25/12/16 H.S. Canadian Engineers DUPLICATE

ATTESTATION PAPER.

No. 506473

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	McLellan
1a. What are your Christian names?	Ivan Donald
1b. What is your present address?	141 Jeanette Ave. Windsor, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Pelee Island, Ontario
3. What is the name of your next-of kin?	Mrs. B. McLelland,
4. What is the address of your next-of-kin?	141 Jeanette Ave. Windsor, Ont.
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	19th October 1895
6. What is your Trade or Calling?	motorcycle Driver,
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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, Ivan Donald McLellan, 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.

Ivan Donald McLellan (Signature of Recruit)

Date November 27th 1916. J.J. Evans Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ivan Donald McLelland, 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.

Ivan Donald McLellan (Signature of Recruit)

Date November 27th 1916. J.J. Evans Sgt (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 Windsor, Ont. this 27 day of November 1916.

James G. Glynn (Signature of Justice)

M. F. W. 28
750M—2-16
W. O. 1778-22-841

Description of Ivan Donald McLellan on Enlistment.

Apparent Age 21 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 10½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion dark

Eyes blue

Hair black

Religious denominations.
- Church of England
- Presbyterian Yes
- 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).

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 November 27th 1916. W. B. Fuller Capt. A.M.C. Medical Officer.

Place Windsor, Ont.

*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.

Ivan Donald McLellan 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.

H. Armfield Capt. (Signature of Officer)

O. C. Service Co., Canadian Engineers M. D. No. 1.

Date November 27th 1916.

REGIMENTAL DOCUMENTS

NAME Mc LELLAN IVAN DONALD REGT. NO. 506473 UNIT C.E 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)					
2	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	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)				27042	
	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)					
43	Misc.					5-12
2	Cards					18-14
1	Cancard					30-14
1	Rizz					3

W 2589
100M-11-18
1272-30-1377

FORM R. 149.
7106—250m—7/2/17.

Ivan Donald

Name McLELLAN Rank Spr. Reg. No. 506473

Unit ~~12th. Fld. Co. C.E.~~ 12th Bn C.E. HLS

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27.12	5/ G.H. Etaples		G.S.W.	B/103		17868
27-1-18	Line to Leave		"	A/131		19045/2
1918						ARB
14.12	4/3 G.H. Trouville		G.S.W. Neck	A/405		6390/18

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

NAME Mc Lillan D. D.

RANK AND CORPS Spr. 12th F. Co.

REGT'L. No. 306473

H. Q. FILE No 649

FOLLOWS No.

FOLLOWS

CABLE No. DATE

NATURE OF CASUALTY

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
A103-2	51 Gen Staples	27-12-17	D.W.S. (Saw Eng)
A131-1	Discharged	27-1-18	D.W.S.
A274-1	11 Can. Fld Amb.	19-7-18	G.S.W. 1st finger R Hand.
A274-1	No 12 " " "	20-7-18	" " " " " "
A276 ①	1st Can. Fld. Amb.	22-7-18	" " " " " "
A405-2	73 Gen. Trouville	17-12-18	G.S.W. Neck.
A408-3	#1st Conv. Dep. Trouville	19-12-18	Boils neck.
A435-4	Disch. to Duty	23-1-19	" "

Form R. 149.

Name McLELLAN Rank Spr Reg. No. 506473

Unit 12th Fld Coy C.E. 12th Bn C.E.

Next of Kin Mother. Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
19-7	11 Can Fld amb	1 CT 1st Surgn R. Hand				33361
20-7	12 Can Fld amb	do				33603
22-7	14 Can Fld amb	do				33802
1918						
14-12	73 C.F.A. Trouville	Base Vet Park				63801/3
19-12	14th Dep Trouville	Base Vet Park				64312/14
23-1-19	Dis. to Duty	do				70201/9
—						

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

K. 2 CARD NO. V

SURNAME. McLellan

CHRISTIAN NAMES Ivan Donald

REGL. No. 306473 RANK Sapper

UNIT Can. Eng. (Training Depot) (22nd R.D.)

