

No. 10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. 3345013

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

aw

1. Surname McNab
2. Christian name Donald
3. Present address Neepawa, P.O. Manitoba, Canada
4. Military Service Act letter and number 528819 JG
5. Date of birth February 19th, 1896
6. Place of birth Neepawa, P.O. Manitoba, Canada
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling farmer
10. Name of next-of-kin Peter McNab
11. Relationship of next-of-kin father
12. Address of next-of-kin Neepawa, P.O. Manitoba, Canada
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place Neepawa, Canada (b) Date 26th, Nov. 1917 (c) Category A 2.

DECLARATION OF RECRUIT

I, Donald McNab, do solemnly declare that the above particulars refer to me, and are true.

Donald McNab (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 4 3/4 mths.
Height 5 ft 9 1/2 ins.
Chest measurement } fully expanded 40 ins.
range of expansion 4 ins.
Complexion fair Nil
Eyes Blue
Hair Brown

Major for Commanding, 1st Depot Battalion Manitoba Regiment O.C. Depot Btln. Regt.

Place Winni peg, Canada Date May 8th, 1918.



PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1915

(Class) One

1. Surname	McKee
2. Christian name	Donald
3. Present address	Regina, S. S., Manitoba, Canada
4. Birth date and place	February 10, 1892, Regina, S. S., Manitoba, Canada
5. Place of birth	Regina, S. S., Manitoba, Canada
6. Married, widow or single	Single
7. Religion	Protestant
8. Trade or profession	Farmer
9. Name of next of kin	Peter McKee
10. Relationship to next of kin	Son
11. Address of next of kin	Regina, S. S., Manitoba, Canada
12. Whether he is present a member of the Active Militia	No
13. Particulars of previous military or naval service	Nil
14. Medical examination under Military Service Act	
15. Place of service, Canada (to date 28th Nov. 1915) or foreign	

DECLARATION OF RECRUIT

I, the undersigned, being the father or next of kin of the above named person, do hereby declare that the above particulars are true and correct.

Donald McKee

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	5 ft 6 in
Weight	140 lbs
Complexion	Fair
Hair	Light
Build	Slender
Stature	Medium
Complexion	Fair
Hair	Light
Build	Slender
Stature	Medium

The above marks and measurements are given for general purposes only and do not constitute a medical certificate.

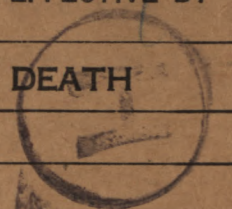
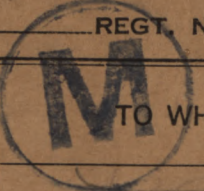


18-7-19  
B.B.

REGIMENTAL DOCUMENTS

NAME **M. NAB. DONALD,**

REGT. NO. **3345013** UNIT **F. G. H.** H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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

1 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)

1 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)

