

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Kirton*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *Sherbrooke Ave.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Abredein, Scotland.*
3. What is the name of your next-of-kin?..... *Mrs. M. Kirton*
4. What is the address of your next-of-kin?..... *Abredein, Scotland 24 1/2 Young St*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *November, 14 1882*
6. What is your Trade or Calling?..... *Granite Cutter.*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes.*
9. Do you now belong to the Active Militia?..... *yes. 5th P. H. C.*
10. Have you ever served in any Military Force?.. *yes. 1st Gordon Highlanders*
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, *James Kirton*, 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 *January 25* 1917. *J. Kirton* (Signature of Recruit)
Samuel Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Kirton*, 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 *January 25* 1917. *J. Kirton* (Signature of Recruit)
Samuel Smith (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 *Sherbrooke* this *25th* day of *January* 1917.

[Signature] (Signature of Justice)

Description of James Kinton on Enlistment:

Apparent Age 35 years — months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft 4 1/2 ins.
 Chest measurement: (Girth when fully expanded 35 ins 36
 Range of expansion 3 ins 4
 Complexion Dark
 Eyes Blue
 Hair Auburn

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

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 Jan 25 1917
 Place Montreal, P. Q.
 Medical Officer [Signature]

*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:—

FIT
[Signature]
 Major
 I certify that this man has been before the STANDING MEDICAL BOARD and has been found fit.
[Signature]
 Capt. Officer in Charge Mobilization Centre

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature] (Signature of Officer)
 Date Jan 25 1917
 2nd Reinforcing Co. 5th R. H. C., C. E. F., Lieut. O.C.

The Board considers this man unfit for the present - 1 - weeks. H. Aubryway.

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2 *Sent to B.P.C. (11/3/18)*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 3

M 7 W 67-2

*will
1 copy will*

DISCHARGE DOCUMENTS

Name

Kirton James

Regt. No.

2075354

Rank

Pte

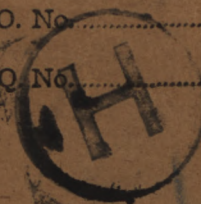
Corps

2nd Reinf. 5th B. H. C.