FORMER CORPS Nil

S.o.S. 20-4-19 Demob

FOLL

D.O.H. 10-2-19 4-19 Pte

NEXT OF KIN.

NAMES IN FULL McLellan Mrs B.

RELATIONSHIP TO SOLDIER Mother

ADDI 314 Dougal Ave., Windsor, Ont.

CHANGE OF ADDRESS

S.o.S.P. 19-11-17
(S.o.S. 19-11-17),

COUNTRY OF BIRTH Canada Pelee Is. Ont DATE Oct 19th 1893

PLACE OF ATTESTATION Windsor, Ont. DATE Nov 27th 1916

Spr. 19/c. 20-4-19. 30/7/63.

L. L. 6945. M. & D. 6994.

M; F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Motorcycle Driver RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 21 YEARS 1 MONTHS

HEIGHT 5' FEET 10½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Blue HAIR Black.

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Windsor Ont. DATE Nov 27th 1916

Present address 141 Jeanette Ave. Windsor Ont.

Wounds

Corii

B

Number 506493 Rank Spr

Surname McLELLAN

Christian Name Ivan Donald V

Units C Sig Theatre of War France

Date of Service 2-6-17

Remarks 1212 Dougall Ave. Windsor, Ont. 28 yrs

Latest Address Windsor Ont

Roll No B Page 7256

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

DESP. OCT 31 1925

REGN. NO. 17649

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

FORM D.M.S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mc LELLAN.	I.D.	506473.

RANK	UNIT	CO.	TROOP	BATTY.
Spr.	C.E. 12FC.	12 CEB.		

HOSPITAL — DATE OF ADMISSION

51. Gen. Etaples. 27-12-17.

1. 11 C.F. Amb. HOSP. 19.5.18
2. 12 14. C.F. Amb. HOSP 20.7.18 22.7.18.
3. 73 Gen Hosp Trouville HOSP. 14-12-18
4. 14 Corps Dep. Trouville HOSP. 19-12-18

DIAGNOSIS

1 V.D.G. Inf
I.C.T. 1st Finger Rt Hand. wounded
2. I. & T. Neck. A.F.
3 Boils Neck aaa

DISPOSITION

DATE

C.I. 3-1-19. A103/2.
5.2.18 a/31
25.7.18 A294
27.7.18 @ 276 ①
24-12-18 A 405-2
30-12-18 A 408/3.
30.1.19 A425.4.

Dis to Duty 27.1.18.
REMARKS

23.1.19

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

EPITOME OF HOSPITAL TREATMENT

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

Canadian Engineers

ORIGINAL

MEDICAL HISTORY SHEET.

Surname McLellan *Christian Name* Ivan Donald

Examined { on 27 day of November 1916
at Windsor, Ont.

Birthplace { City or Town Pelee Island
County Ontario.

Apparent age 21 yrs 1 mths

Trade or occupation motorcycle driver

Height 5 Feet 10½ Inches.

Weight Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development fit

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. 2
Number 2

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Tab V 1-5.1917

Both eyes 20/20

Approved by J Mansfield Capt

Rank D.G. Engrs Capt M.O.

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.
4-1-17		J Mansfield Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
8-12-16	1 cc Single	J Mansfield Capt M.O.
21-12-16	1 cc Single	J Mansfield Capt M.O.
6-1-17	1 cc Double	J Mansfield Capt M.O.

Enlisted on 27 *day of* November 1916 *at* Windsor, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Canadian Engineers	506473		NOV 27 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont.	27/11/16.	on enlistment	Fit
S L Mansfield Major, A. M. C.		Geo Reeve Capt., A. M. C.	D Stewart Capt
ST. JOHNS, P.Q. JAN 5 1917		Pte.	G L Paine Asst Surg

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.

200M—11-15.
H. Q. 1772 39-439.

Surname McLellan Christian Name Ivan Donald

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.

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. 506473 Rank Pte. Surname McLELLAN (Give name in full) James Donald

Unit or Corps 44th L.D. Birthplace Pelee Island, Ont.

(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 10½ in. Colour of Eyes Blue

Nutrition Good

Pulse 85

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 2/ ft.

Left 2/ ft.

