

102123



ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name? *Samuel McCullough*
  - 2. In what Town, Township, or Parish, and in what Country were you born? *Victoria, B.C. Canada*
  - 3. What is the name of your next-of-kin? *Samuel McCullough*
  - 4. What is the address of your next-of-kin? *Royal Oak R.M.D. #1 "Sakhu"*
  - 5. What is the date of your birth? *31st Oct. 1896 Victoria*
  - 6. What is your trade or calling? *Bookkeeper. 18 Canada*
  - 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? *5th Gordon's H. of C.*
  - 10. Have you ever served in any Military Force? *No*  
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*
- Samuel McCullough* (Signature of Man.)  
*Hugh Kennedy* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel McCullough*, 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.

*Samuel McCullough* (Signature of Recruit.)  
*Hugh Kennedy* (Signature of Witness.)

Date *SEP 1* 1915 . 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel McCullough*, 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.

*Samuel McCullough* (Signature of Recruit.)  
*Hugh Kennedy* (Signature of Witness.)

Date *SEP 1* 1915 . 191 .

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 **VICTORIA** this *1st* day of *Sept* 191*5*.

*W. J. Somers* (Signature of Justice.)  
In and for the Province of British Columbia

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

*W. J. Somers* MAJOR. (Approving Officer.)

For Officer Commanding (Incapacitated)



DESCRIPTION OF Samuel McCullough ON ENLISTMENT.

Apparent Age 18 years 10 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 10 1/2 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.  
Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Grey

Hair Dark

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

Birth mark on left hip

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 Sept 1 1915

Place Victoria BC

St. Bryant  
St. Colwell

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

Samuel McCullough 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.

W. H. ... MAJOR. (Signature of Officer.)

Date SEP 18 1915 1915

For Officer Commanding (Incapacitated)

2nd Cpl NAME McCULLOUGH SAMUEL

REGT. 3 UNIT Can Eng H. Q. FILE NO.

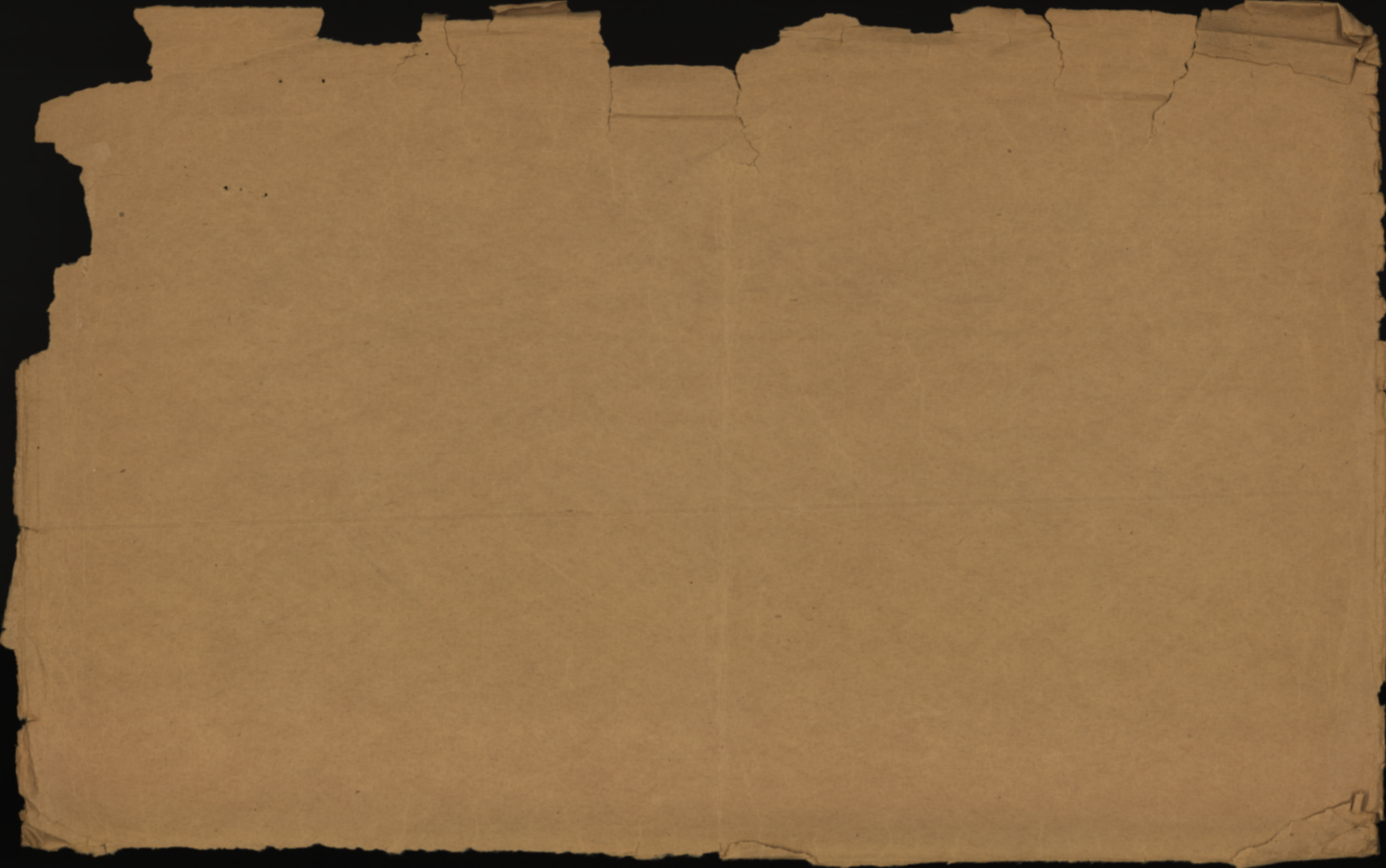
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 120)				R-2.	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
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)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					DESERTION
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3 Misc R-120					23-14
1 pass card					23-14
1 sheet					5-14
					2

