

ATTESTATION PAPER.

No.

Folio. 123098

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Harold Longhead*
2. In what Town, Township or Parish, and in what Country were you born?..... *Heathcote, County Grey, Ont.*
3. What is the name of your next-of-kin?..... *Mrs Mary Longhead*
4. What is the address of your next-of-kin?..... *Heathcote, County Grey, Ont. Can.*
5. What is the date of your birth?..... *Nov 18 - 1894*
6. What is your Trade or Calling?..... *Stenographer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?..... *7th Fusiliers Guard - 2 mo*
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*
- (Signature of Man).
- (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Harold Longhead* 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.

..... (Signature of Recruit)

Date *Aug 31* 191*5* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Harold Longhead* 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.

..... (Signature of Recruit)

Date *Aug 31* 191*5* (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 *London* this *31* day of *Aug* 191*5*

..... (Signature of Justice)

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

..... (Approving Officer)

16
94
22

18
94
24

Description of John Harold Laughheed on Enlistment.Apparent Age 20 years 9 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 1/4 ins.Chest measurement { Girth when fully expanded 36 ins. 1/2
Range of expansion 34 1/2 ins.Complexion LightEyes Light HazelHair Dark Brown

Religious denominations.

Church of England.....

Presbyterian X.....

Wesleyan.....

Baptist or Congregationalist.....

Other Protestants.....
(Denomination to be stated.)

Roman Catholic.....

Jewish.....

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).

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 31 Aug 1915Place London

Harcupmill
May J. M. C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Harold Laughheed 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.

Robert Towns Lt. Col.
(Signature of Officer)

Date Sept 7th 1915 Comd 40th Overseas Bn. C. C. F.

123098

SIN/NAS

LOUGHEED

Surname/Nom

Harold John

Given names/Prénoms

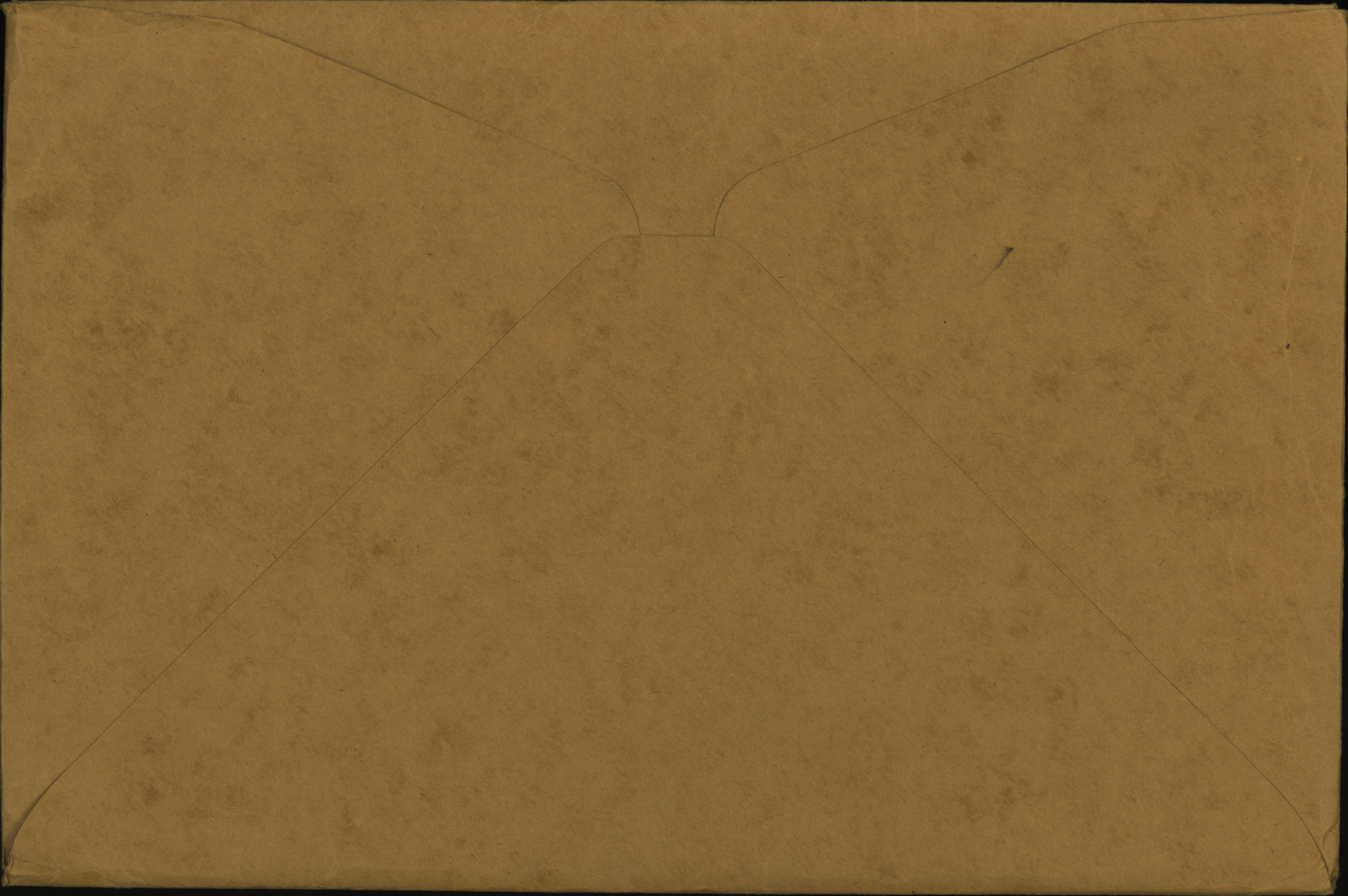
**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

