4 A12617

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Oscar Mc Callister
2. In what Town, Township or Parish, and in what Country were you born? ..... Port Hope, Hope Durham (Ont.)
3. What is the name of your next-of-kin? ..... Wm Mc Callister (Father)
4. What is the address of your next-of-kin? ..... Port Hope (Ont)
5. What is the date of your birth? ..... Feb 1st 1896
6. What is your Trade or Calling? ..... Laborer
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? ..... no
10. Have you ever served in any Military Force? ..... 46th reg 2 years (camp)
    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

Oscar McCallister (Signature of Man).

C W Cooper (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Oscar Mc Callister, 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.

Oscar McCallister (Signature of Recruit)

Date Feb 19 2 1915. C W Cooper (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Oscar Mc Callister, 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.

Oscar McCallister (Signature of Recruit)

Date Feb 19 2 1915. C W Cooper (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 Port Hope this 23rd day of Feby 1915

F B Chalk J.P. (Signature of Justice)

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

Isaac Lewis Lt Col (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Oscar McCallister on Enlistment

Apparent Age 18 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 1½ ins.

Complexion Dark

Eyes Grey

Hair Brown

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist Yes
- 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 Jan 19 1915

Place Port Hope

R. H. Shields Reid
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.

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

G. H. Kirkpatrick Lt.-Col. (Signature of Officer)
Commanding 39th Battalion, C. E. F.

Date MAR 6 - 1915 191 .

REGIMENTAL DOCUMENTS

NAME McCALLISTER OSCAR 2 REGT. NO. 112617 UNIT 39th Bn H. Q. FILE NO.

M

S

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				C2448	DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

Deceased 1-6-58

Pay card R-22 paid

① 4-9 16-9 10-10

W. 2589
100M-11-15

No. Rank Pte. Name McCallister G.

T. O. S. Unit 46th Durham Regt
3rd O/S Contingent

M. D.3

Paid From	Paid To	Sig or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914 Dec 28	1915 Jan 31	✓		
1915 Feb 1	Feb 28	✓	39th Bn Quota	
Mar 1	Mar 24	✓	Trans to 39th Bn	Mar Paylist

No. 412617 Rank Pte. (2Bn.) Name McAllister (1).

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Apr.	1916. Apr.	✓	Dates not stated.	

No 12617 RANK Pte NAME McAllister O.

T. O. S. 25/3/15 (H.) 25.26/3/15) UNIT 39th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar. 25	Mar. 31	✓		
Apr. 1	Apr. 30	✓	Forfeit 4 days pay 7.4.15	April pay list.
May		✓		
June		✓		
July				

UNIT SAILED
JUN 24 1915

649.m-3186

CARD NO. 5

S.O.S. Dis 30/4/16
Med Unfit 3

SURNAME. Mc Callister

CHRISTIAN NAMES Oscar.

REGL. No. 412617 RANK Pte.

UNIT 39th.

FORMER CORPS 46th. Regt.

Bn.

NEXT OF KIN.

NAMES IN FULL Mc Callister, Wm.

RELATIONSHIP TO SOLDIER Father

ADDRESS Port Hope, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Port Hope, Ont. DATE Feb. 1st. 1896.

PLACE OF ATTESTATION Port Hope, Ont. DATE Feb. 23rd. 1915.

O/S. 17/6/15. 128/12.

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339

From Montreal per S.S. Minnamabie 17-6-15

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Laborer RELIGION Baptist or Congregational

DESCRIPTION.

APPARENT AGE 18 YEARS not stated MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 1½ INCHES

COMPLEXION Dark EYES Grey HAIR Brown

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Port Hope, Ont. DATE Jan. 19th. 1915.

Present address, not stated.

H. Q. FILE No. 649-

NAME Mc Callister. O.

REGT'L No. 412617.

RANK AND CORPS Pte 2nd Batt.

CABLE	
NO.	DATE

NATURE OF CASUALTY

NO. 122

FOLL X

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
245	3rd Casbl. Stn.	9-12-15	Otitis media.
247.	Bevan Mil Sandgate	17-12-15	Def. Hearing Slt.
253.	Disch to Res Unit	31-12-15	Def. hearing.

