

July 9th, 1918. Spokane to Ottawa, Ont.

ATTESTATION PAPER.

Reg No. 2688486

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|----------------------|
| 1. What is your surname? | McCombs. |
| 1a. What are your Christian names? | William |
| 1b. What is your present address? | Kalispell, Mont. |
| 2. In what Town, Township or Parish, and in what Country were you born? | Edinburgh, Scotland |
| 3. What is the name of your next-of kin? | Miss Eliza Withers |
| 4. What is the address of your next-of kin? | Kalispell, Mont. |
| 4a. What is the relationship of your next-of-kin? | Friend |
| 5. What is the date of your birth? | April 4th, 1886. |
| 6. What is your Trade or Calling? | Gas Engine Mechanic. |
| 7. Are you married? | No. |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes. |
| 9. Do you now belong to the Active Militia? | No. |
| 10. Have you ever served in any Military Force?
If so, state particulars of former Service. | No. - W. W. C. |
| 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. |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | No. } |
| 14. If so, what was the nature of the disability? | Nil. } |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | No. } |
| 16. If so, what was the reason? | Nil. } |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. W. C. (Signature of Recruit)

Date July 8th, 1918. 191 . Chas Gillingham (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William McCombs, 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.

W. W. C. (Signature of Recruit)

Date July 8th, 1918. 191 . Chas Gillingham (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.

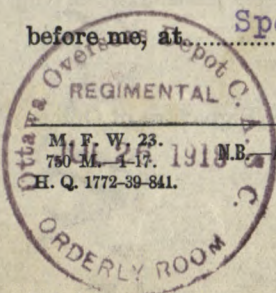
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Spokane, Wash. this 8th day of July, 1918. 191 .

W. W. C. (Signature of Justice)

BRITISH-CANADIAN RECRUITING MISSION

ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.



Description of William McCombs on Enlistment.

Apparent Age.....22.....years.....3.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft 9 ins.

Chest measurement. { Girth when fully expanded.....39 ins.
Range of expansion.....3 ins.

Complexion dark

Eyes.....brown

Hair.....black

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

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).

3 vaccination marks left arm.

Tattoo marks both arms and chest.

Small left Varicelle

Vision R $\frac{1}{4}$ L $\frac{1}{4}$

Healing Normal

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....July 8,.....1918.

Place Spokane, Wash. U.S.A

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.

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

(Signature of Officer)

Date.....July 19th.....1918. O.C., OTTAWA $\frac{1}{2}$ DEPOT C.A.S.C.

MC COOMBS WILLIAM

2688486

C.A.S.C.

05050

DEMOB.

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



7B

6649

RECEIVED
JAN 10 1966
FBI - NEW YORK

Box # 23155

William

Name Mc COMBS,

Rank P'to.

Reg. No. 2688486

Unit C. A. S. C.

Next of Kin U. S. A.

[illegible]

[illegible]

NAME

Mc Combs,

W.

REGT. No.

2688486

RANK AND UNIT

Pte,

C.A.S. Co

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
"6" 54 ⁴ / ₁₁ 19	Queen Alexandra Mil. Hosp. Millbank	4-11-19	Abscess neck.

NAME *McCombs, W.*

REGT. No. *26 88486*

RANK AND UNIT *Pte.*

C. A. Lb.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

~~Queen Alexandra Mil. Hospital~~

664

Discharged (By Desertion) 11-11-19

Abscess in Neck.

Surname

McComb

Christian names

William

Regtl. No.

2688486

Rank

Pte

Unit

C A S C

H. Q.

M. D. No.

8.6. procto 13

T. O. S.

July 8 1918

D. O. Pt. II

197 of July 16/18

S. O. S.

Dis 31-12-1919

Reason

(Demol)

Auth.

1010 357 of 24-12-19

Hal. 10 pot 6. 1. 16. 6. procto 13

Next of kin

Withers Miss Eliza

Relationship

Friend

Addr

R. # 3

McIntosh, Minn. U.S.A.