Deceased

R. O. No.

H. O. No.



*21/4.20
Sent to B.P.C. (11/3/18)*

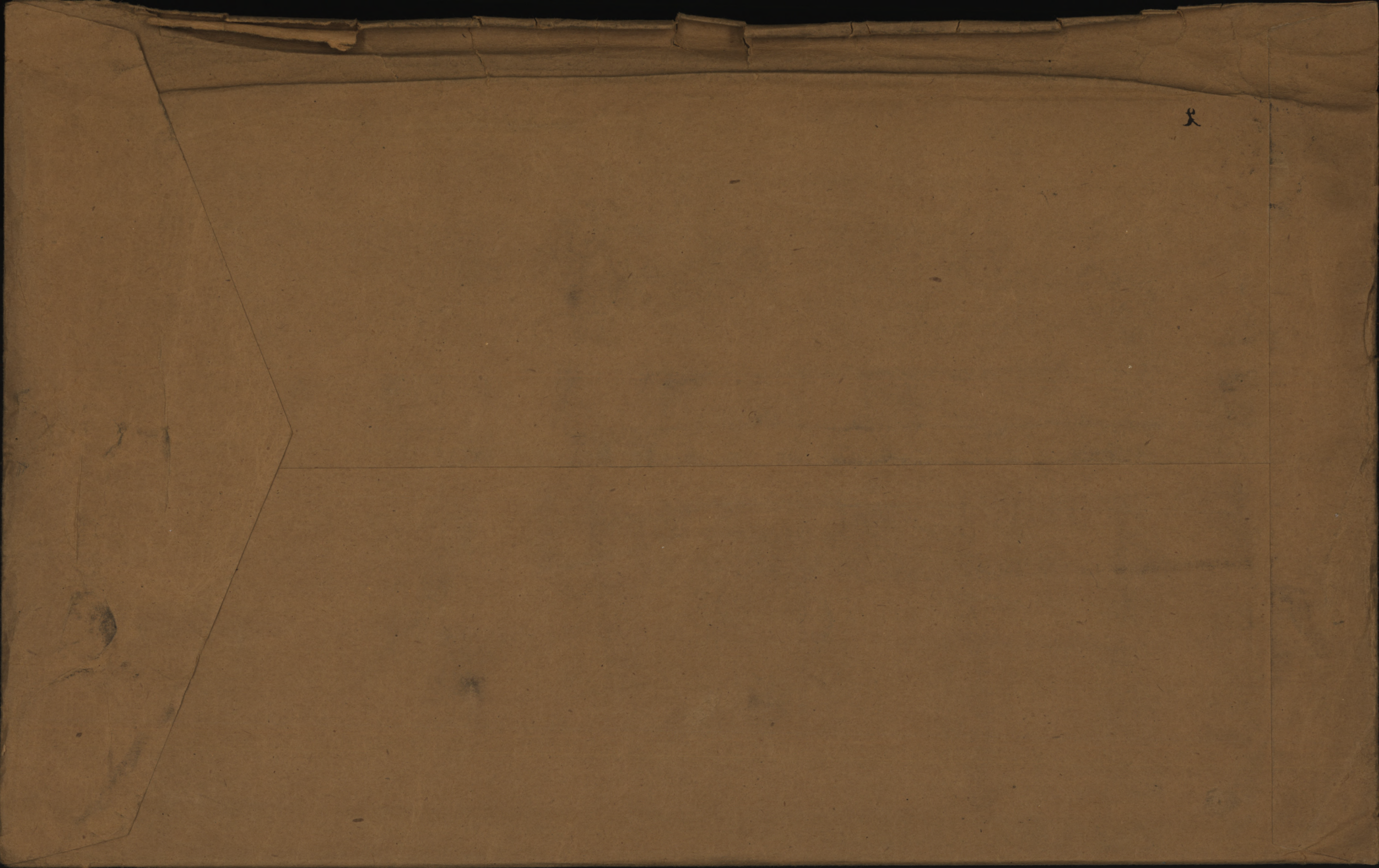


11296

*6-31
19-31
32-31*

Large handwritten scribbles and initials in blue and red ink.

*Mx
12/2/18*



To be made out in duplicate.

H.Q. 54-21-23-53

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.

2nd Reinforcing Co. 5th R. H. C., C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 2075354

(3) Full Name of Soldier..... James Kinton

(4) Place of Birth..... Aberdeen

Scotland

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife..... NOT APPLICABLE

(b) Present Postal Address..... NOT APPLICABLE

(7) Are you a widower? No

(8) Have you any children? NOT APPLICABLE

If so, give number of boys and girls..... NOT APPLICABLE

Also their names and ages..... NOT APPLICABLE

(9) Is your Father alive? *No*

If so, state name and address *NOT APPLICABLE*

(10) Is your Mother alive? *Yes Mrs M. Hunter*

If so, state name and address *24 1/2 Young St.*

Aberdeen, Scotland

(11) If your Mother is a widow.....

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.

\$20.00 per month. Only son and only support.

(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.

NOT APPLICABLE

(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? *NOT APPLICABLE*

Have you made arrangements for payment of your Insurance premium? *NOT APPLICABLE*

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

Date *Jan 25th 1917*

W. Murken
Officer Commanding.
Lieut. O.C.
2nd Reinforcing Co 5th R. H. C., C. E. F.

5TH ROYAL HIGHLANDERS OF CANADA, 2ND REINF, CO, C. E. F.

STATEMENT OF MEN WHO HAVE BEEN DISCHARGED BY DEATH SINCE
THE INCEPTION OF UNIT, TILL MARCH 17TH, 1917.

