ORIGINAL

ATTESTATION PAPER.

No. 928832

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	McLean
1a. What are your Christian names?	Frederick Clayton
1b. What is your present address?	Erin, Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Erin Township Canada
3. What is the name of your next-of kin?	Mrs Margaret McLean
4. What is the address of your next-of-kin?	Erin, Ont. Can.
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	Oct 9th 1891
6. What is your Trade or Calling?	Commercial Traveller
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?	30th Regiment
10. Have you ever served in any Military Force? If so, state particulars of former Service.	2 yrs 30th Reg. 1 yr 1st Can. C.B.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick Clayton McLean, 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.

F. C. McLean (Signature of Recruit)

Date April 5th 1916. E. Rowland Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick Clayton McLean, 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.

F. C. McLean (Signature of Recruit)

Date April 5th 1916. E. Rowland Lt (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 Guelph Ont this 25th day of April 1916.

J. J. Craig Lt Col (Signature of Justice)

M. F. W. 28.
600M.—2-16.
H. Q. 1772-39-241.

Description of Frederick Clayton McLean on Enlistment.

Apparent Age 24 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded 35 1/4 ins.
- Range of expansion 4 ins.

Complexion pale

Eyes hazel

Hair brown

Religious denominations.
- Church of England
- 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).

Mediumi varicocelle.

Scar 1 inch below on forehead

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 28 - apl. 1916. A R Perry Capt.

Place Guelph Ont. 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.

Frederick Clayton McLean 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.

Kelly Grant Major
Lt.-Col. (Signature of Officer)
Cmdg. O. C. 153rd. Bn. C.E.F.

Date April 25th., 1916.

REGIMENTAL DOCUMENTS

NAME M^c LEAN, FREDERICK, CLAYTON REGT. NO. 928632 UNIT 15 3rd. Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				2584 T	
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 2	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Misc.					
1	6 W D B. Envy A					
2	Medals					
1	Casualty Pin					

W. 2589
100M-11-18
1772-39-1377

Can 92 8822

Number ..... Rank Lt.

Surname McLEAN

Christian Name Frederick Clayton

Units 18th Bn Can Inf. Theatre of War France

Date of Service 10-5-18

Remarks 321 Roncesvalles Ave. Toronto Ont.

Latest Address ~~Erin P.O.~~ ~~Ont.~~

Roll No "B" Page 8098.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

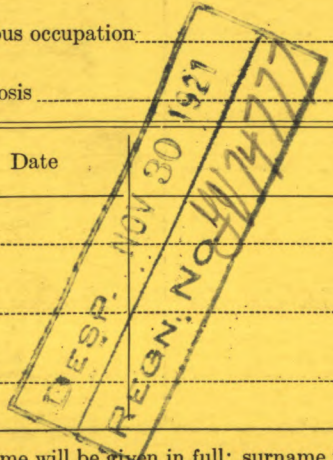
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



*—Name will be given in full; surname first.

SURNAME. Mc Lean,

CHRISTIAN NAMES Frederick Clayton

REGL. No. 928832 RANK ~~Pte~~ Sgt

UNIT 153rd

FORMER CORPS 30th. Regiment, 1yr. G. G. B. G.

CARD NO. K.I 508 Disc 24/5/19

FOLL. DO 148/28/5/19 Demtd. D.D. #1. Rn.

NEXT OF KIN.

NAMES IN FULL Mc. Lean, Mrs. Margaret

RELATIONSHIP TO SOLDIER Mother

ADDRESS Erin, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Erin Tp., Ont. DATE Aug. 9th 1891

PLACE OF ATTESTATION Guelph, Ont. DATE Apl. 25th 1916.

O/S 29-4-17 8AD 13

P/C. 22-5-19 331/59 Cpl.

L. L. 94504. M. & D. 651a.

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

From Halifax per S.S. "Olympic" 29-4-17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Commercial traveller RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 24 YEARS 6 MONTHS

HEIGHT 5' FEET 7 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Hazel HAIR Brown

DISTINGUISHING MARKS Medium Varicocelle. Scar 1" long on forehead.

MEDICAL EXAMINATION. PLACE Guelph, Ont. DATE Apr 26th 1916

Present address Erin, Ont.