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

2" scar left axilla

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 System Yes. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System Yes.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No. Any other general condition Yes.

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Pneumonia at 12 yrs. age. Followed by empyema. Excision of small piece of rib, leaving 2" linear scar left axilla. Good recovery.

Gonorrhoea 27-1-18. Apparently cured

Infected right Index finger 21-7-18. Lanced. Good recovery. 1" linear scar.

Boil back of neck 12-12-18 Crucial incision leaving small scar. Good recovery.

No disability due to service. AL

(If space is insufficient, continue on back of form.)

[OVER]

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 London (Canada)

Date 2-3-44 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 D D McLellan

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Army Form B. 103. Sheet 2. Regimental Number 506473

Casualty Form—Active Service.

Regiment or Corps 12th Bn. Can. Engrs.

Rank Spr. Surname McLellan Christian Name Ivan Donald

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*).....

.... or Corps Trade and Rate .....

Occupation .... 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...			
19.12.18	14 Con. Dep.	Boil Neck adm	14 Con Dep	19.12.18	W.3034-N.2606
14.12.18	73 Gen.	do. adm.	73 Gen.	14.12.18	do N.3039
27.1.19	C.I.B.D.	T.P.S. from 14 Con.	Dep.	27.1.19	N.R.
29-1-19	C.I.B.D.	Transf Eng for duties and posted to C.E.R.D			
			Seaford	30.1.19	N.R.E.11
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17/2/19	3rd C.E.R.D.	T.P.S. from C.E.R.D	Seaford	17/2/19	W.11.D.036

(*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.13863—M1477 10000m 1/17 (27612) S P & Co, Ltd. Form B./103/4 E./354.

[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				
27/3/19	3rd CE RB	S.O.S. TO KIMMEL PARK, M.D. WING #1	Seaford	29/3/19	Gr II DO. 75
					LIEUT. C.E. FOR LT. COL. O.C. 3RD. C.E.R.B
30/3/19	O.C.M.D.C.W.I. T.O.S. For return to Canada, Rhyl 31/3/19 D.O. No. 77				
	S.O.S. on Proceeding to C.E.F. Can. Rhyl 12-4-19 D.O. No. 88				
	J. J. Coombes Lieut.				
	Officer i/c W.D.O, for O.C.M.D.C.W.I.				
APR 12 1919	EMBARKED FOR CANADA				
		TOS No 1 Dist. Depot Displ. Stn. K. 12-4-19 SOS dispersed 23.4.19 D.O.No 114 J. Hayes Lt for O.C. Dispersal Area Stn. K.			

War Service Badge
Class "A" No. .....

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

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

Casualty Form—Active Service.

22nd Off Co. ENGINEER TRAINING DEPOT
Unit, Regiment or Corps

Regimental No. 506473 Rank Sapper Name McLellan Ivan Donald
C. E. F.

Enlisted (a) 27/11/16 Terms of Service (a) Duf War Service reckons from (a) November 27th 1916

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) Motor Cyclist Sapper

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.
		Embarked Canada 26-1-17. Disembarked England 6-2-17.			
7-2-17.	C.E.T.D.	Taken on Strength from Canada.	Crowboro.	7-2-17.	Part II Order 35.
7 JUN. 1917	C.E.T.D.	Struck off Strength of C.E.T.D. Leaving proceeded to Can Eng Pool France	CROWBOROUGH	6.6.17	Part II Order No. 133. J. Storey Lieut. C.E. for Adjutant, C.E.T.D.
8.6.17.	CBD.	T. on S. Eng Pool	France	7.6.17.	MR Pt. 26 p 40
7.7.17.	#Ente Bn	L. off S to 12 Fld Co		7.7.17.	MR. Pt. 26 p 46
Do.	Do.	T. D. R. Do.		8.7.17.	Do. P/41.
7.7.17.	O.C.	Joined Unit in Fld.	Field	8-7-17.	(B. 213. Ps. 81.
27.12.17.	O.C.	Fld. 14 Days L. & A.		16-12-17.	B. 213. P/1.
27-12-17.	S/Lieut.	R. D. F.	S/-Lieut.	27-12-17.	W868 v-C. 454. P/3.
27-1-18.	C.G.B.D.	Arrived - A -	C.G.B.D.	27-1-18.	M. L. 6 of 3.

