

5th

ATTESTATION PAPER.

No. 51

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *John Roy Pierce*
 2. In what Town, Township or Parish, and in what Country were you born? *Rochester Kent England*
 3. What is the name of your next-of-kin? *Ruby Jennie Pierce (Wife)*
 4. What is the address of your next-of-kin? *562 Albert St. Montreal*
 5. What is the date of your birth? *March 17th 1893*
 6. What is your Trade or Calling? *Pipe fitter*
 7. Are you married? *yes*
 8. Are you willing to be vaccinated or re-vaccinated? *yes*
 9. Do you now belong to the Active Militia? *No*
 10. Have you ever served in any Military Force? *Canadian Mounted Rifles*
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*
- John Roy Pierce* (Signature of Man).
Murray (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Roy Pierce*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *FEB 3 1915* 1914. *John Roy Pierce* (Signature of Recruit)
Murray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Roy Pierce*, 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 3 1915* 1914. *John Roy Pierce* (Signature of Recruit)
Murray (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *3rd* day of *February* 1914.

Chas. H. Murray (Signature of Justice)
I certify that the above is a true copy of the Attestation of the above-named Recruit.
A. J. Pitts (Approving Officer)

Description of John Roy Pierce on Enlistment.

Apparent Age 36 years 11 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. 5 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

Five tattoo dots on right
 one on left

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 July 3 1915

Place Montreal

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

J.R. Pierce 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.

Date 27 Feb 1915

[Signature] (Signature of Officer)
 Lt. Colonel
 O. C., 5th CANADIAN MOUNTED RIFLES

a 645 6 Inf 31939

ATTESTATION PAPER.

No. ~~51~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 110453

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? John Roy Pierce
 2. In what Town, Township or Parish, and in what Country were you born? Rochester Kent England
 3. What is the name of your next-of-kin? Ruby Jennie Pierce (Wife)
 4. What is the address of your next-of-kin? 5621 Albert St. Montreal
 5. What is the date of your birth? March 17th 1873
 6. What is your Trade or Calling? Pipe fitter
 7. Are you married? yes
 8. Are you willing to be vaccinated or re-vaccinated? yes
 9. Do you now belong to the Active Militia? No
 10. Have you ever served in any Military Force? Canadian mounted Rifles
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
- John Roy Pierce (Signature of Man).
J. Murray (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Roy Pierce, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

John Roy Pierce (Signature of Recruit)
J. Murray (Signature of Witness)

Date FEB 3 1915 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Roy Pierce, 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.

John Roy Pierce (Signature of Recruit)
J. Murray (Signature of Witness)

Date FEB 3 1915 1914.

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 3rd day of February 1914.

Charles H. Smart (Signature of Justice)
Justice of the Peace

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

A. J. Pitts (Approving Officer)
Lieut

4-NDV ROCH

Description of John Roy Pierce on Enlistment.

Apparent Age 36 years 11 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. 5 1/2 ins.
Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.
Complexion Fair
Eyes Blue
Hair Light Brown
Religious denominations. { Church of England yes
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated)
Roman Catholic
Jewish

Tattoo dots on arms

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 July 3 1914

Place Montreal

[Signature]
Medical Officer.

*Insert here "fit" or "unfit."

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

.....
.....
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

JR Pierce 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.

Date 3 Feb 1914

[Signature] (Signature of Officer)
Lt. Colonel
O. C., 5th CANADIAN MOUNTED RIFLES

PIERCE JOHN ROY

110453

5 C.M.R.

8236

DEMOB

DECEASED

31-12-19

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



THE NATIONAL ARCHIVE

31/2/19

NAME

Pierce, John Roy

1914 S.O.S. No. 26-2-19
with 10063rd
3-3-19 "Detab." 4
1914

RANK & No.

Pte.

110453.

CORPS

5th C. M. R.

ENLISTMENT, PLACE

Montreal

DATE

Feb. 3/15 M.

FORMER CORPS

Canadian Mounted Rifles

COUNTRY OF BIRTH

England Rochester, Kent

NEXT OF KIN

Ruby Jennie Pierce, (wife)

ADDRESS OF NEXT OF KIN

~~97 Workman St.~~
136 Delisle St., Montreal P.Q.
S.A.A.P. 1415/17 S (see 173-1-20)

DISCHARGE, PLACE

Rp. 25-1-19 256/61 Cpl.

M. F. W. 22. 50 m. -1-15.

H. Q. 1772-39-839.

REMARKS:

No. 34

RANK

Pte.

NAME

Pierce, John Roy.

5224 April paylist

T. O. S. 3-2-15

UNIT

5th Canadian Mounted Rifles

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb. 2	1915 Feb 28.	✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED

JUL 18 1915



✓ PIERCE, John Cpl. 110453. ✓ 5th CMR. ✓ 649-P-3460.

Medals (Widow) Mrs. R. J. Pierce,
& Decs. 136 Delisle St.,
Montreal, P.Q.

M

P. & S. " " " " "

Memorial

Cross. " " " " "

a

Canada

*Elig. for 14-15 star 5th C.M.R. Pte
1914/15 star was despatched G.O.C. M.D. 4. 18/12/19.*

*E " " Wm
E " " B W Wm*

753

ac

W 642337 JAN 25 1921

1024

Name PIERCE John
Roy

Rank CPL.

645

Reg. No. 110453

Unit 5th C.M.R.

Next of Kin

Canada

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Oct. 5.	NO. 10 GEN HOSP	ROUEN	GSW. L. THIGH	A227	02718	
Oct. 14.	O.C. War Hq. Napsbury, St Albans.		Repts:—	B118.	02927.	
	— Seriously Ill —		— Do. —			
Nov. 25.	C.C.H. Woodcote Park Epsom		— Do. —	B149.		
30.3.17	Discharged.	(No.)	(No.)	B. 255.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	HRA (ab)		...			
			

PK
RS

Number 110453 Rank ~~Q/Cpl.~~ 03

Surname PIERCE

Christian Name John Roy

Units 5th Bn Can Inf Theatre of War France

Date of Service 24-10-15

Remarks Mrs. R. J. Pierce Widow

Latest Address 136 Delisle St.
Montreal
Que.

Roll No.

Page 7893

P

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 _____

Date of Medical Boards _____

Date _____

Remarks _____

DESP DEC 6 1921
REGN. NO. 1507

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

*Name PIERCE, John Roy. Rank Pte Regtl. No. 110453

Fyle Depot. 19-P-385

Original unit 5th C.M.R. Present unit DD 4 M. or S. M Age 45 Religion C.E. Ref. H.Q.

Port, ship and date of arrival Halifax. Emp Br. 22-1-19

Next of kin Ruby Jennie Pierce (W) 562 Albert St. Montreal

Address on leave.....

Address on discharge.....

Transportation issued ^{Yes} No Date..... Character on discharge.....

Previous occupation Pipe coverer Date and place of enlistment Feb 3-15 Montreal

Diagnosis..... Date of Medical Boards.....

Date	Remarks	Pt. 2 Order No.
30-1-19	T.O.S. fr. O/S 12-1-19 posted to Cas. Coy. 23-1-19	
	Fur. W/S to 8-2-19	30

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

(over)

Date

Remarks

Pt. 2 Order No.