Regt. No.	Rank	Name	Date of enlistment	Date of Death
2075354	Pte	James Kirton.	<u>4/2/1917.</u>	<u>9/3/1917.</u>

*W. M. Molsen
Lieut.*

*James Kirton
2075354 Pte.*

1948

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

REPORT OF RESEARCH

BY

ROBERT

W. W.

WILSON

AND

ROBERT

W. W.

WILSON

AND

ROBERT

W. W.

WILSON

1948

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 2075354 Rank Pte. Name James Kirton.
 Corps 2nd Reinforcing Coy. 5th R.H.C. who was * Discharged on a/c of Death
 On March 9th 1917, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.		\$	c.	CR.		\$	c.
	Bal. Dr. from previous month.....				Regimental pay 9 days at \$.1. c00.....	9	00
To	Total payments during period				Field allowance 9 " \$. c10.....	90	
	from.....				Other allowances.....		
From	Assigned Pay.....				Uniform		
	Other Charges (give particulars).....				Other Credits (give particulars).....	5	00
	Bal. Cr. on discharge or transfer.....	14	90		Bal. Dr. on discharge or transfer.....		
	TOTAL.....	14	90		TOTAL.....	14	90

The amount shewn as Balance Cr. due on discharge or transfer has † Not been paid.

Monthly stoppage on account of assignment of pay is \$ 15.00, and has been charged in Paylist for month of February 1917

† Insert "been" or "not been," as case may be.

REMARKS:—

State (1) date of enlistment..... 4/2/17 Card is being held pending receipt of letter from Minister, Widowed mother see our weekly return 10/3/17
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge and authority..... Death

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

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

Date March 10th 1917

Place Montreal, Que.

W. W. Wilson
Paymaster

STATEMENT OF SERVICE

I, the undersigned, do hereby certify that the following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

Name of Soldier: _____

Rank: _____

Period of Service: _____

Place of Service: _____

The following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

Name of Soldier: _____

Rank: _____

Period of Service: _____

Place of Service: _____

The following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

Name of Soldier: _____

Rank: _____

Period of Service: _____

Place of Service: _____

The following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

Name of Soldier: _____

Rank: _____

Period of Service: _____

Place of Service: _____

The following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

Name of Soldier: _____

Rank: _____

Period of Service: _____

Place of Service: _____

The following is a true and correct statement of the service rendered by the above-named soldier during the period specified in the margin of this statement.

FORM OF WILL

I, James Kirton (Name in full)
 Regimental Number 2075354 serving in 2nd Reinforcing Co
S R H C
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and
 declare this to be my last Will.

I devise all my real estate unto

<u>Margrat Kirton (Mother)</u>	} Name and Address of person or persons to whom it is to go.
<u>24 1/2 Young St Aberdeen</u>	
<u>Scotland</u>	

absolutely, and my personal estate I bequeath to

<u>Margrat Kirton (Mother)</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>24 1/2 Young St Aberdeen</u>	
<u>Scotland</u>	

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this sixth day of February A.D. 1917

James Kirton Signature of Soldier.

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

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

Signature of First Witness Howard Hutchings
 Address of Witness 4331 Reshion Ave. Westmount P.Q.
 Occupation of Witness Soldier
 Signature of Second Witness A. M. Donaldson
 Address of Witness 202 Caspian St Montreal
 Occupation of Witness Accountant

FORM OF WILL

Re: James M. [unclear]
No. 101
I, the undersigned, being duly qualified to receive applications for the admission to probate of wills, do hereby certify that the within and foregoing is a true and correct copy of the will of the above named person as the same appears from the original thereof filed with me, and I declare this to be my last will.

I have all my real estate
I have all my personal estate
and my personal effects
and my personal effects
James M. [unclear]
of the County of [unclear] State of [unclear]

NOTE
IMPORTANT
NOTE
I have hereunto set my hand
and the seal of the County of [unclear]
State of [unclear] this [unclear] day of [unclear] A.D. 19[unclear]

Witness my hand and the seal of the County of [unclear] State of [unclear] this [unclear] day of [unclear] A.D. 19[unclear]

[Signature]
[Signature]
[Signature]
Occupational witness

MEDICAL HISTORY SHEET

Surname Kinton Christian Name JAMES

Examined { on 25th day of January 1917
 at Sherbrooke Que.
 Birthplace { City or Town Aberdeen
 County Scotland

Approved by [Signature]
 Rank Private M.O.

