) Did the disabling condition have its origin before enlistment? ..... **No**

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

14. Was the disability caused or aggravated; (a) by intemperance, or improper conduct; or, (b) by unreasonable refusal to accept treatment? ..... **Yes (a)**

The Regimental Documents will be referred to.  
(If the answer is in the affirmative, state in percentages to what extent the patient is incapacitated by that causation or aggravation. In answering this question Conduct Sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on Page 4.)

15. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ..... **N.A.**

16. Treatment: If the man has received any treatment since discharge from His Majesty's Forces.

- (a) Where treated..... )
- (b) Duration of treatment: from ..... **N.A.** ..... to .....
- (c) Nature of treatment..... )
- (d) Results of treatment..... )

17. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? ..... **N.A.**  
(If the answer is yes, state nature of treatment required and probable duration.)

18. (a) Can the former trade, or occupation, be resumed? ..... **N.A.**  
(If not briefly state why.)

(b) Name of Course in Industrial training, if any, taken by the man.....

19. (a) If the man requires any orthopædic accessories, state exact requirements ..... **N.A.**

(b) If any such have been supplied, state date.....

20. (a) Is the identity of the man satisfactory? ..... **Yes**

(b) Has the discharge certificate been presented?.....

21. Recommendations: ..... **N.A.**

*W. C. Gandy M.D.*  
Signature of Medical Representative by whom the case is brought forward.

**STATEMENT OF THE MAN**

22. (Sections 9, 10, 11 and 12 are to be read to the man, and either "satisfied" or "not satisfied", struck out.)

I, the undersigned..... have heard read the description and history of my disability, and present condition, and am satisfied (or not satisfied) with it, and have not withheld any information concerning any affection from which I suffered, either prior to, or during service. (If dissatisfied, statement should follow.)

I complain, in addition of: .....

.....  
Signature of man examined.

OPINION OF MEDICAL BOARD

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

*Concur*

24. A. State specifically whether treatment is required or not. *MD*  
(Any further recommendations as to disposal e.g. Employment or Vocational Training, may then be made but the method of disposal must be carefully explained to the man.)

B. It is certified that the man :

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

*Disd May 9<sup>th</sup> 19 - Acute alcoholism*

- (b) ~~Does not require treatment.~~
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

25. It is recommended that the man be discharged. (When not for discharge add special recommendation.)

Before signing the Senior Medical Representative of the Medical Board will read the statement signed by the man and differing opinions regarding Sections 9, 10, 11 and 12; as recorded in Section 23, to the man and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 9, 10, 11 and 12 only, recorded in Section 22, the man is dissatisfied with the statement previously made, the remarks of the Medical Board will be added here.

Place *Montreal*

*[Signature]*  
Senior Medical Representative.

Date *9/5/19.*

Member.

26. TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. I have had read and explained to me the consequences of such refusal as provided for in Order in Council, P.C. 1366, Clause 20.

Witness..... Signed.....  
(Should the refusal of the man to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of Medical Officers should so state.)

Place..... Senior Medical Representative.

Date..... Member.

APPROVED BY

APPROVED BY

Unit Medical Director..... Unit, S.C.R.

Director of Medical Services, S.C.R.

Date.....

Date.....

V.D. SYPHILIS

Overseas... yes .....

Canada.....

No 503135 Rank Pte Name Kemp J H Unit DD 4 .....

Examined (date) 20-1-19 Wasserman negative .....

Lymphatic System.....

0.12

Local Ulceration.....

none

Infectious..... Non-Infectious.....

no

Is further treatment required? Yes Has he been so warned.....

Remarks.....

Fit for discharge

ST. GEORGES MILITARY HOSPITAL, MONTREAL.

In Anterior View  
M.O. 1/c V. D. - M. D. 4.