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

6

30962

DEATH

Category

DISCHARGE

Category

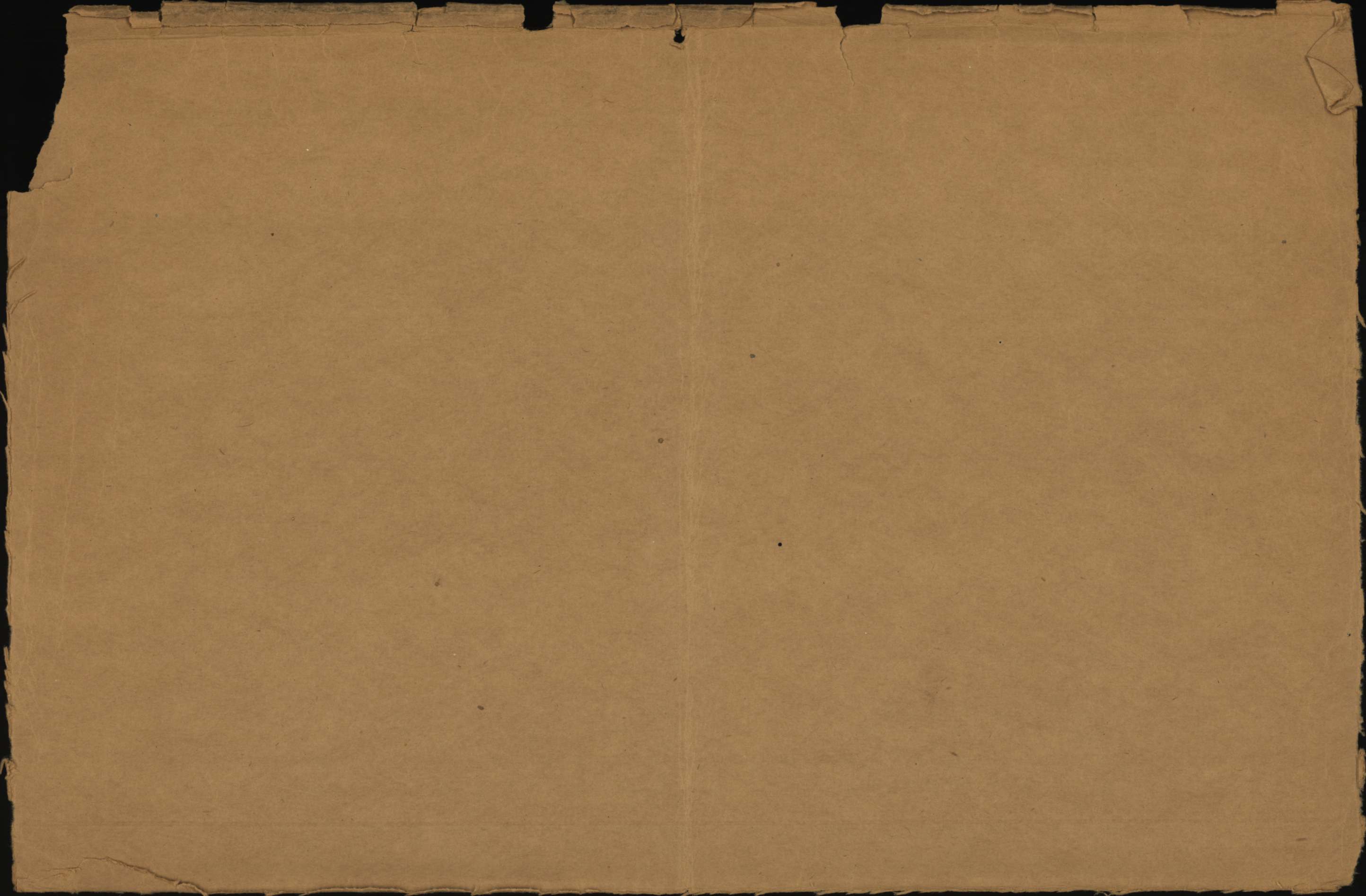
*hlemole*

DESERTION

*Box #7132*









3345013

**I.D. number**

**No. d'identification**

MCNAB

**Surname**

**Nom de famille**

DONALD

**Given names**

**Prénoms**

**PERSONNEL RECORDS CENTRE**

**CENTRE DES DOCUMENTS DU  
PERSONNEL**

**Location**

**Lieu**

7132







*223*  
*AB*

Number..... *3345013* ..... Rank..... *Pte B* .....

Surname..... *McNAB* .....

Christian Name..... *Donald* .....

Units..... *Com. Cav. Bde. Theatre of War*..... *England* .....

Date of Service..... *15-8-18* .....