Box 5749

**COMPONENT
ÉLÉMENT**



5701

D. M. S. 1300-50M-21-11-17.

SURNAME CHRISTIAN NAME OR NAMES REG. NO.

Longheed. H. J. 123098.

RANK UNIT CO. TROOP BATTY

Pte. 24. Que. HOSPITAL DATE OF ADMISSION

- 1. 47 Gen. Le Treport. HOSP. 15.8.18.
- 2. 3. How. Dep. Le Treport. 25.8.18.
- 3. 8. Ssa. Wimerkux HOSP. 24-2-19
- 3. 3. B. S. Boulogne HOSP. 27-2-19
- 4. 9. Can. Staty. Caniers HOSP. 28.3.19

DIAGNOSIS alveolar abscess. V. D. S. f.

- 1.
- 2.
- 3.



DISPOSITION

DATE

26.8.18. A 302 (3)
29.8.18. A 305 (2)
2.9.18. A 308 9
6-3-19 A 464 (2)
8.3.19 A 466
31.3.19 A 480 1
23.4.19 A 502 (1)

Sis 27.8.18

REMARKS

Discharged 19.4.19

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

MMO

Number. *123.098* Rank. . . *Pvt.* *VB*

Surname. *LOUGHEED* *X*

Christian Name. *Harold John*

Units *24th Bu Can Inf.* Theatre of War. *France*

Date of Service *28/6/16*

Remarks. *R.R.th Heathcote Ont.*

Latest Address. ~~*Heathcote*~~

. ~~*County Grey*~~ *Ont.*

Roll No. *B. Pages 829*



GL 43608 - *fresh*

SEP 30 1921

REG. NO.

123098

NAME

Loughheed J. H.

5701

(SURNAME FIRST)

RANK

Pte

CORPS

70 Battr

AGE

20

SERVICE

Military

NAME OF HOSPITAL

PLACE

London

DATE OF ADMISSION

2 - 4 - 16

DISEASE

Measles

DISCHARGE

7 - 4 - 16

OPERATION

DISCHARGED TO DUTY

Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M-9-17-H.Q. 1211-8-30.



REMARKS

[illegible]

55701

REGT'L. No.

H. Q. FILE No. 649

NAME

RANK AND CORPS

CABLE

No.

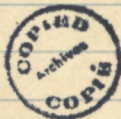
DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS



L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

5701

LIST No³

HOSPITAL

DATE OF
ADMISSION

REMARKS

See P.

Q302	47 Gen. L.	15/8/18	Alveolar abscess.
Q305 ²	3 Can. Lops "	25/8/18	alveolar abscess
Q308 ⁹	Lesic.	27/8/18	" "
Q464 ²	8 Stat. Wimerex	24/2/19	42
Q466 ¹	3 Can. Gen.	27/2/19	42
	Boulogne.		
Q485	9 Can. Stat.	23/3/19	42
	Cornues.		

17-4-19



NAME

Boughred. H. J.

REGT. NO.

5701/23098
24th. Bn.

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

*Lougheed, John, Harold,**7082n.*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

5701

A 502-1.

98. Stat. Camiers 17-4-19 (Rev) 42



Harold John

Name **LOUGHEED** Rank CteReg. No. **123098**Unit **24. Bn.**Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 15 8	afk 47 G. M.	Le Troport	alveolar abscess.	A 302		3418-4.
25 8	3 Conv Dep.	—	do	A 305		3543-6.
27 8	Dischd to B Det	—	do	A 308		3642-9
24-2-19	8 Sty Hosp.	Wimereau	A 2.	A 464		7398/3
27-2-19	3 Sty Hosp.	Baylogne	do	A 466		7427/8
23-3	9 C.S. Hosp.	Camiers	do	A 475		7644/10.
17-4-19	Discharged	Base		A 502		7818



[illegible]

SURNAME.

Lougheed

CARD NO. ✓

CHRISTIAN NAMES

John Harold

REGL. NO.

123 098

RANK

Pte.

UNIT

70th

FORMER CORPS

Guard Detachments: 7th Fusiliers - 2 mths.

B.M.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lougheed, Mary

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

Heathcote, Co. Gray, Ont.



COUNTRY OF BIRTH

Canada, Heathcote, Ont.

DATE

Nov. 18th. 1894

PLACE OF ATTESTATION

London, Ont.

DATE

Aug. 31st. 1915

Sailed from Halifax Per

S. S. Mc 49/19/400

L. L. 94504. M. & D. 6512.

"Lapland," 24-4-16

M. E. W. 22.

250M.-2-16.