NAME Mc Lean F. C.

RANK AND CORPS Cpl 4th Reg.

REGT'L. No. 928832.

H. Q. FILE No 649

CABLE NO.	CABLE DATE	NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
"C" 142.	Can afl Witney Camp Surgy.	19-2-18	U. W. S.
6156-	Discharged	8-378	U. S.

Form R. 149.

Name MCLEAN Frederick Clayton Rank a/Cpl Reg. No. 928832

Unit 4th Res

Next of Kin Canada

Date.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							
19-	2	Sam Spec Wetley		V.D.S.	C47		12906.
8.	3	Discharged		do	C186		3624.

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

FORM D M.S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
McLEAN	F.O.	928832.

RANK	UNIT	CO.	TROOP	BATTY.
A/C.		Wo. 4R.		

HOSPITAL — DATE OF ADMISSION

Can.Spec.Witl y Camp. 19-2-18.

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1 V.D.S.10

2.

3

DISPOSITION — DATE

CL. 22-2-18. C142. — Dr 8.3.18.

12-3-18. C156.

REMARKS

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

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

Fill[illegible] Only.—Unit, Number, Rank and [illegible]ame.

W.S.B, CLASS. "A"

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 5/3rd Battalion. C.E.F. to W.O.R.

Regimental No. 928832 Rank Sgt. ~~Capt~~ Name ~~Fred K~~ [illegible] McLean Frederick Clayton

C. E. F.

Enlisted (a) 25-4-16 Terms of Service (a) C.E.F. Duration of war Service reckons from (a) 25-4-16

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) Scouting & Sniping Prim Cert Com. Traveller

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	Halifax	28.4.17	H.M.T. Olympic
		Disembarked	England, Liverpool	7.5.17	
		Entered Segregation Camp	Bramshott	7.5.17	Lieut. & Adjt. Segregation Camp, Bramshott
2-6-17	25th. Res.	Taken on Strength as an A/Sgt. Reverted to Permanent Grade of Private.	Bramshott.	7-5-17	Part II D.O. 154.
~~25-6-17.~~	~~25th. Res.~~	~~Appointed A/Cpl/Cpl. without Pay.~~	~~Bramshott.~~	~~25-6-17.~~	~~Part II D.O. 176~~ Cancelled W.O. D.O. 177. 25-6-17.
25-6-17.	25th. Res	Appointed A/Cpl. with Pay.	Bramshott.	25-6-17.	Part II. D.O. 177.
15.2.18	25th. Res.	Struck off strength on transfer to 4th. Res. Reserve Battalion	Bramshott	15.2.18	Part II D.O. 36.

OVER

Lieutenant
Adjutant
25th. County of London Reserve Bn.

(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 Date	Report From whom received	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.
15-2-18	C.C.4th. Can.Res. Bn.	Taken on strength 4th. Res.Bn.	Bramshott	15-2-18	Pt.2.Order No.39.
23-2-18	do	Reverted to permanent grade (Pte). Auth B.H. 25-1-2/(c)/A467. 11-2-18	do	23-2-18	Part 2 order No.46
11-5-18	C.C.4th. Can.Res.	Having proceeded overseas to 18th.Battalion is S.O.S 4th.Can.Res.Battn.	Witley	10-5-18	Pt 2 D.O.112 ..... Lieut. A/Adjt. for O.C.4th.Can.Res.Battn.
11-5-18	Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	Can IBDep ETAPLES	11.5.18	Nom Roll Pt II Ord 43 d-17.5.18
22-5-18	C.C.R.C.	Arr at Can.Corps Reinf. Camp		22.5.18	Nom Roll
17-8-18	18 Bn	Joined 18th Can Bn	In the Fld	13.8.18	AF.B.213
29-12-18.	18th Bn.	Appointed ~~Lance~~ Corporal, vice 54349 L/Cpl. D.M. Ross, promoted.	In the Fld.	27-8-18.	Letter dated 29-12-18. Pt.II Order 14/1919.
8-2-19.	18 BN.	Promoted Corporal, vice 424482 L/Sgt. W.E. Mitchell, rpomoted.	In the Fld.	27-12-18.	B. 213 Part II Order No. 20/1919.
22/2/19	do.	att to H.Q. 4th C.I.B. for Guard Duty.		16/2/19.	B213

CERTIFIED CORRECT. 17 MAY 1918 CAN. RECORDS, LONDON.