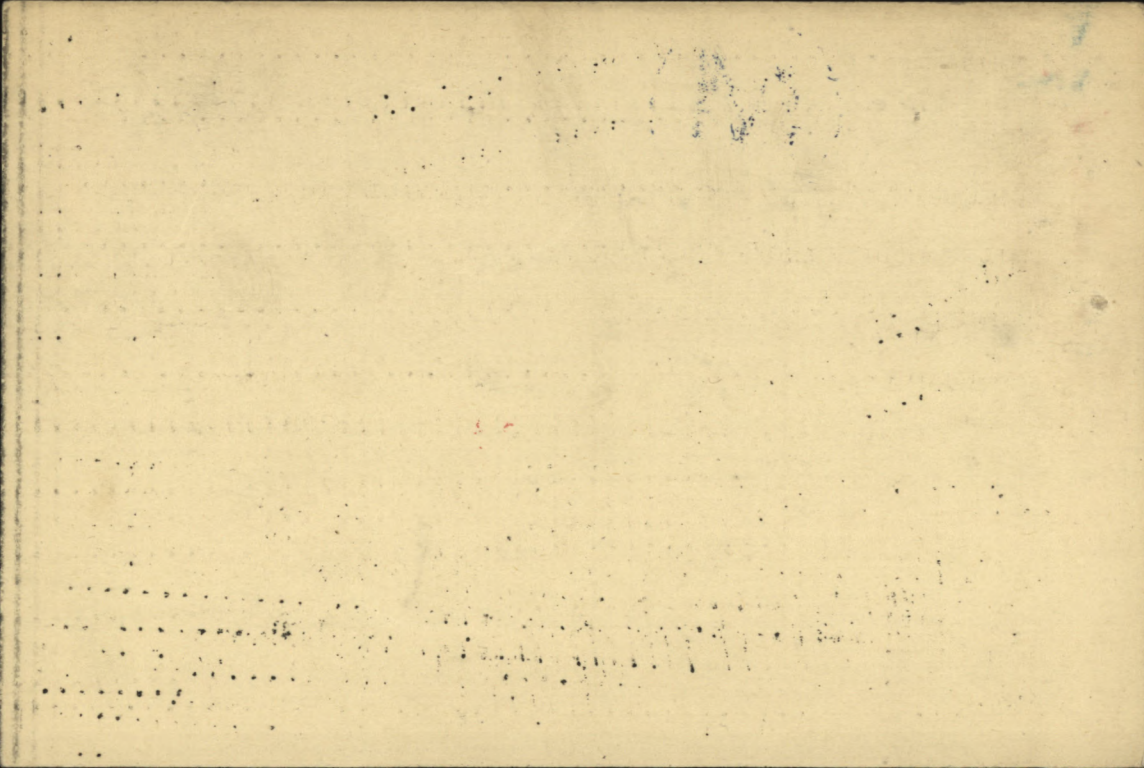
Remarks.....

Latest Address..... *Neepawa P.O.* .....

..... *Manitoba, Canada* .....

Roll No. *A Page 1238* .....







H. Q. ....  
M. D. No. 1076 .....  
Surname Mc Nab ..... T. O. S. .... 19 ....  
Christian names Donald ..... D. O. Pt. II ..... of .....  
Regtl. No. 3345013 Rank Pte ..... S. O. S. June 13th 19 19 ....  
Unit Man Regt. 1st Hosp Bn Reason Demob. .....  
34th. Fort Barry House. 21/5/18 Comd Auth. ~~20.16.90 of 18/6/19 to AD~~ .....

Next of kin Mc Nab Peter Relationship Father .....  
Address Neepawa Man ..... Also notify: .....  
.....  
.....  
.....

BORN—Place Canada, Neepawa Man Date Feb 1st 1896 .....  
ATTESTED—Place Winnipeg Man Date May 8th 1918 .....  
O/S ..... R/C 9/6/19-345 Pt 2  
60







No. 33415013 RANK

*1st Lt*

NAME

*W. C. Nab, D*T. O. S. *Trans from* UNIT*34th Fort Garry Horse.**1st D. Bn 22-5-18**20142-22-5-18.*

M. D.

*10*

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

FROM

TO

*1918**1918**cc.**cc.**May 22**May 31**June*







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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M P 10

NAME OF SOLDIER (Block Letters)

MC. NAB. D.

REGIMENT

F. G. H.

RANK

Sgt

No. 3345013

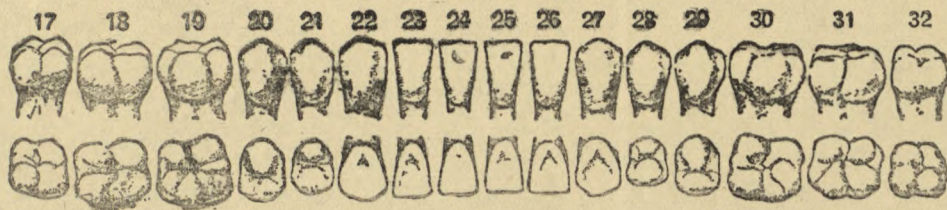
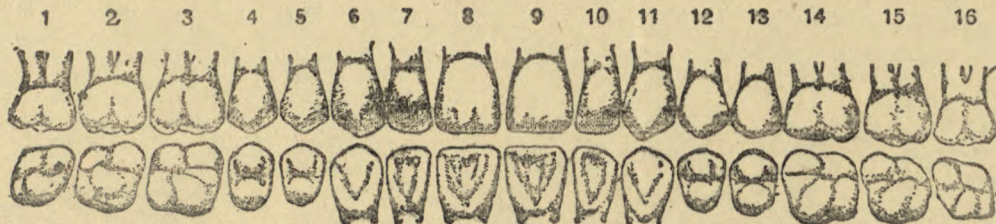
Date of Examination in England