3-3-19

SOS Discharged R.O. 1420 Para C Demo

#62

Eff. 25-2-19 Cat BII

645

Surname *Pierce* Christian Name or Names *J.R.* Reg. No. *110453.*

Rank *Cpl* Unit *5 Batt.* Co. *5 C.M.R.* Troop Batty
Hospital *10 Gen Rowen.* Date of Admission *5-10-16.*

Transferred *Rapsburg War* Hosp.

Epsom Row. Hosp. *25.11.16.*

Hosp.
Hosp.

Diagnosis *G. S. W. Lt. Thigh*

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C 13-10-16 - 227
- 17.10.16 B113'
9.12.16 B149
6.6.17 B255(2)

REMARKS

Ser. Ill. 14.10.16
Disch 30.3.17

A.M.D. 2 Dept.
 Bch. of D.G.M.S. O.M.F.C. London

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

ORIGINAL.

MEDICAL HISTORY SHEET.

645

Surname Pierce Christian Name J

Examined { on 25th. day of May 1915
 at Sherbrooke, P.Q.

Birthplace { City or Town Kent.
 County England

Approved by J.R. Goodall
 Rank Capt M.O.

Apparent age 38 years

Trade or occupation Mechanic

Height 5 Feet 6 Inches.

Weight 148 Lbs.

Chest measurement { Minimum 34 1/2 inches.
 Maximum expansion 37 1/2 inches.

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

20 OCT 1916

Physical development..... M.O.

Small-Pox Marks..... M.O.

Vision 5/5

Vaccination Marks { Arm Right Left
 Number 7 on left arm

Date	Result	VACCINATIONS.
<u>9-7-15</u>	<u>Capt J.R. Goodall</u>	M.O.
		M.O.
		M.O.

When Vaccinated last.....

(a) Marks indicating congenital peculiarities or previous disease.....

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17-5-15</u>	<u>Capt J.R. Goodall</u>	M.O.
<u>26-5-15</u>	" " " "	M.O.
<u>30-6-15</u>	" " " "	M.O.

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

Enlisted on 3rd. day of February 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th. Coy. R.</u>	<u>110453</u>		
Transferred to.....	<u>23RD RESERVE BATTN</u>	<u>C.E.F.</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shoreham</u>	<u>26 June 17</u>	<u>S.S.W. Left Buttock</u>	<u>Btl 210th Lt Col</u>
<u>Transfield</u>	<u>13/8/18</u>	<u>None</u>	<u>Bone</u>
<u>Summing date</u>	<u>18.12.18</u>	<u>Sclerous</u>	<u>Btl 7th</u>
<u>Montreal</u>	<u>20/2/1919</u>	<u>GS Lt</u>	<u>Montreal</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.

CANADIAN

645

Surname

Christian Name

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				
The County of Middlesex War Hospital, Napsbury, near St. Albans.		13	10	16	24	11	16.	G.S.W. fronto-occipital.	43.	Wound healing.	E. W. Eggett.
		9	3	17						wound healed after few months treatment. Mar 9. 17	
M. G. H. Chapman		24	11	16				G.S.W. Lt. thigh		Wound well healed Feels well.	J. B. Wood Capt.

Subscribed and sworn to before me this 1st day of February 1917 at Napsbury, County of Middlesex.

PIERCE J.R.

645

E

110453

R-122

Rank

Name

Reg'l No.

Unit

5th C.M.R.

If in perm. Corps,
What Unit?

Married or Single

Married

Place and Date of Enlistment

Montreal. 3. Feb 15

Place of Birth

England

Name and Address, Next-of-Kin

Mrs R.J.Pierce

562 Albert St, Montreal.

Canada

Relationship

Wife

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 4,796

File No.

Category

CAN. OR

45 11333 P17 oc
appe

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

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				
	cmk.				
21.5.15	OC 5th.	Forfeits 1 days pay. AWL.	Sherbrooke	21.5.15	PT D.O. 41
.9.15	---	" 2 " " "	Valcartier	.7.15	--- 70
		Embarked for France.		2.4 OCT 1915	
16.9.16	---	To be Lance Corporal.	Field.	17.16	PT. D.O. 40.
13.10.16.	---	No. 10 General Hospital.	Rouen.	5.10.16.	C.L.R. 227. G.W. Lt. Tiph. 64.
24-10-16	---	Transferred to C.C.A.C.,	Shoreham.	12-10-16	Part II 5th W Specially ill.
17.10.16.	---	War Hospital, Rapsburg.	St. Albans.	14.10.16	C.L.B. 113. G.W. Lt. Tiph.
21-10-16	bl ab.	Taken on strength.	D'ham	14-10-16	PT 461
18-10-16	5th C.M.R.	To be act/cpl. with pay.	Field	24-9-16	PT 53.
9-12-16	do.	Std to be on base Hosp	Epsom.	25-11-16	6/B. 149. G.W. Lt. Tiph.
14/3/17	2nd QueRD	T.O.S. FROM CCAC.	Shoreham	10-3-17	Pt. 2.0 5

on +
19-1-21
ac.95 112 13
oc

110453 PIERCE J.R.

645

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				
11.3.17	C.C.A.O.	S.O.S. on transfer to 2nd Quebec Regiment	Hastings	10.3.17	Pt. II D.O. 117
2.4.17	2nd Lieut Reg	In command of 3 Ban Com Det	Shoreham	30.3.17	PII 90 204 + 3000 Pts 39
6.6.17	6cm R	Discharge from Hosp. Epsom		30.3.17	CL B 255. G.S.W. L.Thi. 18517
17.5.17	2 Q.R.D.	S.O.S. to 1 Q.R.D.	Shoreham	11.5.17	Pt II 63 & Pt II 65 1 Q.R.D.
14.6.17	23 Res	T.O.S from 1 Q.R.D.		14.6.17	" 162 & Pt II 90 16 1/2 1 Q.R.D.
15.6.17	3ced	Ceases att'd. Ref to 23 Res. St. Leonid		14.6.17	" 99
5.9.17	23rd Res	S.O. on posting to 1st Q.R.D. ^{app} Shoreham _{+ att'd 23rd Res}	Shoreham	4.9.17	" 245.
7.9.17	1st Q.R.D.	Re T.O.S from 23rd Res + att'd 23rd Res	"	4.9.17	" 161
28.10.17	23rd Res	Ceases att'd on return to 1st Q.R.D.	Bramblett	27.10.17	" 298.
29.10.17	1st Q.R.D.	Ceases att'd to 23rd Res	"	28.10.17	" 206
4.11.17	BD.C.F.C.	T.O.S from 1st Q.R.D. ^{app} S. Dale	S. Dale	6.11.17	" 165. Pt II 214 16.11.17 1st Q.R.D.
18.12.17	"	S.O.S to 52 Dist ^{app} Carlisle	"	17.12.17	" 201 (Pt II 0143) S.O.S. 029-12-17 52 Dist
11.12.18	52 Dist	S.O.S to B.D.C.F.C. ^{Rank Amended by p II 3 of 11-1-19} ^{app} Carlisle	Carlisle	11.12.18	- 78 p II 0. 298. 14/12/18 T.O.S. B.D.C.F.C. ^{app} Carlisle
31.12.18	B.D.C.F.C.	On Comd to Rtyl. ^{app} S. Dale	S. Dale	30.12.18	310 to Rank
		S.O.S to CEF CAN. MD. ^{app} Carlisle			
		ED.C.F.C. P II 023 628.1 Ig			