1847

1847

1847

1847

1847

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

1201  
K 1200

OVERSEAS CONTINGENTS

9-2-16

Aug 1/16  
Mch 1/18

RATE OF SEPARATION ALLOWANCE

20	25	30	
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RATE OF ASSIGNMENT

16			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 503135-  
 Rank *Spr.* Promoted Reverted Discharge  
 Soldier's Name *J. H. Kemp*  
 Battalion *Can. Engrs. Dft 17*  
 Beneficiary *Mrs. B. Kemp*  
 Relationship *wife*  
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Bertha Kemp*  
 Address *576-30th Ave East Vancouver B.C.*  
 Change of Address  
 1 *170-21st St. San Diego, Cal usa*  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31	—	234	80	314	
Jan	3244	65	16	81	
Apr	4096	65	16	81	
May	17341	65	16	81	
June	11925	65	16	81	
July	33140	65	16	81	
Aug	35495	65	16	81	
Sept	49161	65	16	81	
Sept	42781		224	224	
Oct	43912	45	16	61	
Oct	71743	20	16	36	
Nov	78478	25	16	41	
Dec	90001	45	16	61	
		779	464	1243	

9916-f-4

Issue no further cheques till better address 19-18-17 C2 M R O 2<sup>a</sup> 17/18  
 No Cheques for I.A. or A.P. till better address. 25<sup>th</sup> B.  
 Last cheque P. 29117 Jan. 1917. S.A. MRO 7287 17/18  
 Reopen Act without loss of time per P. J. Telyan 15<sup>th</sup> 16  
 OK Lieut Gordon 17<sup>th</sup> 16  
 18 Nov. 1916 M.Y  
 A.P. last cheque Dec 1916, # 636020 Cto 13<sup>th</sup> 17  
 A transferred to mother from deb-suspended pay arrears at rate of 40% per mo. per Auth SB 9/4/18.  
 M.P. transferred to mother per 27m 2/3/18. Mch 11/4/18 from  
 March 1<sup>st</sup> 18. aff l cheque ordered for mch/18, 11/4/18 mailed 12/4/18  
 Adj cheque for apr ordered 17/4/18 mailed 16/4/18  
 Apr last cheque ord to adj for 1/17 to 1/3/18 M 17/18  
 263912 Ordered June 9<sup>th</sup> 18 per H 3743 - Cane - 10<sup>th</sup> 18 & M 12<sup>th</sup> 18  
 Mailed 28<sup>th</sup> 18 per L.H. 8303 - Cane 31<sup>st</sup> 18

A/c Closed 31-12-18  
 Ret'd per *Olympic*  
 Date *14<sup>th</sup> 18* M.F.W. 187 19<sup>th</sup> MD# 3  
 Closed *19<sup>th</sup> 18* C.A. Mch

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 2320-M. & D. 1988.

Alteration H 14126-21<sup>st</sup> 18  
 signed and 11/4/18  
 Mch 27940-19<sup>th</sup> 18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

*12/2/30*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7193.

*12/2/30*







Reserved for M.H.C. MEDICAL HISTORY DOCUMENTARY HISTORICAL RECORD

Regt. No. *503035* Rank *Sgt* Surname *Howard* Christian Name *William Howard*

Unit or Corps—(a) Overseas from United Kingdom, (b) in United Kingdom

Born at—Town *London* County or Province *London* Country *England*

Date of Birth—Day *30* Month *August* Year *1882* Age *36* yrs. *2* months

Joined at *Vancouver, B.C.* Date *1916*

Former trade or occupation *Plumber*

Permanent Marks or any peculiarity that will serve for future identification:  
*ROUGHLY CIRCULAR SCAR OVER RIGHT SCAPULA, SCAR IS TWO-THREE INCHES IN DIAM.*

Height—feet *5* inches *3* Colour of eyes *Blue*

Signature of Soldier (for identification purposes) *W. Howard*

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a) *D.A.H.*

Disabilities Group (b) *NOT APP.*

Disabilities Group (c) *NOT APP.*

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<i>SERVICE CONDITIONS</i>	<i>FRANCE FEB. 1917</i>
(ii.) As to Group (b) above.	<i>NOT APP.</i>	
(iii.) As to Group (c) above.	<i>NOT APP.</i>	

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? *NOT APP.* If yes, has Active Service aggravated it?