17/5/19

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

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Fill

HAS HE EVER REFUSED DENTAL TREATMENT?

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

Yes

KINMEL PARK, NORTH WALES.

Signature of Dental Officer: J. G. S. Cauter, D. W. Reed, Capt.

Signature of Dental Officer











# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Amn-el-Rach (Overseas)

Date 15.5.19

Signed [Signature] 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 [Signature]

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

Signed ..... M.O.

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

Signature .....

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

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



# FORM OF WILL.

I, Donald McNab (Name in full)

Regimental Number 3345013 serving in <sup>1st</sup> DEPOT BATTALION, MANITOBA REGIMENT

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

(Mrs) Isabel McNab (Mother)  
Neepawa, P.O. Manitoba,  
Canada

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

(Mrs) Isabel McNab, (Mother)  
Neepawa, P.O. Manitoba,  
Canada

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 5th day of May A. D. 191 8

Donald McNab Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.  
XX

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. J. [Signature]

Address of Witness Winto Barracks Winnipeg Canada

Occupation of Witness Soldier

Signature of Second Witness [Signature]

Address of Witness Winto barracks Winnipeg Canada

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE







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

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

500M.—9-16

H. Q. 1772-39-9:0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. DEPOT BATTALION, MANITOBA REGIMENT

Regimental No. 3345013 Rank PRIVATE Name McNab Donald

Enlisted (a) 8/5/18 Terms of Service (a) C.E.F. Service reckons from (a) 8/5/18

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

**CIVIL** Farmer

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

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				
<u>18/5/18</u>	<u>allg.</u>	<u>transferred 34th F.G.H.</u>	<u>Winnipeg</u>	<u>21/5/18</u>	<u>C.O. 1174 18/5/18</u>
<u>16/5/18</u>	<u>C.R.C.M.</u>	<u>J.O.S. on reporting from Canada</u>	<u>S. Cliffe</u>	<u>16/5/18</u>	<u>Pt II D.O. 228</u>
		<u>H.M.T.S</u>			
		<u>Embarked. Bellerophon</u>	<u>Montreal</u>	<u>28/7/18</u>	
		<u>Disembarked.</u>	<u>Liverpool</u>	<u>16/8/18</u>	
<u>21.5.19</u>	<u>CRER</u>	<u>S.O.S to M.D. King</u>	<u>Kinnel Pt</u>	<u>21.5.19</u>	<u>Do 137.</u>
		<u>Granted New Year leave with Free Warrant</u>		<u>50-12-18.</u>	
					<u>Roll Regd Lieut</u> <u>for O.C. Commanding</u> <u>CRER</u>

(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.



Casualty Form - Active Service

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				
		<p>T.O.S. C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 132. <i>L.O.S.</i></p> <p>C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. <i>L.O.S.</i></p> <p><i>J. W. Bonfield</i> Lieut Commanding <i>10</i> Wing, Kinmel Park Camp.</p> <p>Embarked Liverpool S.S. Lapland 2 June 1919.</p> <p>2.6.19... T.O.S. Dispersal Station <i>20 Pa</i> <i>M</i> 169.. 2</p> <p>and Dispersed... 13.6.19 - do.. 3</p> <p><i>W. H. ...</i> Lieut. for O. C. 10 District Depot.</p>			



104th. Dft. F, G, H, to C. R, C R

BT.

Rank

Name

McNAB, Donald

Reg'l No.

3345013

Unit

If in perm. Corps,  
What Unit?

Married or Single

Single

Place and Date of Enlistment

Winnipeg, 8th May 1918

Place of Birth

Neepawa, Can.