II

645

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 5th C.M.R.'s

Regimental No. 110453 Rank Pte. Name Pierce J.R.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
29/12/17	O.C. 52 Dist. CFC.	T.O.S. 52 Dist. at 132 Coy. on posting from Base Depot.	CARLISLE.	17/12/17.	Pt. 11 D.O. No. 145.
11-12-18	Do	<i>L.O.S. no 52 Dist CFC at Carlisle 132 Coy on posting to Base Depot</i>	<i>Carlisle</i>	11-12-18	<i>Pt. 11 D.O. no 48 Capt & Adj. for O.C. no 52 Dist CFC</i>
14.12.18		<i>O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 132 Co Dist 52</i>		11.12.18	<i>Pt. 11 D.O. 298</i> <i>Edwards Lt. & A/Adj. For O.C. Base Depot, Canadian Forestry Corps.</i>
12-1-19		<i>Attached to C.G.C. Kinnel Park for return to Canada Part II Order No.</i>			
		<i>Ceases to be attached C.G.C. Kinnel Park on 12-1-19 for Canada Part II Order No.</i>			
					<i>Lieut. for O.C. M 10 455 C.W.</i>

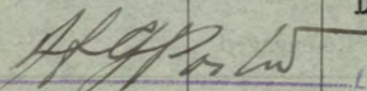
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

645

Casualty Form - Active Service

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				
26/2/19.	S.O.S. Discharged.	DEMOB. CAT. B2.			DD4.D.O.62.  Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

I 1094 31939

645
Army Form B. 103.

10/10/16

Casualty Form—Active Service.

Regiment or Corps 5th Canadian Mounted Rifles

Regimental No. 110453 Rank Pte Name Pierce J. B.

Enlisted (a) 3.2.15. Terms of Service (a) Duration of war. Service reckons from (a) 3.2.15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

LANDED IN FRANCE
24.10.15.

14.6.16
19.8.16
X 30.9.16
12.10.16

Unit
do
10 Men.

Granted 6 days leave of absence
to 10/10/16 paid
" " 10/10/16 paid
10 Men. 10/10/16. to England.

Field
Field
do
St. George.

8/6/16 B213
1-7-16 B213 pt II 40
24.9.16 B213. Pte 53. d. 19/10/16
12/10/16. 13083 to 6548. Pte 54 d. 24/10/16

J. Johnston

Lieutenant
Lieutenant

for Lt Col. A.A.G.
for Col. A.G.

9-NOV-REC

24.10.16
24.10.16
17.10.16

5 C.M.R.
6 C.M.R.
5 C.M.R.

Transferred to 6 C.A.B.
Taken on Strength
Adm War Hospital Napsbury.

Shoreham
St Albans

12.10.16 Pte 054
14.10.16 Pte 00461
14.10.16 6/B113 68d. High Secy Ill

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

P.T.O. [P.T.O.]

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				
10.10.16	5 th Bn R	To be. Act/Pl with Pay.	Field	24.9.16	Pl II DO 53.
9.12.16	---	Trans to Can Gen Hosp.	Epsom	25.11.16	Pl B 149. 23rd L. High.
11.3.17	CCAC	S.O.S. on Posted to 2 nd Que Depot. Shoreham	Shoreham	10.3.17	Pl II DO. 114.
14.3.17	2 nd Que Regt	Taken on Strength from CCAC	---	10.3.17	Pl II DO 5.
					Lieut. <i>Linwood</i> for Colonel i/c Records,
14/6/17	Discharged from	2 nd G.C.D., St Leonards	23 rd Res. Bn. Part II D.C.	15/6/17	99 Lieut For O.C. 3rd Canadian Command Depot.
14.6.17	23 rd R Bn	Taken on Strength	Shoreham	14.6.17	Pl II 0162.
5/9/17	23 rd CAN. RES. BN.	POSTED TO 1st. QUE. REG. DEPOT. attached 23 rd	SHOREHAM	4-9-17	Pl II 4/9/17 for O.C. 23rd. Can. Res. Bn.
28-10-17	23 rd Can. Res. Bn.	Ceases to be attached on returning to 1 st B. Regt.	Branchott	29-10-17	S. P. II O. 298 d/28-10-17 W. Chalmer
30.10.17 6/11/17		TAKEN ON STRENGTH 1 st Quebec Regt, Depot. TRANSFERRED To	1 st Que. Regt. Depot. <i>Can. Forestry Corps.</i>	306 29.10.17	ADJUTANT. 1 ST . QUEBEC REGT'L DEPOT. PT. II. DO. NO 165.
6-11-17	OC. C.F.C.	T.O.S.	BASE DEPOT C.F.C. SUNNINGDALE	5-11-17	PT. II. DO. NO 165.
18.12.17	OC. C.F.C.	S.O.S. on posting to Dist. 52, Coy 132.	BASE DEPOT C.F.C. SUNNINGDALE	17-12-17	PT. II. DO. NO 241 Capt. for

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Mansfield Aug 13 1918

No. 110453 Rank Pl Name PIERCE J.

Local Unit C.F.C. Overseas Unit _____ Age 47

Examination held at Mansfield

DISABILITY. Astero Sclerosis
~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Moderate astero sclerosis -
No other disability -
No complaint
Not fit for active duty.

BOARD RECOMMENDS:—

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

Signatures:—

Members { [Signature] President.
[Signature]

APPROVED

Dated at 29 AUG 1918 1918 [Signature]

PROCEEDINGS OF A MEDICAL BOARD

Date of Examination: 1916

Name: P. B. ... Rank: ...

Local Unit: ... Overseas Unit: ...

Examination held at: ...

DISABILITY: ...

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

Date of ... 1916

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Pierce JR MDY
 REGIMENT 4 EMR RANK Cpl No. 110453

Date of Examination in England 9/1/19 Date of Examination in France _____



645
 DIRECTIONS TO
 DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____
2. EXTRACTIONS 2.4.5.18
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) In Canada _____
- (b) In England yes
- (c) In France _____

KINMEL PARK,
 NORTH WALES.

Signature of Dental Officer Stewart
Capt

DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D. C.

110023
MPY
Pierce JR
Gpl
CMR

4/1/79

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

DATE: [Illegible]

[Handwritten scribbles and marks at the bottom left of the page]

645

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

This is to Certify that No. **110453** (Rank) **Corporal.**

Name (in full) **PIERCE John. Roy.** enlisted in

the **5th. Canadian Mounted Rifles.**

CANADIAN EXPEDITIONARY FORCE at **Montreal, Que.** on the **3rd.**

day of **February** 1915.

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 **45 years 11 months**

Height **5 feet 5½ inches**

Complexion **Fair**

Eyes **Blue**

Hair **Light brown**

Marks or Scars

Scar left buttock.

John Roy, Pierce
Signature of Soldier

[Signature]
Issuing Officer **Lieutenant,**
Officer i/c Discharge Section, District Depot No. 4.

