

ATTESTATION PAPER.

No. 446445

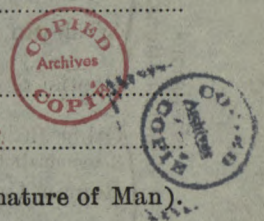
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Sherman McNeil
 2. In what Town, Township or Parish, and in what Country were you born? Bobcaygeon Ont Canada
 3. What is the name of your next-of-kin? Mr W Hanna McNeil
 4. What is the address of your next-of-kin? ~~Edmonton~~ 10329 - 91th St Edmonton Alberta Canada
 5. What is the date of your birth? May 24th 1884
 6. What is your Trade or Calling? Farmer
 7. Are you married? no
 8. Are you willing to be vaccinated or re-vaccinated? Yes
 9. Do you now belong to the Active Militia? 1st Battalion Bedfordshire Militia
 10. Have you ever served in any Military Force? no
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes
- S McNeil (Signature of Man)
J. M. Fraser (Signature of Witness)



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sherman McNeil, do solemnly declare that the above answers made by me to the above questions 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.

S McNeil (Signature of Recruit)
Date May 1st 1915 J. M. Fraser (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sherman McNeil, 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.

S McNeil (Signature of Recruit)
Date May 1st 1915 J. M. Fraser (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 Calgary this 1st day of May 1915

Geo W. Moffitt (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Geo W. Moffitt (Approving Officer)

Description of Sherman McNeil on Enlistment.

Apparent Age 28 years 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.

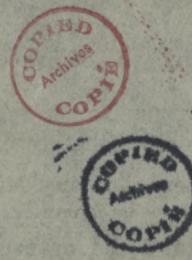
Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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



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 April 11th 1915

Robert B' Callaghan

Place Balgony Alta.

Serjt. A.M.C.

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.

Sherman McNeil 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.