H. Q. 1772-39-339.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Stenographer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20

YEARS

9

MONTHS

HEIGHT

5

FEET

7 1/4

INCHES

CHEST MEASUREMENT

31

INCHES

EXPANSION

5 1/2

INCHES

COMPLEXION

Dark.

EYES

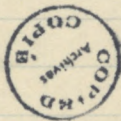
Lt. Hazel.

HAIR

Dk. Brown

DISTINGUISHING MARKS

Nil



MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Aug. 31st 1915

Present address Not Stated.

No. 123098 RANK Plt.

NAME

Lougheed J. H.

T.O.S. 31-8-15
206 of 6-9-15

UNIT 70th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sep 4	1915 Sep. 30	✓		
	Oct	✓		
	Nov	✓		
	Dec	✓		
1916	1916	✓		
	Jan	✓		
	Feb.	✓		
	Mar.	N.		
	Apr.	✓		
	May	✓		



UNIT SAILED
APR 24 1916



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

LOUGHEED H. J.

REGIMENT

24th Bn

RANK

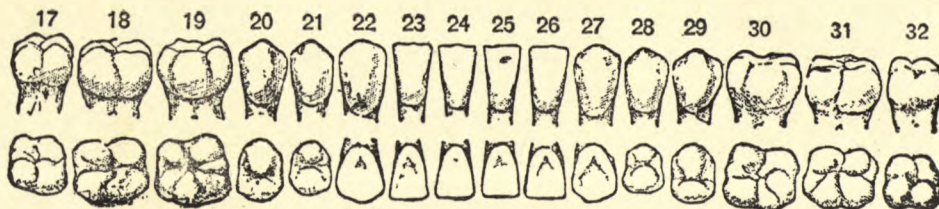
Sgt

No.

123098

Date of Examination in England 21-8-19

Date of Examination in France

DIRECTIONS TO
DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

3. 13. 19. 31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

(a) In Canada yes

(b) In England "

(c) In France "

Signature of Dental Officer

R. Simpson, Capt
H. D. D. S. M. C.
H. D. D. S. M. C.

LOOSE-500
Specimen 100-10



100-10

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

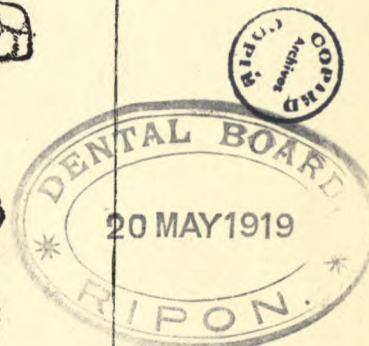
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) LOUGHEED H. J.
 REGIMENT 23rd Hussars RANK Sgt No. 123098
 Date of Examination in England 20-5-19 Date of Examination in France 123098

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3-13-18-
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
 - (a) Full Upper —
 - (b) Part Upper —
 - (c) Full Lower —
 - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

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

Signature of Dental Officer H. B. Wright



WAR SERVICE
CLASS "A" No. **CANADIAN EXPEDITIONARY FORCE**
DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 123098 (Rank) Sgt

Name (in full) LOUGHEED - Harold John enlisted in
the 40th Bn

CANADIAN EXPEDITIONARY FORCE at London, Ont on the 31st
day of August 1915

HE served in France with 24th Bn

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 25 yrs

Height 5ft 7 1/4 ins

Complexion Dark

Eyes Lt Hazel

Hair Dark Brown

Marks or Scars

One scar mark on arm

H. Lougheed
Signature of Soldier

[Signature] Captain,
Officer i/c Discharge Section, District Depot No. 4.

Issuing Officer

Date of Discharge

MONTREAL, QUE.

SEP 6 1919

Rank

Date **SEP 6 1919** 19

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.



DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 130 (Rank) _____
 Name (in full) _____ enlisted in
 the _____
 CANADIAN EXPEDITIONARY FORCE at _____
 on the _____ day of _____ 19____
 HE served in _____
 Demobilization _____
 and is now discharged from the service by reason of _____
 Medical Department _____

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

tribles to exist.

Reading Officer

Dated at London

1998

91

N.B.—As no duplicate of this Certificate will be issued, any person having same is requested to forward it to an unexpired envelope to the Secretary, British Council, Ottawa, Canada.

1951年10月1日
1951年10月1日
1951年10月1日

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 123098 (Rank) Sgt.
 Name (in full) Longhead John Harold enlisted in
 the 40th Bn
 CANADIAN EXPEDITIONARY FORCE at London. Ont on the 7th
 day of September 1915
 HE served in 24th Bn France
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 24 years 6 mos.
 Height 5 feet 7 1/4 ins
 Complexion Dark
 Eyes lt. Hazel
 Hair Dr. Brown.

Marks or Scars



Signature of Soldier

Issuing Officer

Date of Discharge

Rank

Date 19

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.



CHS

R-122

5701

Rank

Name

LOUGHEED ~~John~~ Harold *John. (authority a P)*

Reg'l No. 123098

Unit

70 Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single

Place and Date of Enlistment London Aug. 31st. 1915

Place of Birth Heathcote Co. Grey Ont.

