

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? **McLeod.**
- 1a. What are your Christian names? **Angus.**
- 1b. What is your present address? **Lucknow, Ont.**
- 2. In what Town, Township or Parish, and in what Country were you born? **Kinloss, Township, Bruce, County.**
- 3. What is the name of your next-of-kin? **John G. McLeod.**
- 4. What is the address of your next-of-kin? **Lucknow, Ont.**
- 4a. What is the relationship of your next-of-kin? **Father**
- 5. What is the date of your birth? **July, 25th, 1898.**
- 6. What is your Trade or Calling? **Labourer.**
- 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? **Yes.**
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? **Yes.**
- 12. Are you willing to be attested to serve in the } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

AML

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Angus McLeod**, 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.

Angus MacLeod (Signature of Recruit)

Date **December 31st**, 191 **15** **E. D. Cameron** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Angus McLeod**, 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.

Angus MacLeod (Signature of Recruit)

Date **December 31st**, 191 **5** **E. D. Cameron** (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 **Simonsville** this **31st** day of **December**, 191 **5**.

Ontario

R. H. Brown (Signature of Justice)

Description of Angus McLeod on Enlistment.

Apparent Age 18 years 5 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 9 ins.

No marks except scars of boils on nape of neck, Not vaccinated.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Black

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

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 December 31st 1915

Place Walberton, Ont.

R. Y. Poole

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.

Angus McLeod 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.

A. Nappa (Signature of Officer)

Date December 31st 1915

MC LEOD ANGUS

651094

160 BN

27666

PERSONNEL
 RECORDS CENTRE
 CENTRE DES
 DOCUMENTS DU PERSONNEL

DEMOB

ML

Box # 7073



CEF. REGIMENTAL DOCUMENTS
 WAS SERVICE RECORDS DVA

480787



651094

I.D. number
No. d'identification

McLEOD

Surname
Nom de famille

ANGUS

Given names
Prénoms

27666

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

7073

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



No 651094.

RANK

Pvt.

NAME

McLeod. Angus.

T. O. S. 31-12-15.

(No 26-31-12-15)

UNIT

160th Battalion.

M. D. /

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915.	1916.			
Dec. 31.	Jan. 31.	✓		
1916.	1916.	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		M.		
Aug.		✓		
Sept.		✓		
Oct.		M.		

UNIT SAILED.

OCT 17 1916



LEDGER No. 54

SERIAL No. 219190

REG. No. 651094 NAME McLeod

RANK Pvt CORPS 69 R. AGE - SERVICE -

HOSPITALS

DATE OF ADMISSION

1 W O M H. London

14.6.19

2

3

DIAGNOSIS 09/ Insanity

TRANSFERRED TO

DISPOSITION Disch 18.6.19

CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

Hosp for Insane

NAME

McLeod Angus

30 S. 25/5/19 Demob
No. 155 of 4/6/19 #2 D.D.
"Y" #3
651094

RANK & No.

Pte.

CORPS

160th

Balk

ENLISTMENT, PLACE

Lucknow, Ont.

DATE

Dec. 31st, 1915

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada, Kinloss Twp., Bruce Co.

NEXT OF KIN

McLeod, John G. (Father) 1 Ont.

ADDRESS OF NEXT OF KIN

Lucknow, Ont.

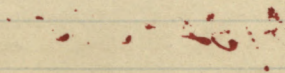
DISCHARGE, PLACE

DATE

R/C 22-5-19 331 "Pte"
71

M. F. W. 22. 100 m. 8-15.

REMARKS:



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 NOV 12 1931
REC'D NOV 12 6 33 PM

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TEMPORARY FILE T.F.#--62874

DATE 28.4.77

TO:
À:

NAME MC LEOD, ANGUS Service No. 851094- CPC No. NIL
NOM Matricule N° CCP N°
WVA No. NIL
AAC N°

Information Received from: Tel~~ex~~ from C.P.C.-LO Dist.
Information reçue de:

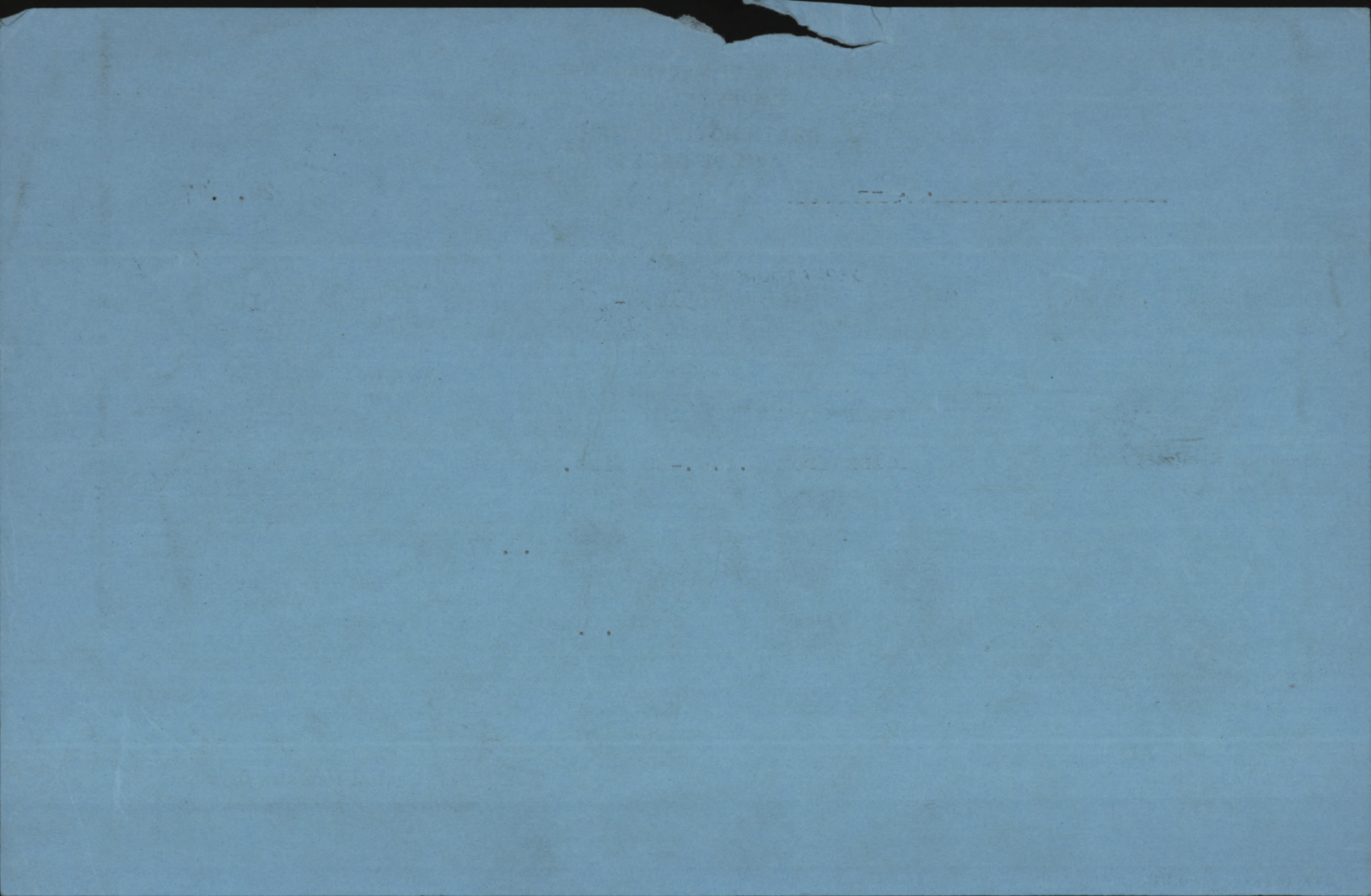
Date of Death 26.3.77
Date du Décès

Place N.K.
Endroit

Distribution: WSR-DASG

VI - ASS
DO - BD
HO - BC

Pour le chef,
Beverly Ann Parry
for Chief, Central Registry Division.
Dépôt central des dossiers.



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

W.S.B. class
M.F.W. 54.
150M. 10-15.
H.Q. 1772-39920.

Casualty Form—Active Service.

War Service Badge
Class "A" No.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.
 Regimental No. 651094 Rank Pte. Name McLeod, Angus
 Enlisted (a) 31-12-15 Terms of Service (a) C. E. F. Service reckons from (a) 31-12-15
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Duration of War. }
 Extended _____ Re-engaged _____ Qualification (b) (Labourer)

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	17/10/16	
		Arrived - England	Liverpool	28/10/16	
23/2/18	Ob. 160th Bn	S.O.C. transferred to 4th Cdn. Reg. Bn.	Witley	23/2/18	Do. Par. 12 #28 R B Whitehead FOR O.O. 160th CANADIAN INFANTRY BATTALION

26-2-18. O.C. 4th T.O.S. 4th Can. Res. Bn. Bramshott 24-2-18. Pt. 11 Order 48.
 4th Can. Res. Bn.
 29-3-18. do. S.O.S. to Can. M. I. Depot, do. 29-3-18. Pt. 11 Order 75.

Com. C.M.G.D.

Taken on Strength,

W. Barlow Lieut.
 A/Adj. for O.C. 4th Can. Res. Bn.
 - Seaford 29/3/18 Auth. Depot Order Pt. II No. 90
 SEAFORD. 18/8/18 226
Emerton

CERTIFIED CORRECT
 23 AUG 1918
 CIVIL REGISTRY 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
19-8-18	CGRPD	Arrived in France and TOS CMG Corps (CMGR Pool)::		19/8/18	900 77 R 16 730
31/8/18	66RB	D.O.D. CMGR Pool on Posting to CMGR Co. 2nd Bn.	3rd	30/8/18	R 1508 R 1508/1908
31-8-18	66RB	D.O.D. 2nd Bn. CMGR Co. from C.M.G. Pool		31-8-18	PT # 05 91-18
7-9-18	Unit	joined unit	3rd	19-18	B 213
		Proceeded to England			<p><i>J. Skelton</i> Lieut. Lt. Col., AAG., Canadian Section</p> <p>16-5-19 <i>for [unclear]</i></p>
MAY 14 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT,	TORONT	1919	PART II D. O. 155
MAY 25 1919 S. O. S.		(DISCHARGED FROM H. M. S.)	No. 2 DIS. DEPOT,		PART II D. O. 155
		<p>Minister MAY 14 1919 DISCHARGED</p>			<p><i>W. Roberts</i></p> <p>Lieut. For O. C. No. 2 District Depot.</p>

J.P.