W. C. [Signature] (Signature of Officer)

Date May 1 1915

REGIMENTAL DOCUMENTS

McNeil Sherman

REGT. NO. *446 443* UNIT

H. Q. FILE NO.

S

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

49

M

32121

DEATH

Category

DISCHARGE

Category

DESERTION

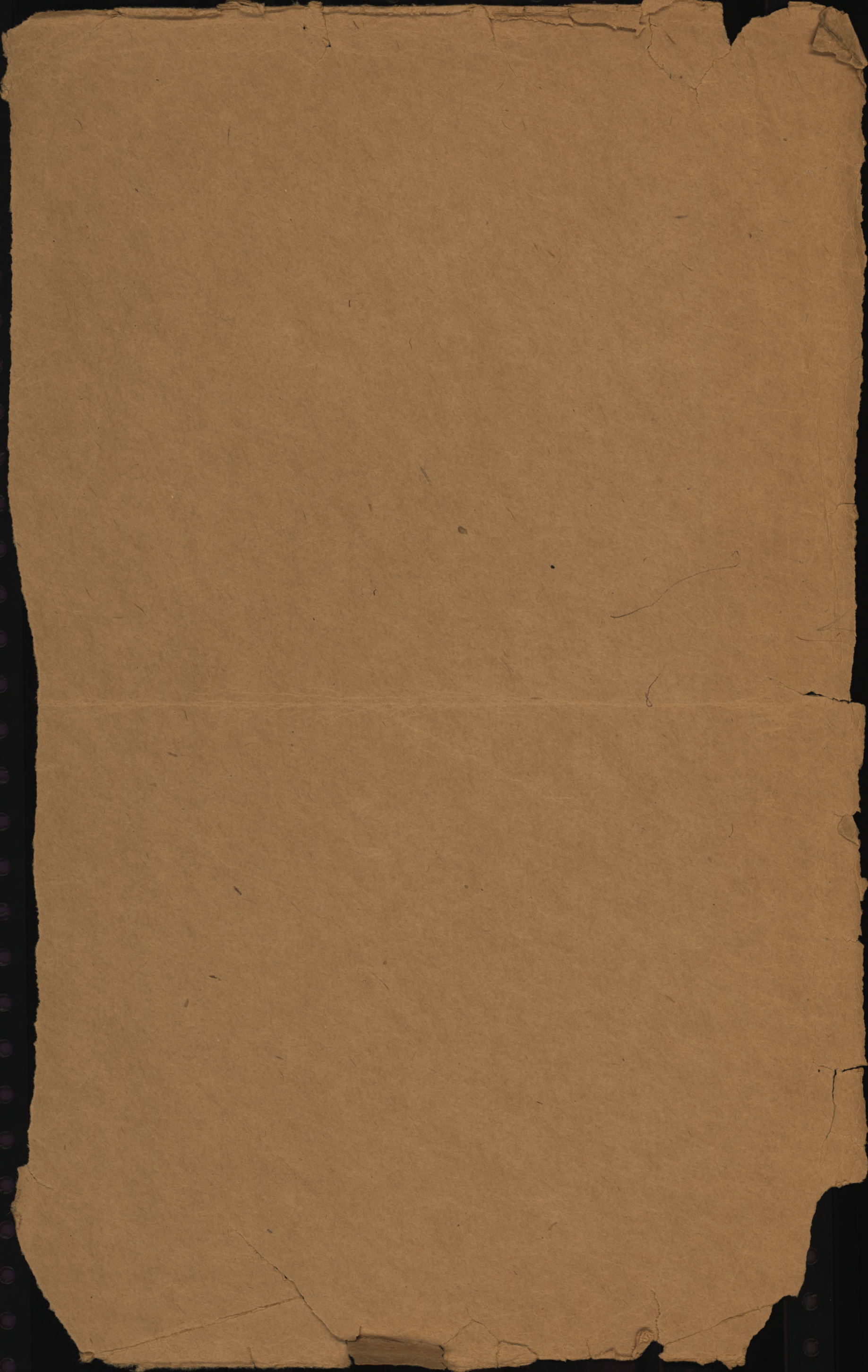
HE

7158

2-23
16-23
28-24

2

1 card
1 M.F.W.
1 will
1 Form 111
1 A.F.A. 1237
1 A.F.B. 1151
1 M.F.W. 44
1 122
1 pay card



446445
SIN/NAS

McNeil
Surname/Nom

Sherman
Given names/Prénoms

Deceased 22/06/17

OPEN

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box
7158

**COMPONENT
ÉLÉMENT**

CEF



NAME

Mcneil, Sherman

6497-14995 ✓

RANK & No.

Sergt.

446445

CORPS

56th

Batt

ENLISTMENT, PLACE

Calgary, Alta.

DATE

May 1st 1915.

FORMER CORPS

17th Bellevue Militia

COUNTRY OF BIRTH

Canada. Bobcaygeon, Ont.

NEXT OF KIN

Mcneil, Mrs. Hanna (R.N.S.)

ADDRESS OF NEXT OF KIN

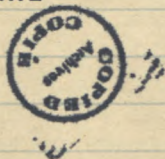
~~Bedrock, Ont. Canada.~~

Suite 2 Stovell Block, 10329-97th St. Edmonton Alta.

Q. 157421-38-1-15-7-17

DISCHARGE, PLACE

DATE



0/S 23-3-16 358
14

~~Sailed as Sgt. 56th Bn. 29/5/16 SS. Valke~~

93

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

28

YEARS

—

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

fair

EYES

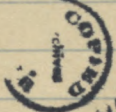
Blue

HAIR

DK Brown

DISTINGUISHING MARKS

Nil



MEDICAL EXAMINATION.

PLACE

Calgary, Alta

DATE

May 1st 1915

REMARKS:

225
7mm

~~B~~

Number, 446443 Rank, Sgt

Surname, McNeill

Christian Name, Sherman

Units, 49th Bn Can Ex Theatre of War, France

Date of Service, 26-4-17

Remarks, Mother

Latest Address, Mrs. Hannah McNeil
12106 Jasper Ave
Edmonton
Alta

Roll No B. Page 7116.

DESP DEC 14 1921
REGN. NO. 4/3446

No 445-
446445 July payroll

RANK

pvt

NAME

Mc Neil S.

T. O. S.

UNIT

56th Battalion

M. D. 13

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

SIG
OR
REC'T

1915-	1915-
May 1	May 31
June	
July	
Aug.	
Sept.	
Oct.	
Nov.	
Dec.	
1916	1916
Jan.	
Feb.	
Mar.	