Name and Address, Next-of-Kin Mrs Mary Lougheed

Heathcote Co. Grey Ont. Canada

Relationship

Mother



Assigned Pay Monthly \$

Payable to

Relationship



X 083

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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.				
→ QUEBEC ←		Arrived in England		5 MAY 1916	
			D. V. Lapland.		
1.4.16	O.C. 40 th	Trans to 24 th Bn. O'neals.	O'cliffe.	28.6.16	RE DO. 163.
7.7.16	24 th Bn	T.O.S. from 70 th Bn	In field	29.6.16	" 27
26.9.17	—	Granted 1 G.C. Badg.	In field	31.8.17	— 85
11.4.19	"	SOS to Can Rec list	"	7.4.19	" 23 (G.R.L. DO 41/17-4-19
30-4-19	Q.R.D.	Having left for France is T.O.S.	Repon	29-4-19	26.99 DO 504/17.6-19. CR L
30-4-19	22 Bn	T.O.S. for and	"	30-4-19	DO 104
23-6-19	"	S.O.S. to G. R. D.	"	23-6-19	" 150220/47926-6-19
12.8.19	R. W. W. g	T.O.S. pending R.T.C.	Witty	11.8.19	DO 106. Q.R.D. S.O.S. to R.W. DO 187 d/12.8.19

100-F-7. 26/8/19.

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.				
5/9/19	24 th Bn.	Mentioned in Despatches Pt. Willey. Auth: - London Gazette 31/4/88. 11/7/19.			A.O. 16.
28.8.19	R King	SOS to Canada Sgt Willey		25.8.19	P.O. 120



ORIGINAL

5701

123098

MEDICAL HISTORY SHEET.

Surname

Loughheed

Christian Name

Alie HAROLD JOHN 98
John Harold

Examined

on 31 day of Aug 1915
at London

Approved by

Stakingmill

Birthplace

City or Town Heathcote
County Grey, Ont

Rank

Major M.C.

Apparent age

20/09

Trade or occupation

Henographer

Height

5

Feet

7 1/4

Inches

Weight

140

Lbs.

Chest measurement

Minimum 31 1/2 inches

Maximum expansion 36 inches

Physical development

good,
nil

Small-Pox Marks

Vaccination Marks

Arm Right Left 1
Number 1

When Vaccinated last

1907

(a) Marks indicating congenital peculiarities or previous

disease

none

(b) Slight defects but not sufficient to cause rejection

none

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT,

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date

Result

VACCINATIONS.

21-2-16 Neg

St. Stephen

M.O.

28-3-16 Neg

St. Stephen

M.O.

14-4-16 Neg

St. Stephen

M.O.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

18/10/15 500 M

St. Stephen

M.O. T. N.

29/10/15 1000 M

St. Stephen

M.O. T. N.

M.O.

Enlisted on 31st day of August

1915 at London Ont

CORPS.

REG'TL NUMBER.

HABITS.

DATE.

Joined on enlistment

24th Battalion

123098

Good.

31-8-15

Transferred to.....

24th Battalion

123098

Good.

JUN 23 1916

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.

DATE.

DISEASE.

RESULT.

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

HAROLD JOHN

Christian Name

Surname Longhead

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				
70 th Bn. Brecon Station	24-3-16 24-3-16	24	3	16				measles.			
London	2.4.16	2	4	16	7	4	16	measles	6	Recovered Duplicate Medical History Sheet posted to here. <i>L.B.</i>	R. L. L. L.



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

Casualty Form—Active Service.

CERTIFIED CORRECT 5701
Canadian Record Office,
Westminster House,
7, Millbank, S.W.
M. F. W. 54
15 M. 10.15
H. Q. 772 20.02

Unit, Regiment or Corps

70th O.S. Battalion, C.E.F.

Regimental No. 123098

Rank

Pte.

Name

C. E. F.

John Harold Lougheed

Enlisted (a) 31/8/15

Terms of Service (a) 1 yr. Duration of war

Service reckons from (a) 31-8-15

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

Extended

Re-engaged

Qualification (b)

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				
JUN 28 1916		Drafted to 24th Bn		Embarked Canada 3/3 Hopland, Apr 26-16	
		H. F. Bensford Lt.		Re-embarked England " May 5-16	
29.6.16.	C. B. D.	Reinforcement to 70th.	C. B. D.	29.6.16.	N. R. 14. 920 27 of 7/7/16.
12.7.16.	" "	Left join 2nd 187	In the Field	12.7.16.	N. R.
14.7.16.	24th Bn.	Joined Unit 187	" "	14.7.16.	B 213.
14.9.17	" "	Awarded Good Conduct Stripe	" "	31.8.17	B 213 920.85 of 26/9/17
28.9.17	" "	Granted 10 days leave to England	England	28.9.17	B 213 920.88 of 6/10/17
12-10-17	" "	Returned from Leave	Field	11-10-17	B 213.
26.4.18	D. E. Feeds	Name corrected to read HAROLD JOHN. LOUGHEED	"	—	RL 1-24-91 RI A2. 366 H. 920.46 of 3/8/18.
14.8.18	H CFA	aloeolar abscess	H CFA	14.8.18	
14.8.18	" "	" "	C.C.T.	14.8.18	a 236 a 7464
18.8.18	H Y CCO	" "	H Y CCO.	14.8.18	a 236 H 223
18.8.18	" "	" "	27.9.18.	14.8.18	
15.8.18	H Y Genl.	" "	H Y Genl.	15.8.18	H 255
25.8.18	3rd Bn.	" "	3rd Bn.	25.8.18	H 255
28.8.18	C. B. D.	Class a	C. B. D.	28.8.18	H 255

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

[P.T.O.]