Date of Discharge **February 26th, 1919.**

Rank

Appointment

Signed at **Montreal, Que.** this **26th.** day of **February** 19**19.**

in Military District No. **4**

File Reference No **DD4 19-P-385**

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 certificate will not be completed.

CLINICAL CHART.

Corps _____ Hospital Station _____

No. 110455 Rank and Name Price J. R. Age _____ Service _____

Disease _____ Date of Admission _____ Date of Discharge _____ Result _____ Serial No. A. & D. Book _____

Dates of Observation	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME			
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.				
Dec 30																																								
Dec 31																																								
107°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
Pulse per Minute																																								
Respirations per Minute																																								
Motions																																								

Signature _____ In charge of case.

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Division of _____
City of _____
Office of _____

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs. Ruby Jennie Pierce*

Address ~~*562 Albert St*~~

91 Washington St ~~*Montreal*~~

Rate *20⁰⁰*

AUG 1 1915

Jur

By Whom Assigned *Pierce J R*

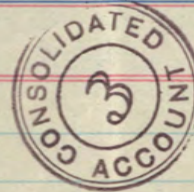
Regtl. No. *110453*

Rank *Pte*

Corps *A Squad, 5th C M R*

PAYMENTS

53



Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>M5094</i>	<i>20 -</i>	
Sept.		<i>L1795</i>	<i>20 -</i>	
Oct.		<i>L2799</i>	<i>20</i>	
Nov.		<i>Q9412</i>	<i>20</i>	
Dec.		<i>P10824</i>	<i>20</i>	
Jan.	1916	<i>Q13391</i>	<i>20</i>	
Feb.		<i>Q13800</i>	<i>20 -</i>	
March		<i>W14370</i>	<i>20 -</i>	

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1000

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MILITIA AND DEEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

OVERSEAS CONTINGENTS

Mrs.
Ruby Jennie Pierce

Name of Soldier Pierce, J. R.
 Pte. 5th C.M.R.
 a. Sqdn.

PAYMENTS.

Sheet No. 2.

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

Su

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20 ⁰⁰
April	1916	M 2220	20	
May		N 4989	20	
June		J 3505	20 -	
July		V 1142	20	
Aug.		H 13137	20	
Sept.		U 19559	20	
Oct.		U 24883	20	
Nov.		T 28362	20	
Dec.		M 34546	20	
Jan.	1917	A 42757	20	
Feb.		A. 47754	20	
March		O 52417	20	
April		M 4224	20	20 E.
May		M 10516	20	20 M 97. workman St, 13-5-17-28
June		L 18434	20	in
July		M 28440	20	to
Aug.		C 31089	20	
Sept.		Y 38551	20	to
Oct.		D 45721	20	
Nov.		L 46516	20	
Dec.		L 61610	20	580 2000
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA. AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

3-2-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Mrs Ruby J. Pierce*Name of Soldier *Pierce, John Roy,*Address ~~*562 Albert St.*~~

Regtl. No.

*97 Workman St. Montreal
Que.*Rank *Pte*Corps *5th C. M. R.*

Relation to Soldier


To what Corps belonging

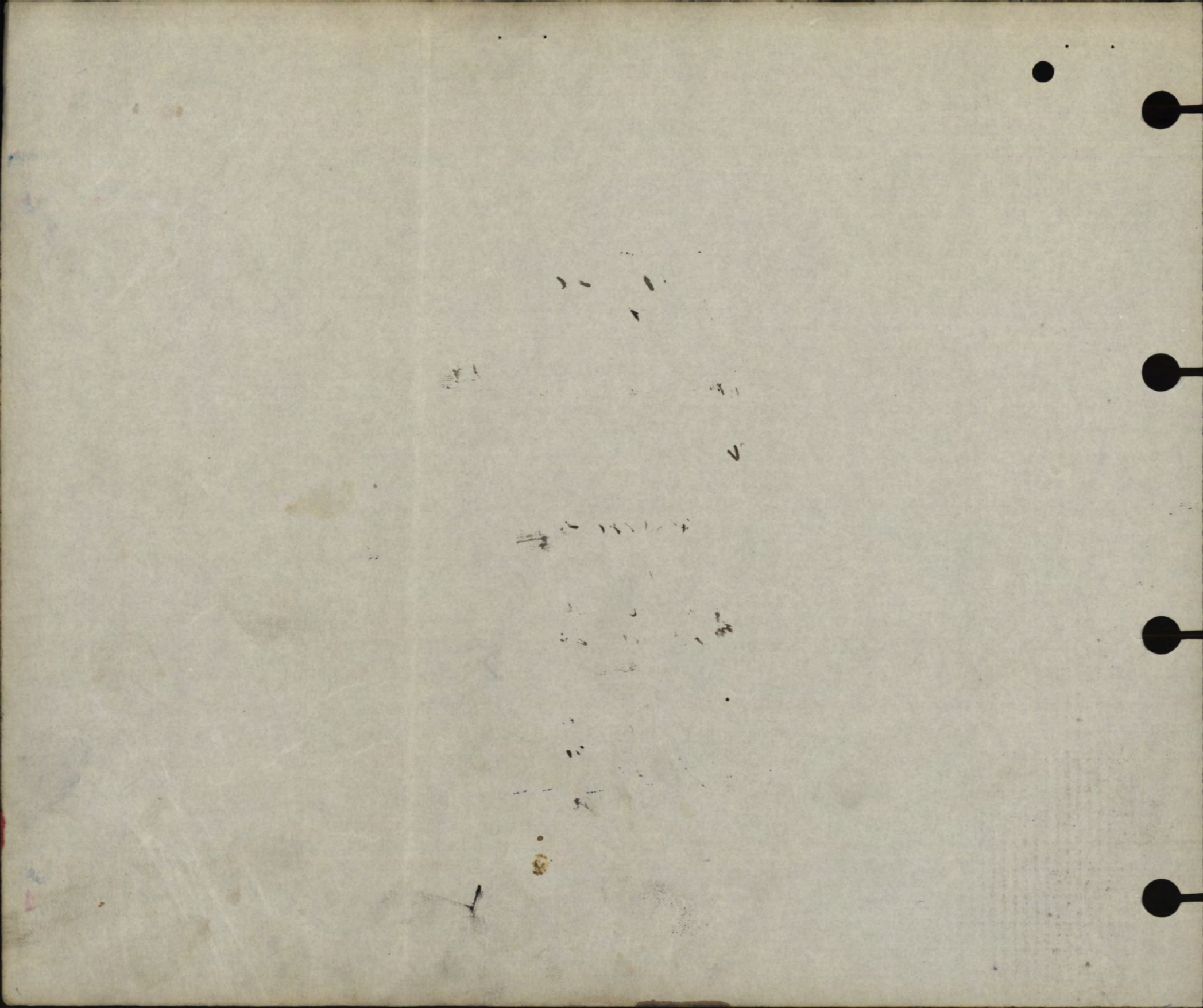
wife, child or mother

} *Wife.*

when called out

PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		<i>C. 9738</i>	<i>78</i>	
June		<i>511207</i>	<i>20</i>	
July		<i>512688</i>	<i>20</i>	
Aug.		<i>29367</i>	<i>20</i>	
Sept.		<i>217576</i>	<i>20</i>	
Oct.		<i>913102</i>	<i>20</i>	
Nov.		<i>M11680</i>	<i>20</i>	
Dec.		<i>219622</i>	<i>20</i>	
Jan.	1916	<i>24153</i>	<i>20</i>	
Feb.		<i>L 23175</i>	<i>20</i>	
March		<i>026410</i>	<i>20</i>	



