

Unit C.A.M.C. Rank Capt Name MacGray Charles Leeverne

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? MacGray
(b) What are your Christian Names? Charles Leeverne
2. (a) Where were you born? (State place and country) Melbourne Yarmouth Co. N.S.
(b) What is your present address? "Clifton House" St. John
3. What is the date of your birth? January 28th 1889
4. What is (a) the name of your next-of-kin? Frederick MacGray
(b) the address of your next-of-kin? Melbourne Yarmouth Co., N.S.
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Physician
6. What is your religion? Protestant (Baptist)
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? None
9. State particulars of any former Military Service. None
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Charles L. MacGray (Signature of Officer)
Taken on strength (place) St John N.B.
(date) 29-10-18

E. H. M. M. M.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fil. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Oct. 30th 1918

Place St John N.B.

*Insert here "fit" or "unfit"

E. H. M. M. M.
Medical Officer.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWER

1. Name of Officer

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer and find him to be fit for service in the Canadian Overseas Expeditionary Force.

Witness my hand and seal this _____ day of _____ 191____.

Medical Officer

191____
No. _____

REGIMENTAL DOCUMENTS

NAME *Mr GRAY CHAS LEVERNE* REGT. NO. *Capt* UNIT *Cam-C* H. Q. FILE NO. *372-14-34*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