Box # 6680

H

4880

NATIONAL PERSONNEL  
 RECORDS CENTER  
 DOCUMENTS DIVISION  
 C 6628



102123  
**I.D. number**  
**No. d'identification**

McCULLOUGH  
**Surname**  
**Nom de famille**

Samuel  
**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

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

**Location**  
**Lieu**

6680

**«CONTENTS CONFIDENTIAL»**  
**«CONTENU CONFIDENTIEL»**



SURNAME.

*McBullough.*

*314*

CARD NO.

*S.S. Dixie*

CHRISTIAN NAMES

*Samuel.*

*20/6/19*

FOLL.

*00176/25/6/19*

REGL. NO.

*102123.*

RANK

*Pte.*

*Demol #4.  
Batt #4.*

UNIT

*67th.*

FORMER CORPS

*50<sup>th</sup> G. H. of C.*

NEXT OF KIN.

NAMES IN FULL

*McBullough, Samuel.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*R. M. W. 1. Royal Oak,  
B. C.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada. Victoria, B. C.*

DATE

*Oct: 31, 1896.*

PLACE OF ATTESTATION

*Victoria, B. C.*

DATE

*Sept: 1, 1915.*

*Sailed from Halifax per. S. S.*

*Olympic 31/5/16 - 374  
29 R 16-13/6/19  
347 8/24*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Bookkeeper.*

RELIGION

*Methodist.*

DESCRIPTION.

APPARENT AGE

*18*

YEARS

*10*

MONTHS

HEIGHT

*5*

FEET

*10 1/2*

INCHES

CHEST MEASUREMENT

*38 1/2*

INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Fair*

EYES

*Grey*

HAIR

*Dark.*

DISTINGUISHING MARKS

*Birthmark on left hip.*

MEDICAL EXAMINATION.

PLACE

*Victoria, B. C.*

DATE

*Sept: 1, 1915.*



Samuel.Name McCULLOUGH Rank L/Cpl. Reg. No. 102123Unit 124 Batta C.E.Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
15-5	11 C.I.A.		K.T.R. Fort.		A221	30340
27-5	3 Cav. F. A.		do.	A229		30920
28-5	Dis. to Duty		do.	A230		30957
E.R.B.						



NAME

*Mc. Culloch. S.*

REGT'L. No. 102123

RANK AND CORPS

*1st Lt.*

H. Q. FILE NO 649

*Case. Eng (124P)*

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 221-1	No 11 Can Fed anl.	15-5-18	G. B. T. R. <sup>Chn. Engrs.</sup> <del>St</del>
A 229.1	# 3 Can. Fed. Anl.	27-5-18	" " " " "
A 230 <sup>(1)</sup>	Disch. to Duty	28-5-18	G. E. J. R. foot.