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. *7**Mrs Ruby J. Pierce*Wife
PAYMENTS.Name of Soldier *Pierce John Roy*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 2530	20	20
May		E 2014	20	20
June		W 5775	20	20
July		P 11099	20	20
Aug.		Q 13952	20	20
Sept.		Q 17230	20	20
Oct.		M 20660	20	20
Nov.		U 23932	20	20
Dec.		U 26229	20	20
Jan.	1917	J 29730	20	20
Feb.		J 32964	20	20
March		K 35554	20	20
April		M 2371	20	20
May		K 5722	20	2097 Workman St. Montreal Que
June		K 8990	20	20
July		K 12228	20	120
Aug.		T 15542	20	72
Sept.		E 19556	20	20
Oct.		I 21536	20	B
Nov.		Q 24628	20	M 698 WAC
Dec.		A 18139	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

598

↑

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.				

Rank _____ Name **PIERCE J.R.** Reg'l No. **110453** P-56 ✓
 Unit **5th C.M.R.** If in perm. Corps, What Unit? _____ Married or Single **Married**
 Place and Date of Enlistment _____ Place of Birth **England**

Name and Address, Next-of-Kin **Mrs R.J. Pierce** Relationship **Wife**
562 Albert St, Montreal.

Assigned Pay Monthly \$ **20.⁰⁰** Payable to **Next of Kin** Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Aug 1	Aug 31	31	1 ⁰⁰	31 -	31	10	3.10		34 10			12 16	20 -		32 16	1 94	✓
Sep 1	30	30	1 ⁰⁰	30	30	10	3		34 04			12 17	20 -		32 17	2 77	✓
Oct 1	31	31	1 ⁰⁰	31	31	10	3 10		36 87			9 06	20 -		29 96	6 91	✓
Nov 1	30	30		30	30		3		39 91			2 68	20 -		22 68	17 23	✓
Dec 1	31	31	1	31	31	10	3 10		34 10			16 83	20 -		36 83	14 50	✓
Jan 1	31	31		31	31		3 10		34 10			5 24	20 -		25 24	23 36	✓
	29	29		29	29		2 90		31 90			5 23	20 -		25 23	30 03	✓
Mar 1	31	31		31	31		3 10		34 10			7 61	20 -		24 61	41 52	✓
				24 10			24 10		26 10			66 88	1 00		22 68	41 52	✓

Edward

110453. A/Cpl. Pierce J.R. A.P. 20 Canada

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1	2	3	4	1	2	3	4				CREDIT	DEBIT			
1917									5 - 622.25								532.95	89.30							
Feb. 28	1.20	33.60						33.60	478 2/11/17	688 8/1/16	2	43	2	43	20		24.86	98.04							
Mar	1.20	37.20						37.20	158 2/1/2	1228 21-2-88	2	44	2	43	20	2.62	56.69	78.55					Obs. 15. 5 Cmt. Aug. 1916. AR 961		
Apr	1.20	36						36	1041 17.3 "	1382 13.3 "					20		20.00	94.55							
May		36						36						20			20.00	110.55							
June		36						1.20	149 14/14	232 26/4					20		14.72	97.03							
July		37.20						36.00	360 11/1/2	480 30/1/2					20		34.72	99.30							
Aug		37.20						37.20						20			50	115.50							
Sept		36						36	593 1/1/2					20			29.85	138.85							

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. RED. ALLGE. PAY
1917									138.85	
Oct	Sept Pay	37.20		Asst					20	56.05
Nov		36		Asst					20	
Dec		37.20								
				AMAR. 993 20th Nov 12.9.17.	973					
				AMAR. 995 AR. 666 23th Nov 26.7.17.	974					
				AMAR. 1074 23th Nov 27.9.17.	973					
				AM. 23 rd Re-AR. 620 13/7	730					
				" " " 783 14/8	973					
				" " " 907 28 th	973					
				" C.F.C. & P. AM. 13319 14/11	973					
				A.P. Dec.		20				
				AM. 10000 AR. 1053 14/7	973					
				AM. 11012 AR. 381 29.10.17.	730				101.53	
1918	Jan	37.20		Can A.P.	82.72				20	
				AR. 8984 24-10-17 exc 88	4.87					
				" B4366 13/7	973				109.13	
				AR. 8513 27/7	973					
				Can A.P.		17.03			20	95.97
				AR. 9432 14/7	17.03				20	82.67
				Forward						

MONTH	PARTICULARS	DR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. RED. ALLGE. PAY
Feb	bal. Jan								95.97	
Mar	Sept's Pay	37.20		AR loan		20				
				AR. 86824 22.2.17 May 13/2	14.60					
				AMAR. 501 28.6.17 23th Nov	4.30					
				AR. 8685 28.3.18 May 13/2	14.60					
						36.50			20	
									95.97	
									37.20	
									133.17	
									56.50	
									76.67	

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: PIERCE				
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: 110453				
AMOUNT: 20.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY				
Mr & Mrs Pierce 564 Albert St Montreal P.Q. <i>Wife</i> Stopped 11/19				DATE EFFECTIVE				
				RANK OR APPOINTMENT				
				AUTHORITY: Y053 18/16 5th DATE EFFECTIVE: 24-9-16 RANK OR APPOINTMENT: A. Capt				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT: - 5th Sub.				
				DATE ACCOUNT FIRST OPENED: -				
				AUTHORITY				
				DATE EFFECTIVE				
				DATE LEDGER SHEET T 57 D				
				UNIT TRANSFERRED TO				
				11/16 Eng				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
23/12/18	4605	676 - 19	18					
24/1/19	5654	"	973					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
				Y053 18/16 5th Sub.	110	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Dis to Canada 21/12/18 676 NR 504 24/12/18**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal Forward								46.69		
April	Opt Pay	36		On Way April				20			
				AR 550 23.4.18 60432	14.60			20	78.07		
					14.60						
May	✓ ✓	37.20		On Way May				20			
				AR 545 21.5.18 60432	17.03			20	95.10		
					17.03						
June	✓ ✓	36		On Way				20	5		
				AR 6248 18.6.18 60432	14.60			20	19.80		
					14.60				34.40		
July	" "	37.20		C. A Pay				20			
				AR 6169 17.7.18 60432	17.03			20	51.43		
					17.03				68.46		
Aug	" "	37.20		On Way				20			
				AR 1551 16.8.18 60132	10.03			20	88.49		
					10.03				98.52		
Sept		36		Can AP				20			
				AR 1916 - " 20-9-18	14.60			20	113.12		
					14.60				127.72		
Oct		37.20		Can AP				20			
				AR 2331 " 25/10/18	14.60			20	142.32		
					14.60				156.92		
Nov		36		AR 2713 " 23/11/18	14.47				171.39		
Dec		37.20		A.P. Nov-Dec				40			
				AR 5654 " 24/12/18	9.43			40	210.82		
					29.20				240.02		
Feb		73.20		AR 1529 - Rept - 12/1/19	9.43				249.45		
				condoned on h.p.	9.73				259.18		

P850 agreed 20/9/18

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname PIERCE Christian Name J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Kent, England. County _____

Examined ... { on 25th. day of May 1915.,
at Sherbrooke, P.Q.