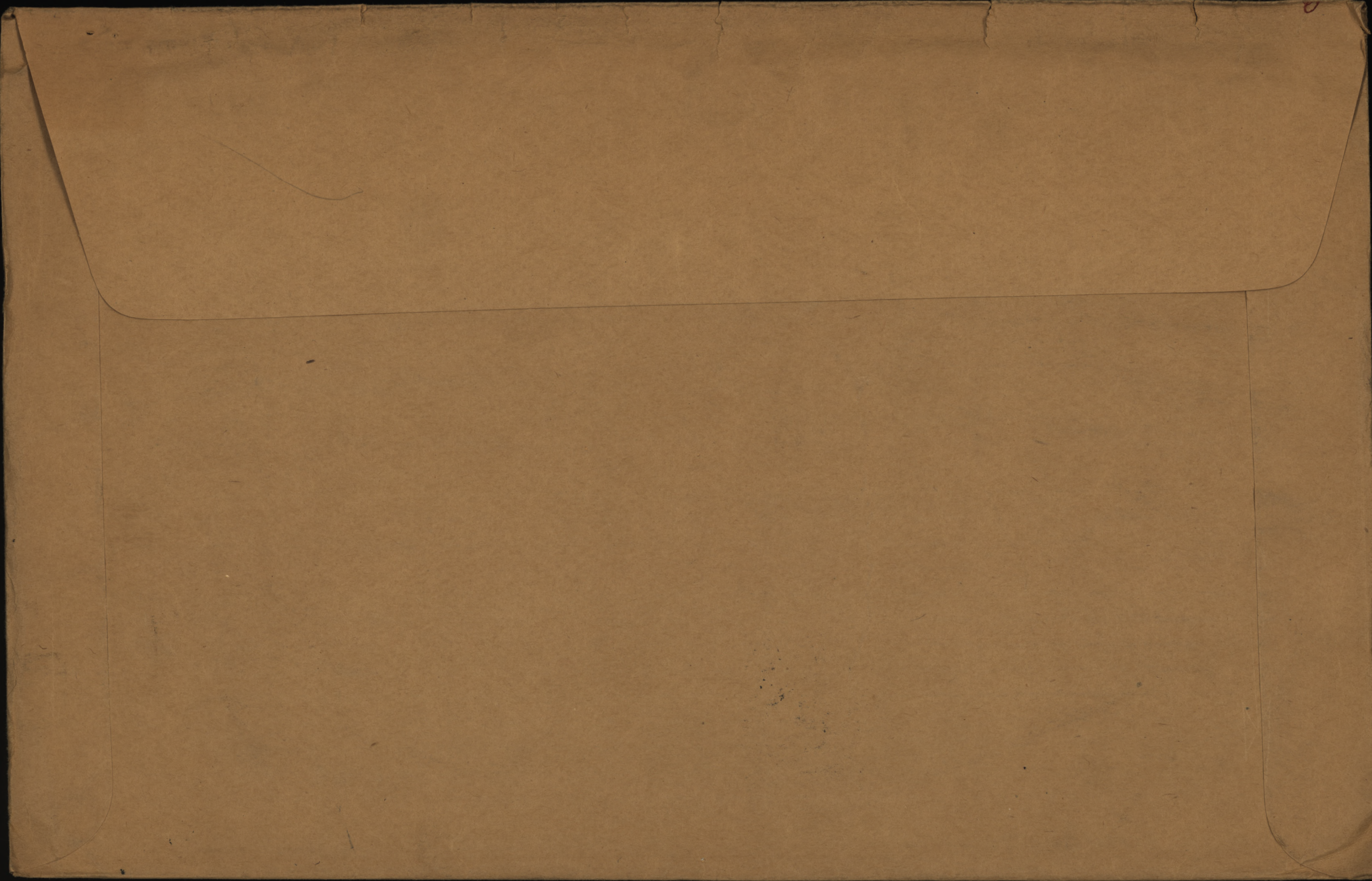
DISCHARGE

Category *Discharge*

16086

DESERTION

H



NAME

MacGray.

REGT. NO.

MS. 8/7/17

P.O. 2077-

12/7/17.

RANK AND UNIT

Charles Leverne.

NEXT OF KIN

C. A. M. C.

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

C.A.M.E.

Regimental No.

Rank

Captain

Name

Mac Gray Charles Seume

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

29/10/18.

Date of promotion to
present rank

Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
29-10-18		St John Military Hospital	St John N.B.		Ed Thomas Major O.I/C. MILITARY HOSPITAL, ST. JOHN, N.
9--7--19		S.O.S. Auth Routine Order 1420.			O.C ST. JOHN MILITARY HOSPITAL. Major.

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

MEDICAL HISTORY SHEET

Surname MacIsaac Christian Name Charles Levene

Examined { on 30 day of Oct. 1918
at St John N.B.

Approved by E. Thomas Major

Birthplace { City or Town Melbourne
County N.S.

Rank _____ M.O.

Apparent age 35

Trade or occupation Physician

Height 5 feet 6 Inches

Weight 156 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left one
Number one

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection

scar on abdomen

Enlisted on 29 day of Oct. 1918 at St John N.B.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>C.A.M.E.</u>			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

1947-1948

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This is to Certify that (Rank)..... Captain

(Name in full).....Charles Lawrence Mackay

Enlisted in.....Canadian Army Medical Corps.....

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the day

of October 1918

He SERVED in CANADA, with the Canadian Army Medical Corps...

and St. John Military Hospital.

and was STRUCK OFF THE STRENGTH on the Eight day

of July 1911 by reason of General Demobilization

Dated at Ottawa, this..... day

of December 1919

~~7104-11~~

1992

.....

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the day

of 191

HE SERVED in CANADA

and was STRUCK OFF THE STRENGTH on the day

of 191 by reason of

Discharged at Ottawa this day

of 191

Director of Personal Service

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. Rank Captain Surname Mackray
(Given name in full) Charles Lawrence
Unit or Corps 6.2.1.1. Birthplace Melbourne N.Z.

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

1. GENERAL DESCRIPTION:

Physique good Weight 152 lbs. Height 5 ft. 6 in. Colour of Eyes grey
Nutrition good
Pulse 75
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Large abdominal scar
Scar on left hand

Opinion as to general health and physical condition..... good

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

Nervous System no Genito Urinary Sytem 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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

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 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 Charles L. MacGray

(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]

M.D. No. 7

N. B. Military Hospital

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

RANK

Capt

NAME (IN FULL)

MACGRAY

AUDITOR

PAYMASTER

M. OR S.

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

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT					
																			\$	C.	\$	C.
Man																						
April	30	50	150.00	51.00	201.00	19/19	28/3	28/4	100	101.00				201.00			May 1 Bal					
May	31		155	52.70	207.70	42/4	55/5	30/5	100.00	107.70				207.70			Subs 1 to 62167					
June	30	50	225.00	76.50	505.85	1/6	4/6	12/6	204.35	150.75	150.75			505.85			May 8 pay Apr + May 8					
July	8	70	56.00	76.00	77	20/5							255	19.35	40.50	62.40	14.50	Chgd Subs 8 to 19 on leave and field all the from 1-7-19 to 8-7-19 llo 180 505.85/19 to 183				
Aug						18/4			14.50					14.50			to 8-7-19 llo 180 505.85/19 to 183					
Discharged																						
Certified Correct																						
1st Lieutenant Capt																						
586.00			405.75			991.75			418.85			359.45			150.75			21.90	40.80	991.75		