No. 102123 RANK

Plt

NAME

McCullough, S

T 1-9-15 UNIT

67th Battalion

DO 50- Sept-1915

M. D. 11

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

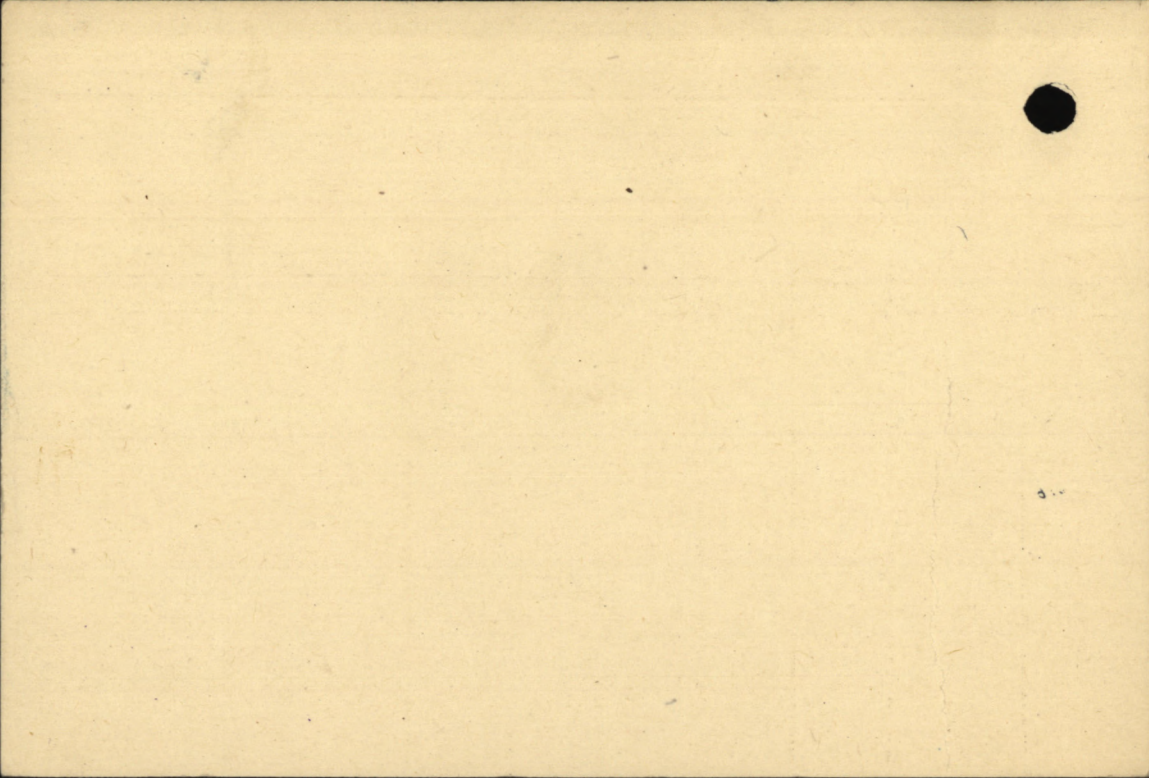
PARTICULARS

AUTHORITY

PAID FROM PAID TO SIG OR REC'T

PAID FROM	PAID TO	SIG OR REC'T
1915	1915	
Sept-1	Sept 30	✓
	Oct	✓
	Nov	✓
	Dec	✓
1916	1916	
	Jan	✓
	Feb	✓
	Mar	✓
	April	✓

UNIT SAILED  
APR 21 1916



Number 102123 Rank Lt Col

Surname MCCULLOUGH

Christian Name Samuel

Units 67th Gen ~~Inf~~ Pioneers Theatre of War France

Date of Service 13-8-16

Remarks

Latest Address Royal Oak P.O.  
St.

Roll No. Page 6321

B  
V

SEP 28 1921

GA 42737 - fresh



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.



McCULLOUGH

S.

102123.

RANK

UNIT

Co.

TROOP

BATTY.

L/Opt

CE. 124P.

HOSPITAL

DATE OF ADMISSION

11 C.F.A.

15-5-18.

1. 3. C. F. Amb.

HOSP. 27.5.18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

I.C.T. Rt Foot. *a*

1.

2.

3.

DISPOSITION

CL. 23-5-18. A221.

1-6-18 A229.

3-6-18 A230.

DATE

Dis & Duty 28.5.18

REMARKS

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	



Veterans  
Affairs

Affaires des  
anciens combattants

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

0890533

NAME — NOM

Mc Cullough Samuel

SERVICE NO — MATRICULE

102123 army WWI

DATE OF DEATH — DATE DU DÉCÈS

10/11/81

CPC NO — CCP N°

1880004

WVA — AAC. N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

Royal Jubilee Hosp. Victoria B.C.

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

Registration of death

Y.S.  
FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

5/2/82  
DATE



# DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 102123 (Rank) 2nd. Cpl.  
 Name (in full) M<sup>c</sup> Cullough. Samuel enlisted in  
 the 67th. Batta.  
 CANADIAN EXPEDITIONARY FORCE at Victoria on the first  
 day of September 1915  
 HE served in 11th. Can. Engrs. in France  
 Demobilization.  
 and is now discharged from the service by reason of Medical Unfitness.

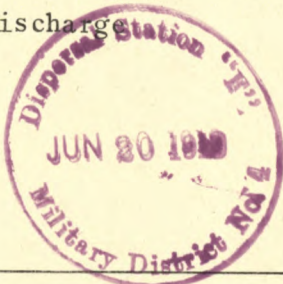
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 22 years  
 Height 5' 11"  
 Complexion Clear  
 Eyes Grey  
 Hair Black

Marks or Scars Birthmark left hip

S. McCullough  
 Signature of Soldier.

Date of Discharge



Issuing Officer.