Declared Age ... 38 years _____ days.

Trade or Occupation ... Mechanic.

Height ... 5 feet 6. inches.

Weight ... 148 lbs.

Chest Measurement { Girth when fully Expanded 37½ inches.
Range of Expansion 3. inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 7

When Vaccinated ...

Vision ... { R.E.—V=5/5
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) J.R. Goodall.
(Rank) Capt. Medical Officer.

Enlisted ... { at Montreal.
on 3rd. day of February, 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>5th. Coy. R.</u>	<u>110453.</u>
Transferred to ...		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. (Signature) _____ day of _____ 191 .

W. H. ...

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
9-7-15	Vacc. Capt. J.R. Goodall.
17-5-15	Anti-Typhoid Inoc. "
26-5-15	" " "
30-6-15.	" " "

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

I certify the foregoing to be a true copy of an original entry on the Medical History Sheet of this man.
 C.A.M.S.
 for the Officer in Charge of Records
 Canadian Contingents.

Reserved for M.H.C.

Regt. No. 110453 Rank Cpl. Surname PIERCE Christian Name Jno. Roy
 Unit or Corps—(a) Overseas from United Kingdom 5TH CMBR (b) in United Kingdom CFC
 Bora at—Town ROCHESTER County or Province KENT Country ENG.
 Date of Birth—Day 17 Month MARCH Year 1875 Age 43 yrs. 9 months.
 (Joined at MONTREAL Date 3.2.15)
 Former trade or occupation mechanic

Permanent Marks or any peculiarity that will serve for future identification:—

G.S.W. L.T.HIGH. AND BUTTOCK

Height—feet 5 inches 6 Colour of eyes BLUE
 Signature of Soldier (for identification purposes) J.R. Pierce

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) Adherent Scar. on left Buttock.
- Disabilities Group (b)
- Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G.S. WOUND</u>	<u>Somme</u> <u>FRANCE</u>	<u>11/10/16.</u>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service? No
- (i.) As to Group (a) above? No If yes, has Active Service aggravated it? na
 - (ii.) As to Group (b) above? na If yes, has Active Service aggravated it? na
 - (iii.) As to Group (c) above? na If yes, has Active Service aggravated it? na

4. Is the disability due to disease contracted or injuries received while on Active Service? YES
- (i.) As to Group (a) above? YES
 - (ii.) As to Group (b) above? na
 - (iii.) As to Group (c) above? na

5. MEDICAL HISTORY. DOCUMENTS STATE It indicated 3/2/15 went to France 24/10/15: Wounded G.S.W. Lt Buttock. Admitted to County of Middlesex War Hosp 13/10/16. Transferred 24/11/16 to H.C.H. 24/11/16 was discharged to 3rd B.C.D. Boarded at Shoreham 26/6/17 & put Bii for G.S.W. in left Buttock again at Mansfield & put in B7 for Arterio Sclerosis.

PT STATES He was wounded at the source was in Hospital 6 mos, and was discharged to duty (He states that) had jaw hurt in S. Maple copse by a piece of timber & two teeth the upper 1st premolar & 1st molar were knocked out.

6. PRESENT CONDITION. Obj. Pt is 45 yrs of age, well nourished & in good condition. Arteries are thickened but no symptoms are present. There is a very extensive scar running across left buttock about 8" long. & is adherent to deeper structures. Heart neg, Lungs neg and other systems normal.

PT STATES. That his leg hurts on extreme extension of trunk. It pains on going up hills or stairs & in lifting weights. He states that an X ray showed presence of piece of shrapnel which as it was giving no symptoms was not removed. His scar also becomes inflamed when walking any distance.

7. OPERATION. (i.) Was one performed? YES (ii.) If so, state what. Excision & cleaning of wound
 (iii.) Was one advised and declined? No

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? NO YES
 (ii.) If so, describe. HAD upper premolar & 1st molar knocked out with shrapnel.

9. DO YOU RECOMMEND:—
 (a) Fit for duty? Bii (state category)
 (b) Invalid to Canada? na
 (c) Discharge from the Service as permanently unfit? na

Date of Report. 17/16/18 191... Station Summingdale
 Signed F. Benwell Lt Col MC Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except not a hosp. (Officer i/c Hospital) Strike out one of these {S.M.O. Brigade}

Dated at Station, on 191...
 *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)? *yes*
If not, describe it.

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

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

(a) Negligence of the Soldier	Caused?	<i>no</i>	(b) Misconduct of the Soldier	Caused?	<i>no</i>
	Aggravated?	<i>no</i>		Aggravated?	<i>no</i>

- 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.) *five 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)? *six months*

- 16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *no*

- 17. Can the former trade or occupation be resumed? *yes*

18. REMARKS:—

Concussion as described. Arterio-sclerosis - very moderate no disability

Ant. A. Telegram 7083 - 11-11-18

19. RECOMMENDATION:—

- (a) Fit for duty? (state category) *B II*
- (b) Invalid to Canada?
- (c) Discharge from Service as permanently unfit?

Date of Board *18-12-18*

Station *Summingdale*

Signatures of the Board

Thwaite & Capt Case President

J. L. L. L.

Approved *[Signature]* A.D.M.S.

Dated at *[Signature]* Major, C.A.M.C. Station for A.D.M.S., Canadians, London Area.

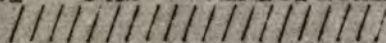
ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS LONDON AREA.

DFC 20 1918

13 BERNERS ST. LONDON, W.1

(YM)

LAST PAY CERTIFICATE.



No. 110453 Rank Cpl Name PIERCE John Roy
5th C.M.R. who was Discharged
26-2-19 191, to

The following is a statement of the account of the above named from
1-1-19 to 26-2-19 191.
the inclusive date on transfer or discharge.

	Dr.	Cr.
Cr LPC		18 20
Bal. Dr. or Cr. from prev. month		7 20
Regt'l Pay 57 days at \$ 1.10		62 70
Field Allow. 57 days at \$.10		5 70
Sep'n Allow.		30 00
Clothing Allowance		35 00
Post Discharge Pay		100 00
Other Credits Subs. D.O. 30/2		6 40
to adjust Pay of Rank Cpl. 27435	5 70	
Advances 23473	40 00	
Sep'n Allow and Assigned Pay Cheque No. 25646	50 00	
Other Charges 1st mth SA. WSG less Feb. overpd 23462	26 00	
Feb. overpd S.A.	4 00	
Bal. on trans or on disc. cheque No. 23461	139 50	
Total	265 20	265 20

A monthly stoppage of \$ 20 00 has been paid on account of
Assigned Pay for the month of Feb 1919
to disc t) signed Mrs. Ruly J. Pierce
Sep'n Allow for the month 26-2-19 191
97b Workman St.
(Address) Montreal, QUE.