Rank

Name MacLEOD, Angus

Reg'l No.

Unit 160th Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment

Lucknow, Ont. 31st Dec. 1915.

Place of Birth Kinloss Twp.

Name and Address, Next-of-Kin

John G. MacLeod.

Bruce Co. Ontario.

Lucknow, Ontario.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

10760
10759
OR CAN

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND "S. S. METACAMA 28-10-16					
23.2.18	160th BN	S.O.S. TO 4th, RES. BN	WITLEY	23.2.18	PT II 28 4, RES 48 d/26.2.18
29.3.18	4th Res	S.O.S. TO C.M.G.D.	B SHOTT	29.3.18	PT II 75 d/31.3.18
20-8-18	CMED	S.O.S. to M. Pool. O. seas	Seaford	18-8-18	PT II 226. 4 # 77 d/28-8-18. M. Pool
11-9-18	M. Pool.	S.O.S. to 2nd. Bn. C.M.G.D. Field	"	30-8-18	PT II 83. 4 # 91 d/13-9-18. 2nd Bn C.M.G.D.
17-4-19	2nd Bn CM-yc	Proc to Eng	LeHawe	12-4-19	PT II 32
<i>Sailed Aug 5th - I-44 M.H. 5.19</i>					
20-4-19	N wing 666 W.H.	Trd. from 2nd Bn C.M.G.D. Witley	"	13-4-19	- 29
18-5-19	50	Trd to Canada	"	14-5-19	44

100 CHECKER
22 AUG. 1918

CASE HISTORY SHEET.

W. T. M.

Hospital.

Lunden

Station.

No. *657094* Rank *Pte.* Name *A. McLeod* Age *25*

Unit *SCR* Completed years of service *Where and how long*

Date of admission Date of discharge *18-6-19*

Diagnosis *Delusional Paranoia* Place of origin *Ireland*

CONDITION ON ADMISSION AND PROGRESS OF CASE..... MENTAL EXAMINATION

1. GENERAL APPEARANCE AND ATTITUDE.

The above named soldier is a young man of 25 neatly dressed and of good appearance. In conversation he is for the most part inaccessible and suspicious invariably giving an evasive answer to questions asked. He was otherwise co-operative e.g. when told to stand up or to take off his coat etc. he obeyed with alacrity.

2. CONSCIOUSNESS.

There is no disorder the ^{sphere} ~~sphere~~ of consciousness.

3. ORIENTATION He is correctly oriented temporal Spatial and personal fields.

4. EMOTIONS The man's emotional status ^{is} ~~is~~ not in accordance with his delusional ideas. e.g. when he describes his wonderful personal accomplishments he does so in a rather listless manner displaying none of the exaltation which one might expect. He does not show any anger when he relates his many persecutions to which he says he is subjected. As a whole his emotional reaction is one of indifference.

5. TRAIN OF THOUGHT There is a marked incoherency in this man's thought processes. His replies to questions are for the most part

FAMILY HISTORY. (Tuberculosis, mental or nervous diseases) irrelevant and have no bearing whatever on the questions asked. There is no logical sequence in any of his narratives ^{yes} of his past personal experience. e.g. he will suddenly switch off in the middle of a sentence and will commence talking about some topic entirely foreign to the subject in hand.

TREATMENT. (Especially any specific or special form) 6. DELUSIONS. This man gives expression to a wealth of unsystematic ¹²⁸⁹ delusions chiefly of a persecutory and fantastic type e.g. he relates in the disjointed manner how girls have followed ^{him} and have given him "blood tablets" and have doped his ice cream for the purpose of increasing his sexual desire. Then again he says they do this for the purpose of getting his blood so these girls can become fortune tellers.

CONDITION ON DISCHARGE. he has no idea as to how long these persecutions have been (and disposal made of case) in existence but possible since childhood.

His fantastic ideational content is in part as follows:- When a boy of six years while on a voyage from Europe

Date Medical Officer i/c case.

see page 2

14

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.

(1) Name of Overseas Unit which Soldier joins..... 160th Os B'n C.E.F.

(2) Regimental Number # 651094

(3) Full Name of Soldier..... McLEOD, Angus

(4) Place of Birth..... KINLOSS BRUCE COUNTY ONTARIO

(5) Are you married, or not? NO

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

(b) Present Postal Address.....

(7) Are you a widower? NIL

(8) Have you any children? NIL

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

Also their names and ages..... NIL

(9) Is your Father alive?..... **YES**
If so, state name and address..... **JOHN GEORGE McLEOD McLEOD LUCKNOW ONT.**

(10) Is your Mother alive?..... **YES**
If so, state name and address..... **BELLA McLEOD LUCKNOW ONT/**

(11) If your Mother is a widow..... **NIL**
Are you her sole support, or not?..... **NIL**

(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.
.....
..... **NIL**

(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.
.....
..... **NIL**

(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.
..... **NIL**

(15) Are you insured?..... **NIL** *no*
If so, in what Company?..... **NIL**

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.

