

26
23 Nov 19

ATTESTATION PAPER.

No. 1274614.

Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McCaul
2. What are your Christian names? William Alexander
3. What is your present address? Purcells Cove, Halifax Co. N S
4. In what Town, Township or Parish, and in what Country were you born? Holying Island, Portsmouth Co. Eng.
5. What is the name of your next-of-kin? Evelyn Annie
6. What is the address of your next-of-kin? Purcell's Cove, Halifax, N.S.
7. What is the relationship of your next-of-kin? Wife.
8. What is the date of your birth? July 23rd, 1887.
9. What is your trade or calling? Millhand.
10. Are you married? Yes.
11. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
12. Do you now belong to the Active Militia? Yes.
13. Have you ever served in any Military Force? W.A. McC. Naval or 9 Yrs. 269 Days R.G.A. (Imperials)
If so, state particulars of former service.
14. Do you understand the nature and terms of your engagement? Yes. *(act. mil.)*
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
17. If so, what was the nature of the disability? ---
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
19. If so, what was the reason? ----

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

Sd. W.A. McCaul. (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

William Alexander McCaul sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Sd. W.A. McCaul. (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Halifax, N.S. this 29th day of November 1918.

Sd. W.B. Almon. } Signature of Magistrate, Justice
Lieut. Col. RCA } or Attesting Officer.

C.R.C.A. Halifax } Office or Rank and Unit
} or appointment.

DS 10-2-19

DECEASED
DISCHARGE DOCUMENTS

R. O. No.
H. Q. No. **19-77-41166**



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

Name McCALL, W.
 Regt. No. 1274614 Rank Gnr
 Corps P. G. A.

Deceased
~~14-10-20~~

S.S.A.M.

03639

*Med. Docs. Desp. to
 B.O.C. on maw.
 2503
 Ref. BOG-1136,
 d/9-6-19
 m. r.*



*14-10
 14-10
 9-10
 1*

*M.F. B. 303 - 7
 Doc. S.F. 10 -*

*amt
 6-12-20
 ca*

Surname *Mc Paul*
Christian names *William Alexander*
Regtl. No. *1274614* Rank *Pte*
Unit *R.P.A.*

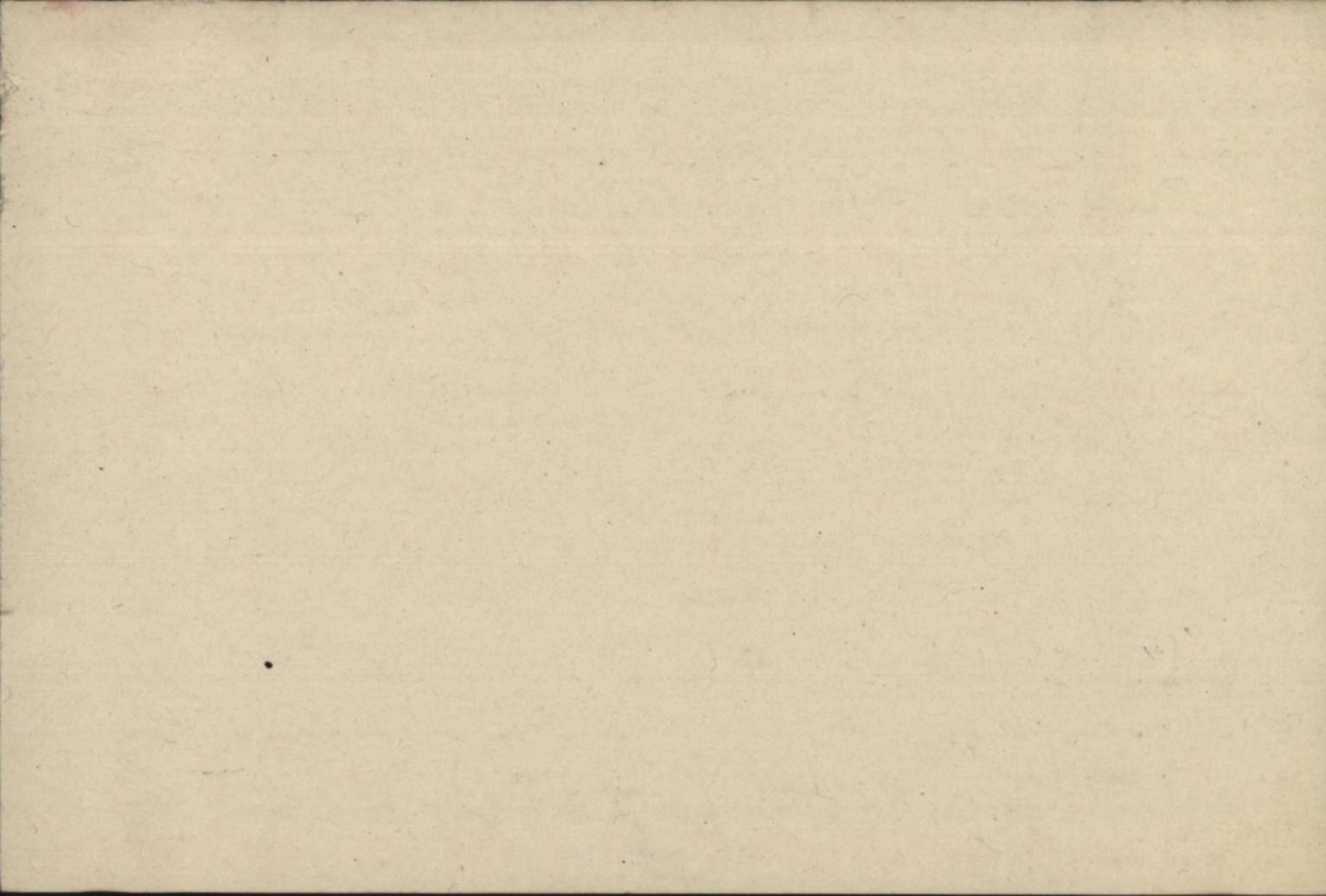
H. Q.
M. D. No. *6*
T. O. S. 19 ..
D. O. Pt. II of
S. O. S. *18-12-18*
Reason *Deceased*
Auth. *00182/20/12/18*
air opt