Name McCallister, O *Rank* Private *Reg. No.* 412617

Unit 2nd Battalion.

Next of Kin CANADA.

Date 1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-12-	2nd C.F.A. to 3rd	Cas.C.Sta.	Otitis Media			
17-12	Bevan Fil. Hosp.	Sandgate		245		
			Def. Hearing	247		
31-12	Disc. to Res. Unit.		-Do-	253		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

LEDGER NO. 556 SERIAL NO.

REG. NO. 412617 NAME Mc Allister Oscar

RANK Pte CORPS 2 Btt AGE 21 SERVICE E 6/12 E 4/12 F 10/12

HOSPITALS	DATE OF ADMISSION
1 Elmhurst Mill. Hosp. Kingston	2-4-16
2	
3	

DIAGNOSIS O.S. Deafness Otitis Media

TRANSFERRED TO

DISPOSITION 3/4-16. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

6 412617 (with Docs 2)

Number ~~412617~~ Rank Pte.

Surname McCALLISTER

Christian Name Oscar

Units 2nd Bn Can Inf Theatre of War France

Date of Service 27-10-15

Remarks

Latest Address G.P.O. Port Hope Ont.

Roll No. B. Cage 8444

No RANK NAME

T. O. S. UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
McCallister	O	412614

Rank	Unit	Co.	Troop	Batty.
Pte.	2nd Battn			

Hospital

2nd Can Sl Amb to 3rd Cas Clg Sta

Transferred Shorncliffe Hill.

Bevan. Mil. Sandgate

Date of Admission

Hosp. 9. 12. 15

Hosp.

Hosp. 17. 12. 15

Hosp.

Diagnosis Otitis Media

(1)

Later Diagnosis (if changed) Def. Hearing Slt.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

To rec unit 31. 12. 15.

C.L. 22. 12. 15 245

U. 1. 16. 252.

247

C.L. 24. 12. 15

REMARKS

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.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 412617 (Rank) Private

Name (in full) McALLISTER, Oscar enlisted in

the 39th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Fort Hope, Ont on the 20th

day of December 1914.

HE served in CANADA, ENGLAND, FRANCE and BELGIUM

and is now discharged from the service by reason of Being medically unfit for further War Service

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

Age 20 years 2 months

Height 5 feet 8 inches

Complexion Fair

Eyes Blue

Hair Dark

Marks or Scars

Signature of Soldier

W. A. Blue Herron

Issuing Officer

Captain

Rank

Date of Discharge Kingston, Ont. April 30th, 1918

for D.A.A.G. (3)

Appointment

Signed at OTTAWA this 24th day of September 1918

in Military District No. Headquarters

File Reference No. 640-K-3106

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 412617 (Rank) Private Name McALLISTER, Oscar

Unit 12th Reserve Battalion

Address on Discharge Port Hope, Ontario

Character and Conduct GOOD

Former Occupation Hardware Clerk

Special Qualifications of Value in Civil Life

Medals and Decorations NIL

Remarks Transferred to 2nd Battalion November 14th, 1915 and to 12th Reserve Battalion December 30th, 1915

Signed at OTTAWA this 24th day of September 19 16

Wm Bell Nesbitt
Name of Officer

Capt.
Rank

for Appointment. (5)

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

28719 - 573

012088 - 0 - 1.

Name Mc. Allister Oscar Christian Name

Regimental Number 412617 Rank Pte.

Address (in full) Port Hope, P. O. Ont.

new add Trenton Ont.

Unit 12th Batt.

Original Unit

District where paid Ottawa.

Date of Discharge 30. 4. 16.

P. D. P. Filing Number ~~8~~. 8 Mc 6.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	2567	13/8/17	33	00	2735	15/9/17	33	00	2659	19/10/17	34	10			100	10

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

RE.