[Signature] Lieutenant  
 Discharge Section, Dispersal Station  
 Rank  
 Date 20th June 1919

NB.- 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.

1862

THIS IS TO CERTIFY THAT  
 Wm. C. ...  
 ...  
 ...

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

Wm. C. ...  
 ...

J.P.

R-122

Rank Name McCULLOUGH, Samuel Reg'l No. 102123.  
 Unit 67th Bn. If in perm. Corps, What Unit? Married or Single Single.  
 Place and Date of Enlistment Victoria, B.C. Canada, 1st September, 1915. Place of Birth Victoria, B.C. Canada,  
 Name and Address, Next-of-Kin Samuel McCullough. Relationship Father.  
 Royal Oak R.M.D.I. Victoria, B.C. Canada.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

18130  
 N/E. R.B. No.  
 File R.L.  
 Category CAN. OK

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.				
		Arrived in England (Pneumonia) SS. Olympia		12 APR 1916	
2.5.16	67th Bn	Adm to Hospital Stobhill	Glasgow	30.4.16	Pt 5229.
28.6.16	"	Disch'd.	"	19.6.16	Pt II D.O. 36 - Pneumonia
17.4.16	✓	by Command Braunschweig. Course Field entrenching, attach to 50th Br. R. G. & discipline.	Bordon Camp	17.4.16	Pt II 215 1561-16-11-16
22.4.16	✓	Returned to duty from Field Entrenching School, Braunschweig	✓	22.4.16	✓ 220 A.F.B. 22 AUG 1916
28.6.16	✓ ..	Proceeded Overseas	...	13-8-16	Pt. 2. D. O. 75
28.5.17	"	S.O.S. To 124th Bn Pioneers	Jella	1-5-17	Pt II 66, 101 of 124th Bn.
20-12-17	124th Bn	app <sup>td</sup> a/s/cpl. (with pay) Pte	"	6-11-17	Pt II 153
		Now known as 124th Pnr			
11-4-18	- - -	Conf. in Rank of L. Corp a/cpl	- - -	6-11-17	- - - 22.
		Etn Can-ENG 10-3-18			



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.				
7-5-18	124 <sup>th</sup> Pns	Awarded 1 S.P. Badge	Hpl. Lidd	1-9-17	Pr 030
2-7-18	11 <sup>th</sup> Bu B.C.	T.O.S. from 124 <sup>th</sup> Bu B.C.	" "	30.5.18	Pr 0.11 } 124 <sup>th</sup> Bu B.C. 0042 of 2.7.18.
2.8.18	" "	Promoted 2 <sup>nd</sup> Corp'l	" "	24.5.18	Pr 0.9.
12-5-19	M. Wing ecc.	T.O.S. pending 19 <sup>th</sup> Co Can	2 <sup>nd</sup> Lt Witley	10-5-19	Pr 032.
7-6-18	M. WECC	ECS TO CANADA	Witley	6.6.19	DO 58.7

83-F-60

6.6.19



CERTIFIED CORRECT.

31 AUG. 1916

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

Casualty Form—Active Service.

M. F. W. 54.  
150M. 10.15  
H.Q. 1772-33-320

Unit, Regiment or Corps **67th BATTALION C.E.F.**

CAN. RECORDS LONDON

Regimental No. **102123**

Rank **Private**

Name **Samuel McCullough**

C. E. F.

Enlisted (a) **1/9/15**

Terms of Service (a) **Duration of War**

Service reckons from (a) **1/9/15**

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b) **Field Entrenching (Bookkeeper)**

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			

Embarked Canada  
Disembarked England

Halifax  
Liverpool

1/4/16  
11/4/16

PROCEEDED OVERSEAS WITH 67th PIONEER BATT **AUG 10 1916**

Disembarked. France  
Transferred 124th Bn.

Havre.  
Field

14.8.16 N.R.  
1-5-17

MAJOR AND ADJUTANT.

OC 124 Bn. T.O.S. 124th. Bn.

do.

2.5.17 DO Pt. 11, 101, d/28.5.17.

15.9.17  
29.9.17  
27.10.17  
10.11.17  
8.12.17  
29.12.17  
23.2.18  
30.3.18  
13.4.18  
27.4.18

do.  
do.  
do.  
do.  
do.  
do.  
do.  
do.  
do.  
do.

To Course 1st. Army Sch. of Mines.  
Rejoined Unit  
Granted 10 days leave to England  
Rejoined Unit  
Appd. A/L. Cpl. (With P. & y)  
To C.R.E. 4th D.W. for duty  
Rejoined Unit  
Appd. W. Corporal  
With C.R.E. + C.W.V.  
Granted one Good Cond. Badge

do.  
Field  
England  
Field  
do.  
do.  
do.  
do.  
do.