CERTIFIED CORRECT
27 JUN. 1917
CAN. RECORDS, LONDON.

(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.
27/1/18	51 Com	v. D.C.G. To	Base	27/1/18	D 406.
5-2-18.	C.G.B.S.	Left to join	Unit	5-2-18.	N.R. 947
6-2-18.	51 Divl.	Deserts F.A. and is placed under stoppage of pay at the rate of 50 cents per day while in Hps. from 27-12-17 to 27-1-18 - 32 days.		6-2-18.	A.F.O. 1643/901. F. No. 8.
				7-2-18.	B.213.
9-2-18.	O.C.	Rejoined Unit		29-5-18.	F.29.
29-5-18.	W.O.	A.D.S. to 12th Bn. C.E.		30-5-18	P1.
Do.	Do.	A.D.S. do.			
21.7.18	11 C.F.A.	Inf. Con. Tiss 1st Finger	adm. 11 C.F.A. To 12 C.F.A.	19.7.18 / 20.7.18	A.36/G.3538
22.7.18	12 C.F.A.	do. do.	adm. 12 C.F.A. To 14 C.F.A.	20.7.18 / 22.7.18	A.36/G.3650
22.7.18	14 C.F.A.	do. do.	adm. 14 C.F.A.	22.7.18	A.36/G.3866
27.7.18	12 Bn. C.E.	Sick to F.A.	Field	19.7.18	B.213
21.8.18	14 C.F.A.	I.C.T. Rt. hand	To Duty	21.8.18	A.36/H.639
31.8.18	12 Bn. C.E.	Rejoined Unit	Field	29.8.18	B.213
14.9.18	do.	Attch. 4th Can. Div. Sigs.	do.	13.9.18	B.213.
12.12.18	9 Gen. (U.S.A.)	I.C.T. Neck	adm. 9 Gen. (U.S.A.)	12.12.18	W.3034-N.1093
14.12.18	41 C.C.S.	do.	adm. 41 C.C.S. To A.T. 3	10.12.18 / 11.12.18	A.36-N.2231
14.12.18	9 Gen.	do.	To Trouville	14.12.18	W.3034-N.2644
19.12.18	73 Gen.	do.	To 14 Con. Dep.	19.12.18	do. - N.2674
14.12.18	12 Bn. C.E.	Sick to F.A. and ceases to be attch 4 Div. Sig.	Field	7.12.18	B.213

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 506473 (Rank) Sapper

Name (in full) Ivan Donald McLellan enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 27th

day of November 1916

HE served in France

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	23 yrs. 6 mths.	Marks or Scars	scar left axilla
Height	5 ft. 10½ ins		Rt. index finger
Complexion	Dark		
Eyes	Blue		
Hair	Black		

Signature of Soldier

Issuing Officer

Date of Discharge

DISCHARGE SECTION
APR 23 1919
No. 1 District Depot

Rank

for O.C. Dispersal Area Sta. K.

Date 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) M c L E L L A N, I.D.

REGIMENT 3rd CERB RANK Sapper No. 506473

Date of Examination in England 15-2-19. | 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS 6-7-10.
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

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 NIL.

Signature of Dental Officer Chas H Mans Capt

UNIT 3rd C.C.R.Bn.

..... 1919.

Capt Eastman

To:-Officer i/c Clinic.
RAVENSCOURT. SEAFORD.

5 MAR 1919
MEDICAL HUT

50647 Spr McLellan I.D.

The marginally named, accompanied by this Medical Documents, is reporting to you for special report on:- V.D. V.D.

Please return this report to the above Unit on completion.