Dec'n No 28719/573 W. S. G. File No 12088-0-1

Award 122 days at $ 70.00 per ~~day~~ mo $ 280.00

S. A. — months at $ — per mo. $ — $ 280.00

Less P. D. P. Credited $ 100.10

$ 179.90

Less further debit balance $ 7.30

Net due paid as below 172.60

TO SOLDIER TO DEPENDENT

0	Ag. No.	Ch. No	Amount		Ag. No	Ch No	Amount	
1	2928	406305	172	60				
2			—	—				
3			—	—				
4								
5								
6								
					Total			

24/4/19

GEN'L AUDITOR
Posting checked by
J. Redmond
Date 3/10/19

Toronton, Ont.

W. U.

M. F. W. 41.
10m.—11-15.
1772-39-889.

MAC 26

Name: Mc Allister Pte C

Regimental No. A12617

Unit 39th Bn

Date of enlistment 28-12-14

Place of " Port Hope

Married (yes or no) no

Amount of pay assigned monthly $20 31/3/16 mo was Mrs Mc Allister Port Hope Ont

Sep allce

To whom payable Mil

Empress 27-3-16

~~Name and~~ address ~~of next of kin~~ P. O. Port Hope Ont

Date and place discharged

Reason for discharge Civilian Clothes issued

Character on discharge

III

649-M-3186

L. 95 87694. M. & D. 6123.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	11/3/16							20 45								LPC
								Sub		B	20/4/16			9 73		Pd on ship
12/3/16	30/4/16	50	100	50 00	50	10	5 00	19 80	95 25	53		15 52	20 00	50 00	95 25	x due 10 10 Pd
		Supp. Sent P&P 28/12/17						7 30	7 30					7 30	7 30	diff on a/c 1006 a LPC 28/12/17
Trans to Central Suspense & "Irregularity" on P&P 11-1-18																

X

Pensioned
1-5-16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

244

To Whom Mrs. Wm McCallister

Address Port Hope Ont

Rate 20 00 Oct 1

By Whom Assigned McCallister O.

Regtl. No. 412 617

Rank Pte

Corps B Co. 39 Battn

a 12617

2 m 11 10/15 Ta

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				COPIED FOR 2 CASUALTIES.
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		Y4317	40	P.D.P. 1.8.17. 03
Dec.		Y7164	20	
Jan.	1916	Z9785	20	Pension granted from May 1/16 Sgd
Feb.		K12816	20	
March		K16966	20	returned Emp. of Britain 27/3/16 Sgd

M.C.

P—56

Rank | Name McCALLISTER Oscar | Reg'l No. A 12617

Unit ~~39th Bn.~~ CCAC | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Port Hope. Ont. 19th Feb. 1915. | Place of Birth Port Hope. Ont.

Name and Address, Next-of-Kin William McCallister, Port Hope, Ont.

Relationship Father

Assigned Pay Monthly $ 20.00 Nov 1st 1915 Payable to Next of Kin

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place Canada 11 3/16 UCN | Reason C.C.I. 7 3/16 | Character

PAY OFFICE, N. E. BRANCH — MAY 30 1916 — CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1 1915	July 31	31	1	31 00	31	.10	3 10		34 10		31	32 50			32 50	1 60	
								86			63	4 87				3 72	adj exchange
Aug 1	Aug 31	31	1	31 00	31	.10	3 10	+6	34 96		104	27 97			32 87	~~2 12~~	
Sept 1	Sept 30	30	1	30 00	30	.10	3 00		33			32 11			32 11	4 61	2nd Bn. 31-10-15
Oct 1	Oct 31	31	1	31	31	.10	3 10		34 10			15 09			15 09	23 62	B10. 204
Nov. 1	30	30		30	30		3		33			1 79			1 79	54 83	
Dec 1916	31	31		31	31		3 10		34 10			2 68	20 00 20 00	10	42 78	46 15	4.31. H1181 #8 394 Bat. 04/15 nov. Assign. chgd. here
Jan 1	31	31		31	31		3 10		34 10			26 76	20		46 76	33 49	112th Reo Batt. 31-1-16
Jan 1	–	21 5 –		–	–		– –			841		7 30			7 30	26 19	
1/2/16	31/2/16	29		29	29		2 90		31 90	893		2 44	20		22 44	35 65	Trans to C.C.A.C.
Mar 1	Mar 11	11		11	11		1 10		12 10	5162	1/3/16	7 30	20		27 30	20 45	SP to CCORD. mark. auth. C.C.I. 7-3-16. SP forms, pend. eff. April. PBR verified & filed.
Bal on Trfr 20 N E Bch.								2045									
									2045					2045	2045		Transd to "Canada Disc'ge a/c"
~~Sept.~~ N.E. ~~Oct.~~ 1/17 Nov 1/17								730	730					730	730		Dr. 730. A.R. 1006 Dr 1/2/16 Calls for a payment of $14.60. chgd. as 7.30 Audit Obs. 22. CC ac March 1916 GRPC 19/10/17 Dr 730 R.D. 12/11/17