Next of kin *Mc Paul Mrs Evelyn A* Relationship *Wife*
Address *Russell's Cove Halifax* Also notify: *Ms*

Auth. Tel. 10/11/19

Copy is being sent for me

BORN—Place *England Holy Island* Date *July 23rd 1887*
ATTESTED—Place *Halifax* Date *Nov. 29th 1918*
O/S R/C



R.E.G.A.

649-M-41166. 1274614. Pte. W.A. McCaul. C.E.F.,
Snr.

Medals & Dec.

(Widow) Mrs. Evelyn A. McCaul,
Lake Dale, N.S.

Plaque & scroll

(Widow) Same as above.

See # 807851

Memorial Cross.

(Widow) Same as above.

" "

(Mother) Jessie McCaul,
Kenogame, P.Q.,

Not Elig. for Star

" " *W on*

" " *B W on*

Scroll Desp. MAY 5 1921 Reqn. No. 2-41476

Dep. 15/1/20 W/C. 20600

Home Desp. JAN 7 1922 No. PA 2695 *as*

37302

M

637028

DEC 17 1920

880

LEDGER NO.

2067

3
-747

SERIAL NO.

B. 13167 ✓

REG. NUMBER

91274614

NAME

McLane, Wd.

RANK

Sm.

CORPS

6. Art Depot

AGE

33

SERVICE

Canada. 35 1/2 yrs

NAME OF HOSPITAL

Coxwell St. Military

PLACE

Kaafes

DATE OF ADMISSION

14-12-18

DISEASE

(1) Influenza (2) Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

3

DISCHARGED TO

Died at 6³⁰ PM. - 18-12-18

IN CATEGORY

REMARKS:.....

.....

.....

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na
met

Register No. Dme 877

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

ma

A.P. File No. 1215-9-10-37

Reg't No. 1274614 Name William A. McCaul
(Christian Name) (Surname)
Unit 6 Art Depot Rank Gr Date of enlistment 3/8/15
Date of casualty 18/12/18 B.P.C. File No. 125321
Was service performed overseas? no? ✓

DEPENDENT

Name Mrs Evelyn A. McCaul Relationship widow
Address Lake Dale
Guyboro Co.
U.S.

M.F.W. 2652
25M-6-20.
H.Q. 1772-80-1473

Amount of Special Pension Bonus \$ 80.00 ✓ Abstracted by Mrs M. Colan

Eligible for Gratuity \$ 90 ✓

Less amount of Special Pension Bonus paid \$ 80. ✓

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ 80 ✓

Balance due \$ 10.00 ✓

Cheque No. 91899438 Date issued 6/8/20 J.P.

no list for
this number

REMARKS :
.....
.....
.....
.....