(S.A.A.P 25-2-19)

o notify:

BORN—Place

Scotland Edinburgh

Date

Apr - 4th 1886

ATTESTED—Place

Spokane Wash

Date

July 8th 1918

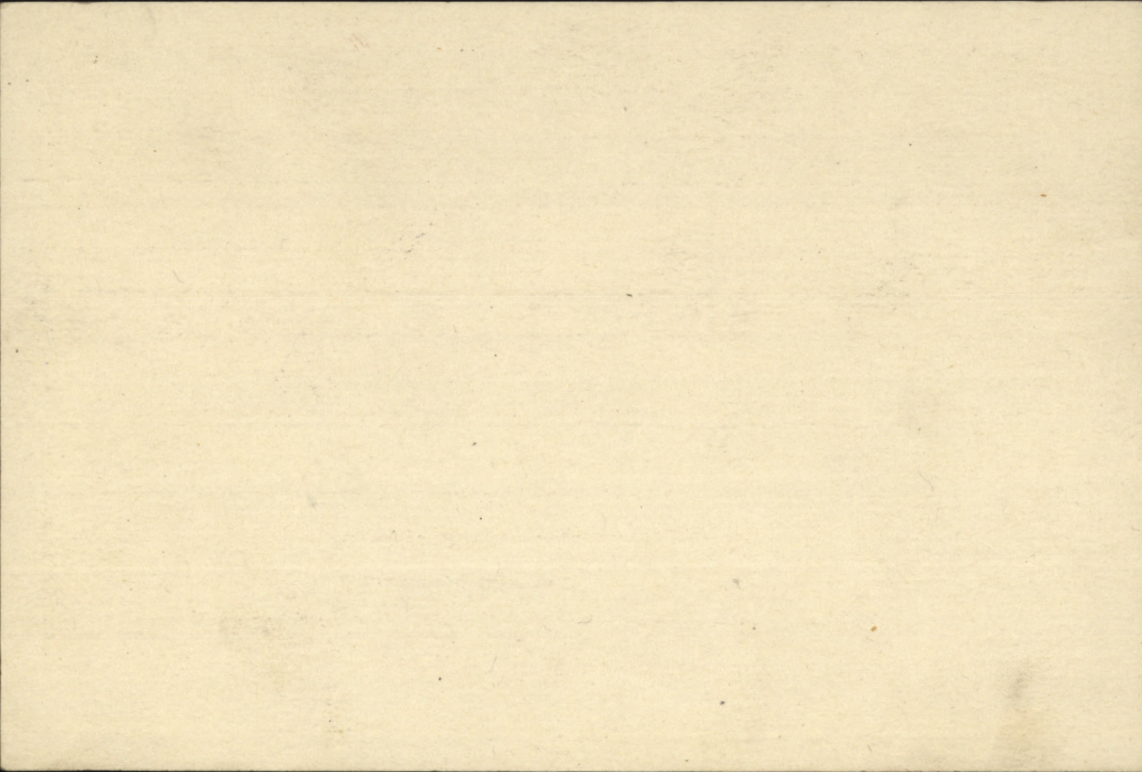
O/S

14-8-18 1355

R/C

22-12-19 444

Ple



misc
CASH

2688486

Number..... ~~C. A. S. G.~~ Rank Pte. B

Surname..... Mc Boom BS.

Christian Name..... Williams.

Units..... C. A. S. G. Theatre of War..... E. A. G.

Date of Service..... 25-8-18.....

Remarks.....

Latest Address..... ~~C. A. S. G. Williams Halliwell~~

..... ~~Montana U.S.A.~~

Roll No. a Page 1106 Buffalo Lakes
Alta



Form No. R 139.

(Refers to Cols. 17 & 18, Form No. R 132).

Unit _____

ROLL OF MEN IN HOSPITAL IN { ENGLAND.
FRANCE.