File 12088-01

Received from 10 Sq Polo 12 also file

Credit slip issued. 21-1-21

Transd to "Canada Disc'ge a/c".

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						

Ex 50696

R—122.

Rank | Name McCALLISTER Oscar | Reg'l No. 412617

Unit 39th BN. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Port Hope. Ont. 23rd Feb.1915. Place of Birth Port Hope. Ont.

Name and Address, Next-of-Kin William McCallister, Port Hope, Ont.

Relationship Father

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

CCAC
N/E. R.B. No. 4086
File R.L.
Category Fall Can.

Report Date	Report From whom received	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
		Arrived	England	3/7/15	
26/10/15	O.C. 39th	Trans. 2nd Bn.	S'cliffe	26/10/15	Pt II A.O. 204
7.11.15	" 2nd	On Strength 2nd Bn	In the Field	27.10.15	" - 37
22.12.15	C/245 - "	Otitis Media	To 3rd Cas Clr Station	9.12.15	From No 2 C.F.A.
24.12.15	"247 - "	Def. Hearing, Slt	Buran Hd Hos. Sandgate	17.12.15	Inv & Trans to Eng, Pt II-44-26/12/15
4.1.16	"253 - "	Dis. to Reserve Unit	from " " "	31.12.15	
30/12/15	O.C. 12th	Taken on Strength	Shorncliffe	17/12/15	Part II 2349
17.2.16	" "	Rec for Discharge	" "	17.2.16	" " 48
9-3-16	" "	Struck off Strength Trans CCAC	Bath	9-3-16	" " 69
9-3-16	C.C.A.C.	N.R.D. 15.12.16	Bath.	9.3.16.	Pt II O. 41.
		Taken on strength per Reports from 12th R.B.			

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					
24.3.16	CCAC	SOS to Can for Discharge	7 'stone	21.3.16	PrII O 68	

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

5007

409 **Army Form B. 103.**

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 39th Res. Battalion C. E. F.

Regimental No. 412617 Rank Pte. Name Mc Callister, J.

Enlisted (a) 28/12/14 Terms of Service (a) Duration of War Service reckons from (a) 28/12/14.

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				
					10th CAN. RES. INF. BGDE. RECEIVED 7-MAR.1916 Attended by 11940/28 9.15 a.m. ____ p.m.
		Lt.-Col. Commanding 39th Battalion, C. E. F.			
28/10/15.	Can Base.	Reinforcement for 2nd Battalion- Taken on Strength,	Can. Base Depot.	28/10/15.	Nom Roll.
8/11/15	do	Leaving for 2nd Bn.	Field,	8/11/15.	101/C.E.F/A/35
14/11	2nd Bn.	Jponed Unit.	Field,	8/11/15	B.213
12.12.15	2 Bn	Sick to Field Ambce No 2		9.12.15	B213
12.12.15	2 C Amb.	Otitis Media	To 3 CC Sta	9.12.15	a36
13.12.15	8 CC Sta	Deafness	To 3 Amb Train	10.12.15	a36
17.12.15	20 Gene	Deafness	To England	17.12.15	W303V
17.12.15	Jan Breydel	Disability - Deafness.	ad Jan Breydel	17.12.15	W3083

Lieutenant
for Lt. Col. D. A. G.