Apparent age 35 years
 Trade or occupation Granite Cutter
 Height 5 feet 4 1/2 Inches
 Weight 135 lbs.
 Chest measurement { Minimum (35) 3/4 inches
 Maximum expansion 36 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>27/1/17</u>	<u>Unfit</u>	<u>Dr. Aubrey</u>	<u>Major</u>
<u>3-2-17</u>	<u>Fit</u>	<u>Dr. MacFarquhar</u>	<u>Major</u>
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right Left
 Number 2
 When Vaccinated last Child

Date	Result	VACCINATIONS	M.O.
			M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>5/2/17</u>		<u>L.H. Roberts</u>	<u>Captain</u>
<u>26/2/17</u>		<u>L.H. Roberts</u>	
<u>7/3/17</u>		<u>L.H. Roberts</u>	

Enlisted on 25th day of January 1917 at Sherbrooke Que.

CORPS	REG'T NUMBER	HABITS	DATE

2nd Reinforcing Co. 5th R. H. C. C. E. F.
 2075354

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>26-2-17</u>	<u>Fit</u>	<u>Examined by Med. Board Pres. C.H. Church, Capt C.H.C.</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.

25-1-17
MILITIA AND PENCE

Duplicate

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-813.

SEPARATION ALLOWANCE

Name *Mrs Margaret Kirton*Name of Soldier *Kirton, James*Address *24 1/2 Young St.
Aberdeen*Regtl. No. *2075354*Rank *Pte**Scotland*Corps *2nd Reinforce*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

*207
W. Mother*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Sent to Pension 8-6-17
Sept.				Copy of letter attd 14-11-17
Oct.				Stat Dec sent 29-6-17
Nov.				No pension applied for
Dec.				
Jan.	1915			
Feb.				Soldier deceased 9-3-17
March				P.M.D 4-4-17
Apl.				
May				
June				Authority General Auditor 12-7-17
July				to date of decease 9-3-17
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			stop
Feb.				
March				

Canadian Pay Office.
Received by Pay II.

JUN 7 1917

and Passed for action to
Date

Sub-Div.

A.
B.
C.
D.
E.
F.
G.
H.
PB's
Obs.

Sub-Div.	Date
A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
PB's	
Obs.	

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

Duplicate

M. F. W. 11a.
 50m.-6-16.
 1772-39-818.

Sheet No. 2.

M^{rs} Margaret Kirtou

W. Mother
PAYMENTS. *Pte*

Name of Soldier *Kirtou, James*

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				<i>Soldier deceased 4-3-17</i>
April				<i>P.M.L 4-4-17.</i>
May				<i>No payments made on this</i>
June				<i>afc in Canada.</i>
July		<i>A19299</i>	<i>30 33</i>	<i>Jan. 25 to Mar. 9/17 £6.4-8</i>
Aug.				<i>Stop</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

Canadian Pay Office.
 Received by Pay II.
 JUL 7 1917
 and Passed for action to
 Date
 Sub-Div.

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
PB's	
Obs.	

Canadian Pay Office.
 Received by Pay II.
 JUL 13 1917
 and Passed for action to
 Date
 Sub-Div.

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
PB's	
Obs.	

SEPARATION ALLOWANCE

Name *M^m Margaret Kirton*
 Address *2 1/2 Young St.*
Aberdeen
Scotland

Relation to Soldier }
 wife, child or mother } *W. Mother*

Name of Soldier *Kirton, James*
 Regtl. No. *2045354*
 Rank *Pte*
 Corps *2nd Reinforce 5th R.A.C*
 To what Corps belonging }
 when called out }