Form R 122.
2353—100M—9-12-16.

DL.

Rank

Name McLEAN Frederick. Clayton.

Reg'l No. 928832.

Unit 153rd Bn to ~~1st Can~~ WEST Ont Regt.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Guelph. Apr. 25th. 1916.

Place of Birth Erin Township. Ont. Canada.

Name and Address, Next-of-Kin Mrs Margaret McLEAN. Erin. Ont Canada.

Relationship Mother.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.E. No 7897
File R.L.
Cat. No. CAN.OR

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
C		ARRIVED IN ENGLAND 7 5 17 SS OLYMPIC.				
2.6.17	25 RES.	TOS. FROM Canada (Arrives as Pte. Sergt.)	B'shott.		7-5-17	PT. II. 154
"	"	Reverts to Private			"	—— "
25.6.17	"	Appd. Actg. Cpl. with pay			25.6.17	—— 177
15/2.18	2ERes	3.O.S. To 4. ResBN, B'shott			15.2.18	DO. 38&4 ResDO39
23.2.18	4th Res.	Reverts to Private		a/Cpl	23.2.18	Pte 46
11.5.18	"	S.O.S to 18th Bn o/S.	Witley	Pte	10.5.18	" 112&DO 430 of 17.5.18. 18th Bn
7-2-19	18th Bn.	Appd Lance Cpl	Field	"	27-8-18	" 14
21-2-19	"	Promoted Corpl	"		27-12-18	" 20
11-4-19	"P"WCCC	" Sergt with pay	Witley	Cpl	23.3.19	" 4.

A.F.B. 103 CHECKED 16 MAY 1918

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
9-4-19	PW CCC	SOS from 18th Bn	Witley Sgt	5-4-19	Pt II 02
		13 5 19 P Wing SOS To Canada	Witley	13 5 19	DO 28 S.L. 60.
		60-K-		15.5.19	

Army Form B. 103. (Sheet No. 2) Regimental Number 928832.

Casualty Form—Active Service.

Regiment or Corps 18th Bn. C.E.F.

Rank Cpl. Surname McLEAN Christian Name F. C.

Religion ..... Age on Enlistment .....years.....months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (*b*).....

Occupation..... or Corps Trade and rate.....

.....Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
8/3/19	18 Bn.	Rejoined 18th Bn.	Field	26/2/19	B.213.
	Cdn. Embkn.				
- 4 AVR 1919	Camp	Proceeded To	England		Pt. II O.
				- 4 AVR 1919	

for Lieut. Col., A.A.G., Canadian Section

(*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*) Signaller, Shoeing-Smith, &c.

W. 1635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	S.O.S. O.M.F.C. TO ORDER	26 4-J-19	WITLEY.		
	PT. II ORDER NO. DATED				

J. Wardell Capt.
for
CAPT. & ADJUTANT,
FOR O.C. "P" WING C.C.C. WITLEY.

Witley

S.S. CAFONIA
Sailed L'pool 11-5-19

T.O.S. No 1 Dist. Depot
Displ. Stn. K. 13-5-19
SOS Dispersed
24.5.19 D.O. No. 123

[illegible]
O.C. Dispersal Area Stn. "K"

C.A.D.C. 5009A

Group No 23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McLEAN, F.C.

REGIMENT 18th Bn. W.O.R. RANK Cpl No. 928832

Date of Examination in England 7/4/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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.

CONTENTS COPIED C.A.D.C., M.D. No. 1.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12. 28.
2. EXTRACTIONS 6
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

1439

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 7 0.
- (c) In France

Signature of Dental Officer J Rosecapt

129

CANADIAN GENERAL LABORATORY

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference.

Unless these are furnished the test will not be carried out.

Name McLean J.C. Regtl.No. 92832 Rank ~~Pte~~ Gnr

Unit 1st Date of first sore 16-2-15 if T.Pallidium found.....

Secondaries if any..... Other symptoms.....