Clerk ATTMiel

Audited by
[Signature]
Date 5/8/20 10.00

Dec 17

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem.

Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 300M-1-19
 1772-39-1140

FORM OF WILL

I, **McCaul, William Alexander.** (Name in full)

Regimental Number **1274614** serving in **R.C.G.A. C.E.F.**

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

bequeath

I ~~devise~~ all my real estate unto

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

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

(WIFE)

Mrs. Evelyn Annie McCaul.

Purcells Cove.,

Halifax, Co., N.S.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this **20th** day of **October** A.D. 191 **8**

This must be signed and Dated by THE SOLDIER HIMSELF.

W. A. McCaul.

Signature of Soldier.

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

W.A. McC.

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

Signature of First Witness **H. O. Toubes.**

Address of Witness **Forbes Court, Sidney, C.B.**

THE TWO WITNESSES

Occupation of Witness **R.C.G.A. C.E.F.**

MUST SIGN HERE

Signature of Second Witness **H. G. Munroe.**

Address of Witness **193 Beech Street, Halifax, N.S.**

Occupation of Witness **Bdr. R.C.G.A. C.E.F.**

I hereby certify that this document is a true copy of an original document now in possession of this office.
F. B. Husband Lt.
Director Military Estates.
FEB 12 1919

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Board of Inquiry
assembled at Logswell St. Military Hospital
Halifax N.S.
on the 19-12-18

by order of A. W. M. S. M. O. # 6

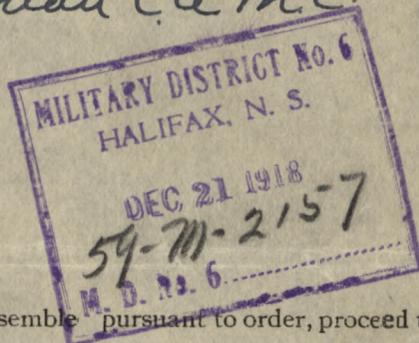
for the purpose of inquiring into and reporting
upon the cause of death of #1274614
Sur. M. C. Paul W. A.

PRESIDENT.

Capt M. J. Carney A.M.C

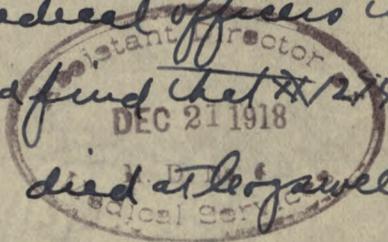
MEMBERS.

Capt Wulochan C. A. M. C.



The Board having assembled pursuant to order, proceed to

examine the medical case history sheet, charts,
and the evidences of the medical officers in
attendance on the case and find that #1274614
Sur. M. C. Paul W. A. died at Logswell
St. Military Hospital, Halifax, N. S. on the
18th day of December, 1918 from Bronchopneumonia
following Influenza



