

# 2nd DEPOT BATT. B.C. REGT.

Number 3 Company

*Duplicate*

..... M D ..... 2nd ..... Depot Battalion ..... B.C. ..... Regiment.

*27-7-18*

**PARTICULARS OF RECRUIT**

Regl. No. 2139718

DRAFTED UNDER MILITARY SERVICE ACT, 1917  
(Class..... 1.....)

1. Surname..... McRae
2. Christian name..... John Colin
3. Present address..... Keatings Post Office, B.C. Canada
4. Military Service Act letter and number..... 306791
5. Date of birth..... 10 February 1897
6. Place of birth..... Ceder Hill Road, Victoria B.C. Canada  
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Farmer
10. Name of next-of-kin..... Mrs Elizabeth McRae
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... Keatings Post Office, B.C. Canada  
*insufficient address*
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... None
15. Medical Examination under Military Service Act:-  
(a) Place... Victoria, B.C. ..... (b) Date... 16 May 1918 ..... (c) Category... A-2

**DECLARATION OF RECRUIT.**

I, John Colin McRae, do solemnly declare that the above particulars refer to me, and are true.

*John Colin McRae*  
(Signature of Recruit)

**DESCRIPTION OF CALLING UP**

Apparent age..... <u>22</u> yrs..... <u>3</u> mths.) Height..... <u>5</u> ft..... <u>10</u> ins) Chest ) fully expanded..... <u>40</u> ins) measurement ) range of expansion..... <u>6</u> ins) Complexion..... <u>Fresh</u> Eyes..... <u>Grey</u> Hair..... <u>Light</u>	Distinctive marks, and marks indicating congenital peculiarities or previous disease,
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*Major*  
..... Lt. Col.  
O.C. 2nd Depot Batt. B. C. Regt.  
..... Depot Btln.  
..... B.C. ..... Regt.

Place Victoria, B.C. ..... Date 16 May 1918

M.F. 133  
500 M.-8-17  
1772-39-1158

*Handwritten scribble*

M. D. . . . . Department of Health

PARTICULARS OF SERVICE

DEPARTMENT OF HEALTH, WASHINGTON, D. C., 1917

*Handwritten notes*

1. Name of applicant . . . . .

2. Present address . . . . .

3. Military service and dates and number of years . . . . .

4. Date of birth . . . . .

5. Place of birth . . . . .

6. Name of wife . . . . .

7. Name of next of kin . . . . .

8. Address of next of kin . . . . .

9. Address of present quarters of the applicant . . . . .

10. Position of previous military or naval service, if any . . . . .

11. Medical examination by military service . . . . .

12. (a) Place . . . . . (b) Date . . . . . (c) Remarks . . . . .

M. T. 1177  
500 M. 1177  
1177-1178

*Handwritten notes*

DECLARATION OF SERVICE

I, the undersigned, do solemnly declare that the above particulars refer to me, and to my service . . . . .

*Signature*

M. T. 1177  
500 M. 1177  
1177-1178

1. Name of applicant . . . . .

2. Present address . . . . .

3. Military service and dates and number of years . . . . .

4. Date of birth . . . . .

5. Place of birth . . . . .

6. Name of wife . . . . .

7. Name of next of kin . . . . .

8. Address of next of kin . . . . .

9. Address of present quarters of the applicant . . . . .

10. Position of previous military or naval service, if any . . . . .

11. Medical examination by military service . . . . .

12. (a) Place . . . . . (b) Date . . . . . (c) Remarks . . . . .

M. T. 1177  
500 M. 1177  
1177-1178

1. Name of applicant . . . . .

2. Present address . . . . .

3. Military service and dates and number of years . . . . .

4. Date of birth . . . . .

5. Place of birth . . . . .

6. Name of wife . . . . .

7. Name of next of kin . . . . .

8. Address of next of kin . . . . .

9. Address of present quarters of the applicant . . . . .

10. Position of previous military or naval service, if any . . . . .

11. Medical examination by military service . . . . .

12. (a) Place . . . . . (b) Date . . . . . (c) Remarks . . . . .