Date..... **MAY 30th** **1916.**

W. W. M. M. **Lt-Col.**
Officer Commanding.
160th Os. Battalion. C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No.

193765

THIS IS TO CERTIFY that No. 651094 (Rank) Private

Name (in full) Angus McLeod enlisted in
the 160th O.S. Battalion

CANADIAN EXPEDITIONARY FORCE at Lucknow on the 31st
day of December 1915

HE served in 2nd Bn C.M.G.C. France

Demobilization.

and is now discharged from the service by reason of

~~Medical~~ Unfitness.

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

Age 20

Height 5'8"

Complexion Dark

Eyes Blue

Hair Black

A McLeod
Signature of Soldier.

Marks or Scars

Small scars of
boils in back of
neck

Date of Discharge

No. 2 DISTRICT DEPOT

MAY 25 1919

TORONTO

R. W. Raper
Issuing Officer.

For

O.C. No. 2 District Depot.

Rank

Date MAY 25 1919 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.

CLASSIFICATION OF SERVICE RECORD FORM

Form No. 1
Class A 20

THIS IS TO CLASSIFY THE SERVICE RECORD OF THE FOLLOWING INDIVIDUAL:

Name (in full) *James A. Smith*

Date of Birth *10/15/1915*

Place of Birth *Chicago, Illinois*

Occupation *None*

Address (home or office) *1234 N. Lincoln St., Chicago, Ill.*

Organization *None*

The following information is to be filled in:

Name (in full)	<i>James A. Smith</i>
Date of Birth	<i>10/15/1915</i>
Place of Birth	<i>Chicago, Illinois</i>
Age	<i>25</i>
Height	<i>5-8</i>
Complexion	<i>Light</i>
Build	<i>Medium</i>
Service Number	
Date of Issue	
Remarks	

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McLEOD, Angus
REGIMENT 2nd Bn CWS C RANK Pte No. 651094

Date of Examination in England 14-4-19 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



PRESENT DENTAL REQUIREMENTS

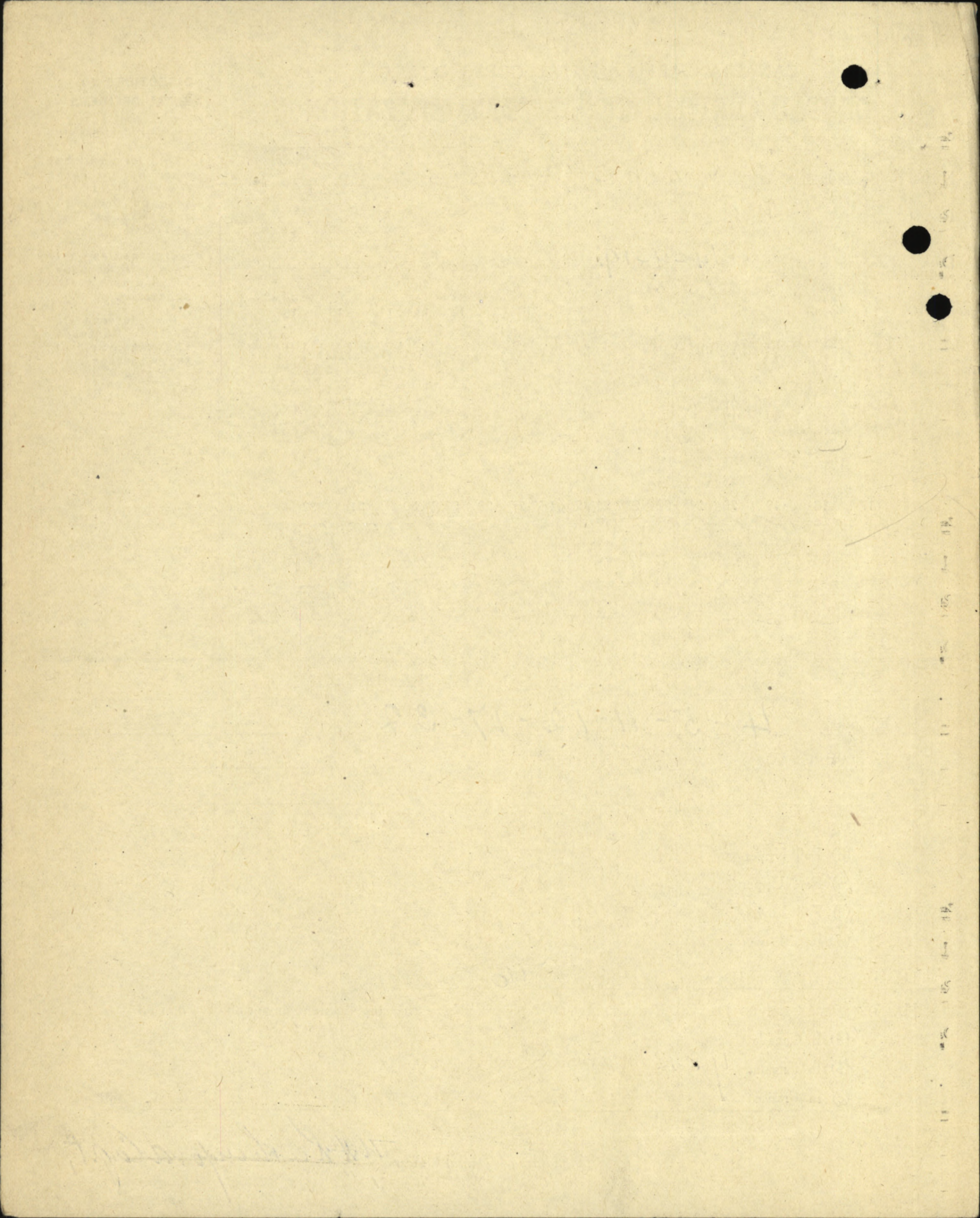
1. FILLINGS 4-5-11-12-17-32
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England Yes.
- (c) In France _____