(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.

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				
30-12-15	OC 12	Taken on strength	Shamelhffe	17-12-15	PIII O 2349

Bewley, Folkestone.
10000/23/10/15/3611.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. Oscar McALLISTER.

Regimental No. 412617. Rank Pte. Unit 12th. Res.

Date of Birth? 1.Feb.1896 Place of Birth? Port Hope, Ont.

Occupation or trade previous to enlistment? Hardware Clerk.

Date of enlistment? Dec. 28th. 1914.

Place of enlistment? Port Hope. Ontario.

Are you married or single? Single

If married how many children have you? (*Boys*) (*Girls*)

What are their ages?

Have you a widowed mother dependent on you solely for support? No

What was the condition of your health at the time of your enlistment? Good.

Where and when did your disability originate? Le Havre. Oct. 25th. 1915.

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties? Chronic otitis media with nerve deafness.

What is your present condition of health? Fair

What work, if any, are you fit for? Light

Have you any civil employment open to you at present? Yes - Canada

What is your present address? C.C.A.C. Bath.

Where do you wish to take your discharge? Canada

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

O. McAllister.

Witnessed by [illegible]

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name.

Regimental No. 41 561. Rank Pte. Unit 12th. Bde.

Date of Birth? 1.Feb.1896 Place of Birth? Fort Hope, Ont.

Occupation or trade previous to enlistment? Farmer Gler.

Date of enlistment? Dec. 28th. 1914.

Place of enlistment? Fort Hope. Ontario.

Are you married or single? Married

If married how many children have you? (Boys) (Girls)

What are their ages?

Have you a widowed mother dependent on you solely for support? No

What was the condition of your health at the time of your enlistment? Good.

Where and when did your disability originate? Le Havre. Oct. 28th. 1916.

Is your disability the result of wounds, injuries or illness contracted in action, in the performance of the course of duty on active service during training or other duties? Gunshot wound in arm during action.

What is your present condition of health? Weak

What work, if any, are you at for Alight

Have you any civil employment open to you at present? Ex - Gunner

" "

What is your present address? G. . . . 28th.

When do you wish to take your discharge? Immediate

Having been duly sworn, I declare that I have read the answers given by me to the above questions, which are true and correct, so far as I know, so help me God.

Witnessed by _____

Class THREE

No. of M. H. C. File	No. of H. Q. File

Name and Home Address of Soldier McAllister Oscar, P.O. Port Hope, Ont

1236

No. 412617 Rank Pte. Original Unit 2nd Present Unit 12th Res.

Previous civilian occupation as per record Hardware, Clerk,

Age 21 Height ft. ins. No Record Complexion Eyes Hair Character No Record

Cause of disability Chronic Otitis, Media and nerve deafness, not due to but aggravated by service.

Condition in detail which prevents the soldier from earning a full livelihood

Invalid is fairly deaf in both ears. Hears ordinary voice at one foot. Complains of frequent aching in ears. General condition, good.

Aural Report by Major Brown, West Cliff Hospital:-
"This man's deafness is due to catarrhal otitis media and there is also some nerve deafness, especially in left ear. He hears ordinary voice only at one foot and forks early. Would not expect improvement under treatment."

(sgd.) M. J. BROWN.
Major C.A.M.C.
(aggravation due to service.

Degree of incapacity (Please state in fractions) Eng. Board Less than ½ Canadian Board ½ of which 75% is

Probable duration of incapacity Permanent

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity? No

Is final disability likely to prevent return to previous occupation?

Members of Board E.M.CARRICK CAPT. Pres. C.G.GEGGIE CAPT Mbr. R.M.WILSON LT. Mbr. G.A.NIMMERS MAJOR.