✓
✓
O.S.
✓
✓
✓
✓
✓
✓
✓
✓

app. Sgt. 11-6-15

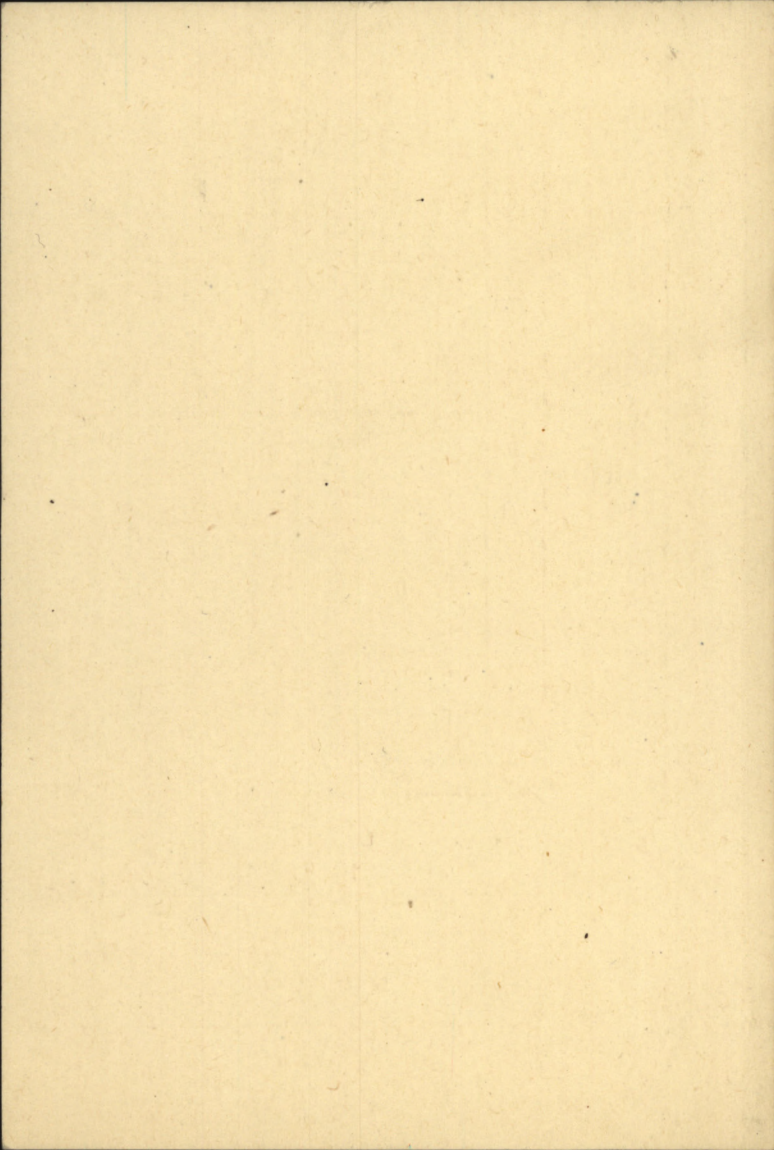
conf'd in rank of Sgt. 11-6-15

D.O. # 53-16-6-15

D.O. # 146-15-9-15

UNIT SAILED

MAR 23 1916



NAME

Mc. Neil S. Sherman

REGT'L NO

446 445

RANK AND CORPS

Lt / Sgt. Reg'th. Res. Bn

H. Q. FILE No. 649-

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

Co 49th Res. Bn. Form 56th Res. Bn.

M5595 19-6-17

Rep. wounded, June 8th. 1917. ✓

M5600 20-6-17

Sec. ill 32 Stat. Hosp. Wimereux, June 20th. 1917. ✓

M. 5634 26-6-17.

Died of Wounds 32 Stat. Hospital Wimereux June 22nd-17. ✓

a. d' B. 2090a

Died of wounds. 22-6-17

Rauen 296-17

Rec. 29-8-17.



LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

6	Mil. Hosp. Folkestone	10-1-17	Measles
6	Discharged	26-1-17	" "
A437 ²	Reptd. from Base.	9-6-17	wd. in action.
A439	#32 Stat. Wimmerauy	13-6-17	S.w. S. leg.
A440	" " "	20-6-17	sev. ill. H.W. Leg.
A443	#32 Stat. Wimmerauy		S.w. S. leg.
	Wied of wounds	22-6-17	Secondary Haemorr.

649-M-14995

✓
✓
✓
McNeil, Sherman (Pte) No. 446445

form
49 Bn.
56th Bn.

Medals and Decorations (Mother) Mrs. Hannah McNeil
12106 Jasper Ave.
Edmonton, Alta. *M*

Plaques and Scroll (Mother) Mrs. H. McNeil, Esq
address as above.

Ser # 80 4449

Memorial Cross (Mother) Mrs. H. McNeil, Esq.
address as above.

not eligible for stars
E. H. G.
E. H. G.
W. J.

scroll Desp. **MAR 30 1922** Reg. No. *56991*

Plaque Desp. **APR 5 1922** Reg. No. *254427*
P34259

6 52191 18/10/21

Surname **McNeil** Christian Name or Names **S.** Reg. No. **446445**
 Rank **Rk A/Sgt** Unit **9th Res Bn** Co. **H 9 Bn** Troop Batty
 Hospital Date of Admission

Transferred **32 State Hosp. Timmer** Fl'stone Isol. **I^U-1-17**
 Hosp. **13. 6. 17**

Hosp.

Hosp.

Hosp.

Diagnosis

Measles

(1) Later Diagnosis (if changed)

S.W. Leg.