PAYMENTS

ENGLISH

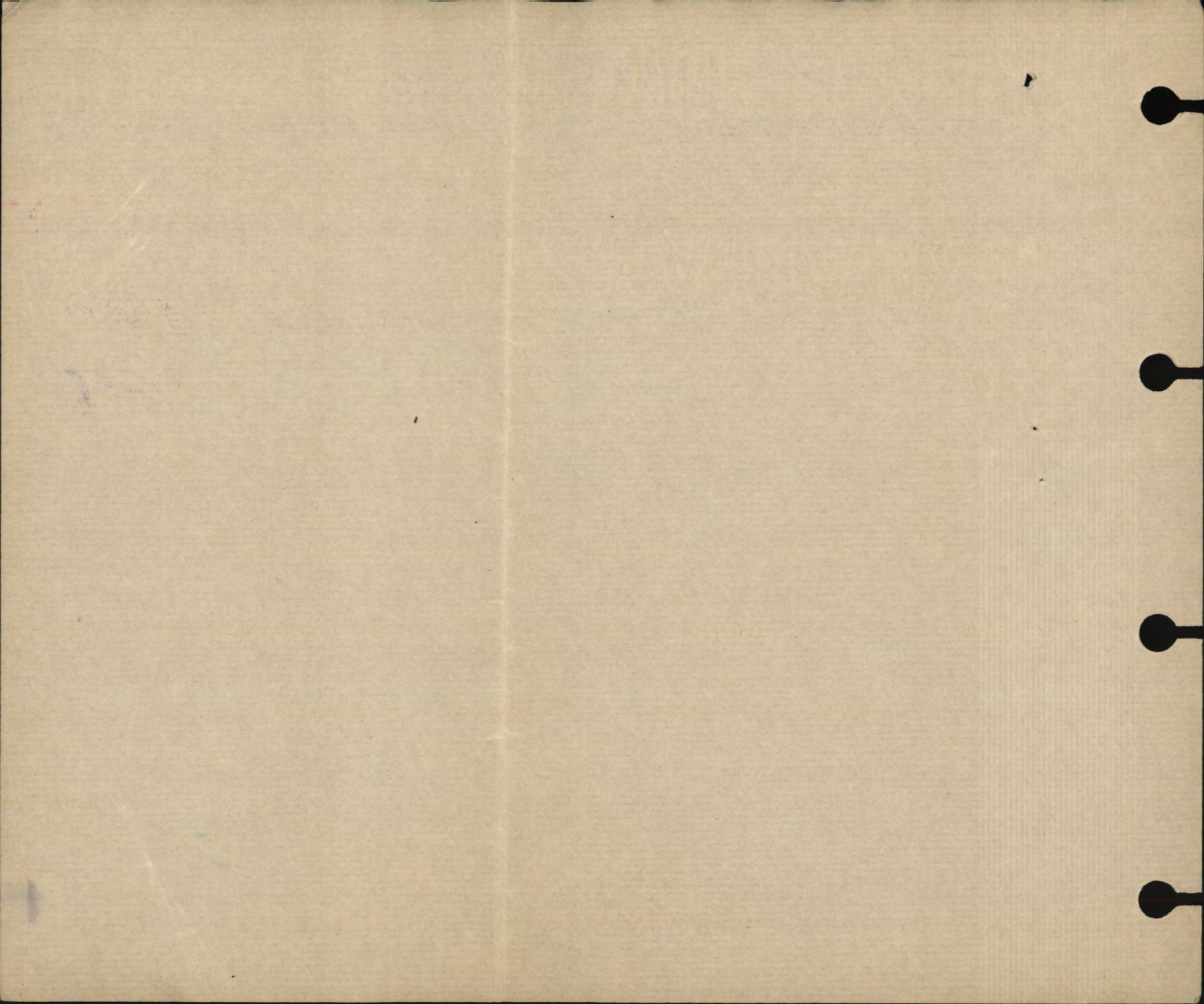
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Copy of letter attn to English sheet
14.4.17 LD

Soldier deceased 9-3-17
P.M.L 4-4-17

Duplicate sent to England
for payments

APR 18 1917



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*M^{rs} Margaret Kirtton**W. Mother*
PAYMENTS.

Name of Soldier

Kirtton, James

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			<i>Duplicate Sent to England for payment</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				<i>Soldier deceased 9. 3. 17 P. M. d. 4-11-17</i>
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.)

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.				

MEDICAL HISTORY SHEET

DUPLICATE

Surname Kirton Christian Name James *no card*

Examined { on 2^{5th} day of January 1917
 at Sherbrooke, Que.
 Birthplace { City or Town Abredeen
 County Scotland

Approved by [Signature]
 Rank Serjeant M.O.