TO BE FILLED IN BY MEDICAL BOARD OR FROM RECORDS

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by Empress Date of arrival 27/3/16 Where seen service France

Date of enlistment 28/12/14 Where enlisted Port Hope,

Birthplace Canada Religion Baptist

Occupation prior to enlistment Hardware Clerk,

Name and address of last employer Alf. Outram in Port Hope,

Whether work was regular or irregular R. Average earnings per week $ 10.00

Name and address next of kin Mr McAllister (Father) Port Hope,

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Whether any private income, self or wife—amount per year $ None

Rent per month $ N.A. Name and address of Landlord

If owner of property what payments still due $ N?A? An. payment $

If part of house let, or boarders taken in, state average income $ N.A. per week

If in receipt of sick benefits or other insurance—name of society Amt. per mon. $

If carrying insurance, amount of annual premium—Life, $ N.A. Accident, $

If unable to follow previous occupation, name preference Would help Father who is a Gardener

If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? Possibly Horticulture

Destination to which transportation provided if other than Divisional H. Q. N.A.

References Last employer

Remarks

I declare that the above statement is correct

Witness WM.F.MOORE.

Signature A. MC ALLISTER

Date 30/3/16

TO BE FILLED IN BY M. H. C. AND SIGNED BY SOLDIER.

Accrued pay $ Amount paid at Discharge Depot $

Amount forwarded to Divisional Headquarters $ If given or credited $13 in lieu of clothes

P. T. O.

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home..... Report No.....

Degree of Disability at that date (in fractions) .....

Recommendation of Medical Board .....

.....

Pension. Degree..... Amount per year $..... Dating from.....191.....

Condition of Soldier when visited .....

.....

Whether necessary to give special training of a technical nature..... If so, training suggested.....

.....

Does visitor confirm statement by Soldier on other side?.....

.....

.....

If work secured, name of employer .....

Wages, $.....

Name of visitor.....

GENERAL REMARKS

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CLASS 1.

Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanitarium. If deemed advisable in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanitarium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Observation

Case for ear-specialist

Very deaf in both ears; slightly deaf before enlisting, aggravated by service.

Pte No. 412617. Oscar McAllister.
2nd Battn.
Married — No. — Mr. Wm. McAllister. } Father.
Port Hope Ont.
Occupation. — Hardware clerk — A Cutram. 3 months.
Port Hope. 10$ per month.
Enlisted at — Port Hope — 20-12-14.
Examined by — Wm Brockenshire.
Age — 21 yrs. 1st Feb. 1916.
Height — 5-8½.
Chest. — 34.
Complection — Fair.
Eyes. — Blue.
Hair — Dark.
Religion — Robt.

Disability Deafness & Otitis Media

About Dec 10th 1915 whilst in Trenches at Kemmel, man's ears ached very badly, & he reported sick to Reg. M.O. who treated man & he went back into the Trenches, but ears grew worse, he again reported sick & was sent to No 8 clearing Hospital at Beauleau, 1 day then to No 20 British Gen Hos at Boulong, 4 days, & then to Bevan Millitary Hos. Sandgate England, 3 weeks, Tonsils were taken out here, then went to 12th Res Battn. no duty there from Jan 1st till 31st Jan, during this time man was examined by ear specialists 3 times. On Jan 31st went to Bath Discharge Depot, Boarded here & left Feb 3 for Liverpool, left Liverpool per. S.S. Empress of Britain 18th March, arrived St Johns 27th left same day. Arrived Quebec 28th Boarded on 30th March left Quebec April 1st arrived Cluthurst Home 2nd April 1916

Man Says ears are still troublesome, & ache badly especally Rear at night.

Pay.
10$ on Boat
10$ at Quebec.
40$ at Cluthurst Home. 2-4-16.

D. McAllister

M.D.3 - 88-Mc-33.

This space to be for numbers.

Proceedings on Discharge.

SBW/

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

No. 412617

Rank Private

Name Oscar McAllister
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 12th., Reserve Battalion, C.E.F.

Date of Discharge April 30th., 1916.

Place of Discharge Kingston, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Feb.1.1896

Age 20 years 2 months.
Height 5 feet 8 inches.
Complexion Fair
Eyes Blue
Hair Dark
Trade Hardware Clerk.
Intended place of residence (To be given as fully as practicable.) Port Hope, Ontario.