Month of _____

R

Number.

Regimental
Number.

Rank.

NAME.

HOSPITAL
IN { ENGLAND.
FRANCE.

Date
Admitted.

Date
Discharged.

Unit.....

TRANSFERS.

Month of.....

Number	Regimental Number	Rank	NAME	Transferred To	Receipt for Documents	Authority Pt. II. D.O.	Class
<i>Temporary Record Sheet.</i>							
<i>6286.</i>							
<i>268846 Pte Mc Cormick W.</i>							
<i>21/11/18. 6286. Attd for duty etc. from 6286. Beamwood 20/11/18.</i>							
<i>PT II. D.O. 325.</i>							
<i>1-7-19</i>	<i>6286</i>	<i>Private</i>	<i>ceased attached on return to case</i>	<i>Beamwood.</i>	<i>30/6/19</i>	<i>DD 144</i>	

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

Casualty Form—Active Service.

Unit, Regiment or Corps.

OTTAWA 0/5 DEPOT C.A.S.C.

Regimental No. 2688486

Rank

Private

Name

C. E. F.

Mc Comb William

Enlisted (a) 8-7-18

Terms of Service (a)

C.E.F.

Service reckons from (a) 8-7-18

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b) Gas Engine Mechanic Private

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				
27/8/18	O.C., C.A.S.C.	AUG 5- 1918 Proceeded Overseas with Embarked Debarbed Taken on strength of C.A.S.C.	Draft No. 116 Canada England Shorncliffe, 25 AUG 1918	10/8/18 25-8-18	PART II. ORDER No. 199 W. Seagrim for O.C., C.A.S.C.
16.11.18	do	Sol. on posting to Casb. London Area	do	16.11.18	PART II. ORDER No. 268 W. Seagrim for O.C., C.A.S.C.
16-11-18	CA 26. LA	T.O.S. from CA 26. Shorncliffe	20-11-18	Part II orders 196.	
20-11-18	CA 26. LA	on command to Bearwood	20-11-18	Part II orders 199.	
					W. M. Copeland Capt. & ADJ1 C.A.S.C., LONDON AREA

(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.

I.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				
1-7-19.	CCH. Bearwood.	Cases to be attached on being returned to C.A.C. Report. London Area.	Wokingham.	30-6-19.	D.O. part II No 144 71-7-19. R. Woodhouse Officer Commanding, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.
2.7.19	Casey A	Off Command to CCH. Bearwood	London	30-6-19	Part II 150
4-12-19	DO	S.O.S. to 2 nd C.D.D.	London	4-12-19	Part II No 281 d/4-12-19 H. W. Webb [Major, O.C., C.A.E.C., London Area. TAKEN ON STRENGTH C.D.D. 4/2/19 PART II ORDERS NO 41 5/2/19 S.O.S. to Canada. 13/12/19 — u — 49 15/12/19 H. H. L. L. L.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2688486 (Rank) Plc.

Name (in full) William Mc Coomb enlisted in

the CASC

CANADIAN EXPEDITIONARY FORCE at Great Falls, Mont on the 7th

day of July 19 18

HE served in England in the CASC

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 33

Marks or Scars

Height 5-7

Tattooed on chest & arms

Complexion Dark

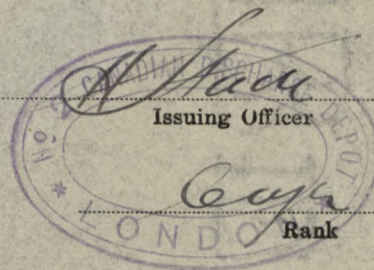
Eyes Brown

Hair Dark

W. Mc Coomb
Signature of Soldier

Date of Discharge

31/12/19



Issuing Officer

Rank

Date 4/12/19 19 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.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 288485 (Rank) Private

Name (in full) William McLeod enlisted in

the CA 45

CANADIAN EXPEDITIONARY FORCE at Great Falls, N.S. on the 1st day of July 1918

He served in the CA 45

and is now discharged from the service by reason of Medical Discharge

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

Age	<u>33</u>
Height	<u>5' 7"</u>
Complexion	<u>Dark</u>
Build	<u>Medium</u>
Signature of Soldier	<u>W. McLeod</u>

Mark of Scar: Scar on Chest

Issued at Great Falls, N.S.