REMARKS:-

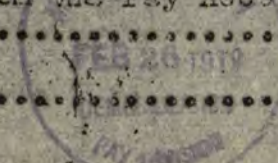
- (1) date of enlistment 3-2-15
- (2) Sep'n Allow entitled or not Yes
- (3) reason for discharge D.D.4 19-R-385
- (4) authority for discharged or transfer

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

Lawyer

Place

Paymaster.



STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents that JOHN ROY, of the County of Dallas, State of Texas, for and in consideration of the sum of \$100.00, to him in hand paid by the undersigned, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said JOHN ROY, his heirs and assigns forever, all that certain

Following is a statement of the account of the above named from
1911
1912

Dr.	18	00
	7	20
	28	00
	5	70
	30	00
	35	00
	100	00
	5	40
	70	00
	40	00
	70	00
	25	00
	4	00
	120	00
	200	00

A monthly report of \$100.00 has been paid in accordance with the terms of the assignment by the undersigned to the said JOHN ROY, his heirs and assigns forever, all that certain

(Address) _____
Date of assignment _____
I, _____, of the County of _____, State of _____, do hereby certify that the above named JOHN ROY is entitled to the sum of \$100.00, and that the same has been paid to him in full.
Witness my hand and seal of office this _____ day of _____, 1911.
Notary Public for the State of Texas

Department of
Soldier's Civil Re-Establishment
FEB 25 1919

THIS FORM SHALL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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 Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, 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.....Feb. 19th. 1919......

1. 1 (a) Unit.....D.D. No. 4...... (b) Regimental No.....110453..... (c) Rank.....Cpl......
 (d) Surname.....PIERCE...... (e) Christian name.....John.....
 (f) Home address.....97 Workman St., Montreal......
 (g) Next of Kin.....Mrs. Ruby Jennie Pierce..... (h) Relationship.....Wife.....
 (i) Address of Next of Kin.....as above.....

2. Age last birthday.....43..... Date of birth.....March 17. 1875.....

3. Enlistment, or Appointment (if an Officer) (a) Place.....Montreal...... (b) Date.....Feb. 3-15.....

4. Personal description:

(a) Height.....5 ft 6"..... (b) Weight.....148..... (c) Complexion.....fair.....
(stripped)
 (d) Colour of hair.....fair..... (e) Colour of eyes.....blue..... (f) Identification marks, Scars, etc. ...3 Scar.....
left buttock.....

5. Former trade or occupation.....Asbestos Worker......

6. Service (The information should be secured from personal documents, but if documents are not available the invalid'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).

	PERIODS	
	From	To
Canada	<u>3-2-15</u>	<u>24-7-15</u>
England.....	<u>22-1-19</u>	<u>date</u>
France or other theatres of War.....	<u>13-10-16</u>	<u>22-1-19</u>
	<u>24-10-15</u>	<u>13-10-16</u>

7. Original disease, or injury.....G.S.W. left buttock......

(a) Date of origin.....Oct. 1. 1918..... (b) Place of origin.....Some.....
 (c) Cause.....Bullet......

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (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 restrictions in choice of occupation.)

Slight impairment of function of left thigh.

9. Present condition—(a) (Before completing this section the invalid 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 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Large semi-circular scar over lower portion of left buttock, slightly tender and adherent to underlying gluteal muscles, with fairly well marked destruction of same. Hamstring muscles free, circumferences of muscles of thigh, right 19" left 18". Can carry out all movements of hip and knee with good power, there being no appreciable diminution. Able to walk 3 or 4 miles, finds greatest difficulty in walking up hill or up and down stairs, as these movements cause marked pulling on scar. Small scar on exterior surface of thigh, same level, being entrance wound. Heart and lungs normal.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (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 System.....no..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....
Osseous and Joint Systems.....no..... Any other general condition.....no.....

10. (a) History (of the condition referred to in Section 9 (a).)

G.S.W. left buttock. Oct. 1-1916 causing loss of tissue and adherent scar Has been in hospital six months.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

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

See Sec. 9.

11.—(a) Did the disabling condition have its origin before enlistment? **no.**

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

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **No.**

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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **Six months.**

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Cleaning up wound, massage dressing and electricity.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **No.**
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **In part only.**
(If not, briefly state why)

17. Recommendations

R.S.

C. B. Thalcorn Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, **Cpl.** have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of **nothing.**

J. H. [Signature] Rank. *John R. [Signature]* Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

19. Is the invalid fit for
(a) General service, (Category A) (Yes or No.)
(b) Service abroad, not general service; (" B) (Yes or No.)
(c) Home service (Canada only), (" C) (Yes or No.)
(d) Temporarily unfit. (" D) (Yes or No.)
(e) Unfit for service in Categories A, B and C (" E) (Yes or No.) B.2.

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
(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.)

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

B.2.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Montreal

DATE Feb. 20th. 1919

Handwritten signatures of J. J. ... President and J. ... Members

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.

Witness Signed
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President

Members

APPROVED BY

APPROVED BY

for J. J. ... Lt. Col. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 20/2/19

DATE

645

P-2653

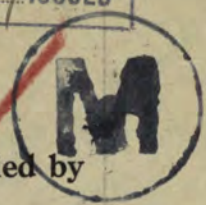
2-17-31

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 94139 ISSUED

Proceedings on Discharge.


WJ



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

No.	110453
Rank	Pte. <i>lpl.</i>
Surname	PIERCE
Christian name	John Roy.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	5th. Canadian Mounted Rifles.
Date of discharge	Feb. 26, 1919.
Place of discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	45	years.....	11	months.	Descriptive marks Scar left buttock. 
Height.....	5	feet.....	5 1/2	inches.	
Complexion	Fair				
Eyes	Blue				
Hair	Light brown				
Trade	Pipe coverer.				
Intended place of residence (To be given as fully as practicable.)	97 Workman St. Montreal.				

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

R.O.1420 Para (C) Category B2. Demob.

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.

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.)

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

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

Medical Documents
forwarded to
~~S. C. R.~~ or B. P. C.
on
13/3/19

stop 25/19/19

(OVER)

*1919
44
44*

*K.C. 19
1-10-19
77*

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, Que. J.P. Girard (Signature of Soldier.)

(Date) Feb. 26, 1919. J. Heule (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, Que.

(Signature)

[Handwritten Signature]

(Date) Feb. 26, 1919.

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.)

NO RESRRVATIONS

J. R. Pierce

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</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.</p>
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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.