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

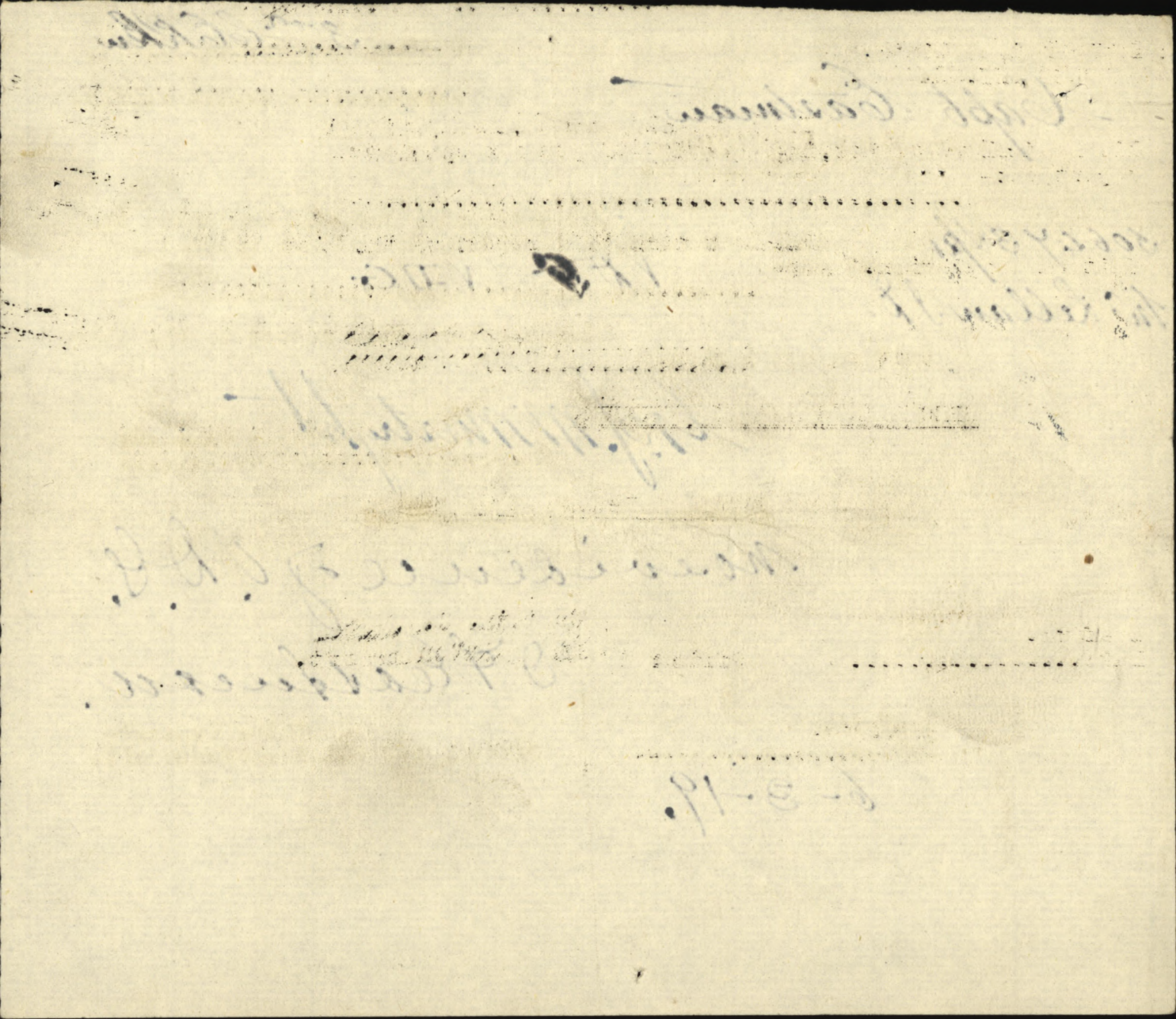
SPECIALIST'S REPORT ON ABOVE.

No evidence of V.D.

D Eastman.

Captain. C.A.M.C.
Officer i/c Clinic. Ravenscroft.

Seaford.
Date 6-3-19.



To be made out in duplicate. H.Q. 54-21-23-53

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.