Apparent age 35 years
 Trade or occupation Granite Cutter
 Height 5 feet 4 1/2 Inches
 Weight 135 lbs.
 Chest measurement { Minimum 35 3/4 inches
 Maximum expansion 36 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>27/1/17</u>	<u>Fit</u>	<u>H. Aubrey</u>	<u>[Signature]</u>
<u>3-2-17</u>	<u>Fit</u>	<u>Dr. MacFarquhar</u>	<u>[Signature]</u>

Vaccination Marks { Arm Right Left
 Number 2
 When Vaccinated last Chile

Date	Result	VACCINATIONS	M.O.

(a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>5/2/17</u>		<u>L. H. Roberts</u>	<u>Capt. [Signature]</u>
<u>26/2/17</u>		<u>L. H. Roberts</u>	
<u>7/3/17</u>		<u>L. H. Roberts</u>	

Enlisted on 2^{5th} day of the January 1917 at Sherbrooke, Que.

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	20 753 54			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>26-2-17</u>	<u>Tif</u>	<u>Examined by [Signature] M.O. [Signature]</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.

D. 9/3/11
SURNAME.

Kirtton

649-K-8600

CARD No.

X

CHRISTIAN NAMES

James

REGL. NO.

2075354

RANK

Pte.

UNIT

5th. Regt. (2nd. Reinf. Co.)

FORMER CORPS

5th. R. H. Co. Gordon High.

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kirtton, Mrs. M.

RELATIONSHIP TO SOLDIER

mother

ADDRESS

24 1/2 Young St., Aberdeen, Scot.

COUNTRY OF BIRTH

Scotland, Aberdeen

DATE

Nov. 24th. 1882

PLACE OF ATTESTATION

Sherbrooke, P. Q.

DATE

Jan. 25th. 1917

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Granite cutter

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

35

YEARS

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Sherbrooke, P. Q.

DATE

Jan. 25th. 1917

Present address, Sherbrooke, P. Q.,

Conduct for which Awarded.

KIRTON, J.

Pte.

2075304.

2nd. Reinf.
5th. R.H.C.

CROSS OF SACRIFICE.

Mrs. Margaret Kirton, (Mother)
24 $\frac{1}{2}$ Young St.,
Aberdeen, SCOTLAND.

Dep. 25 $\frac{1}{20}$ (588)

H.Q.

NAME

Award..... L.G. No..... Date.....

Reg. No. Rank Unit.....

Date of Rec't.....

How disposed of.....

Receipt acknowledged by District.....

.....

.....

(OVER)