(2)

G.S.W. L. Leg. R

(3)

Additional Diagnosis: if more than one state present

died of Wounds 22. 6. 17. R

DISPOSITION

Date

C.L. 1-2-17 6

Dis *.26-1-17* REMARKS

19. 6. 17 A+37

R. F. Base W. in Action 9. 6. 17

21. 6. 17 A+39

Ser. Ill. 20. 6. 17

" 22. 6. 17 A+40

26. 6. 17 A+43

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.

J.P.

R-122

Rank

Name McNEIL, Sherman



Reg'l No. 446445.

Unit 56th Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment

Calgary, Alta. Canada.
1st May 1915.

Place of Birth Bobcaygeon. Ont. Canada.

Name and Address, Next-of-Kin

Mrs Hannah McNeil

~~Bedrock Ont. Canada.~~ SUITE 2, STOVELL BLOCK, 10329 97th EDMONTON, ALTA, CAN.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

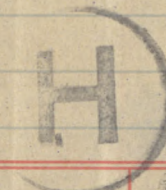
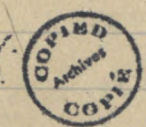
Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No 3262
File R.L. 2575253
Category D.W.



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	SS Baltic	11 APR 1916	
21.5.16	OC 56 th	To be Sgt. (Prov)	Delphi.	10.4.16	RE DORN.
1.7.16	do	Leave 1.7.16 to 6.7.16	"	1.7.16	" " " 167.
8.7.16	"	Trans. to 9 th Res. Bn.	"	6.7.16	" " " 168.
9-7-16	OC 9 th Bn.	Taken on strength.	"	6-7-16	" " " 191.
15-1-17	9 th Bn.	Adm Moore Rehs Hosp.	do	12-1-17	" 156 S. 6. Measles
23-1-17	9 th Bn.	BATT STUCK OFF TO 9 th CAN RES BATT 25.1.17. P D O-26			
26-1-17	9 th Res Bn.	Taken on strength.	Bramshott.	25-1-17	" " " 1.
1-2-17	9 th Res	Discharged from Hosp.	do	26-1-17	6 S 6 R II 2 (Measles)
25.4.17	"	S.O.S. To 49 th Bn	do	25.4.17	RE DORN #90, 100#49 d/30.4.17 + 49 th Bn

M.F.B. 105 CHECKED

WB. 4 - MAY 1917

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.				
25-4-17	9 th Reg	Reverts to ranks for service of Braunschweig		25-4-17	P. II 80 #90
19.6.17	49th	Rep. from Base wounded.	Jul.	9.6.17	CLA. 437
21.6.17	"	No. 32 Stat. Hosp.	Wimereux	13.6.17	" " 439 S.W. Leg.
22.6.17	"	Seriously ill.	"	20.6.17	" " 440.
26.6.17	"	Died of wounds.	do.	22-6-17	C.L.A. 443. + P.I.O. 7/4 429 ⁶ / ₁₇ .

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Army Form B. 103.

Casualty Form—Active Service.

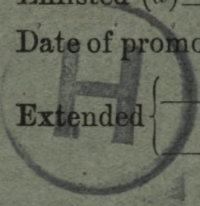
Regiment or Corps 56th Battalion C.S. Regimental Number 446445
 Rank Private Surname McNeil Christian Name Sherman
 Religion Methodist Age on Enlistment 28 years — months.
 Enlisted (a) 1/5/15 Terms of Service (a) 5 of 11 Service reckons from (a) 1/5/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer
 or Corps Trade and Rate _____
 Signature of Officer i/c Records. *[Signature]*

Date	Report From whom received	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	
		Embarked ...	<u>Halifax</u>	<u>22/3/16</u>		
		Disembarked...	<u>Liverpool</u>	<u>11/4/16</u>		
<u>21/5-16</u>	<u>O.C. 56 B.</u>	<u>appointed Actg</u>	<u>Sgt</u>	<u>10/4/16</u>	<u>D.O. 121</u>	
<u>8-7-16</u>	<u>O.C. 56 B.</u>	<u>Transferred to 9th</u>	<u>Pls B.</u>	<u>6/7/16</u>	<u>D.O. 168</u>	
<u>9-7-16</u>	<u>O.C. 9th B.</u>	<u>Taken on strength 9th</u>	<u>Pls B.</u>	<u>6-7-16</u>	<u>Pt II 1901</u>	
<u>25-4-17</u>	<u>O.C. 9th Res B.</u>	<u>Levents to reserves at own request</u>	<u>Braunschweig</u>	<u>25-4-17</u>	<u>Pt II 90</u>	
<u>25-4-17</u>	<u>O.C. 9th Res B.</u>	<u>Proceeded to 49th B.</u>	<u>Oser</u>	<u>Braunschweig</u>	<u>25-4-17</u>	<u>Pt II 90</u>
	<u>O. C. C. B. D.</u>	<u>Landed in France. Taken on</u>	<u>Nom. Roll d/</u>	<u>26-4-17</u>	<u>ADJUTANT, 5th RES. BATTN</u>	
		<u>strength 49th Cdn. Bn.</u>	<u>Pt II D.O. d/</u>	<u>30-4-17</u>		
	<u>— do. —</u>	<u>Left for " " "</u>	<u>Nom. Roll d/</u>	<u>28-4-17</u>		
	<u>O.C. Bn.</u>	<u>Arrived " " "</u>	<u>B 130 d/</u>	<u>5-5-17</u>		
<u>JUN 11 1917</u>	<u>O.C. 49th</u>	<u>Wounded to hospital</u>		<u>JUN 9 1917</u>	<u>K9 16/10213 Det 3rd</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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5136 J. P. & Co., Ltd. Forms/B103/2. **[P.T.O.]**