Canadian Engineers.
ENGINEER TRAINING DEPOT

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 506473

(3) Full Name of Soldier..... Mc Lellan Ivan Donald

(4) Place of Birth..... Pelee Island Ontario

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

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

(b) Present Postal Address..... —

(7) Are you a widower ? ..... —

(8) Have you any children ?..... —

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Bert Mc Lellan 141 Jeanette Avenue Windsor Ontario

(10) Is your Mother alive? Yes

If so, state name and address Bella Mc Lellan same address

(11) If your Mother is a widow —

Are you her sole support, or not? —

(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.

—

(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.

—

(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.

—

(15) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

W. George Boultbee Capt. C.E.
Officer Commanding.
For O. C. Engineer Training Depot.

Date DEC 16 1916

Form R 122.
2353—100M—9-16

J.P. Rank | Name McLELLAN, Ivan Donald. | Reg'l No. 506473.

Unit 22nd Dft C.E.T.D. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Windsor.Ont. 27thNov.1916. | Place of Birth Pelee Island. Ontario.

Name and Address, Next-of-Kin Mrs. B.McLelland.

141 Jeanette Ave. Windsor. Ont. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

N/E. R.B. NS 10490
File R.L.
Category CAN.OR

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	S S GRAMPIAN	6 22 17	
					A.F.B. 103 CHECKED 22 JUN 1917
7.2.17	C.E.T.D.	T on S CROWBORO.	7-2-17	Pt 2 O 33	
7.6.17	—"—	S.O.S. proc o/seas to Engs Pool	Crowboro	6.6.17	" 135
15.6.17	Engs Rein Pool	T.O.S. as Rein from C.E.T.D	Fuld	7.6.17	" 40
10.7.17	E R. Pool	S.O.S. to 12th field Co C.E	—"—	7.7.17	" 46.
12.7.17	12th field Co	T.O.S. as Reinforcements	Fuld Spr	8.7.17	A.F.B. 042
2.7.18	12th Bn C.E.	T.O.S. from 12th Fld Coy	"	30.5.18	D.O.1 — 12th Fld Co. do 29 & 12 7/18
12.2.19	3rd CERB	T.O.S. " 12th Bn C.E.	Seaford	12.2.19	" 364 12th Bn. D.O. 10 6.3.19
				46. K.	12.4.19.
31.3.19	Md 1	T.O.S. from 3rd CERB	Rhyl	"	293. K " 779 75/39 3/19 3rd CERB

506473 ~~506473~~ McLellan I. D.

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.	
14.4.19	MD1	SOSth Canada S.96	Rhyl	29.9	DD 89	

J. L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Mrs B. McLellan

Address ~~141 Jeanette Ave.~~ Windsor. Ont.

314 Dougal ave

Rate # 1600

By Whom Assigned McLellan Ivan Donald

Regtl. No. 506473.

Rank Spr

Corps Can. Eng.

FEB 1 1917

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				

CONSOLIDATED 4 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs B. McLellan

PAYMENTS.

Name of Soldier McLellan Ivan Donald 506473. Sapr. Can. Eng.

L. L. Job 4503. - Req. 6832.

1600

FEB 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		X 42524	16.	
March		B 51790	16	— 16.E.
April		X 3397	16	16-B.
May		X 9777	16	16 R
June		W 18584	16	D
July		X 22885	16	Ba
Aug.		X 30604	16	Lu
Sept.		I 37775	16	Le
Oct.		P 43364	16	
Nov.		50430	16	314 Dougal Ave. Windsor. Ont
Dec.		Z 58965	16. 176	16-11-18
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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.				

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Pelee Island Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs B McClelland
141 Jeannette Av Windsor 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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 506473 RANK Spr. NAME McLellan I D.

IF IN PERMT. CORPS } WHAT UNIT } UNIT C.E.T.D. TRANSFERRED TO 4th Wks Bn DATE 31/10/17. AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 24/Nov/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 1.60 DATE EFFECTIVE 1/2/17

PAYABLE TO Mrs B. McClelland 141 Jeannette Av. Windsor Ont RELATIONSHIP Mother,

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)