Name and Address, Next-of-Kin

Peter McNab,

Neepawa, P.O. Manitoba, Canada

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

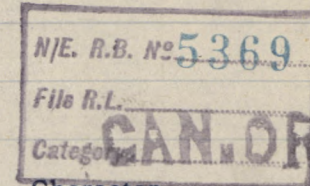
Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.



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	15-8-18	S/S NELLORE
16 8 18	BRBR	SOS from Canada	De Schiff	16 8 18	Pl 0228
21 5 19	"	SOS to MD 10	Rhyl	20 5 19	Pl 0137
3 6 19	MD 10	SOS to Canada	SL 69	3 6 19	Pl 0142
					63 M 59 7/17







# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE SERVICE BADGE

CLASS "C" NO. 14852 ISSUED

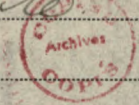
THIS IS TO CERTIFY that No. 3345013 (Rank) Pte.

Name (in full) Donald McNat enlisted in  
 the 1st DB M R.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the Eight  
 day of May 1918.

HE served in CHCK in England

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness. *Demobilization R.O. 14204*



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

Age 22.

Height 5. 9 1/2

Complexion Fair

Eyes Blue

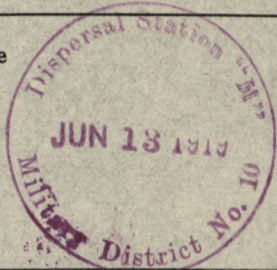
Hair Brown

Marks or Scars Nil.

D. McNat  
 Signature of Soldier

[Signature]  
 Issuing Officer

Date of Discharge



[Signature]  
 Rank

Date 13/6/19 1919

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.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

Name (in full)

the

CANADIAN EXPEDITIONARY FORCE at

day of

HE served in

and is now discharged from the service by reason

Medical Fitness

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

Age

Height

Complexion

Eyes

Hair

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Signature of Soldier

Date of Discharge

Signature of Officer

Rank

Unit

N.B. As an duplicate of this certificate will be issued, any person having same returned to forward it to an



ORIGINAL MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Mc Nab Christian name Donald
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 528819 JC
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Neepawa, Manitoba, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of November 1917, by the undersigned medical board sitting at Neepawa, Manitoba, Canada.

- 5. Age as stated 21 Years 10 Months. 6. Apparent age 17 Years 10 Months
7. Height 5 Feet 9 1/2 Inches. 8. Weight 165 Pounds.
9. Chest measurement { Minimum 36 Ins. Maximum 40 Ins.
10. Complexion Fair { Eyes Blue Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm
14. When vaccinated last
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2. Having normal

President: J. B. McPherson
Member: J. W. Skoole M.D.
Member: J. W. R. Leadcap

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 15.6.18, 29.6.18, 1.6.18, 8.6.18, 15.6.18.

Joined MAY 8, 1916 day of WINNIPEG, MANITOBA, CANADA.

Table with columns: STATION, CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 34th 7th, 3545013, MAY 8, 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Somerset Barracks, 19. 8. 18, Category A, Hospital.

N. B.—This sheet is 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.

Vertical signature on the right side: Signature of Man J. W. R. Leadcap









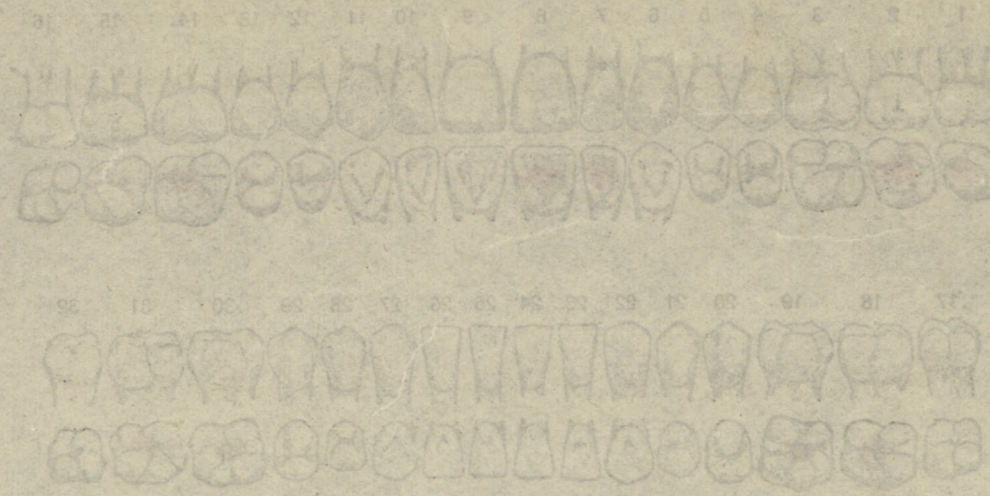


INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line to report record of same to be made in red ink.