Treatment if any..... Arsenical 606 Mercury Nil

Previous Wasserman, date Apr 1915 Result Neg.

Station and Date Witley 7-4-19

Gnr 1st Can

==========

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

Date..... Serial No..... Result... WASSERMANN POSITIVE +++

Major.

Officer Commanding.

Canadian General Laboratory

Witley Surrey.

.....1919

Canadian General Laboratory 3 APR 1919 WITLEY

203

928832.
amD2r

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname McLeod Christian Frederick Clayton

Examined on 25 day of April 1916 at Guelph

Approved by A.R. Pettigrew

Rank Capt. A.M.C. M.O.

Birthplace City or Town Erin County Wellington

Apparent age 24

Trade or occupation Commercial Traveller

Height 5 Feet 7 Inches.

Weight 154 Lbs.

Chest measurement Minimum 31¼ inches. Maximum expansion 35¼ inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection

Medium varicocele —

Right hernial ring patent. V

Date	Fit or Unfit	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
9/1/17	Take	A R Perry M.O.
		M.O.
TAB 8.6.17 2 15.6.17		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/11/16	Good	A R Perry M.O.
7/11/16	"	A R Perry M.O.
28/12/16	"	A R Perry M.O.

REV. 30/20

Enlisted on 25 day of April 1916 at Guelph

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	153rd. Bn. C.E.F.	928832		25/4/16.
Transferred to	25th RESERVE BATTALION C.E.F.			- 7. MAY 1917
	4th CAN. RES. BATT. 18 Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St Thomas Ont Feby	23/17	Med Board found fit. V.A.S.	D. Allison Capt. Board

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname McLean Christian Name Frederick Clayton

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Can Spec Hosp Wodley		18	2	18	8	3	18	V.D.S.	19.	696 and Mercury ORG Lesions healed Discharged as outpatient No progress per duties	Neal Thistle Capt

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

92

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... 153rd Battalion C.E.F.

(2) Regimental Number 928832

(3) Full Name of Soldier ..... Fredrick Clayton McLean

(4) Place of Birth ..... Erin, Ontario, Canada

(5) Are you married, or not ? ..... No

(6) If married, state,
(a) Full name of your wife X

(b) Present Postal Address X

(7) Are you a widower ? ..... No

(8) Have you any children ? ..... No

If so, give number of boys and girls X

Also their names and ages X

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address X

(10) Is your Mother alive ? Yes

If so, state name and address Margaret Ann McLeah

Erin, Ontario, Canada

(11) If your Mother is a widow Yes

Are you her sole support, or not ? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

X

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

X

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

X

(15) Are you insured ? No

If so, in what Company ? X

Have you made arrangements for payment of your Insurance premium X

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Kelly Read Major

O. C. 153rd Battalion, C. E. F. Officer Commanding.

Date June 27th, 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No.....

THIS IS TO CERTIFY that No. 928832 (Rank) Cpl.

Name (in full) Frederick Clayton McLean enlisted in the 153rd Battalion

CANADIAN EXPEDITIONARY FORCE at Guelph on the 25th day of April 1916.

HE served in England and France 18th Battn

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 27 years

Height 5'7"

Complexion Fair

Eyes Hazel

Hair Brown

Marks or Scars Scar on forehead.

Signature of Soldier.

Issuing Officer.

Date of Discharge

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Rank

Date O. C. Dispersal Area Sta. "K." 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.

M.F.B. 39A.

CANADIAN SPECIAL HOSPITAL
WITLEY CAMP SURREY.

To:- Present Standing Medical Board,
Witley.

April 10/19

928832 Cpl
McLean J C

The marginally named Soldier has no infectious Syphilitic lesions and may be returned to Canada forthwith.

It is "Suggested that the patient be dealt with on arrival in Canada in accordance with P.C., 47 dated 20-1-19.

.....
Officer i/c Syphilis Clinic.

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Erin Co. Ontario

NAME AND ADDRESS OF NEXT OF KIN: Margaret McLean Erin Ont.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
a/c Sptd a/c Corp. with pay	25/6/17.	D.O. 177. 25/6/17.
Reverts to Ranks		4 Res
Surplus to Establishment	23.2.18	B046. 23.2.18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 928832. RANK Pte Sgt ~~Cpl~~ NAME McLean, Frederick Clayton

IF IN PERMT. CORPS WHAT UNIT — UNIT 153rd Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Guelph Ont.