10.9.17 B.213 DCS 43 d.25.9.17.  
25.9.17 B.213  
20.10.17 B.213 DO. 143 d. 9.11.17  
1.11.17 B.213  
6.11.17 B.213 D.O. 153 d. 20.12.17  
28.12.17 B.213  
19.2.18 B.213  
6.11.17 B.213: DO. 22  
10.4.18 B.213; with: CRE letter  
12-o. 30 + M. 10. + 18.  
1.9.17 B.213; J.O. 30 d/9.5.18.

(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, Shoemaker, 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. 38, 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. 38, or other official documents.
Date	From whom received				
14.5.18	O.C. 124 Bn.	Rejoined Unit	Field	1.5.18	B.213
16.5.18	11 C.F.A.	Adj. Inf. Con. Diss Rt. foot adm.	11 C.F.A.	15.5.18	A.36/F.2535
18.5.18	O.C. 124 Bn.	Sick to F.A.	Field	16.5.18	B.213
29.5.18	3 C.F.A.	L.C.T. Rt. foot adm.	3 C.F.A.	27.5.18	A.36/F.4044
27.5.18	11 C.F.A.	do. do. To Duty	To 3 C.F.A.	28.5.18	
	W.O.	Pos. 124 Bn. to 11 Bn. C.E.		26.5.18	A.36/F.4440
	do.	T.O.P. 11 Bn. C.E. from 124 Bn.		29.5.18	D.O. H2 d. 27.18.
1-6-18	O.C. 11th Bn. C.E.	Rejoined Unit	Field	30.5.18	D.O. 1 d. 27.18.
24-7-18	do.	Promoted 2nd corporal.	do.	29-5-18	B.213
2-11-18	do.	14 days leave to	U.K.	24-5-18	B.213 D.O. #9 d/5-8-18
16-11-18	do.	Rejoined Unit	Field	28-10-18	B.213 D.O. 34 d/8-11-18
MAY 9 - 1919		mb. Camp. Proceeded to England		15-11-18	B.213

H.M.T. OLYMPIC No. 83  
 ISEMBKD. H.F.I. JUN. 12

80.S. OF O.M.F.C. ON PROCEEDING TO CANADA, D.O. No. 58  
 For Discharge  
 7-6-19

*G. Kelton*  
 Lieut. for Lt. Col A.A.G.  
 Cdn. Sect. G.H.Q.  
*Army*  
 FOR OFFICER COMMANDING,  
 "M" N. C.O.

N.R.  
 Pt. 2 O.Nr.  
 Pt. 2.0/B.

2 copy ORIGINAL

102123

Deserted ORIGINAL

# MEDICAL HISTORY SHEET.

Surname McCullough Christian Name Samuel

Examined on 1<sup>st</sup> day of Sept 1915  
at Victoria B.C.  
Birthplace { City or Town Victoria B.C.  
County Canada.

Approved by J.M. Ryan  
Rank Lt. C.A.M.C. M.O.

Apparent age 18 yrs. 10 mo.  
Trade or Occupation Book-keeper  
Height 5 Feet 10 1/2 Inches.  
Weight \_\_\_\_\_ Lbs.  
Chest measurement { Minimum 3 1/2 inches.  
Maximum expansion 38 1/2 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
<u>2/3/16</u>	<u>Fit for Overseas</u>	M.O.
	<u>J.M. Ryan</u>	M.O.

Physical development Good.  
Small-Pox Marks \_\_\_\_\_  
Vaccination Marks { Arm Right Left.  
Number \_\_\_\_\_

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
(a) Marks indicating congenital peculiarities or previous disease   
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/11/15</u>	<u>OK</u>	<u>P. C. C.</u> M.O.
<u>24/11/15</u>	<u>OK</u>	<u>P. C. C.</u> M.O.
<u>10/3/16</u>	<u>OK</u>	<u>P. C. C.</u> M.O.

Enlisted on 1 day of Sept 1915 at Victoria B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th Batt C.S.Y.</u>	<u>102123.</u>		<u>1. Sept 1915</u>
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>13-5-19</u>	<u>Deformity of the A. Knees</u>	<u>Discharged</u>

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

UK 5701

19



Sup -

WING, C.C.G.

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) M<sup>c</sup> Cullough S.  
 REGIMENT 11<sup>th</sup> Can. Engrs RANK 2nd Cpl. No 102123  
 Date of Examination in England 12/5/19 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 8, 9, 10,
2. EXTRACTIONS 29
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? No

- HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
- (a) In Canada \_\_\_\_\_
  - (b) In England \_\_\_\_\_
  - (c) In France \_\_\_\_\_

Signature of Dental Officer [Signature]

DENTAL CERTIFICATE FOR DEMOBILIZATION  
CANADIAN ARMY DENTAL CORPS (C.A.D.C.)