Date 10

A copy of this Certificate will be issued, and person finding same is requested to forward it in an unstamped envelope to the Secretary, Military Council, Ottawa, Canada.

FORM 100
1918

BT.

Rank

Name McCOMBS, William.

Reg'l No. 2688486

Unit 116th-Dft. C. A. S. C. If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Spokane, 8th July 1918

Place of Birth Edinburgh, Scot.

Name and Address, Next-of-Kin Miss Eliza Withers.

Kalispell, ~~Montana~~ MONT, U.S.A.

Relationship Friend.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

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.				
C.A.S.C.		Arrived in England		25-8-18	S/S KIAORA
27-8-18.	C.A.S.C.	L.O.S.	Schiffe	25-8-18	Pl. II 199
16 11 18	C.A.S.C.	S.O.S. To C.A.S.C. London	London	16-11-18	- 268
16.11.18	caslon.	T.O.S. from case Kliff.	London	16.11.18	- 196
4-12-19	caslon.	S.O.S. 2600 London	London	4-12-19	DO 281. 2600 5-12-19
15.12.19	2600.	S.O.S. t London		15-12-19	419.
		128-R-11		13-12-19	

+ 220
N/E. R.B. No. 13954
File R.L.
Category
LAN OR

[illegible]

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c.

I, William Mc Combs

Regimental number 2688486 Rank Private serving in the

OTTAWA % DEPOT C.A.S.C.

Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor

I appoint Miss Eliza Withers

whose address is Kalispell Montana U.S.A.

to be the executor of this my last will.

General gift

I give to Miss Eliza Withers

whose address is Kalispell Montana, U.S.A.

all my property not disposed of above.

Date

Dated at Petawawa Ont. this July 18 1918

Signature

William Mc Combs
Signature of Soldier.

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

1ST WITNESS

2ND WITNESS

Witnesses

Signature

Wm. G. Gloomus

Signature

Wm. G. Gloomus

Address

OTTAWA % DEPOT C.A.S.C.

Address

OTTAWA % DEPOT C.A.S.C.

Occupation

Soldier

Occupation

Soldier

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg,
my homestead and farm implements.*

I give to.....my mother, Mrs. Eliz. Smith,.....
whose address is.....250 Yonge Street, Toronto,.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

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) ME COMBS. W
 REGIMENT C.A.S.C. RANK PLT No. 2688486

Date of Examination in England 9/7/49 Date of Examination in France _____

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 20
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

1 Repair

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 no
- (b) In England yes
- (c) In France no

Signature of Dental Officer

Edmund H. ...
69108

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. 2688486 Rank P.T.E. Surname M^cCOMBE
(Given name in full)

WILLIAM

Unit or Corps C.A.S.C. Birthplace EDINBURGH, SCOTLAND.

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

I. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5' 8 1/2 in. Colour of Eyes Brown
Nutrition good
Pulse normal
Condition of arteries normal
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 30 ft.
Left 30 ft.

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

EAGLE TATTOOED ON
CHEST.

Opinion as to general health and physical condition Healthy

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.

always has been healthy
no disability



EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date 24/12/19

Signed W. M. E. G. Capt 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 W. M. E. G. Capt

(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. 268486 Rank OTE Surname McCombs
(Given name in full)
William
Unit or Corps C.A.S.C Birthplace Edinburgh

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

I. GENERAL DESCRIPTION:

Physique good Weight 196 lbs. Height 5 ft. 9 in. Colour of Eyes Brown
Nutrition Lean
Pulse 72
Condition of arteries exp.
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

scar on neck left side

Opinion as to general health and physical condition Fit

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.

h.d.g. 15 yrs ago, cured

Boil on neck left side. no disability

20/12/19. Cms

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

3, Southampton St—
Examined at(Overseas)

Date 3-12-19

Signed *Abstract my case* 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 *M. M. Banks*

(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.)