Signature of Dental Officer W. R. Shepherd Capt.



ORIGINAL MEDICAL HISTORY SHEET.

14

Surname McCleod

Christian Name Angus,

War Service Badge No. _____
Class _____

Examined { on 31st day of December, 1915.
at Luchnow, Ont.

Approved by A. H. Vetch

Birthplace { City or Town Kinloss Tp.
County Bruce, Ontario

Rank Captain M.O.

Apparent age 18 yrs. 5 mos.

Trade or occupation Labourer.

Height 5 Feet 9 Inches. M.O.

Weight 137 Lbs. M.O.

Chest measurement { Minimum 31 inches. M.O.
Maximum expansion 34 inches. M.O.

Physical development Good. M.O.

Small-Pox Marks None. M.O.

Vaccination Marks { Arm Right. Left.
Number None.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last

Date.	Result.	VACCINATIONS.
<u>June 16/16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.
<u>7-4-16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.

(a) Marks indicating congenital peculiarities of previous disease Only marks of boils on nape of neck M.O.

(b) Slight defects but not sufficient to cause rejection None. M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/7/16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.
<u>22/8/16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.
<u>30/8/16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.
<u>7/9/16</u>	<u>Good</u>	<u>A. H. Vetch</u> M.O.

Enlisted on 31st day of December, 1915 at Luchnow, Ont.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>160th Os. B'n.</u>	<u>651094.</u>		
	<u>C.E.F.</u>			
Transferred to	<u>1st Res. Bn</u>			
	<u>C M, G POOL, O/S</u>			<u>FEB 23 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Luchnow</u>	<u>4/10/16</u>	<u>Eye by med. 13th</u>	<u>Fit. I. mentally fit</u>

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

G 14

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

War Service Badge
Class "A" No. _____

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. 651094 Rank Pte Surname McLEOD
(Given name in full)

Unit or Corps 2nd Bn DMLC Birthplace Angus, Lucknow, Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 Est lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 60 Regular

Condition of arteries soft

Vision Rt. 1/2+ Left 1/2+

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Small scars of boils on back of neck.

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.

Not applicable

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Willy (Overseas)

Date 16-4-19

Signed W. L. Lawrence M.O.
Capt Cadmus

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 George J. Lead

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

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

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

[Handwritten mark]

[OVER]

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. J. G. McLeod,*
 Address *Sucknow,*
Ont.

By Whom Assigned *McLeod. A.*
 Regtl. No. *651094.*
 Rank *Pte.*
 Corps *160 Bn.*