No. 2075354 RANK *Plt*NAME *Kirton, Jas*

T. O. S. 25. 1. 17. UNIT

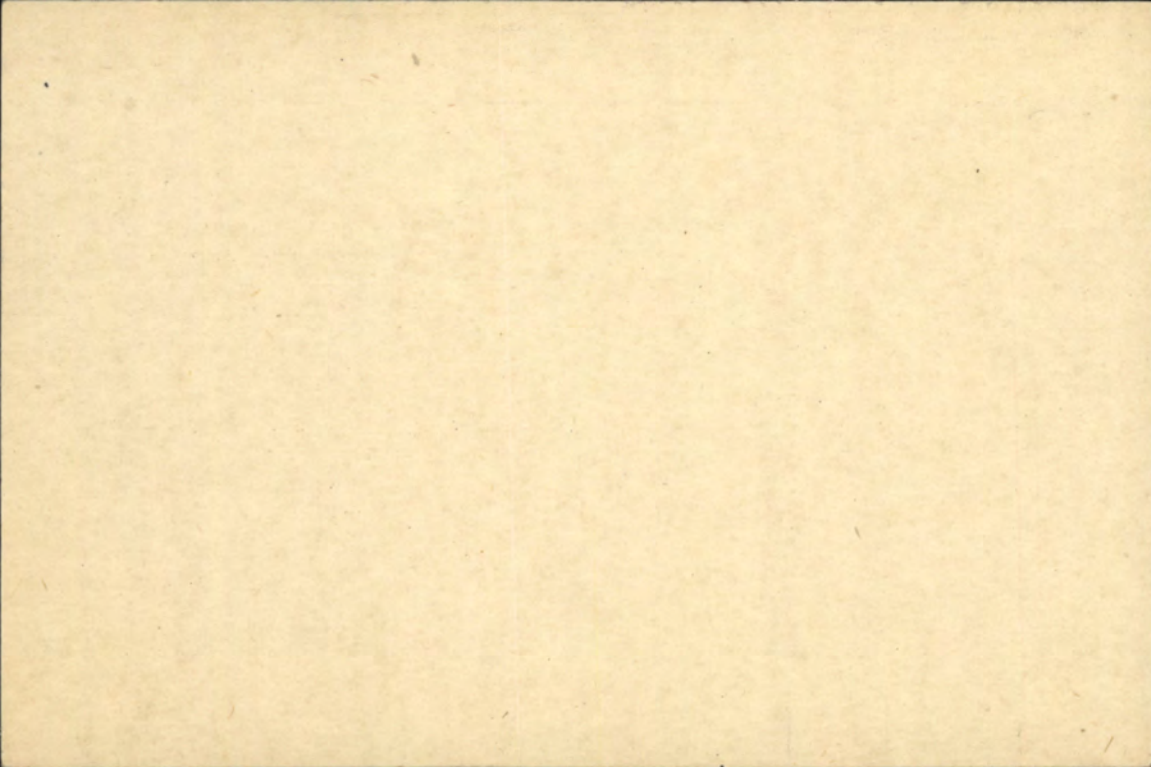
*5th Regt.**(S.O. 2507 29. 1. 17)**Royal Highlanders of Can*M. D. *4*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T*1917 1917**Jan. 25 Jan. 31**Plt.**Mar. 1 Mar. 9**✓**✓**N.**Deceased 9. 3. 17.**S.O. #57 of 9. 3. 17.**etc carried forward. N.*



179
REG. NO. 2075345⁵⁴ 1988

NAME Kinton J.
(SURNAME FIRST)

RANK *Rte* CORPS 5 R H B.

AGE 35 SERVICE

NAME OF HOSPITAL General Hospital PLACE Montreal

DATE OF ADMISSION 8-3-17

DISEASE Fractured Pile

DISCHARGE

OPERATION

~~DISCHARGED TO DUTY~~ Died 9-3-17

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Kirton, James P. 2nd Reinf. Co. 5th R.D. C. 272563
Not eligible for Star. Pte

2075354

Name & Address of Legatee.

Mother - Mrs. Margaret Kirton,
24 1/2 Young St.
ABERDEEN, SCOTLAND.

MEDALS
& DEC.

Name & Address of Next of Kin

Mother: - Mrs Margaret Kirton,

24 1/2 Young Street, Aberdeen, Scotland.

P. & S.
8733
Sheet 3
P & S.

Name & Address of female Next of Kin

MOTHER: SEE ABOVE.

COF S.

Desp JUN 18 1920 (mb) C/2384.

NAME

REG. NO.

FILE NO.

DATE IN

DATE OUT

P.A. OR B.F.

DATE
REQUIRED

REMARKS

M

349

~~Phone Dept. Regn. No. APR 1922~~~~Phone Dept. Regn. No. OCT 19 1921~~
Z53387


'Unmarried' on list to D.R. 15-2-20

+

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. <i>2075354</i>	
Rank <i>Pte</i>	
Name <i>Kirton James.</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>2nd Regt. 5th R.N.C.</i>	
Date of Discharge <i>March 14⁹ / 17 (Death)</i>	
Place of Discharge <i>Montreal, Que.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....years.....months. Height..... feet.....inches. Complexion Eyes Hair Trade Intended place of residence <small>(To be given as fully as practicable.)</small>	Descriptive Marks <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 20px auto;">  </div>
2. The above-named man is discharged in consequence of <div style="text-align: center; font-size: 2em; color: red; margin: 20px 0;"><i>Death</i></div>	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

*mt
12/20
40.*

*CB
22-3-17
10/20*

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.

(Place)..... (Signature of Soldier.)

(Date)..... (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).....

(Signature)

(Date)

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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

F. L. J. H.