CERTIFIED CORRECT.
 19 MAY 1977
 C.A.W. RECORDS, LONDON



D-0-W

n/e

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... *56th O.Bn. C.E.F.*

(2) Regimental Number... *446445*

(3) Full Name of Soldier... *Sherman McNeil*

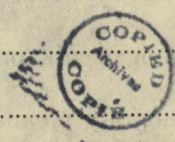
(4) Place of Birth... *Red Rock, Ontario Canada*

(5) Are you married, or not? ... *Single*

(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.....



(9) Is your Father alive? *No.*

If so, state name and address

(10) Is your Mother alive? *Yes.*

If so, state name and address *Hannah McNeil.*

*10329. 97th St. Suite 2 Stovell Block
Edmonton Alta.*

(11) If your Mother is a widow *yes.*

Are you her sole support, or not? *sole support.*

(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.

*Never gave any stated amount but always gave what I could.
My father is dead. brothers all married*

(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.

Yes.

(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.

William Ruff *Lieut Col*

Officer Commanding.

Date *Mar 1st 1916*

56 H. O. B. C. Co.

Station
and Date.

ORIGINAL MEDICAL HISTORY SHEET.

446445
445

Surname McNeil Christian Name Sherman

Examined { on 1st day of May 1915
at Calgary, Alberta.
Birthplace { City or Town Bobcaygeon,
County Ontario, Canada.

Approved by Douglas W. Gray
Rank Capt. R.M.C. M.O.

Apparent age 28 yrs.
Trade or occupation Farmer.
Height 5 Feet 9 Inches.
Weight 186 Lbs.
Chest measurement { Minimum 38. inches.
Maximum expansion 4 inches.
Physical development Good
Small-Pox Marks Nil

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

Vaccination Marks { Arm Right 1 Left
Number 1
When Vaccinated last 1903
(a) Marks indicating congenital peculiarities or previous disease Nil

Date	Result	VACCINATIONS.
<u>Dec 15</u>		<u>Douglas W. Gray</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 20/15</u>		<u>Douglas W. Gray</u> M.O.
<u>July 9/15</u>		<u>Douglas W. Gray</u> M.O.
<u>Aug 3-17</u>		<u>J. J. J. J.</u> M.O.
<u>3-4-17</u>		

Enlisted on 1st day of May 1915 at Calgary, Alberta

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>56th O.B.C.E.F.</u>	<u>445</u>	<u>good</u>	<u>May 1, 1915,</u> <u>4. 4. 16.</u>
Transferred to.. ..	<u>9th Res. Bn.</u> <u>49th B.T. O.S.E.S.</u>	<u>446445</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

13406 ✓

FORM OF WILL.

108101

F. Sherman McNeil. (Name in full)

Regimental Number 446445 serving in 9th Res. Bn.

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

<u>Mrs. Hannah McNeil,</u>	} Name & Address of person or persons to whom it is to go.
<u>10329 - 97th St.</u>	
<u>Edmonton, Alberta, Can.</u>	

absolutely, and my personal estate I bequeath to

<u>Mrs Hannah McNeil</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>10329 - 97th St.</u>	
<u>Edmonton, Alberta, Can.</u>	

In Witness whereof I have hereunto set my hand
this 20th day of March A.D. 1917.

Sherman McNeil Signature. ✓

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

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.

Name of Witness W. M. Seath

Address of Witness 9th Res. Battalion

Occupation of Witness Captain

Name of Witness W. H. Gemmell a/cpl.

Address of Witness 9th Reserve Bn (Alberta)

Occupation of Witness Soldier

ESTATES BRANCH

AUG 7 1917

MILITIA DEPT.

FORM OF WILL

(Name in full)

3

Regimental Number _____ serving in _____
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

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

absolutely, and my personal estate I bequeath to

Name & Address
of person or
persons to receive
personal estate
(see note).