M. T. 1177  
500 M. 1177  
1177-1178

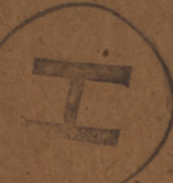
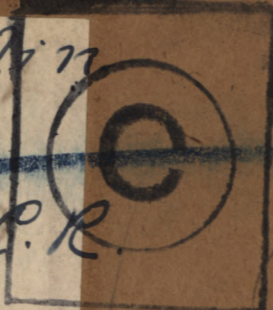
DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *23*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

Name *McRae John Colin*  
 Regt. No. *2139418* Rank *Pte*  
 Corps *2nd Depot Bn. B.C.R.*



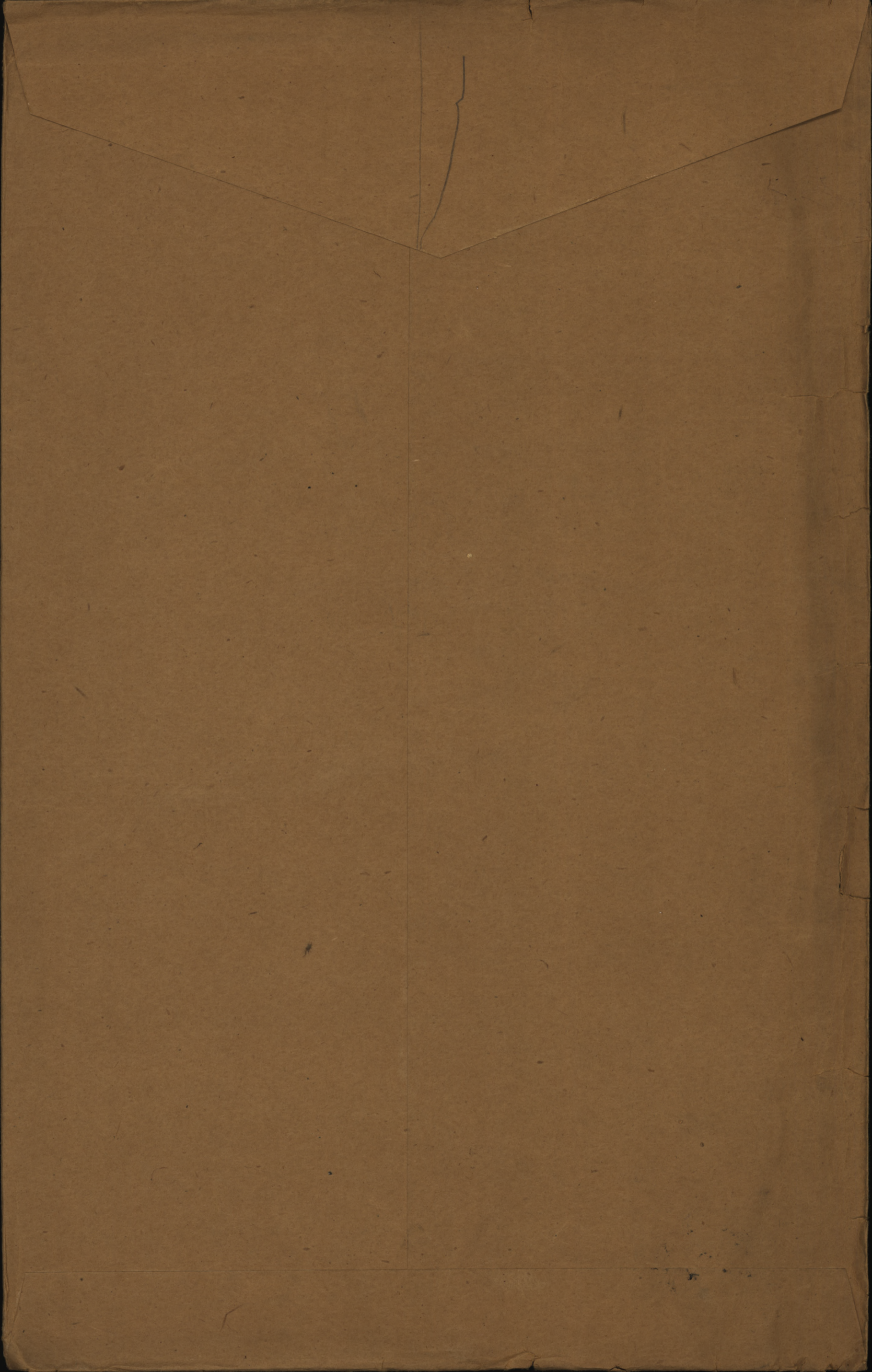
*A.G. Tel. 994. 6-2-18. D.C.O. M.D. 99-147- 4-6-18.*