5701

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				
next of kin -		Mrs Mary Loughran - mother Heathcote county "Guy" Aut. Can.			
31.8.18	C.I.B.D.	Left for C.C. Rein. C.	Field	31.8.18	NR 1366
6.9.18	24.10.18	Arrived Unit	"	5.9.18	B213
27.10.18	" "	Employed as clerk to complete establishment.	"	29.11.18	K1.18/20450. P20.119 of 1918.
25.10.18	" "	GRANTED 14 DAYS LEAVE.	UK.	25.10.18	B213 - P20 120 of 1918
15.11.18	" "	Rejoined ex force	Field	13.11.18	B213
20.2.19	569A	N. Y. D. (Vene Bone)	569A.	20.2.19	N. 814H
20.2.19	"	"	55666.	20.2.19	"
24.2.19	8 Staly.	V.D.S.	8 Staly.	24.2.19	N8762
21.2.19	24.10.18	leaves to be employed as clerk on being admitted to hospital	Field	20.2.19	B213 P20.15 of 1919
28.2.19	8 Staly.	Griffin 9A 950 of per diem from 24/2/19 to 27/2/19 (4 days) Vene V.D.S.	8 Staly.	24.2.19	01643-12661. P20.16 of 1919.
27.2.19	3 Conbone	"	3 Conbone	27.2.19	N8766
27.2.19	"	"	"	27.2.19	N9137
13.2.19	24.10.18	P20. No. 15 sub para. 2. "Pay & allowances" in so far as it concerns this man is hereby cancelled.	"	20.2.19	Circular letter No 303. O.S.B. 4-9-10. C.L. 251. dt. 13/2/19. KA. 39691. P20.16 of 1919.
6.3.19	55.6.6.	Soft Bone	55.6.6.	20.2.19	279647
"	"	"	to 31. A.H.	22.2.19	"

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 123098 Rank Sgt. Surname LOUGHEED
(Given name in full) Harold John
Unit or Corps 23rd Res. Birthplace Heathcote Grey Co. Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5-8 ft. Colour of Eyes Brown
Nutrition good
Pulse 80
Condition of arteries good
Vision Rt. 4/6 Left 6/6
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

none

Opinion as to general health and physical condition good.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of Mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition Yes.

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Measles March 1916.

S.D.S. Feb. 1919.

No disability



EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon (Overseas)

Date 22/5/19 Signed P. MacKenzie M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature A. Loup

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 123098 Rank Sgt Surname LOUGHEED
(Given name in full)

Unit or Corps 24th Bn Birthplace Heathcote Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 141 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
Nutrition Fair
Pulse 70 Regular
Condition of arteries Soft
Vision Rt. 6/2 Left 6/2
Hearing (conversational voice) Rt. 2 ft.
Left 4 ft.

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

One race scar
left arm by rubber

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Measles, Infancy. Recovered no disability
M. H. S. & C. Form missing

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Wiley (Overseas)

Date 21-8-19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Authd. G. G. 17-1-28 of 18/6/18



[OVER]

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Reg. 6574.

PAYMENTS.

Name of Soldier

50m. 4-16.
1772-39-819.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		X6116	17-	
June		49210	17	
July		M12616	17	
Aug.		@14156	17	
Sept.		D17385	17	
Oct.		D21914	17	
Nov.		B27063	17	
Dec.		B36611	17	
Jan.	1917	G40458	17	
Feb.		J45784	17	
March		B51482	17	
April		32812	17	
May		Z9580	17	
June		415903	17	
July		Z25416	17	
Aug.		L30372	17	
Sept.		G37068	17	
Oct.		N43127	17	
Nov.		M49805	17	
Dec.		N58963	17	
Jan.	1918		340	
Feb.				
March				
April				
May				
June				
July				

MAY 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

2nd. Contingent
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

To Whom

Address

Rate

Mrs. Mary Loughheed,

Heathcote, Ont.

\$17.00

MAY 1 1916

By Whom Assigned

Regtl. No.

Rank

Corps

Loughheed, J. A.

123898

Pte.

170th Batt.

6 Co

PAYMENTS

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

11-10-11
11-10-11

11-10-11
11-10-11

11-10-11
11-10-11

Casualty Form—Active Service.

Regiment or Corps 24 Cdn Inf Bn

Rank Pte Surname Longhead Christian Name H. R.