DATE OF ATTESTATION 25-4-16

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO 25th Res. DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

B 6.8.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917.																																		
30/4														34 70	34 70															34 70				Rtd. from Canada.
1-5-17																																		
24-6-17	55	1 00	60	00											64 70	258	31/5							484						484	94 53		30		
25/6 30/6	6	1 10	7	20																											134 73		45		
July	31	-	34	20											34 20	330	30/6							14 60											
Aug	31	-	37	20											37 20	285	15/6							48 67						63 24	108 66		60		
Sept	30		36												36	579	31/8							19 47											
																497	31/7							19 46						38 93	105 73		76 50		
			178	10										34 70	212 80									107 00						107 00				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept											
30	Sept Balance forward	~~105 73~~							105 73	105 73	50
Oct	31 days @ 1.20	37 20		A.R. 644 25 Res 15-9	9 73						
				O.R. 694 " " 30/9	12 17						
		37 20			21 90				121 03	93 00	
Nov	30 C.P.	36		A.R. 794 31-10-17 25 Res	14 60						
				✓ 844 15-11-17 ✓ ✓	9 73						
Dec	31 C.P.	37 20		" 738 15-10-17 ✓ ✓	9 73				160 17	~~154~~ 126 50	
		73 20			34 06						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Jan				Can. A.F.							
	Forward										

928832 ~~A/Cpl~~ Pte W Jean F6

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
1918																																		
Jan 31	R P	3H	10																															
				AR 893 30-11-17										25 Res		12	17																		
		3H	10	- 943 21-12-17												2	90																		
															3H	07																		
Feb. 28	C.P.	33	60																															
	Underpaid as P.P. Jan Dif P.P + C.P 3H 31 days @ 10d	3	10	AR 1051 15-1-18											9	73																		
				1114 31-1-18											9	73																		
				1199 1H-2-18											7	30																		
				Overcredited 6 days @ 10d 23-2-18 to 28-2-18													60																		
		36	70												26	76																		
																60																		
Mar 31	P.P.	3H	10	AR 1H1 (1) 22-2-18 C3H Ord											2	43																		
				DV. Stoppage 18.2.18 to 8.3.18 19 days @ 60d.																														
				2059 11.9.18. H Res.													11	40																		
				AR 2026 (30) 20 3 18											1H	60																		
		3H	10												17	03	11	40																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

NAME:– McLEAN. Frederick Clayton

NUMBER:– 928832

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D014. 7-2-19 18Bn	27/8/18.	L/Cpl.
✓ 20-21-2-19-18Bn	27/4/18	Cpl.
✓ 4-11-4-19. Pwing ccc	23-3-19	Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 153rd Bn

DATE ACCOUNT FIRST OPENED:– 1-5-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			WORD
	1-6-18	19-6-18	18th Bn
	1-6-19		Canada Lect

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 – –	10		
27/8/18. L/Cpl.	1 05	10		
D.O. 20-21-2-19. 18 Bn	1 15	10		
✓ 4/4/19. Pwing ccc	1 35	10		