Only such entries to be made on this sheet as will show

1. Condition on examination (in red)
2. Condition on leaving Quins.
3. Condition on discharge.



DATE OF EXAMINATION: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

DATE OF RETURN: \_\_\_\_\_

NAME OF PATIENT: \_\_\_\_\_

NAME OF DENTIST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

THE UNIVERSITY OF CHICAGO

UNIVERSITY OF CHICAGO  
DENTAL DEPARTMENT  
5841 SOUTH UNIVERSITY AVENUE  
CHICAGO, ILLINOIS 60637







*[Handwritten signature]*



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE: <i>1.8.18</i>		EFFECTIVE DATE: -					
AMOUNT: <i>15</i>		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.					
<i>M<sup>rs</sup> Isabel McNab. (m) Neepawa, Man Canada Stop 1 6 19</i>							
		NAME: <i>McNAB, Donald. TC</i>					
		NUMBER: <i>3345013</i>					
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
<i>RD 228</i>	<i>16/8/18</i>	<i>16.8.18</i>					
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>LPB draft # 104</i>							
DATE ACCOUNT FIRST OPENED: <i>1.8.18</i>							
AUTHORITY	DATE EFFECTIVE	DATE LOGGED SHEET T'S P'D	UNIT TRANSFERRED TO				
<i>LPB Canada</i>			<i>CRCR</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>13/1</i>	<i>615</i>	<i>CRCR</i>	<i>973</i>				
						<i>LPB balance Cr</i>	<i>39 13</i>
						<i>LPB</i>	<i>29 40</i>
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		
<i>LPB Canada</i>		<i>1</i>	<i>.</i>	<i>10</i>			

*6 compiled 17/19*  
*Transfer to Canada 1/19 Ref KSMN 9159 Rhye 15/19 to Rhye. MD 10 L.P.C.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>July 31</i>	<i>Balance from Canada</i>								<i>29 10</i>		
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>A.P. August</i>				<i>15</i>	<i>38 47</i>		
				<i>AR 2244 CRCR 30.8.18</i>	<i>973</i>						
		<i>34 10</i>			<i>973</i>			<i>15</i>	<i>21 47</i>		
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>A.P.</i>				<i>15</i>	<i>21 11</i>		
				<i>A.R. 2566 CRCR 13.9.18</i>	<i>1460</i>				<i>76 36</i>		
				<i>2838 25.9.18</i>	<i>1460</i>				<i>26 36</i>		
				<i>AR 005-644 5.9.18</i>	<i>91</i>				<i>26 36</i>		
		<i>33</i>			<i>30 11</i>			<i>15</i>	<i>60 46</i>		
<i>Oct</i>	<i>"</i>	<i>34 10</i>		<i>A.P.</i>				<i>15</i>	<i>44 46</i>		
				<i>3110 CRCR 10/10/18</i>	<i>1460</i>				<i>16 26</i>		
				<i>3383 24.10.18</i>	<i>1460</i>						
		<i>34 10</i>			<i>29 20</i>			<i>15</i>			
<i>Nov</i>	<i>"</i>	<i>33</i>		<i>A.P.</i>				<i>15</i>			
<i>Dec &amp; Jan</i>	<i>St.</i>	<i>68 20</i>		<i>3680 CRCR 15/11/18</i>	<i>973</i>						
				<i>3896 27/18</i>	<i>997</i>						
				<i>4226 13/18</i>	<i>1460</i>						
				<i>C.A.P. Dec &amp; Jan</i>				<i>30</i>			
		<i>101 20</i>			<i>34 30</i>			<i>45</i>	<i>38 16</i>		
<i>Feb</i>	<i>"</i>	<i>30 80</i>		<i>AR 4444 9.1.19</i>	<i>997</i>						
				<i>" 4643 24.1.19</i>	<i>1730</i>						
				<i>bal P</i>				<i>15</i>			
				<i>" 5089 13.2.19</i>	<i>973</i>						
				<i>" 5206 27.2.19</i>	<i>1730</i>						
				<i>bal P</i>				<i>15</i>			
		<i>34 10</i>		<i>" 546 12.3.19</i>	<i>973</i>						
				<i>" 5856 24.3.19</i>	<i>997</i>				<i>19 06</i>		
				<i>bal P</i>				<i>30</i>	<i>over</i>		
					<i>54 00</i>						