DIRECTOR  
DENTAL SERVICE  
HEADQUARTERS  
CANADIAN ARMY  
OTTAWA, CANADA

1. Name of Soldier  
2. Service Number  
3. Grade  
4. Branch  
5. Component  
6. Date of Issue  
7. Date of Expiry  
8. Issued by  
9. Signature  
10. Remarks

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

2nd. Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTSM. F. W. 12.  
20m.—11-15  
H. Q. 1772-39

To Whom Mr Susanna Mcbullough By Whom Assigned Mcbullough Sam'l  
 Address Royal Oak, P.M.D. # 1, Regtl. No. 102143  
Victoria Rank Pte  
 Rate 16.00 April 1916 Corps "2" Coy 67 Bn. C.E.F.

## PAYMENTS

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



CONFIDENTIAL

1-10-12



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier

L. L. Job 95618—M. &amp; D. 6555.

PAYMENTS.

102173

2<sup>nd</sup> Coy 67 Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	W 1826	16	
May		44962	16	
June		Z 8927	16	
July		711067	16	
Aug.		B 13159	16	
Sept.		Q 17605	16	
Oct.		Q 22068	16	
Nov.		H 127381	16	
Dec.		H 33247	16	
Jan.	1917	T 39797	16	
Feb.		T 45735	16	
March		K 51562	16	16.8.
April		J 3184	16	
May		J 103541	16	16.8.
June		L 15675	16	D
July		J 23583	16	16R
Aug.		U 89602	16	
Sept.		Q 37030	16	b
Oct.		Y 43319	16	
Nov.		49859	16	
Dec.		Z 58489	16	336R
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

16.00

B

Ch

C

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 1/4/16		EFFECTIVE DATE: -	
AMOUNT: 16 <sup>00</sup>		AMOUNT: -	

NAME: **McCULLOUGH, Samuel.**

NUMBER: **22123**

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*M<sup>rs</sup> S. McCullough  
Rm D-1. Royal Oak.  
Vic. Bc*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D0153	20/12/17	6/11/17 a/cpl.
✓ 22	11/4/18	Confirmed 2/cpl
✓ 9-11 B.C.	5/8/18	24/5/18 2/cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT: *67<sup>th</sup>*

DATE ACCOUNT FIRST OPENED: *1. 4. 16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			124th BATTALION

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>28-4-19</del>	<del>211</del>	<del>Field</del>	<del>£ 20</del>				
<del>14-5-19</del>	<del>2488</del>	<del>knowlton</del>	<del>£ 15</del>				
			76 49				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	105	10		

*Ledger Bal \$ 9626 L.P.C. Credit Bal 19-77*  
*Trans to Canada 1/19 K 9129 Bickett 15/19 Bickett 14/19 MD4*

PARTICULARS OF RENDERING NON-EFFECTIVE: -

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal B 30								61 77		
Apr 30	1/2 cpl pay	34 50		bal				16			
				AR 33 57	8 03						
				96 157 4	446				67 78		
		34 50			12 49			16			
May	2/cpl pay	35 65		bal				16			
				AR 109 87 5	3 57						
				240 17 5	446				79 40		
		35 65			8 03			16			
June	2/cpl's pay	34 50		bal P				16			
				294 12 b.E. 4 6 18	446						
				243 10 b.E. 16 6 18	3 57						
		34 50		381 12 6 E 20 6 18	3 57			16	94 89		
		34 50			8 03			16	86 30		
July	2/cpl's pay	35 65		bal P				16			
				AR 244 2/7/18 12 <sup>th</sup> B.C.	446						
				25 17/7/18 11 <sup>th</sup> v	446				97 03		
		35 65			8 03			16			
Aug	2/cpl's pay	35 65		bal				16			
				AR 107 11 B.C. 18	3 57				113 11		
		35 65			3 57			16			
Sep		34 50		bal				16			
				AR 245	10 7						
				300	16 79				120 90		
		34 50			10 71			16			

COMPILED BY *Luley*

CHECKED BY *Maudslayi*

*over*

NUMBER 102123

RANK 2/cpl.