In Witness Whereof I have hereunto set my hand
this _____ day of _____ A.D. 191____

Signature

N.B.—Personal estate includes pay, effects, moneys, bank, insurance policy, in fact
everything except real estate.

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.

Name of Witness _____
Address of Witness _____
Occupation of Witness _____
Name of Witness _____
Address of Witness _____
Occupation of Witness _____

FORM OF WILL.

I, Sherman McNeill Name in full.)

Regimental Number 646445 serving in 9th Res. Bn.

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

I beueath all my real estate unto

Mrs. Hannah McNeill

Name and Address of Person or Persons to whom it is to go.

10329 97th St.

Edmonton, Alberta, Can.

absolutely, and my personal estate I beueath to

Mrs Hannah McNeill

Name and Address of Person or Persons to receive Personal Estate. (See note.)

10329 97th St.

Edmonton, Alberta, Can.

In witness whereof I have hereunto set my hand

this 20th day of March A.D. 1917

Signature.

Sherman McNeill

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

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.

Name of Witness

W.H. Bentley

Address of Witness

9th Res. Battalion

Occupation of Witness

Lieutenant.

Name of Witness

W.H. Gemmill A/Cpl.

Address of Witness

9th Reserve Batta (Alberta)

Occupation of Witness

Soldier.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

.....
Lieut.
for Officer i/c Estates.

..... June 1917.

NOTE. Died of wounds 22-17.

Taken from living

7-7-17. S. SHELL, No. 446445. 9th bn.

THE NEW YORK PUBLIC LIBRARY

(New York)

Reading Room

11th Street

of the City of New York, Astor, Lenox and Tilden Foundations

Library of the City of New York

11th Street
New York

Library of the City of New York

11th Street
New York

In witness whereof I have hereunto set my hand

and seal

of the City

of New York

Mayor

Witness my hand and seal of the City of New York this 11th day of

January, 1900

11th Street
New York

11th Street
New York

11th Street
New York

11th Street
New York

11th Street
New York

Register No. *Dm654*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *012528-8-5*

Reg't No. *446445* Name *Sherman McNeil*
(Christian Name) (Surname)
Unit *49th Bn* Rank *Pte* Date of enlistment
Date of casualty *22-6-1917* B.P.C. File No. *22632*
Was service performed overseas? *yes*

DEPENDENT
Name *Mrs Hannah McNeil* Relationship *W Mother*
Address *1162 Bute Street*
Vancouver B.C.

Amount of Special Pension Bonus \$ *M.B. Nil* Abstracted by *J. Maher*

Eligible for Gratuity \$ *180.00*
Less amount of Special Pension Bonus paid \$ *Nil*
Less Debit Balance of S. A. or A.P. \$ *Nil*
Total deductions \$ *Nil*
Balance due \$ *180.00*

Cheque No. *9.1898031* ✓ Date issued *JUL 31 1920* *W.B.M.*

REMARKS :
.....
.....
.....
.....

Clerk *J.W. Patterson*

Audited by
[Signature]
Date *30/7/20* *180.00*

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

WR

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name

Regimental Number Rank Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks.

2nd. Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

190

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.Suite 2 5 level Bldg.
To Whom M^{rs} H. McNeilAddress ~~Bedrock~~10329 - 97th St Ont.21-12-16
4.B. Edmonton AltaRate \$20⁰⁰ APR 1 1916

By Whom Assigned McNeil, S.

Regtl. No. L146445.