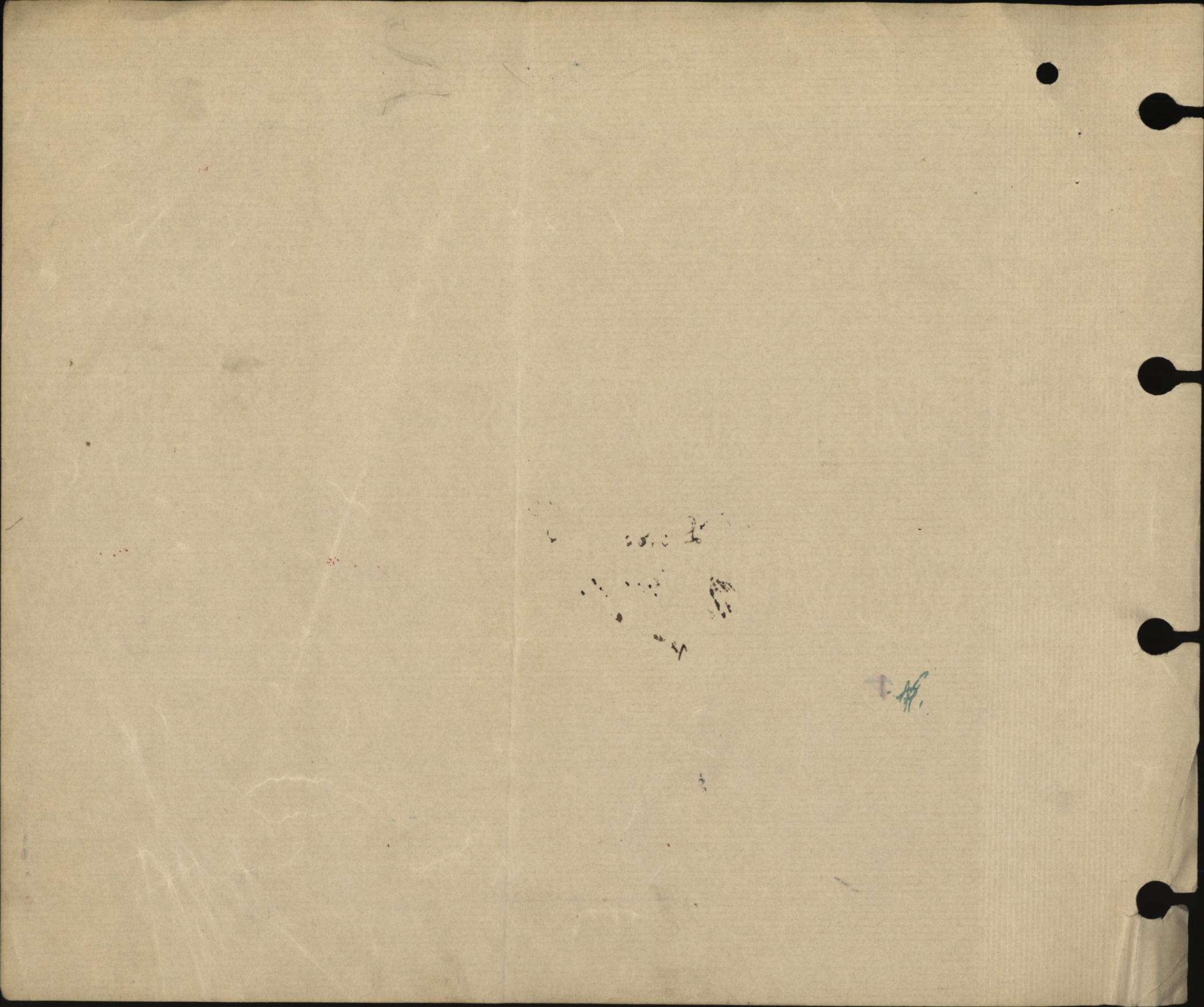
Rate *\$15.*

OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>37174</i>
Sept.				<i>38258</i>
Oct.				<i>37174</i>
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-19.
 1772-39-819

Sheet No. 2.

Mrs J. G. McLeod.

Name of Soldier

McLeod. A.

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

PAYMENTS.

651094.

Pte. 160 Bn.

OCT 1 1916

Month.	Year.	Cheque No.	Amt.	\$/5.	Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.		<i>V 27044</i>	<i>15</i>		
Nov.		<i>N 29621</i>	<i>15</i>		
Dec.		<i>K 36961</i>	<i>15</i>		
Jan.	1917	<i>H 0600</i>	<i>15</i>		
Feb.		<i>846643</i>	<i>15</i>		
March		<i>45927</i>	<i>15</i>		<i>45927 Cancelled Feb 15/2/17</i>
April		<i>D 51851</i>	<i>15</i>		<i>15-19</i>
May		<i>E 3136</i>	<i>15</i>		<i>15 ch 43162 Cancelled 10/25 11/4/17</i>
June		<i>9947</i>	<i>15</i>		
July		<i>X 15984</i>	<i>15</i>		<i>OB</i>
Aug.		<i>V 23748</i>	<i>15</i>		<i>S</i>
Sept.		<i>L 30550</i>	<i>15</i>		
Oct.		<i>J 38092</i>	<i>15</i>		<i>OB</i>
Nov.		<i>Q 42951</i>	<i>15</i>		
Dec.		<i>L 49869</i>	<i>15</i>		
Jan.	1918	<i>A 49868</i>	<i>15</i>		<i>225-21</i>
Feb.					
March					
April					
May					
June					
July					

W/W

W/W

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1-10-16		EFFECTIVE DATE: -	
AMOUNT: 4500		AMOUNT: -	

NAME: *Mc LEOD August*

NUMBER: *657094*

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

*Mr. J. G. McLeod (mother)
Lucknow - Ont*

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*K 7250 Bram 18/4/19 Bram
M.D. 2*

UNIT AND TRANSFERS

ORIGINAL UNIT: *160th Bn*

DATE ACCOUNT FIRST OPENED: *1-11-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
<i>90</i>	<i>29/3/18</i>	<i>25/4/18</i>	<i>C.M.G.D</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>2/3/19</i>	<i>3150</i>	<i>2 R 9 C</i>	<i>305</i>				
<i>3/4/19</i>	<i>58</i>	<i>"</i>	<i>373</i>				
<i>17/4/19</i>	<i>1032</i>	<i>H 6 6 6</i>	<i>75-</i>				