Religion ... Age on Enlistment ... years ... months

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

Date of promotion to present rank ... Date of appointment to lance rank ...

Extended { } Re-engaged { } Qualification (b) ...
or Corps Trade and Rate.

Occupation ... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
23-3-19	No 3	Forfeits Fld allowance & is placed under stoppage of pay at the rate of 50c per diem whilst in Hosp from 28-2-19 to 23-3-19 (24 days)			1643
23-3-19	9 Sty Hosp	V B G	adm	23-3-19	W 3034 P 937

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

(b) Signaller, Shoeing-Smith, &c.

ASSIGNED PAY.		ENGLAND or CANADA.		SEPARATION ALLOWANCE.		ENGLAND or CANADA.		NAME: LOUGHEED, John Harold	
EFFECTIVE DATE: 1/5/16				EFFECTIVE DATE: -				NUMBER: 123098	
AMOUNT: 17.00				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	
M. Lougheed (Mother)								DATE EFFECTIVE	
Beathcote Ontario								RANK OR APPOINTMENT	
Canada								20119 24 Bn 1/11/18 29/4/18 Paid as Clerk	
Stopped eff 1/6/19								2015 24 Bn 4/3/19 21/5/19 Cease to be a Clerk	
								B.O. 15 removed B.O. 16 11/10/19 24th Bn	
								UNIT AND TRANSFERS	
								ORIGINAL UNIT: 70 Bn	
								DATE ACCOUNT FIRST OPENED: 1/5/16	
								AUTHORITY	
								DATE EFFECTIVE	
								DATE LEDGER SHEET T'S F D	
								UNIT TRANSFERRED TO	
								24 Bn	
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	
1/5/16		373		23 Res		4867		12/4/19 (stoppage 24 days)	
1/5/16		462		do		1217			
1/5/16		462		23 Res		48			
1/5/16		462		23 Res		2433			
						8565			
						1380 + 1880 of adjustment clerks			
DAILY RATES OF PAY AND ALLOWANCES									
AUTHORITY		PAY		F.A.		P.F.A.		SUBSCE ALLCE	
		1		10					
		120		50					
PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Cant 6 NR 89230 15/7/19 Repon to Repon no									
MONTH		PARTICULARS		CR. 1		CR. 2		PARTICULARS	
1918									
Mar 31		Bal Ford		33				Can AP Apr.	
Apr		PP		33				AR 1. 24 Bn 12/4/18 446	
								135.22 12 27/4/18 357	
May		PP		33				Can AP May	
				3410				AR 26 24 Bn 11/5/18 446	
								AR 117 do 28/5/18 357	
June		PP		33				Can AP June	
				3410				AR 449 25 Bn 16/6/18 357	
July		P.P.		33				Can AP July	
				3410				AR 233 24 Bn 2/7/18 446	
								" 383 22 " 12/7 357	
								" 452 do 20/7 892	
								" 5604 CD Blyne 27/7 892	
Aug		PP		33				Can AP Aug.	
				3410				AR 1684 CD B D V 28/8/18 892	
Sep.		PP		33				Can AP Sep.	
				3410				AR 590 5th B.D. Bde. 26/9/18 714	
Oct.		Plk Pay		3410				Can AP	
								AR 1559 5th B.D. 24/10/18 746	
								AR 1556 do 24/10/18 9733	
								CPM 54503 28/10/18 1460	
Nov		PP		33				Can AP	
				3410				AR 2029 24 Bn 16/11/18 560	
								AR 2404 " 26/11/18 1866	
Dec		Clerk's Pay		5270				Can AP	

24 Bu.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No.

123098

RANK

Private

NAME

Langheed J. H. (John Harold)

IF IN PERM. CORPS
WHAT UNIT

UNIT 70th. O. S. Battalion

TRANSFERRED TO 24th Bn.

DATE 11-7-16

AUTHORITY D.O. 163 1/2

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

London out.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

31 Aug 1915.

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 17⁰⁰

DATE EFFECTIVE May 1st 1916.

PAYABLE TO

M. Langheed Heathcote Ontario.

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

L.I.

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	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT				
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE													
1916																																				
															32 10	32 10																				
1-31																																				
May	31	1 ⁰⁰	31	00	31	10	3	10							34 10	29	12	71	31					9 73	19	47		17 00		46 20	20	00				
June 1-30	30	1 ⁰⁰	30	00	30	10	3	00							33 00	110	15	6					9 73				17 00		26 73	26	27					
July 1-10	10	1 ⁰⁰	10	00	10	10	1	00							11 00											17 00		17 00	20	27						
11-31	21	-	21	-	21	-	2	10							23 10		13	16	17							262			2 62	40	75					
1-31	31	-	31	-	31	-	3	10							34 10	134	7	138	7					2 61	263		17 -		2 23	52	62					
1-30	30	-	30	-	30	-	3	-							33	1433	41	19	16	1479	15	19	16	2 62	2 62	4	36	14 -		26 60	59	02				
1-31	31	-	31	-	31	-	3	10							34 10											14 -		22 24	70	88						
Nov	30		30		30		3								33	15	28	10					2 62			17		19 62	84	26						
Dec	31		31		31		3	10							34 10	1618	15	11					11 34			17		30 96	87	40						
"			24	50			24	50																												
1-31	31	1 ¹⁰	34	10											34 10	1697	15	14					2 61			17		22 23	99	27						
Feb. 28			30	80											30 80	1853	28	11					2 23			17		24 85	105	22						
															32 10	36650							5435	5257	436	170		26128								