Rank Sgt

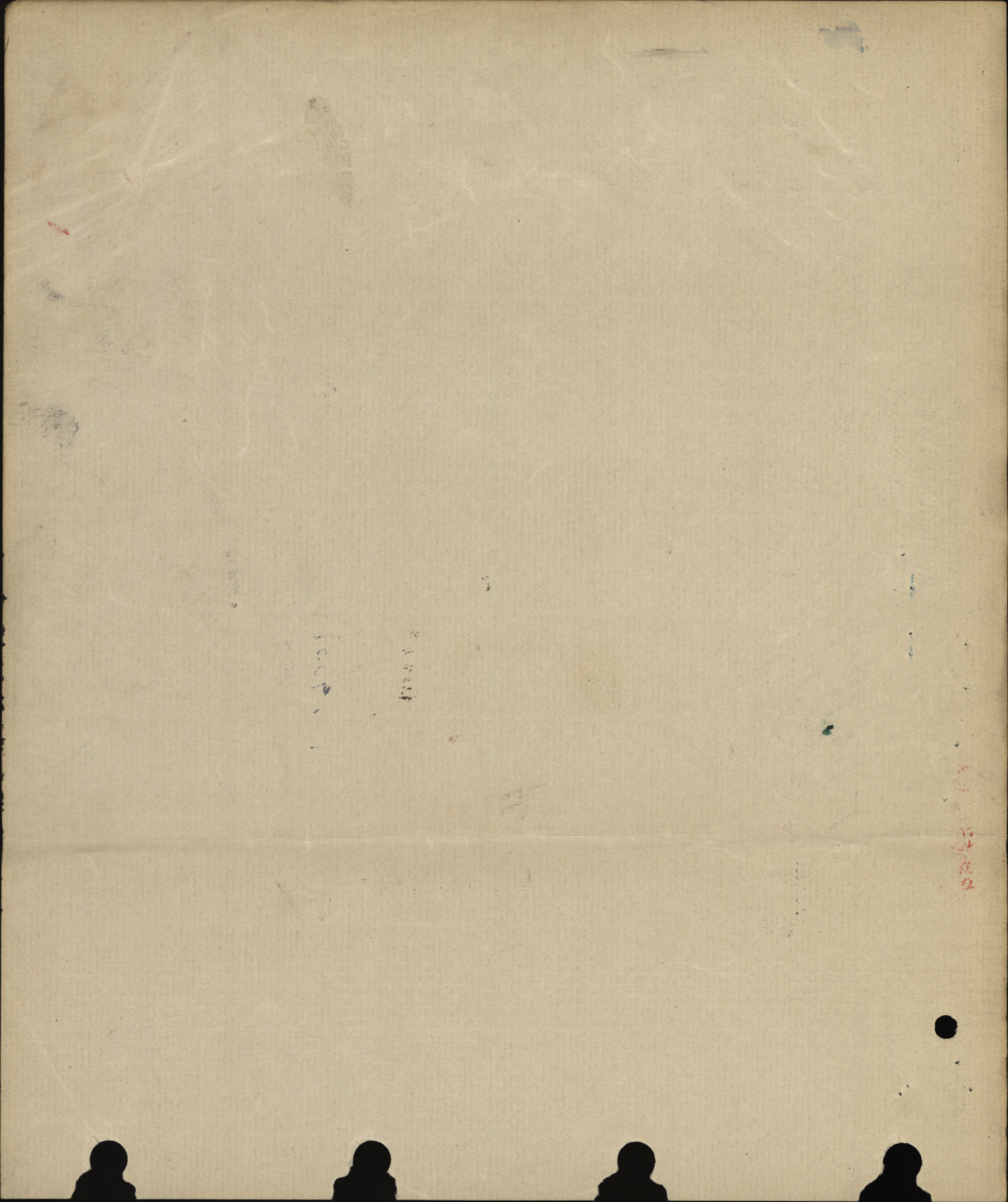
Corps 56th BATTN.

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				

Pensions Notified Date 5/7/14.
 Killed in Action } Date 22/6/14.
 Died of Wounds }
 Missing 24/6/14 Stewart
 C. I. 8
 Date Noted 5/7/14 191

PENSION
 A CLOSED...
 RECOVERED BY B.P.C. 25-2-18
 GRANTED
 PENSION GRANTED
 PER NO. 1-6-18



2nd. Contingent

MILITIA AND DEFENCE

M. F. W. 12a.

60m.-12.15.
1772-39-819.

ASSIGNED PAY

OVERSEAS. CONTINGENTS

Sheet No. 2.

Mrs J. G. Neil

Name of Soldier

*J. G. Neil S.
56th Batts*

L. L. Job 89002.-Req. 0213.

PAYMENTS. # *446445*

Month.	Year.	Cheque No.	Am't.	Remarks.
			<i>\$ 20 00</i>	
<i>18.5.2</i> April	<i>1916</i>	<i>C 1486</i>	<i>20</i>	<i>Cancelled</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>W 30764</i>	<i>180</i>	<i>Spec. Reg. 22/12/16. F.L. Edmonton Alta.</i>
Jan.	<i>1917</i>	<i>M 39278</i>	<i>20</i>	
Feb.		<i>M 45662</i>	<i>20</i>	
March		<i>G 51748</i>	<i>20</i>	<i>20. wt.</i>
April		<i>C 3300</i>	<i>20</i>	<i>C 3000 Com 5/4/17. A.M.M. 6/7 30/6/17. 300 = Stewart.</i>
May		<i>C 9535</i>	<i>20</i>	<i>Ass. dependent a/c to continue until pension granted - Stewart</i>
June		<i>B 17391</i>	<i>20</i>	
July		<i>C 22987</i>	<i>20</i>	
Aug.		<i>O 30921</i>	<i>20</i>	
Sept.		<i>M 39331</i>	<i>20</i>	
Oct.		<i>T 44062</i>	<i>20</i>	
Nov.		<i>V 50305</i>	<i>20</i>	<i>V 50305 Cancelled</i>
Dec.			<i>380</i>	<i>Account suspended from 31/10/17 pending further int. from B.P.C. ch.</i>
Jan.	<i>1918</i>			
Feb.				
March				
April				
May				
June				
July				

Total \$ 380
 E.F.X. Remd. Date *23/11/17* J.G.F.