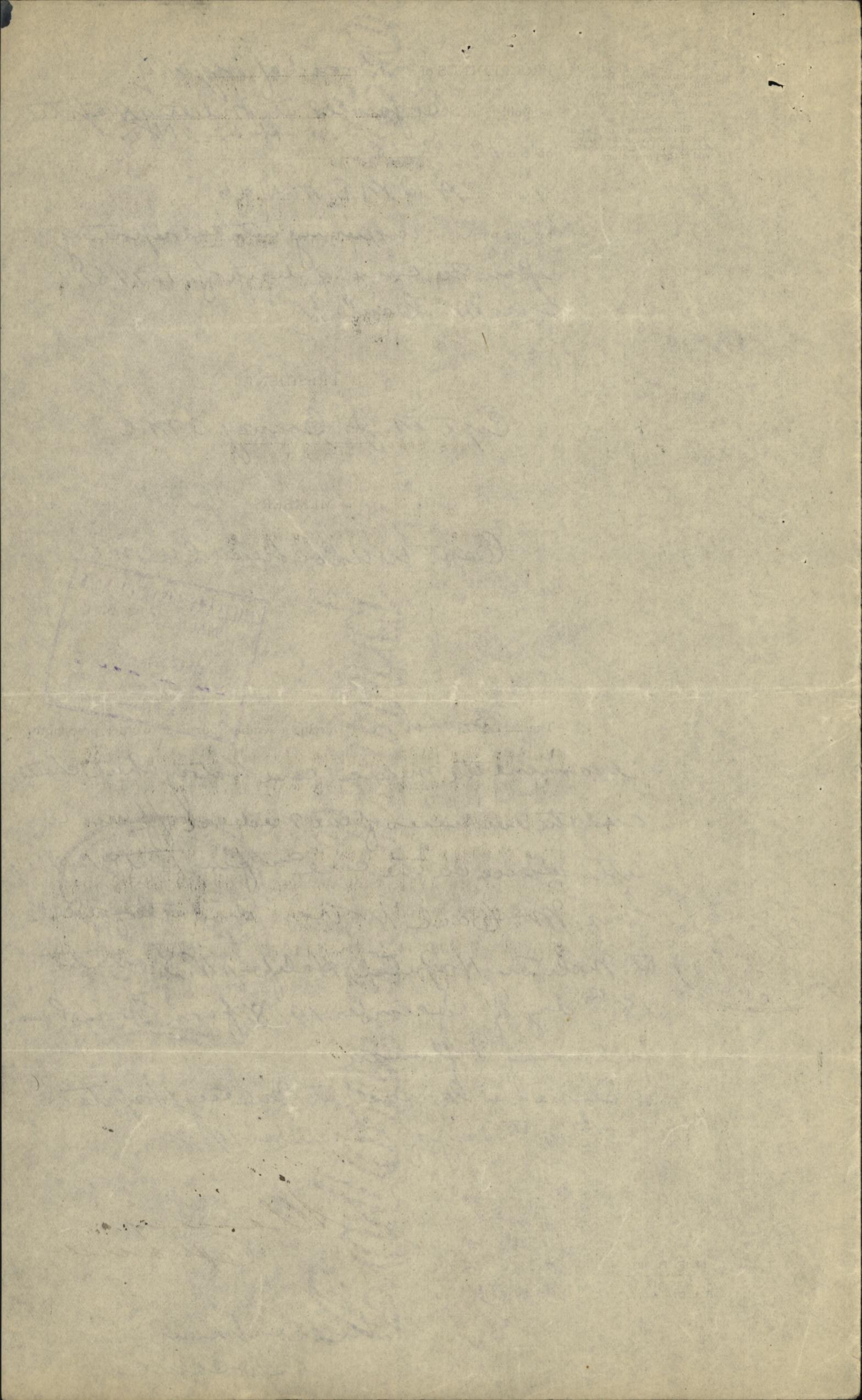
Signed at Logswell St. Military Hospital
the 19th day of December 1918

Manney
Capt

Wulochan
Capt

M. F. B. 303.
75M.-2-18.
H. Q. 1772-39-133.





FORM OF WILL.

I, McCaule William Alexander (Name in full)

Regimental Number 1274614 serving in RC, A, C, E, 7

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

(Wife) Mrs Evelyn Annie McCaule Purcells Cove Halifax Co. N.S. Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 20th day of October A. D. 1918

W.A. McCaule Signature of Soldier.

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

W.A. McCaule

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

Signature of First Witness H.D. Saubert Address of Witness (Saubert Court) Sydney, C.B. Occupation of Witness R.C. A. C. E. 7 Signature of Second Witness J.B. G. Munroe Address of Witness 193 Beech Street Halifax N.S. Occupation of Witness Bdr. R.C. 99 C. E. 7

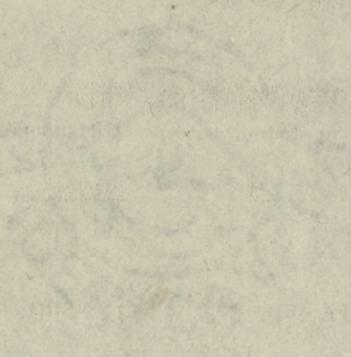
THE TWO WITNESSES MUST SIGN HERE

Estates Branch,



M. & D.
P.M. FEB 11 1919

RECEIVED



LOKRI OB VAITT

OBVIOUS

CASE HISTORY SHEET.

Station Hospital,

Hospital HALIFAX N.S. Halifax N.S. Station.

No. 1274614 Rank Inv Name McCauley, W.A. Age 33

Unit #6 Art. Dept Completed years of service Canada 3 1/2 yrs Where and how long

Date of admission 14-12-18 Date of discharge 18-12-18

Diagnosis Influenza & Pneumonia Place of origin Halifax

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Took ill on the 13-12-18 with chills, headache, pains in limbs, etc. Admitted to this hospital on the 14-12-18 with a temp 101° Pulse 118 Respiration 24. Examination reveals ~~bronchial breathing over both lungs posteriorly~~ bronchial breathing over both lungs posteriorly Urelochan Capdcaue

17-12-18 Slight dullness and some rales found at base of R. Lung posteriorly. Some areas of consolidation over the lung posteriorly.