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Can., MD 2, 1/5/19 K 7250 Bram 18/4/19 Bram Cor. Bal 11.33*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31 March</i>	<i>Cor. Bal</i>								<i>17 31</i>		
<i>April</i>	<i>P Pay</i>	<i>33 00</i>		<i>Can A Pay</i>				<i>15</i>			
				<i>AR 169 12/4/18</i>	<i>4 73</i>						
				<i>" 466 24/4/19</i>	<i>4 47</i>				<i>20 64</i>		
<i>May</i>	<i>" "</i>	<i>33 00</i>		<i>Can A Pay</i>				<i>15</i>			
		<i>34 10</i>		<i>A 4002 21/4/18</i>	<i>1 10</i>						
				<i>AR 591 11/5/18</i>	<i>4 73</i>						
				<i>" 1023 24/5/18</i>	<i>4 47</i>				<i>24 01</i>		
<i>June</i>	<i>Ptis Pay</i>	<i>33</i>		<i>AR</i>				<i>15</i>			
				<i>AR 1447 13/6/18</i>	<i>9 73</i>						
				<i>" 2067 24/6/18</i>	<i>9 73</i>				<i>22 55</i>		
<i>July</i>	<i>Ptis Pay</i>	<i>33</i>		<i>AR</i>				<i>15</i>			
		<i>34 10</i>		<i>AR 2475 12/7/18</i>	<i>9 73</i>						
				<i>" 2865 28/7/18</i>	<i>4 87</i>				<i>27 05</i>		
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>Can A Pay</i>				<i>15</i>	<i>57 69</i>		
				<i>3122 C.M.G.D 14/8/18</i>	<i>2 43</i>						
				<i>4322 " 9R 13/8/18</i>	<i>1 32</i>						
				<i>2998 " 9 8/19</i>	<i>34 07</i>						
				<i>3450 " 17/8/18</i>	<i>4 87</i>						
		<i>34 10</i>			<i>42 69</i>			<i>15</i>	<i>34 6</i>		
<i>Sept</i>	<i>P Pay</i>	<i>33</i>		<i>Can A Pay</i>				<i>15</i>	<i>36 46</i>		
				<i>982 26/9/18</i>	<i>8 9</i>				<i>18 57</i>		
		<i>33</i>			<i>357</i>			<i>15</i>	<i>17 89</i>	<i>Agreed</i>	
				<i>Forward</i>	<i>357</i>						

NUMBER 651094 RANK

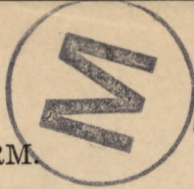
NAME McLEOD A

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/9/18	T Bal Fwd								17 89		
Oct	P P	34 10		6 AP				15			
				CR 1270, 2 In & Blm	15/10/18	7 46					
				" 1441	" 24/10/18	3 73			25 80		
Nov	"	34 10 33		6 AP	11 19			15 15			
				" 1620	" 3/11/18	3 73					
				1853	" 24/11/18	13 06					
Dec	"	34 10		6 AP				15			
Jan	"	34 10 10 20		"				15 45	45 21		
						16 79					
Feb	"	30 80		" 1980	" 14/2	6 49					
Mar	"	34 10		" 2134	" 27/2/18	13 01					
				" 2308	" 9/1/19	2 77					
				2514	" 26/1	3 73					
				2649	" 10/2	3 73					
				Feb + Mar				30			
				2815	" 24/2	3 73					
				3033	" 11/3	3 65			73 71		
		64 90				26 40		30			
Apr	P P	33		6 AP				15	106 71		
				3180	" 21/3	3 65			95 30		
				58	" 3/3	3 65					
				1032	" 18/1	4 3					
		33				80 70		15	114 8		

Sp 55 Los Banada 14/5

War Service Badge
Class "A" No. 193765

SHORT FORM



5-6
DA "I"

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

401
Occupational Group No 21

1306-12311

1. No.

651094

Rank.

Private

3. Name.

MCLEOD

Angus

4. Unit.

2nd BATTN.
CANADIAN MACHINE GUN CORPS.

5. Date of Discharge

MAY 25 1919

Place

Toronto

6. Reason for Discharge

MAY 25 1919

DEMobilIZATION

Stamp: IMM. Mobilization
MAY-14-19
155

7. Authority.

No. 2, D.D., Part II, D.O. No.

8. Proposed Residence after Discharge

S.O.

Lucknow 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.?



Signature of Soldier

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

No. 2 DISTRICT DEPOT

Date

MAY 25 1919

TORONTO

Signature

Signature of O.C. Discharging Unit

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 27	Attestation Paper
Medical Form W. 123	Particulars of Return
Medical Form W. 178 or A.F.R. 122	Final Certificate
Medical Form W. 54 or A.F.R. 103	General Form
Medical Form W. 44	Discharge Certificate
Medical Form R. 312 or A.F.R. 112	Medical History Sheet
M.F.R. 2071 A.F.R. 179 or A.F.R. 112	Proceedings of Medical Board
Medical Form 405	General History Sheet
M.F.W. 123 or D.M. 123	Medical Report
Medical Form R. 201	Regimental Conduct Sheet
Medical Form R. 202	Company Conduct Sheet

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

19. [Illegible text]

20. [Illegible text]

Given _____

Checked by No. _____

11 MAY 1918

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. 59)
(Enclosed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 8).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2)
12. Last Pay Certificate (P. 351). + *Sup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Laundry Documents.