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.				

5101 I PA

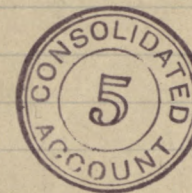
SEPARATION ALLOWANCE

Name *Mrs Hannah McNeil*
 Address *10329 = 97th St.
 Suite 2 Stovel Bldg.
 Edmonton Alta*
 Relation to Soldier }
 wife, child or mother } *Mother*

Name of Soldier *McNeil Sherman*
 Regtl. No. *446445*
 Rank *Sergt*
 Corps *56th Batt*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Red ink smudges

Faint handwritten text, possibly a signature or date

Faint scribble or mark at the bottom left



MILITIA AND DEFENCE

SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-4-16.
1772-30-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Mother
PAYMENTS.

Name of Soldier

McNeil Sherman
Sergt.

Mrs. Hannah McNeil

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		X 2124	203	203
June		U 4916	25	25
July		H 11793	25	25
Aug.		M 14824	25	25
Sept.		616672	25	25
Oct.		W 20262	25	25
Nov.		Q 22632	25	25
Dec.		D 26586	25	25
Jan.	1917	P 29878	25	25
Feb.		P 33087	25	25
March		O 39012	25	25
April		O 2094	25	25
May		B 5466	25	25
June		D 8980	25	25
July		P 12339	25	25
Aug.		X 13725	25	25
Sept.		H 18702	25	25
Oct.			X X X	
Nov.		W 23684		
Dec.			603	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date 4-7-17
 Killed in action } Date 2/6/17
 Died of Wounds }
 Missing }
 O. L. 8/27/6/17. Clerk. B. Rowe
 Date Noted 4/7-17 191

PENSION
 A CLOSED.....
 OVER-PAY.....
 RECOVERED.....
 BY B.P.C. B. 25-2-18
GRANTED

PENSION GRANTED 1-2-18
 PER NO.....

Postnet in error

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

27/9/15

Separation and Assigned Pay Branch

Apr 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25			
----	--	--	--

RATE OF ASSIGNMENT

20	15.00		
----	-------	--	--

1-9-17 PC 2375

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 440445 (446445)
 Rank Sgt Promoted Reverted Discharge
 Soldier's Name J. Mc Neil
 Battalion 56th Batta
 Beneficiary Mrs Hannah Mc Neil
 Relationship mother
 Address

Name Mrs. H. Mc Neil
 Address Suite 2 Level Blk 10329-97th St
 Edmonton Alta Change of Address
 1
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
-----------	------------	------------	------------	-------	---------

Dec 31		603	380	983	
April	2425	40	20	60	
		643	400	1043	to close

* Pay S.A. to 31-12-17 and close, A.P. overpaid 10.00 Apr & Oct. Adjust and pay at 15.00 to 31-12-17 & close, Auth S.A.B

Pensions Notified Date 5-7-17
 Killed in Action } Date 22-6-17
 Died of Wounds }
 Missing }
 C.L. (S.) 27/6/17 Clerk
 Date Noted 191

File 012528-S-5
 5-4-18

Closed

Assignee dependent A.P. to continue until pension granted.
 A.P. suspended awaiting instructions from B.P.C. 31-10-17
 Last cheque Oct 1917
 Last SA cheque Sept 1917

Pension Granted 1-2-18
 B.P.C. to Recover \$
 Clerk J.P.L. Date 15-2-18
 JPL 115-18

PENSION
 A CLOSED
 OVER-PAYT.
 RECOVERED
 B.P.C. 25-2-18
 GRANTED

M. F. W. 128
 40084-6-17-1772-38-1141
 L. L. 22320-M. & D. 1933.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 9th Res Batt^{ie}

Military Hospital Isolation, Johnson

No. 446445 Rank and Name Sgt McNeil Sherman Age 28 yrs Service 20/12 Hrs

Disease Roseola Date of admission 12 - 1 - 14 Date of discharge 26 - 1 - 14 Result Cured

Dates of Observation	Time																												
	A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17													
Temperature Fahrenheit																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per minute	88	85	92	96	98	68	64	60	60	65	62	62																	
Respirations per Minute	24	24	24	24	25	20	20	20	20	20	20	20																	
Motions per 24 Hours	I	I	I	I	I	I	I	I	I	I	I	I																	

Signature George Bateman MCH In charge of case.

1806

1806

1806

1806

1806

1806

1806