NAME McCULLOUGH, SAMUEL

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Oct	2/cpl pay	3565		bal Dec forward					12090		
				AR 372 II Cr	4/10	373					
				" 459 II "	13/10	373					
				FCO 237x II "	26/10	9733					
				" 511 <del>AR 613</del>	30/10	373			3203	15655	
		3565			10852			16		13452	
Nov		3450		bal							
				AR 613 II Cr	19/11	1493					
				" 701 "	4/12	373					
Dec	✓	3565		bal							13783
Jan	✓	3565									6666
		10580			1866			16		7117	
Feb	✓	3220									6755
				AR 787 II Cr	20/12	373					248
				" 891 "	4/1	373					14190
				" 1029 "	17/1	373					764
				" 1092 "	28/1	1866					
				" 1173 "	4/2	373					
				" 1241 "	17/2	373					
March		3565		bal							
				1341	4/2	365					
				1437	16/2	365					6509
		6785	268		4461			32-		2015	
April		3450		bal							13524
				118	18/4	373					11547
				211	28/4	349					
May		3565		bal							
				2438	14/5	73 =					1977
		7015			8347			32 =			
June				AR 3112	28-5-19	19.47					30
					19.47						
				2096/10/9		83.00					

Name

Mr. Cullough Ent. 1-9-15

Date of Embarkation for England

1-4-16

Proceeded to France

13-8-16

Returned to England

9-5-19

Demob.

Date returned to Canada

6-6-19

P.R.2855.

"Orford"  
22-11-29  
Over

Leas. Sheet

15-5-18 S. Inf. Conn. Lis. Rt foot  
to duty 28/18.



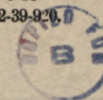
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920

## Casualty Form—Active Service.



Unit, Regiment or Corps ..... 11th Bn C. E. ....

Regimental No. 102123 ..... Rank L/Cpl. .... Name MC. CULLOUGH, S. ....  
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25-6-19	O/S	T.O.S.D.D.#4 Disp.Stn."F"	Montreal.	6-6-19	D.O.Pt.II-176.
25-6-19		S.O.S.D.D.#4 Demob.	"	20-6-19	D.O.Pt.II-176. R.O.1420.
<i>G.H. Pletcher</i> Lieutenant, a) Assistant Adjutant, District Depot No. 4.					

(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.



MEDICAL CASE SHEET.\*

9 card

No. in Admission and Discharge Book.

UK 5701

WARD

10.

Regimental No.

102123

Rank.

1st

Surname.

McBulloch,

Christian Name.

Samuel



Unit.

67th Canadians.

Age.

19

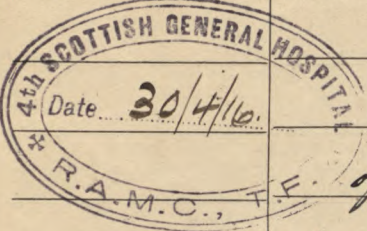
Service.

6/12.

Station and Date.

Disease

Pneumonia R2



Admitted to Stobhill convalescent from pneumonia after being treated in "Quarters". Examination of lungs reveals slightly deficient R.W. in the right base but no rales are heard & the percussion note is only to a slight degree flatter than normal. There is no cough & no spit & patient feels perfectly well.

7.6.16

To Parade

James Jamieson Sep.

15.6.16.

Reported on return from C.H. Is still a little short of breath on exertion, & the percussion note at the right base is still rather flatter than that at the left.

Recommended return to light duty.

Gen. S. Middleton,  
M. Col. R.A.M.C.T.

19.6.16.

Dismissed.

L. duty

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

Station  
and Date.

MEDICAL CASE SHEET



Original

"M". WING, C.C.G.

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

25



INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In filling this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Welling DATE 13-5-19

1. 1 (a) Unit 11<sup>th</sup> C.E. (b) Regimental No. 102123 (c) Rank L/Cpl  
 (d) Surname McEullough (e) Christian name Samuel  
 (f) Home address Royal Oak R.N.D. No. 1 Victoria B.C.  
 (g) Next of Kin Mother (h) Relationship  
 (i) Address of Next of Kin Royal Oak R.N.D. No. 1 Victoria B.C.

2. Age last birthday 22 Date of birth 31 Oct 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 1 Sept 1915

4. Personal description:  
 (a) Height 5ft 11" (b) Weight 170 (c) Complexion Clear  
(stripped)  
 (d) Colour of hair Black (e) Colour of eyes Gray (f) Identification marks, Scars, etc. Birth mark left hip

5. Former trade or occupation Book Super

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3 yrs.</u>	<u>224</u>

	PERIODS	
	From	To
Canada	<u>1 Sept 1915</u>	<u>1 Apl. 1916</u>
England	<u>8<sup>th</sup> Apl. 1916</u>	<u>14 Aug 1916</u>
France or other theatres of War	<u>14 Aug 1916</u>	<u>10 May 1919</u>

7. Original disease, or injury DEFORMED FEET

(a) Date of origin Childhood (b) Place of origin Canada  
 (c) Cause Congenital



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Deformities both feet. - Pain in feet on walking. Difficulty in walking.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

2nd toe right foot Hammer toe. Large toe bent inward. Bunions. 2nd & 3rd toes left foot hammer toes. Large toe bent inward 2nd toe overriding it. Bunions. Difficulty in walking. Pain when boots are ~~worn~~ not fitted well.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System no Cardio-Vascular System no Genito-Urinary System no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses no Respiratory System no Integumentary System no
- Disturbances of Mentality no Digestive System no Muscular System no
- Osseous and Joint Systems no Any other general condition no

Urin Anal normal.