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
8/4/19	227	P Wing.	73				

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canada 1/5/19 NRB 6726. 17/4/19. Bshott. M.D.1. L.L.6 $442.72.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Brought For.								175 21	~~180~~ 121 15	
Apl	P.P.	33 –		a/R 128 121-4-18 4 Rs (5)	7 30						
				✓ 331 29/4/18 ✓ (29)	7 30				193 61	~~165~~	
		33 –			14 60						
May	P P	34 10		a/R 486 10/5/18 4 Rs (6)	4 87						
				D/w 581 28/5/18 2 L & RC. (23)	3 57				219 27	201 15 ~~180~~	
June.	Pte. Pay	34 10			8 44						
		33 –		a/R. 620. 6/6/18 "	3 57						
				a/R. 834. 19/6/18 ✓	4 46				244 28	216 15	
July	Pte. Pay	33			8 03						
		34 10		a/R. 1054. 4/7/18 ✓	4 46						
				a/R. 1291- 16/7/18 ✓	3 57				270 31	231 15	
Aug.	Pte. Pay	34 10			8 03						
		34 10		✓ 1543 - 3-8-18 ✓	3 57						
				✓ 633 19-8-18 ✓	3 57				297 27	246 15	
Sept		34 10		✓ 751 6.9.18 18th Bn	7 14						
	P.P.	33		✓ 831 26.9.18 ✓	3 57				323 18	261 15	C850 unpaid
Oct	"	33 34 10		a/R 978 14-10-18 ✓ 3	7 14 3 73						
				1185 26/10 "	3 73				349 77	276 15	
		34 10			7 46						
Nov.		33.		438. 14/11/18 –	3 73						
Dec		34 10		911 23/11/18 –	13 06						
Jan		34 10		a/R					434 18	321 15	
		101 20			16 79						
Feb		30 80		1474 16/12	6 49						
	Under Cr from 27-8-18 to 28-2-19: 186 d @ 5d Diff in rate from Pte to L/C.	9 30		1724 28/12	1 30						
				2535 12/1 –	3 77						
				3201 28/1 – 11 56	3 73						
				3654 10-2-19 ✓ 15.29	3 73						
Mar	L/cpl Pay	33 65		4376. 1-3-19 ✓ 14	19 03 48						
	Finance Cpls. Pay 27-2-18 to 31-3-19 – Diff between L/cpl. Cpls Pay. 95 days @ 5d	4 75		4780. 7-3-19 ✓ 19	5 48						
		80 50		Forward	29 98						

NUMBER 928822 RANK NAME McLEAN Frederick Clayton

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bo'd	80 50			9 9 8				434 18	351 15	
				AR 5171 - 12-3-19 - 18 Bn 34	18 75						
				/ 5497 - 19.3.19 - / 36	8 48				460 97	351 15	
		80 50			53 71						
Apr		36		AR. 777 - 8.4.19 - P. Wing. /	73						
	Int on Def Pay 30/4/19	18 75		/ 1717 - 28.4.19 - / End 6	9 73						
	under Lt. Sgts Pay 28.3.19 to 30/4/19			/ 7907 - 9.5.19 / / 9	9 73						
	Diff. between Cpls. Sgts Pay 29 days @ 30 End	11 70			92 26				434 96		
		66 45			9 2 46						
				Left Canada MD 1 - 13/5/19 - L 2.60 - work							

460.97.
54.75 54.75
515.72
73 73
442.72

Group 23.

WAR SERVICE BADGE
CLASS "A" No. 261339

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. 16
O. G. 3

1. No. 928832
2. Rank. Cpl
3. Name. McLEAN Frederick Clayton.
4. Unit. 18th Bn. Can.
5. Date of Discharge MAY 24 1919 Place LONDON, ONT. London Ontario

6. Reason for Discharge Demobilization.

7. Authority. R.O. 1894

8. Proposed Residence after Discharge London ont.

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.? F. C. McLean.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place MAY 24 1919 LONDON, ONT.

Date MAY 24 1919

Signature [illegible]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), 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. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 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 (M.F.W. 44).
13. Pay Book (A.F.C. 3).
14. Casualty Certificate (Form M.F.W. 2595).
15. Identity Documents.

+Dup

Group B
Checked by No. 14
GM
Date 5-25-19

1. P. D. 10 Mc-L-95 446

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 928832 — RANK Cpl. — NAME (IN FULL) McLEAN, Frederick Clayton

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID nil — RELATIONSHIP

ADDRESS

OB

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? Union Bank Bran Pnr

PLACE OF ATTESTATION — TRANSFERRED TO T. & D. — DATE 13.5.19 — AUTHORITY Do. 148

DATE OF ATTESTATION 25-4-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE — Paid and Closed by Ottawa