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														17 05	17 05															17 05					69.
24-1-17																																			Balance from Can
28-1-17	16	1 00/10	39	60										39 60														16 00		16	40 65				
Mar	31		34	10										34 10	3214 15 2/17 3466 31 3/17		3382 28 2/17 3439 15 3/17						14 60 4 87	14 60 4 86			16 ..		54 93	19 82				
Apl	30		33											33	188 30/4								9 73				16		16	36 82				
May	31		34	10										34 10	79 15/4								9 73				16		35 46	35 46				
June	30		33											33	281 13/5		309 3/5						9 73	9 73			16		35 46	33				Trans to 4th Bn Wks 12/7/17
July	31		34	10										34 10													16		16	51 10				
Aug	31	..	34	10										34 10					234 4-7-17						2 67		16 .		18 67	66 53				
Sept	30		33											33													16		16	83 53				
			275	00									17 05	297 05									48 66	29 19	2 67		128		108 52					

— See Other —

506473 Sjt. McClellan. A.O. 1600/100 1-2-17

Mrs. B. McClelland
1141 Jeanette Street Avenue
Windsor
Ontario

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
Oct 1					83 53																													
31		P&R	34 10													16																		
			34 10													16	83 78																	
Nov		P. Pay	33 —													16																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:- 1-2-17	EFFECTIVE DATE:-
AMOUNT:- 1600	AMOUNT:-

NAME:- McLELLAN J.D.

NUMBER:- 506473.

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.

Mrs B. McClelland (Mother
141 Jeannette Avenue
Windsor Ontario

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.G.T.D.

DATE ACCOUNT FIRST OPENED:- 24-1-1917.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1-11-17.		4th D. Engrs
		21-6-19	Can. Fleet

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
15.3.19	3058.	3 C&R B	~~4 87~~				
18.3.19	3181.	3 C&R B	~~19 47~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Canada. 1/4/19 HR. 4846, 13.3.19. Seaford. 20.3.19 3rd C&R B. Cr Balance $62.53 = M.D.I.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance Forward								37 37		
apl	Spr Pay	33		C.A.P.				16			
				A.R 17. 1-10 4/18. 4th D.E.	4 46						
		33			4 46			16 ..	49 91		
May	" "	34 10		C.A.P.				16			
				A.R 109. 1-10 5/18. 4th D.E.	4 46						
				" 148 15-20 5/18 "	3 51				59 98		
		34 10			8 03			16 ..			
June	" "	33 ..		C.A.P.				16			
				188 4th D.E. 1-10.6.18	4 46						
				348 12 C.E. 20 6 18	3 57						
		33			8 03			16	68 95		
July	P.P.	34 10		C.A.P.				16			
				411 a/7/18 12th C.E.	4 46						
				509 18/7/18. "	3 57				79 02		
		34 10			8 03			16			
Aug	P.P.	34 10		C.A.P.				16			
				A.R 35 21.8.18 C.C.R.C.	4 46				92 66		
		34 10			4 46			16	125 66		
Sep		33		C.A.P.				16	28 14		
				749 8 9/18 12 C.E. 12	3 57						
				1827 21 9/18 4 Div Sigs 23	3 57				102 52		
		33			7 14			16			
OCT		34 10		C.A.P.				16			
				1367 3 10/18 11 C.F. Bgde 1	3 73				116 89		
Nov	P.P.	34 10		C.A.P.	3 73			16			
		33						16			
				1622 8 11/18 " 2	7 46						
				881 19 11/18 " 4	13 06						
				1856 2 12/18 " 4	3 73						
		33		Bal. forward	24 25			16.			

NUMBER 506473 RANK 5PR. NAME Mc LELLAN J. D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		33			24 26			16	116 89		
Dec	P + A.	34 10		b. a. P.				16			
Jan	P & A.	34 10						16	145 84		
		~~68 20~~						~~32~~	64 90		
		101 20			24 25			48	210 74		
				7151 - 16 GH 13.1.19	1 87				123 87		
				6778 " 30.1.18	3 73				86 87		
				6976 " 7.1.19	1 87				~~34 80~~		
				8675 ~~6RD~~ 29.1.19	4 66				69 53		
				7456 - 16 GH 20.1.19	1 87						
				4307 6RD 10.2.19	4 87						
				x616 36 ERB 17.2.19	73 -						
Feb.	"	30 80		b a P.	91 87			16			
Mch	"	34 10		b a P.	32 00			16.			
		64 90		3058 - 36 ERB 15. 3.19	4 87						
				2181 ✓ 18.3.19	19 47				6 53		
		64 90			116 21			32.			
				74 K. Park 1/4/19	9 73				52. 80		
					9.73						

14580
64 90

S.O.S. to Can 12-4-19
A. H.b. 3 Cmd.