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

OR. states has had bad feet since childhood but that they have been made much worse by wearing Army boots.



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

4th Scottish Gen. Hosp. Glasgow. 30-4-16. Pneumonia  
Discharged 18-6-16.

Adm. 1867 A. J. C. T. Report 27-5-18 Trans 367A 26-5-18  
To duty. 29-5-18.

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

None. See sec 4 (F)

11.—(a) Did the disabling condition have its origin before enlistment? yes

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

yes - states never had any trouble with feet before enlistment.

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

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

14. Treatment (Case reports, general or special, should be secured and attached where possible.) None

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

16. Can the former trade or occupation be resumed? yes  
(If not, briefly state why)

17. Recommendations nil.

Walwaterman  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

S. Mc Cullough  
Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

*Yes*

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- " B) (Yes or No.)
- " C) (Yes or No.)
- " D) (Yes or No.)
- " E) (Yes or No.)

*A*

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

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

*Ric and J. G. tel 9083-11-11-18*

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

PLACE

*Witley*

DATE

*13-15-19*

*J. G. [Signature]* President.  
*[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

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

PLACE.....

DATE.....

President.

Members

APPROVED BY

*[Signature]*  
Assistant Director of Medical Services

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS  
 CANADIAN CORPS CAMP.  
 13 MAY 1919  
 WITLEY SECTION.





July 14th. 1919

Rank 2nd. Cpl. Date of att. September 1st. 1916  
 Regimental Number 102133 Date of Discharge June 30th. 1919  
 Unit 11th. Can. Eng.  
 Name HOCHLOUGH Samuel.  
 Address P. O. Royal Oak, R.C. CANADA.  
 B.P.C. District Office MONTREAL D.A. 3 4

Attestation Form:-

Weight on enlistment:  
 Marks of identification: Birth mark left hip.  
 Rank at attestation: Private

Casualty Form:-

Minor defects: Congenital deformed feet.

Misc.: Hosp. 30 days-Pneumonia.

Conduct:-

Veneral Disease: Nil  
 Conduct: Good  
 Self inflicted wounds: Nil

100



Case of [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

I.M.T. OLYMPIC No. 88  
EMBED 8 M JUN 1919  
EMBED 4 FX JUN 19

War Service Badge  
Class "A" No. 300465

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

D. O. F  
O. G. 3  
24-11-19

1. No.		102123	
2. Rank.		2nd Cpl	
3. Name.		M <sup>c</sup> Cullough. Samuel.	
4. Unit.		11th. Can. Engrs.	
5. Date of Discharge	20-6-19	Place	Montreal.
6. Reason for Discharge..... Demobilization			
7. Authority. R.O.1420. D.D.#4 D.O.Pt.II-176.			
8. Proposed Residence after Discharge..... P.O. Royal Oak B.C.			
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. 1 B. 39 Montreal June 20/1919 S. Mc Cullough. Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Montreal Date..... June 20/1919 Signature..... Officer in Charge, Discharge Section, Dispersal Station (O. C. Discharging Unit.)			



REPORT FORM  
PROCEEDINGS ON DISCHARGE  
(Institution)

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

LIST OF DISCHARGE DOCUMENTS

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

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 28
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

1. Triplicate Attestation Paper (M.F.W. 28), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 6000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.L. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. P.V. P.A. Form 1000.
14. War Service Medal (Form M.F.W. 2005).
15. Sundry Documents.

*S. Dupr*

Group B  
 Checked by No. 14  
 Date 4 - JUN 1919

*[Handwritten signature]*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 2171

Apr 1. 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Empty table for rate of separation allowance

RATE OF ASSIGNMENT

16- Empty table for rate of assignment

PARTICULARS OF SEPARATION ALLOWANCE

No. 102123
Rank Pte Promoted
Soldier's Name Samuel McCullough
Battalion "2" Coy 67 Battr C.E.F.

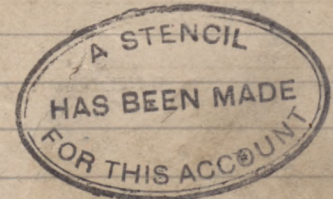
PARTICULARS OF ASSIGNMENT

Name Mrs Sasanna McCullough
Address Royal Oak, R.M.D # P
Change of Address Victoria, B.C.

M. F. W. 128
400M-6-17-1772-89-141
L. L. 22220-M. & D. 1493.

Table with columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS. Includes handwritten entries from Dec 1917 to June 1919 and a total of 624.

A/c Closed 30-6-19
Ret'd per Olympus
Date 12-6-19 to 20-6-19
Clerk J. Goodwin



JUN 20 1919