PAYABLE TO nil — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London — DATE 24.5.19 — REASON Dem. — AUTHORITY Do. 148 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							442	42	442	42																										Retd per Laconia 21.5.19
30.4.19																																					Bal. Eng. L.P.C. 30.4.19
1st 29.5	29	1.20	34	80	36 70				139	80					39218		4	82	5	00	56	98					19	42			594	22					Pay to Estimated Date of Discharge 29.5.19 Cl. of L.C. 1st Payment of W.S.G. Boat "N.Y. Train Fiskney"
					11 70				11	70																											Sgts. pay 23.5.19 to 30.5.19 = 39 days @ 30c as per Endorsement L.P.C.
																																				advances 1666.12 1st Bn. 26.5.19
					105.50																															1st part W.S.G. as above
183 days					420 00				420	00											70												350	00			L.R. Brodeur Major
			8	70	7.70				428	70																							358	70			Sgts. pay 1.5.19 to 29.5.19 = 29 days @ 30c
																												7	50					351	20			Chgd. to adjust to date of discn 5 days @ 1.50
																					71	20											280	00			JUN 25 1919 Q196925
																					70												210				18/7/19 109976
																					70												140	00			22/8/19 121713
																					70	00											70	00			SEP 20 1919 1170352
																					70	00															OCT 20 1919 1179395
			8	70	420				428	70											421	20					7	50			428	70	0	00			Capt.

WAR SERVICE GRATUITY 1089-20

Soldier Depend.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

GROUP 23

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

23

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using 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.
2. 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."
3. 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.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 Witley DATE 18-4-19

1. 1 (a) Unit 18th Bn W.O.R. (b) Regimental No. 728832 (c) Rank Cpl.

(d) Surname McLEAN (e) Christian name FREDERICK CLAYTON

(f) Home address ERIN P.O. Ont.

(g) Next of Kin Mrs. M A McLean (h) Relationship Mother

(i) Address of Next of Kin ERIN. P.O. Ont.

2. Age last birthday 27 yrs Date of birth 9-9-1891

3. Enlistment, or Appointment (if an Officer) (a) Place Guelph Ont. (b) Date 25/4/1916

4. Personal description:

(a) Height 5ft 7in (b) Weight 156 Est. (stripped) (c) Complexion Clear

(d) Colour of hair D Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Nil.

5. Former trade or occupation Commercial Traveller

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
	2	~~3~~ 344

	Periods	
	From	To
Canada	25-4-16	28-4-17
England	28-4-17	11-5-18
France or other theatres of War	11-5-18	4-4-19

7. Original disease, or injury G.S.W.

(a) Date of origin 18-2-18. (b) Place of origin Wicheq England.

(c) Cause Inspection

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

v D. Syphilis. Ne treatable

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.)

Canadian General Laboratory.

9-4-19.

Result of Wasserman. positive

Signed
P. J. MacGregor
Major.

Canadian General Hospital.

The marginally noted soldier has no infective syphilitic lesions and may be returned to Canada for further treatment

Signed P. J. MacGregor
Major

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (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

Urine Anal. Normal.

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

Infected in Sept or Oct 1917. Entered military Special Hosp. 18-2-18. v. D. S. Lesions healed discharged as ant patient. Th a. Quota 9-3-18. Blood test month after. O.R. states negative and he was sent to 7 Reserve. Has had nothing since

10.—(*b*) (Here 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*).)

No other illness.

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

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? no.

(*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.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes. (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? Initial treatment. A.A. Sept mos.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

606. and Mercury. Canadian Specialist Hosp. Witley

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Suggested

(If the answer is "yes" state nature of treatment required and probable duration)

that patient be dealt with on arrival in Canada in accordance with P.C.O. 47 dated 20-1-19.

16. Can the former trade or occupation be resumed? yes.

(If not, briefly state why)

17. Recommendations

W. A. Watson Capt. A.M.C.

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 Frederic Clayton McLean 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

F. C. McLean Sgt. Rank.

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,	(Category A)	(Yes or No.) No
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

Yes 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.)

Suffers from Epilepsy Oct 15 to V. D. S. Should be dealt with on arrival in Canada in accordance with PC 47 of 20-1-19

(*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.)

Boarded for return to Canada Sailing 15/4/19 Sick

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 Ntly — *President.*

DATE 13-4-19 — 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.

President.

PLACE..... Members

DATE.....

APPROVED BY — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE..... DATE.....

HEADQUARTERS A.D.M.S. 14 APR 1919 File CANADIAN TROOPS, WITLEY.