a. p. #17

DEFER- SEP
-RED. ALL SEP
PAY EN ALLCE

O.G. 3
S.G. 6
D.A. F

5701

Dispersal Area... E
Occupational Group... 3

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

WAR SERVICE BADGE
CLASS "A" No. 294967

1. No. 123098
2. Rank. Sgt
3. Name. Longheed - Harold John
4. Unit. 24 Bn
5. Date of Discharge 6. 9. 19 Place Montreal Que
6. Reason for Discharge DEMOBILISATION.
7. Authority. R.O. 1420 DD4. Pt II DO. 257
8. Proposed Residence after Discharge. 590 Dearthcoti Ont
9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
Signature of Soldier. [Signature]
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place. MONTREAL, QUE.
Date. SEP 6 1919
Signature. [Signature] Captain
(O. C. Discharging Unit.)

emb. left in 26
20-10-55
KS
L-16-12-51

E.R.J.

REPORT FORM
RECORD OF DISCHARGE
Discharge

1. Name	
2. Rank	
3. Unit	
4. Date	
5. Signature	
6. Remarks	
7. Signature	
8. Signature	
9. Signature	
10. Signature	
11. Signature	
12. Signature	
13. Signature	
14. Signature	
15. Signature	
16. Signature	
17. Signature	
18. Signature	
19. Signature	
20. Signature	
21. Signature	
22. Signature	
23. Signature	
24. Signature	
25. Signature	
26. Signature	
27. Signature	
28. Signature	
29. Signature	
30. Signature	
31. Signature	
32. Signature	
33. Signature	
34. Signature	
35. Signature	
36. Signature	
37. Signature	
38. Signature	
39. Signature	
40. Signature	
41. Signature	
42. Signature	
43. Signature	
44. Signature	
45. Signature	
46. Signature	
47. Signature	
48. Signature	
49. Signature	
50. Signature	
51. Signature	
52. Signature	
53. Signature	
54. Signature	
55. Signature	
56. Signature	
57. Signature	
58. Signature	
59. Signature	
60. Signature	
61. Signature	
62. Signature	
63. Signature	
64. Signature	
65. Signature	
66. Signature	
67. Signature	
68. Signature	
69. Signature	
70. Signature	
71. Signature	
72. Signature	
73. Signature	
74. Signature	
75. Signature	
76. Signature	
77. Signature	
78. Signature	
79. Signature	
80. Signature	
81. Signature	
82. Signature	
83. Signature	
84. Signature	
85. Signature	
86. Signature	
87. Signature	
88. Signature	
89. Signature	
90. Signature	
91. Signature	
92. Signature	
93. Signature	
94. Signature	
95. Signature	
96. Signature	
97. Signature	
98. Signature	
99. Signature	
100. Signature	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

7270

May 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

17			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 123098
 Rank Pte Promoted Reverted Discharge
 Soldier's Name J. H. Loughheed
 Battalion 70th Battr. C. Co.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Loughheed
 Address Heathcote Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					11225-21-12
Dec 31			340	340	
Jan	F 66500		17	17	
Feb	H 72090		17	17	
Mar	J 75616		17	17	
Apr	D 2364		17	17	
May	L 19653		17	17	
June	H 24470		17	17	
July	H 29908		17	17	
Aug	J 41351		17	17	
Sept	M 45184		17	17	
Oct	S 51416		17	17	
Nov	M 56772		17	17	
Dec	S 62568		17	17	
1919					
Jan	P 75430		17	17	
Feb	H 79125		17	17	
Mar	S 86326		17	17	
Apr	J 4268		17	17	
May	W 9297		17	17	
June	V 10162		17	17	
July	S 12562		17	17	
AUG	M 13481		17	17	
Sept	A 16884		17	17	

M. F. W. 128
 400M-617-1772-38-1141
 L. L. 2220-M. & D. 7888

M. D. 4

A/c Closed

Ret'd pr

Date

Clerk

30/9/19

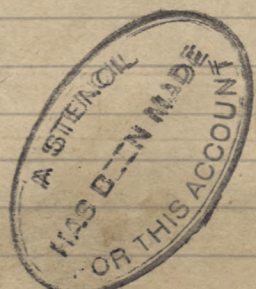
Beltic

4/9/19

A. J. S.

MRO 120552

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7493.

Copy original not available

5701

Form B. 103-2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps

70th Bn

Regimental Number

123098

*Substantive Rank

Pte

Surname

LOUGHEED

Christian Names

HAROLD JOHN

*Acting Rank

(*To be entered in pencil to facilitate alteration.)