86.87
38 94
47.93

8

War Service Badge
Class "A" No. .....

War Service Badge
Class A No. 259795

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

77

1. No. 506473 APR 12 1919 EMBARKED FOR CANADA
DISEMBARKED, HALIFAX, 20-4.

2 Rank. Sap

3. Name. McLellan Ivan Donald

4. Unit. C E ~~Res 3 CERB~~

5 Date of Discharge | 23-4-19 | Place London Ont.

6 Reason for Discharge DEMOBILIZATION Category A 111

Next of Kin Mother

Occupational Group 3

7. Authority. 314 Dougall Ave

8. Proposed Residence after Discharge Destination Windsor

Casualty Yes

Decorations No

Service in France 20 Months

M

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.?

I. D. McLellan

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date APR 23 1919

Signature J. Joyce, Lt (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

Date of Enlistment

8 L 12 Mc 7
S.K.

RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENT

8877

Date of Assignment

Feb 1/17

RATE OF ASSIGNMENT

16			

PARTICULARS OF SEPARATION ALLOWANCE

No. 5-06473

Rank ~~Spr.~~ Promoted Reverted Discharge

Soldier's Name Ivan Donald McLellan

Battalion Can. Eng.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. B. McLellan

Address ~~141 Jeanette Ave. Windsor, Ont.~~

Change of Address

1 314 Dougal Ave Windsor Ont

2

3

4

X 12475-J-3

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31			176	176	
Jan 18	G 61869		16	16	F
Feb	A 71390		16	16	
Mar	M. 93123		16	16	
Apr	S. 1690		16	16	
May	P. 13926		16	16	
June	D. 26211		16	16	
July	L. 32975		16	16	
Augt	T. 36301		16	16	
Sept	Q 48805		16	16	
Oct	J 56046		16	~~16~~	✓
Nov	P. 61526		16	16	✓
Dec	Y 66641		16	16	✓
Jan	V 70351		16	16	✓
Feb.	2. 82006.		16	16.	✓
Mar.	K. 84517		16	16	✓
apr.	N. 975.		16.	16.	✓
			432	#432	

In D #1

In A.D. 86344 Scotty 26/4/19
OR 26th Fq. Rus

A/c Closed 30-4-19.
Ret'd per Aquatic
Date 26/4/19 M.F.W. 26/4/19
Clerk J Charbonneau

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22280—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22330—M. & D. 7993.

1 P.M 44-16-3.9

11

AUDITOR | PAYMASTER

M. OR S. S.

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

REGT. No. 506473 RANK Pte NAME (IN FULL) McLellan Donald (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Mrs B. McLellan, RELATIONSHIP mother

ADDRESS 314 Dougal ave, Windsor Ont

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Nil RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6 C.E. IF IN P.F. WHAT UNIT? 314 Dougall Ave, Windsor, Ont

PLACE OF ATTESTATION — TRANSFERRED TO T.D.D.D. #1 — DATE 12-ct-19 — AUTHORITY D.O. 114

DATE OF ATTESTATION 27-11-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 16.00 Paid as allosed by Ottawa — DATE EFFECTIVE 30/4/19

PAYABLE TO Mrs. B. Mc Lellan, RELATIONSHIP mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 314 Dougal. Ave, Windsor Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London DATE 13-4-19 REASON Dem. AUTHORITY D.O. 114 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1		COL. NO. 2		COL. NO. 3		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.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
											NO.	DATE	NO.	DATE	NO.	DATE																				
BALANCE FROM PREVIOUS ACCOUNT																																			
31-3-19									62	53																									
apr/19	7/7	1.10	29	70	35	40			134	70					53/199		4	87	5		161	63	16				9	73			197	23				
153 dys					350	00			350	00																									