COMPILED BY *Arthur*  
CHECKED BY *Boyd*



NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Apr		33		JUN. 8/4. Hinkk	730				1946		
			May		186		2/14 "	973				8616		
					32110		<i>C. P. C. P.</i>				15			
					6710		" May				15			
							615. 12/5. Hinkk	973				2943		
					6710			2676			30	2940		
							AR. 4565. 28 <sup>5</sup> 19. K.P.	973	Ent.			1967		
								973						

*Follow 2/6/19 1263*





MD 10

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

WAR SERVICE BADGE

(Demobilization.)

CLASS "C" NO. 14852 ISSUED

1. No. 3345813.

2. Rank. Pte

3. Name. McNab, Donald.

4. Unit. 3rd Garry Horse.

5. Date of Discharge 13/6/19 Place Winnipeg.

6. Reason for Discharge Demobilization.



7. Authority. 20169

8. Proposed Residence after Discharge. Repulse  
Man.

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.? .....

D. McNab

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date JUN 13 1919 .....



Liverpool  
Disembarked 9-6, 1919

Signature .....

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



SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Prescribed)

1. Name of Soldier	
2. Rank	
3. Name of Regiment	
4. Date	
5. Place of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that the reasons stated hereon are true and that I received my discharge (with pay) on the date and at the place specified above.	
Signature of Soldier	
10. CONFIRMATION The discharge of the above named man is hereby confirmed.	
Date	
Place	
Signature	

11  
12  
13  
14  
15



LIST OF DISCHARGE DOCUMENTS

Medical Form W. 100	Continuation Paper, Discharge
Medical Form W. 100	or Particulars of Record
Medical Form W. 100 or A. 100	Field Conduct Sheet
Medical Form W. 100 or A. 100	Company Form
Medical Form W. 100	Last Day Certificate
Medical Form W. 100 or A. 100	Conditions that relate to discharge and discharge
Medical Form W. 100 or A. 100	Medical History Sheet
Medical Form W. 100 or A. 100	Proceedings of Medical Board
Medical Form W. 100	Medical History Sheet
Medical Form W. 100 or A. 100	Medical History Sheet
Medical Form W. 100	Company Conduct Sheet



**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 (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... 28

Checked by No. .... HMS

Date..... 30/5/19



Date of Enlistment 7-5-18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

25674 Aug 1-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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1262413

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. Rank Promoted Reverted Discharge

Soldier's Name

Battalion 34<sup>th</sup> Fort Garry Camp, Depot Squadron, Pk. 104

Beneficiary

Relationship

Address

Name

Address

Change of Address

1 MRS. ISABEL MC NAB,  
NEEPAWA,  
MAN. 15 15.00

2

3 % 3345013 TPR. DONALD MC NAB  
FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug	Y 37589		15	15	
Sept	Q 50765		15	15	
Oct	V 51739		15	15	
Nov	R 57336		15	15	
Dec	Y 61665		15	15	
Jan	V 71593		15	15	
Feb	T 77404		15	15	
Mar	K 85594		15	15	
Apr	N 1836		15	15	
May	E 6257		15	15	
June	F 10012		15	15	
			165	165	

12512-10-35

A/c Closed 3/6/19  
 Ret'd per. Laplaud  
 Date 9/6/19 M.F.W. 187 17/6/19  
 Clerk. M.F.W. on receipt. In d. 10

JUD L.P. 100729 Destroy 17/6/19

M. F. W. 128.  
FORM 6-17-1772-39-1141  
L. L. 22340-M. & D. 1983.

AUTHORITY FOR NEW ACCT. }  
 UP  
 No 10, 10-34  
 B. B. Crossed 28-8-18