5TH CANADIAN MOUNTED RIFLES

C. E. F.

110453 Pte J. R. Pierce

14

WILL

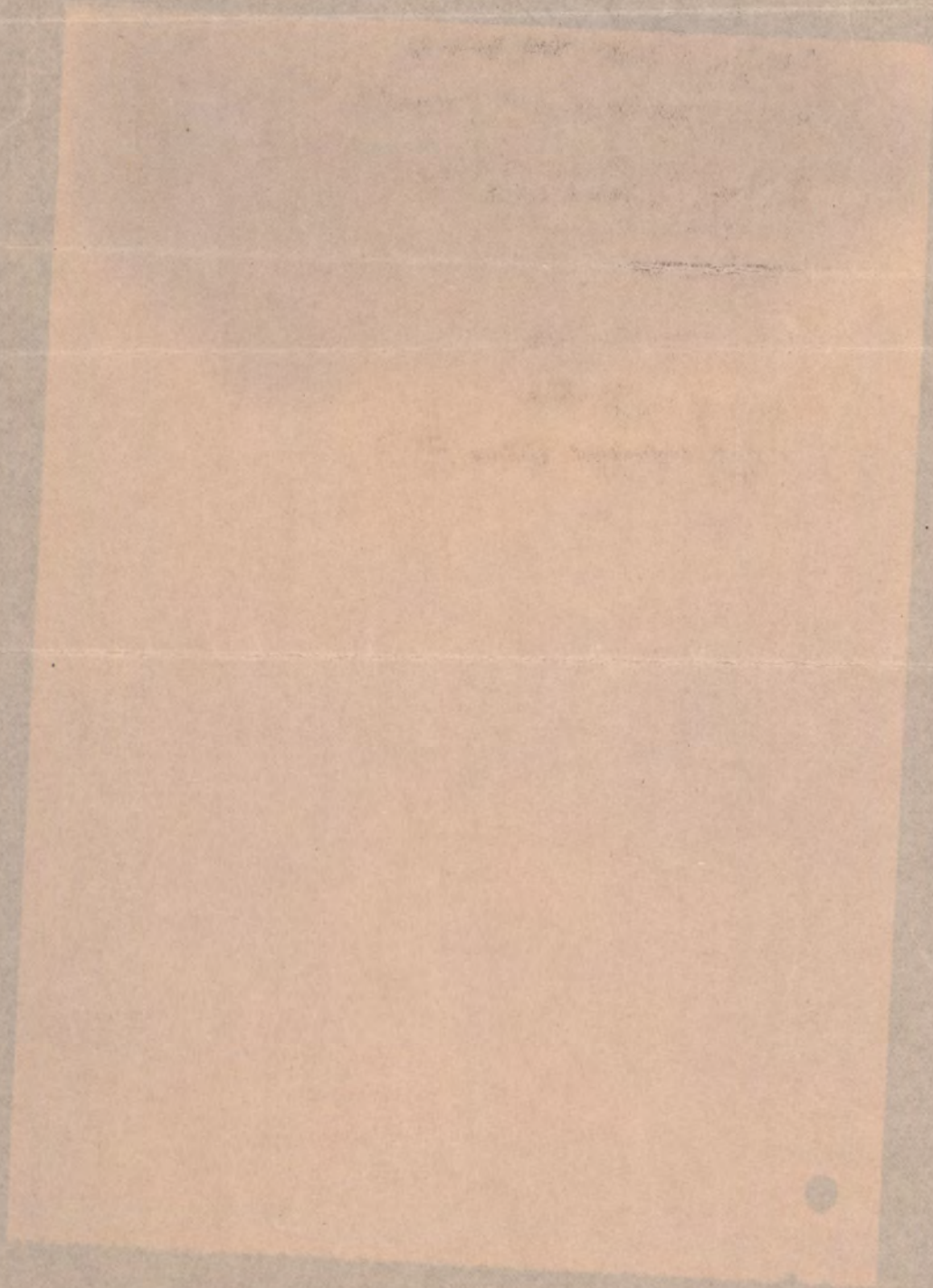
In the event of my death, I give the whole of my property and effects to
Mrs Ruby J. Pierce
No 562, Albert St.
Montreal, P. Q.
Canada

John Roy Pierce
Reg. No. 110453

Dated October 7th 1915

770

12872



Canada Section

P. 878.

Extract D.O. No. *4*

Unit:- *C. F. C.*

Date:- _____

Reg. No.	Rank	Name
<i>110453.</i>	<i>Cpl.</i>	<i>PIERCE. J</i>

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. *M. D. 4*

12-1-19

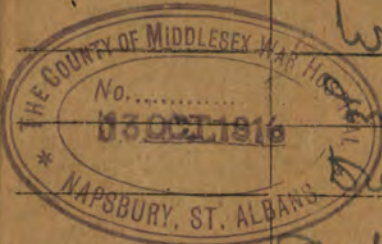
Acted on
Ledger Ck.

D..... T..... C..... Passed to..... Rec'd. by.....

Epsom
24/11/16

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
76713 Year 1916	110453	Cpl.	Pierce	J.R.
	Algn.	Unit.	5. C.M. R.	Age. 40
Station and Date.	<p>Disease <u>R.S.W. - Left buttock -</u> <u>Wounded back near Le Mans by bullet.</u> <u>incubated at 7-a. left chest.</u> <u>Dressed at different dressing stations, then</u> <u>sent on to Rouen. No 10 band -</u> <u>Operated at Rouen wound cauterized &</u> <u>drained up -</u> <u>On admission - large gaping wound</u> <u>in buttock very foul. Moist dressings</u> <u>applied.</u></p>			
Nov. 24. 11. 16.	<p>Wounds clean & healing. Transferred to Canadian Conv. Hospital, Epsom. E.W. Duggan</p>			



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

Station
and Date.

MONTH	PAY AND F. A.			OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.			
																														NO.	DATE	
				OTHER CREDITS	W.S.C.	S.A.	TOTAL					W.A.R. SERVICE GRATUITY											OTHER CHARGES	W.S.C.	S.A.	TOTAL	SOLDIER DEPENDENT					
				1450 00	180 00	600 00																	70 00	30 00	100 00	350 00	150 00	paid by				
10-4-19																							70 00	30 00	100 00	280 00	120 00	229470	229471			
10-4-19																							70 00	30 00	100 00	270 00	90 00	293147	293148			
10-5-19																							70 00	30 00	100 00	140 00	60 00	311531	311532			
10-6-19																							70 00	30 00	100 00	70 00	30 00	920159	920160			
10-7-19																							70 00	30 00	100 00			1031106	1031107			

Final

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

3-2-15-

Separation and Assigned Pay Branch

Aug 15-

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	30	
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P 4340

RATE OF ASSIGNMENT

20			
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1-12-17
P.C. 2753 mo. 23122.
P.C. 35

PARTICULARS OF SEPARATION ALLOWANCE

No. 11045-3
 Rank Pte Promoted Reverted Discharge
 Soldier's Name R. Pierce
 Battalion 5th C.M.R. A.S.D.
 Beneficiary Mrs Ruby J. Pierce
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Ruby Jennie Pierce
 Address 974 Workman St. Montreal Que
 Change of Address

M F W. 2554 Issued

JUL 29 1918

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Jan 18	W 69636	30	20	50	
Feb	H 69553	75	20	45	
Mar 18	Q 91842	25	20	45	✓
Apr 18	Q 8493	25	20	45	✓
May	W 16421	25	20	45	✓
June	Q 21573	25	20	45	✓
July	J 31357	25	20	45	✓
Aug	Q 38217	25	20	45	✓
Sept	E 39704	25	20	45	✓
Oct	G 46473	25	20	45	✓
Nov	g 61586	25	20	45	✓
Dec	H 63753	45	20	65	✓
Jan/19	A 73716	30	20	50	✓
		\$1053	840	1893	

14546-9-2

M. F. W. 128
 400M-517-1772-39-141
 L. L. 2320-M. & D. 1938.

A/c Closed 31-1-19
 Ret'd per Empress of Britain
 Date 22-1-19 M.F.W. 187
 128 St. Lawrence
 No #53816 Dextery. 29/19