(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably indicated.	(D) Place of casualty.	(E) Date of promotion, reduction, reversal, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
1.7.16	Pte 70 th	8100-163	Arrived in Eur. S. Lapland.		5.5.16	
7.7.16	24 th Bn	- 27	Trans to 24 th Bn, Operas	S.cliffe Pte	28.6.16	
28.9.17	- " -	- 85	TOS from 70 th .	Fuld Pte	29.6.16	
11.4.19	- " -	- 23	Granted, G.C. Badge	" "	31.8.17	
30.4.19	Q.R.D.	- 99	TOS to C.R.L.			
30.4.19	23 rd Res	- 104	Heavy up'd is TOS.	Report	29.4.19	
23.6.19	- " -	- 150	TOS from Q.R.D.	"	30.4.19	
26.6.19	Q.R.D.	- 147	TOS to Q.R.D.	"	23.6.19	
			TOS.	"	23.6.19	alt.
Certified Correct J.P. Dine LIEUT FOR LT: COL: I/C RECORDS, C.O.M.F WITLEY, SOS, OMFC, TO CEF CANADA 26.8.15 OFFICER I/C RECORDS, R. WING C.C.C., WITLEY.						

To be folded on this line.

Nothing to be written in this margin.

(526853.) Wt. W. 9300-P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

17.8.19 A. Wing

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
8-9-19	TOS from O/S	Posted to Cas.Co.)	Dispersal "F")	Montreal	5-9-19	DO.Pt.II, No.251
8-9-19	SCS Demob.(Cas.Co.)	Montreal	6-9-19	Ro 1420	DO Pt.II, #251	

W. H. H. Captain,
Officer in Charge Section, District Depot No. 4.

Nothing to be written in this margin.

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

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

5701

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 70th Battalion

Regimental No. 123098 Rank Pte Name Loughheed, H. J.
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		Rec'd 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				
5-9-19	24 th Bn	mentioned in Despatches Auth. L. H. 314486/11-7-19			9.0.16 J. P. [Signature] Link for L/R.



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

[illegible]

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *John Harold* 2. Surname *Neugheed*
3. Rank *Sergeant* 4. Original Unit *70th Bn* 5. Reg. No. *108098*
G.P.O.
6. Address, in full to which future payments of gratuity are to be forwarded
336 Toronto Heathcote
Thornbury Ont. Can. Co. Ont.
7. Date of enlistment in the C.E.F. *Aug 31st 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Nil*
9. Relationship of such dependent *Nil*
10. Address, in full, of such dependent *Nil*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Nil*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
[Crossed out]
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service:—
[Crossed out]
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *70th Bn - 8 Months in Canada*
23rd Reserve 2 Months in England
24th Bn 35 Months in France
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *H. Langbeed*

Place of Residence: *Sgt. O. Sealhale - Guy Co. Ont.*

Declared before me at: *Ripon Yorks*

This *19th* day of *May* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.O. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent

War Service Gratuity

Net amount due

Certified Correct.

District Paymaster.

QUESTIONS

12, 13, 14, 20, 24, 25, 26, 27

UNANSWERED.

LIEUT.-COL.
COMDG. 23rd CON. RES. BN.

LIST OF PUBLISHED DOCUMENTS

1. The Constitution of the United States	1
2. The Declaration of Independence	2
3. The Bill of Rights	3
4. The Judiciary Act of 1789	4
5. The Northwest Ordinance of 1787	5
6. The National Bank Act of 1800	6
7. The Louisiana Purchase of 1803	7
8. The Missouri Compromise of 1820	8
9. The Compromise of 1850	9
10. The Kansas-Nebraska Act of 1854	10
11. The Dred Scott Decision of 1857	11
12. The Lincoln-Douglas Debates of 1858	12
13. The Emancipation Proclamation of 1862	13
14. The Gettysburg Address of 1863	14
15. The Reconstruction Act of 1867	15
16. The Thirteenth Amendment of 1865	16
17. The Fourteenth Amendment of 1868	17
18. The Fifteenth Amendment of 1870	18
19. The Civil Rights Act of 1875	19
20. The Supreme Court Decision of 1883	20
21. The Sherman Antitrust Act of 1890	21
22. The Gold Standard Act of 1900	22
23. The Federal Reserve Act of 1913	23
24. The National Labor Relations Act of 1935	24
25. The Social Security Act of 1935	25
26. The War Relocation Authority Act of 1942	26
27. The War Relocation Authority Report of 1946	27
28. The War Relocation Authority Final Report of 1948	28
29. The War Relocation Authority Final Report of 1950	29
30. The War Relocation Authority Final Report of 1952	30

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 138
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 138).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5609a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.D. 3).
11. Equipment, (Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 851)
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Lt. W. J. Gorm
 Date AUG. 25 1919

L 2601
PB
20

REGT. NO. 123078 RANK

NAME (IN FULL)

LOUGHFEED H.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		908	26.8.19	D0251. P.B. NR107	QRD		
					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON
							AUTHORITY IF ENTITLED TO DISCHARGE PAY

[illegible]

Completed 24/6/26
11325-H12-~~11325~~

38. ⁶⁰ Passed to Deep Account
A.P. 11325-14-12 29/4/20
overprint docket
new to attach 4/5/20