Descriptive Marks

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

MEDICALLY UNFIT

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

Deceased 1-6-58

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

HARDWARE CLERK.

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

3-7-58
AS

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).....Kingston, Ontario.

G. Hunter Gibbs ..... Colonel
A. A. G. Military District, No. 3

(Date).....April 30th., 1916.....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....Kingston, Ont. Oscar McAllister.....(*Signature of Soldier.*)

(Date).....April 30th., 1916. .....(*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).1....years.125....days.

Total.1....years.125....days.

11. **Confirmation of Discharge.**

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

(Place).....Kingston, Ontario.

(*Signature*) G. Hunter Gibbs Colonel
A. A. G. Military District, No. 3

(Date).....April 30th., 1916.

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.)

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

No Card 70.2.2
488

Army Form B. 178.

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

MEDICAL HISTORY of

Surname McAllister *Christian Name* O.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on 28th day of December 1914.
at Port Hope Ont.

Declared Age ... ... 21 years _____ days.

Trade or Occupation ... Hardware Clerk

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement: Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks: Arm ... Right _____ Left _____
Number _____

When Vaccinated ... ... _____

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) _____

(*Rank*) _____ *Medical Officer.*

Enlisted ... ... at _____
on _____ day of _____ 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	2nd Battn.	412617
Transferred to	12th Res. Battn.	

Became non-effective by _____

on _____ day of _____ 191 .

(*Signature*) Komarriot major

(*Rank*)

67

(1908) Wt. W2869—1662. 200000. 5/15. Sir J. C. & S.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remar
	Day	Month	Year	Day	Month	Year			

List in the Case of Warrant Officers treated in quarters.

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

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.
16-2-16.	Discharge H. Mussen Capt Cons.
25. 2. 16	approved T H Boulby Capt. A/D.A.D.M.S. Canadian Training Division, Shorncliffe.

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

IMR.

H.Q. 649-M-3186.
B.P.C. 3798.
M.D.3. 88-Mc-33.

Pensions and Claims Board.

OTTAWA, March 20th, 1917.

General
The Officer Commanding
Military District No. 3,
Kingston, Ont.

Sir :—

The Board of Pension Commissioners ~~The Pensions and Claims Board~~ requiring a report on the present condition of the pensioner named in the margin, request that you will kindly direct him to appear before the standing Medical Board at ~~Divisional Area, or~~ Military District, No. 3, for the use of which a form of report is given on page 3, hereof.

If travel by rail is necessary, Transport Warrants are to be issued, and the usual claims for travelling expenses are to be submitted.

Should the condition of the pensioner preclude travel, or the distance to be travelled be so great as to involve great expense, or loss of time, a Medical Practitioner (A. M. Corps, if available) resident convenient to the pensioner may be employed.

I have the honour, to be,

Sir,

Your obedient servant,

Name
No. 412617, Oscar McAllister,
12th. Battalion, C.E.F.

Address
P.O. Port Hope,
Ont.

Medical Examination to be completed and returned.
APR 15 1917
Not later than the above date.

Colonel
Medical Adviser,
~~President Pensions and Claims Board~~.
For the Board of Pension Commissioners for Canada.

M. F. W. 56.
15 m.-10-15.
H. Q. 1772-39-922.

To the Medical Examiner.

(1) Are you satisfied that the pensioner presenting for examination is the man named on page 1, and described on page 2?

(2) What employment does he follow?

(3) What have been his average weekly earnings the past year?

(4) What are his present weekly earnings?

(5) Name and address of present employer, or if unemployed, of last employer.

(6) The present state of the disabling condition

(7) Is the disability permanent?

(8) Has it become better, or worse the past year, and to what extent?

(9) Will it materially improve, or get worse?

(10) To what extent is his capacity for earning a full livelihood at his employment in the general labour market, lessened at present? (Please state in fractions)

(11) Is the pensioner married, or a widower, and if so, and he has children, give names, and ages? (Pensioner's statements may be accepted)

(12) Are any others dependent on pensioner? Give names and relationship, and ages.