[OVER]

No. 26.884.86.

[illegible]

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

July 9th, 1918. Spokane to Ottawa, Ont.

824 Original

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname McCombs, William Christian name William **2688486**
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears) on it).....
4. Address (including street and number, if any)..... Kalispell, Mont. USA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of July, 1918. 1917, by the undersigned medical board sitting at Spokane, Wash. USA

5. Age as stated 32 Years 3 Months. 6. Apparent age 32 Years 3 Months
7. Height 5 Feet 9 Inches. 8. Weight 159 Pounds.
9. Chest measurement { Minimum 36 Ins. 10. Complexion dark { Eyes brown
Maximum 39 Ins. { Hair black
11. Physical development good { Good Fair Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm.....
Left arm 3 14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

Tattoo marks both arms and chest Small left-Vancouver

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

Vision R $\frac{1}{6}$ L $\frac{1}{6}$
Hearing Normal

MacIntyre Capt Member. President. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
July 20th 1918	Efficient	M.O.	July 20th 1918	Efficient	M.O.
		M.O.	AUG 27 1918	Efficient	M.O.
		M.O.	AUG 1 - 1918	Efficient	M.O.

Joined Sept 11 day of July 1918 at Spokane Wash. USA

CORPS	REG'TL NUMBER	HABITS	DATE
<u>OTTAWA P.S. DEPOT C.A.S.C.</u>	<u>2688486</u>		<u>8-7-18</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Spokane Wash. USA</u>	<u>July 24/19</u>	<u>ASU. 129 completed</u>	<u>Discharged</u>
<u>Don't know</u>	<u>3-12-19</u>	<u>NIL</u>	<u>Dr. MacIntyre</u>

Christian Name *William*

[illegible]

No. of Dependents.....*Nil*.....

War Service Badge Class "A".....

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Dispersal Area.....*R*.....

SHORT FORM.

Religion.....*Catholic*.....

PROCEEDINGS ON DISCHARGE.

(Demobilization.) Next of Kin.....*Sister*.....

1. No.

2688486.

2. Rank

Private

3. Name

McCombs. L. W.

4. Unit

2nd Bn. 1st Div.

5. Date of Discharge

CLEARING DEPOT

Place

DEC 31 1919

6. Reason for Discharge

HALIFAX, N. S.

Trade.....*Mechanic*.....

Category.....*A*.....

Service in France.....*Nil*.....

Occupational Group.....*33*.....

7. Authority

Routine Order 1420

8. Proposed Residence after Discharge

% Messrs L. O. & Co.

Ballispuell, Montana, U.S.A.

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. ? *39*

McCombs

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

DEC 31 1919

Signature

(O.C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Place of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the undersigned place and date specified my discharge was	
granted by the	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed	
Place	
Date	
Signature	
(O.C. Discharging Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Precedence	Medical Form W. 25
of Particulars of Honor	Medical Form W. 122
Field Conduct Sheet	Medical Form W. 128 or A.F.B. 122
Causeway Form	Medical Form W. 51 or A.F.B. 108
Last Day Certificate	Medical Form W. 44
Certificate that no other documents are obtainable	
Medical History Sheet	Medical Form B. 318 or A.F.B. 124
Proceedings of Medical Board	Medical Form B. 327 or A.F.B. 125 or A.F.B. 126
Dental History Sheet	Medical Form B. 465
Medical Report	Medical Form W. 128 or D.M.S. 1275
Regimental Conduct Sheet	Medical Form B. 368
Company Conduct Sheet	Medical Form B. 1034

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
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