(ii.) As to Group (b) above? *NOT APP.* If yes, has Active Service aggravated it?

(iii.) As to Group (c) above? *NOT APP.* If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? *YES*

(ii.) As to Group (b) above? *NOT APP.*

(iii.) As to Group (c) above? *NOT APP.*

5. MEDICAL HISTORY.

DOCUMENTARY HISTORY M. H. S., admitted to R. M. H. Richmond Surrey, 19/3/17 Hernia (L. Ing.) operation Radical cure & discharged 11/4/17  
 admitted C. M. H. Hastings 12/4/17 Convalescing following hernia operation  
 Discharged 11/1/17 admitted 14 L. G. H. Eastbourne 20/2/18 U. D. S.  
 Phemonis, Transferred Chery in line M. H. Cambridge 26/8/18 U. D. S.  
 discharged 21/10/18, admitted C. G. H. Etching Hill 21/10/18 Generalized  
 Syphilis - discharged 6/11/18.  
 Board, Cowborough, Nov. 25/16 L. Ing. Hernia Gut.  
 Board, Shoreham Oct. 9/14 S. A. H. L. 2

SOLDIER STATES was in France 6 months. Developed Hernia in Ottawa was operated on after coming back from France, was a year before operation. Operation followed in a operation has had pain in left leg for weeks. He was buried in France due to shell explosion. Was returned from France due to Hernia.

6. PRESENT CONDITION.

COMPLAINT. Shortness of breath. Pain & sores over scar left from hernia operation. Pain in legs during wet weather.  
 EXAMINATION. Soldier is fair well nourished. Has just returned 8 days from U. D. S. Hospital. Heart not enlarged. No murmurs. rate of heat at rest 106. Rending rapidly 10 times brings pulse rate up to 140 with visible shortness of breath. Lungs - normal, nervous & gut - apparently normal. Digestive & urinary syst. normal.  
 Scar from hernia operation - not tender to touch or pressure. No evidence of myalgia present now.

7. OPERATION. (i) Was one performed? YES. (ii) If so, state what. L. Ing. Hernia operation  
 (iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.  
 8. (i) Is there loss or decay of teeth attributable to Active Service? YES  
 (ii) If so, describe. two teeth extracted.

9. DO YOU RECOMMEND:—  
 (a) Fit for duty? YES. T. B. 1  
 (b) Invalid to Canada? No  
 (c) Discharge from the Service as permanently unfit? No

Date of Report Nov. 14 1918  
 Station SEAFORD  
 Signed A. E. M. L. Officer in medical charge of case

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except  
 Dated at Station, on 1918  
 \*Delete if inapplicable.



Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? No Aggravated? No

(b) Misconduct of the Soldier { Caused? No Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Twenty per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?

(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

All

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

No

(ii.) If not permanent, what is its probable minimum duration (in months)?

Three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Not App.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Authority A. B. telegram 9083-11-11-14. After exercise pulse rate 136 - five minutes to return to 120 - Rate before exercise 104. Local not enlarged - thyroid not enlarged - history of return from hospital for 10 days after treatment for U.D.S.

19. RECOMMENDATION:—

(a) Fit for duty?

Yes BT

(State category)

(b) Invalid to Canada?

(c) Discharge from Service?

as permanently unfit?

Date of Board

14-11-18

Station

Seaford

Approved

Joseph Downby Maj. Genl. A.D.M.S.

Dated at

Seaford

Station

14-11-1918

Signatures of the Board: J. W. Marshall Capt. President, W. W. ... Capt., J. ... Capt.