Signature of pensioner. (To be procured in separate)

President.

Place

Date

Members.

In matters of consideration for the pensioner, a decision, at the same time, self help is to be encouraged in every way possible, as the purpose of the pension may be defeated by lowering the independence, and self respect of the pensioner.

To the Medical Board, or Medical Examiner.

The Board of Pension Commissioners ~~The Pensions and Claims Board~~ requires a report on the present condition of the pensioner named on page 1 hereof.

The object is to enable the Board to decide the degree of pension, if any, to be awarded for the next ensuing year.

The identity of the pensioner should be established, to prevent personation, for that purpose, a description, ~~of~~ and the disabling condition as given by the preceding Medical Board, follows :—

Apparent age (date) 21 years. 5-2-16. Height,

Complexion, Colour of eyes, Hair,

Mark of Identification,

(If above description is not filled in please complete).

Condition, (date) March 30, 1916. "Partial deafness of both ears, hears conversational voice at one foot".

(History of chronic otitis media and nerve deafness aggravated on service).

Signature of pensioner. (To be procured at examination).

Sympathetic consideration for the pensioner is desired, but at the same time self help is to be encouraged in every way possible. The purpose of the pension may be defeated by lowering the independence and self respect of the pensioner.

These questions are not to be altered. If it is desirable to give any information other than replies to questions, please use page 4.

Medical Report.

(1) Are you satisfied that the pensioner presenting for examination, is the man named on page 1, and described on page 2 ?.....

(2) What employment does he follow ?.....

(3) What have been his average weekly earnings the past year ?.....

(4) What are his present weekly earnings ?.....

(5) Name and address of present employer, or if unemployed, of last employer.....

.....

(6) The present state of the disabling condition.....

NOTE:- Has aggravation due to service ceased?

.....

.....

.....

.....

.....

.....

.....

(7) Is the disability permanent ?.....

(8) Has it become better, or worse the past year, and to what extent ?.....

.....

(9) Will it materially improve, or get worse ?.....

(10) To what extent is his capacity for earning a full livelihood ~~at his employment or~~ in the genera labour market, lessened at present ? (Please state in fractions).....

(11) Is the pensioner married, or a widower, and if so, and he has children, give names, and ages ? (Pensioner's statements may be accepted).....

.....

.....

.....

(12) Are any others dependent on pensioner ? Give names and relationship. and ages.....

.....

.....

.....President.

Place..... .....

Date..... ..... } Members.

.....

.....

DUPLICATE. 412617 No Card 488

ARMY FORM B. 178.

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname MC CALLISTER *Christian Name* Oscar.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Port Hope County Durham

Examined ... ... on 28th day of December 1914, at Port Hoyse.

Declared Age ... ... 18 years days.

Trade or Occupation ... Labourer.

Height ... ... 5 feet 7 inches.

Weight ... ... 140 lbs.

Chest Measurement: Girth when fully Expanded 37 inches. Range of Expansion 4½ inches.

Physical Development ... Good.

Vaccination Marks: Arm ... Right / Left; Number 1

When Vaccinated ... ... 5 years.

Vision ... ... R.E.—V= L.E.—V=

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

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

Approved by (*Signature*) R.L. Shields.
(*Rank*) Lieut. *Medical Officer.*

Enlisted ... ... at Port Hope. on 28th day of December 1914.

	Corps.	Regtl. No.
Joined on Enlistment ...	2nd Batt.	412617
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.

on day of 191 .

(*Signature*)
(*Rank*) Lieut.-Col.

(4887.) W. 9597/1588. 500M. 9/15. In Charge of Records, C. P., LTD. Canadian Contingent. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Si

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Re
	Day	Month	Year	Day	Month	Year			
Bevan Mil. Hosp. Sandgate	17	12	15	31	12	15	Deafness	14	

ck List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Discharged. Tonsils & sdenoids removed	J.C.O.Bradbury

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
3/3/15	Vaccination. Neg. R.N.Shields.
1/11/15	Anti-typhoid inoculation Good. "
21/1/15	do.

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 a Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.