18-12-18 Cyanosis. Heart shows signs of collapse. Camphor oil 1 c.c. administered every 4 hrs. Whisky 3i q. y. h. Saline Transfusion administered. Died at 10.30 P.M.

FAMILY HISTORY

Nil
(Tuberculosis, mental or nervous diseases.)

TREATMENT

Symptomatic
(Especially any specific or special form.)

CONDITION ON DISCHARGE

Died
(and disposal made of case.)

Date 18-12-18

Urelochan Capt
Medical Officer i/c case.

B. 13167

CASE HISTORY SHEET

Station Hospital

WALLFAX N.Y.

No. 1000

Age 45

Date of admission 10/15/45

Place of origin

Location of Admission and Progress of Case

FAMILY HISTORY

TREATMENT

CONDITION ON DISCHARGE

CLINICAL CHART.

R. C.

(To be pasted into Case Book opposite Patient's Case.)

Cogswell St. Military Hospital
Ward VII

Corps # 6 out depot

Hospital Station

No. 1274614 Rank and Name Cm M. E. Paul W.A. Age 33 Service Canada 37 1/2 yrs.

Disease Influenza Date of Admission 14/12/18 Date of Discharge 18-12-18 Result Healed Case Book Folio

Dates of Observation	14		15		16		17		18		19		20		21		22		23		24	
Days of Disease																						
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°																						
106°																						
105°																						
104°																						
103°																						
102°																						
101°																						
100°																						
99°																						
98°																						
97°																						
Pulse per Minute	118	106	100	96	94	96	96	98	96	98	98	98	98	98	98	98	98	98	98	98	98	98
Respirations per Minute	24	24	26	26	24	24	24	24	24	26	26	26	26	26	26	26	26	26	26	26	26	26
Motions																						

Admitted

Signature W. Cochrane Capt In charge of case.

CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case)

Hospital Station

Services

Age

Rank and Name

No.

Case

File

Case Book

Result

Date of Discharge

Date of Admission

Disease

Date of Death

Remarks

107

108

109

104

103

102

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98

97

96

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111

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Committee of Adjustment

assembled at Citadel, Halifax, N.S.

on the 23rd December, 1918.

by order of Lieut. Col. W.B. Almon. R.C.A. No.6 A.D.

for the purpose of Adjusting the accounts of the late

No.1274614. Gunr. W. McCaul. No.6 A.D. RCGA. CEF.

PRESIDENT.

Capt. C. Churchill. No.6 A.D.

MEMBERS.

Lieut. W.J. O'Connell. No.6 A.D.

Lieut. P.L. Whitman. No.6 A.D.

cc. The Committee having assembled pursuant to order, proceed to examine the accounts of the late No.1274614. Gunr. W. McCaul and find that his personal effects are at his home, Purcell's Cove, as per attached certificate. ~~His~~ **THIS** equipment has been turned into the Quartermaster's Stores Halifax, N.S. and there are no charges against him on this account. The last Pay Certificate of this gunner showing credit to date was forwarded by the Paymaster, R.C.G.A. to District Paymaster for transmission to Estates Branch, Ottawa. The Documents of this gunner were submitted to the Committee and will be forwarded by Adjutant, No.6 Artillery Depot to District Casualty Officer. The credits due ~~to the late~~ **The Committee** certify that there are no other No. 1274614 Gunner W. McCaul. The Committee certify that there are no other debits due to the account of the late No. 1274614 Gunner W. McCaul.

Signed at the Citadel, Halifax, N.S. this 24th day of December, 1918.

President.

C. Churchill Capt. No.6 A.D.

Members.

W.J. O'Connell Lieut. No.6 A.D.

P.L. Whitman Lieut. No.6 A.D.

DEPT
MILITIA & DEFENCE
JAN 6 1919
H. Q.
CANADA

ds
6/19

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *RCS, H Co, 70*

Regimental No. *12/4614*

Rank *Squarer*

Name *William Alexander*

C. E. F.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

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	taken from Army Form 2 official do
Date	From whom received				
		<i>Died at Saupur MS Ha MS</i>		<i>18-12-18</i>	
			<i>MS Strachan</i>		<i>CAPT. 1st., C.G.A. A/Adjutant.</i>
		<i>MS + 6-12-20 AC</i>			

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

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