Group B

Checked by No. 11

Date 11 MAY 1919

11/12/1911

11/12/1911

11/12/1911

11/12/1911

11/12/1911

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--



9042

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*8/12/1918
S.K.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *651094*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *A. McLeod*
 Battalion *160 Bn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs J. G. McLeod.*
 Address *Lucknow*
 Change of Address *Out*
 1
 2
 3
 4

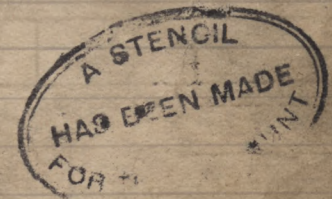
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>	<i>—</i>	<i>—</i>	<i>225</i>	<i>225</i>	
<i>Jan 15</i>	<i>V 67654</i>		<i>15</i>	<i>15</i>	
<i>Feb P.</i>	<i>75898</i>		<i>15</i>	<i>15</i>	
<i>Mar M.</i>	<i>93267</i>		<i>15</i>	<i>15</i>	
<i>Apr F.</i>	<i>1843</i>		<i>15</i>	<i>15</i>	
<i>May P.</i>	<i>14083</i>		<i>15</i>	<i>15</i>	
<i>June J.</i>	<i>26362</i>		<i>15</i>	<i>15</i>	
<i>July L.</i>	<i>33730</i>		<i>15</i>	<i>15</i>	
<i>Aug N.</i>	<i>36460</i>		<i>15</i>	<i>15</i>	
<i>Sept Q.</i>	<i>48970</i>		<i>15</i>	<i>15</i>	
<i>Oct J.</i>	<i>56209</i>		<i>15</i>	<i>15</i>	
<i>Nov P.</i>	<i>61696</i>		<i>15</i>	<i>15</i>	
<i>Dec T.</i>	<i>60770</i>		<i>15</i>	<i>15</i>	
<i>Jan. V.</i>	<i>70513</i>		<i>15</i>	<i>15</i>	
<i>Feb T.</i>	<i>76399</i>		<i>15</i>	<i>15</i>	
<i>Mar K.</i>	<i>84655</i>		<i>15</i>	<i>15</i>	
<i>Apr N.</i>	<i>1096</i>		<i>15</i>	<i>15</i>	
<i>May E.</i>	<i>5653</i>		<i>15</i>	<i>15</i>	
			<i>480</i>	<i>480</i>	

201247/161 REMARKS

*In D # 2
In ROLP 86981 Duty 20/01/19 JUA*

M. F. W. 128
400M-6-17-1772-38-141
L. L. 22320-M. & D. 7493.

A/c Closed *31-5-19*
 Ret'd per. *Munnekanhu*
 Date *23/5/19* M.F.W. 137 *30/5/19*
 Clerk *Zeburman*



CASE HISTORY SHEET.

W.O.M.H. London, Ont.

W.O.M.H. Hospital. London, Ont Station.

No. 651094 Rank Pte. Name McLeod, A. Age

Unit S.C.R. Completed years of service ^{Where and how long}

Date of admission 14-6-19 Date of discharge 18-6-19

Diagnosis Insanity Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

he flew from the ship and came to earth in Lucknow Ont. and when he reached his destination his wings were destroyed. He was killed in France but he does not know whether he is now of the spirit or of the flesh. He has been decorated with the V.C. and the Order of St. Michaels and St. George but for what he does not know. He has given a Capt's Uniform and a ~~hat~~ ^{hat} and he is the Prince of Wales, he says he invented wireless telegraphy and the Ford car etc.

7. ~~HALLUCINATIONS~~ HALLUCINATIONS

The man describes Hallucinatory experiences in the visual and auditory fields. While at the front in France he saw a vision of God and the Angels. He has frequently heard spiritual voices but can not tell what these spirits say.

8. MEMORY

There is no disturbance of memory for remote or recent events he recites with apparent accuracy salient features in his past experiences. His knowledge of current events is good and there is no marked defect in retentions of school knowledge, calculation ability etc.

9. CONDUCT

During examination the man revealed no definite abnormalities of conduct.

~~FAMILY HISTORY~~ 10. INSIGHT The man has absolutely no insight into his mental condition (Tuberculosis, mental or nervous diseases).

11. NEUROLOGICAL

The neurological findings are negative.

12. DIAGNOSIS

In my opinion this is a definite case of dementia

~~TREMPENS praecox~~

(Especially any specific or special form.)

Recommended commitment to a Hospital for Mental Disease.

(Sgd.) J.H. TRAVIS. *Travis*

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 18-6-19 Cate

J.H. Travis Capt
Medical Officer i/c case.

CASE HISTORY SHEET

Name: _____
Address: _____
City: _____
State: _____
Date of birth: _____

Chief Complaint: _____
History of Present Illness: _____
Past Medical History: _____
Social History: _____
Family History: _____

Physical Examination: _____
Vital Signs: _____
Laboratory Studies: _____
Imaging Studies: _____
Diagnosis: _____

Disposition: _____
Follow-up: _____
Date: _____

1-11-11