*Cards* ~~1 Part II~~  
~~1 Casualty~~



34534

Last Pay Certificate..... *1*  
*M. F. W. 39<sup>g</sup> /*  
*A. F. B. 122- /*  
*M. F. W. 129- /*



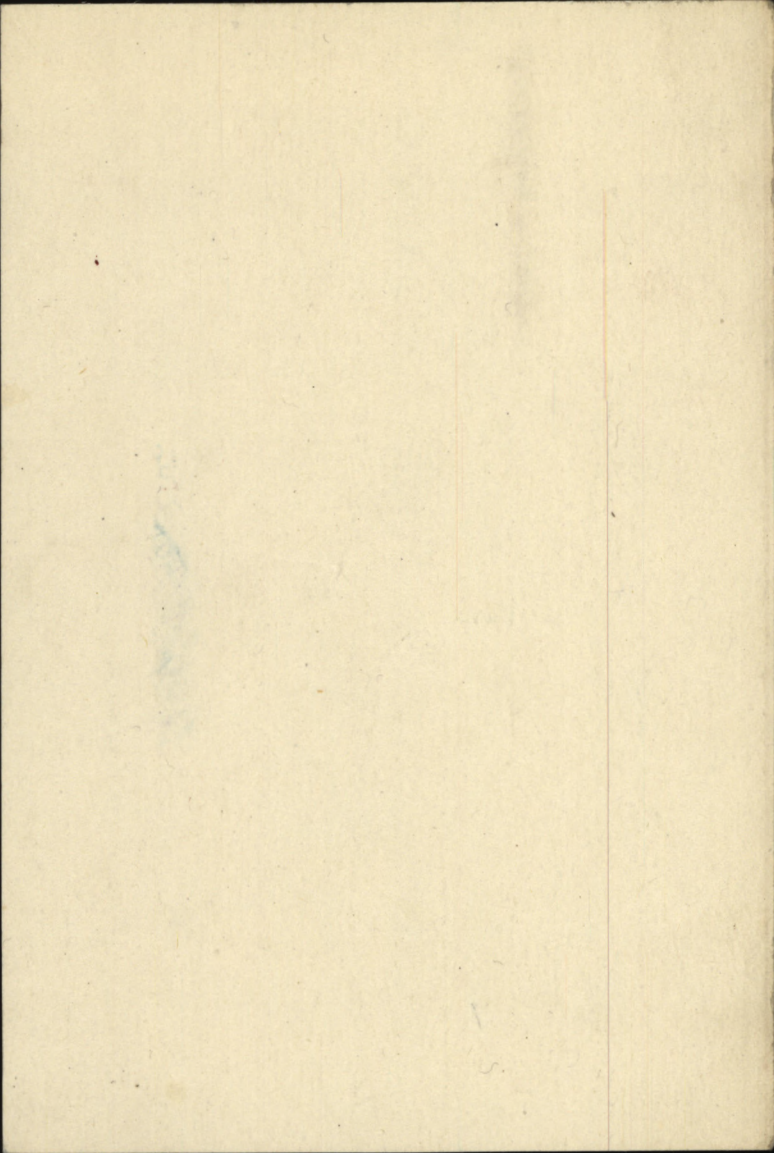
Surname *Mc Rae*  
Christian names *John Colin*  
Regtl. No. *2139418* Rank *Pte*  
Unit *B. I. Regt., 2nd Lpo. Bn.*

H. Q. ....  
M. D. No. *11*  
T. O. S. *May 16<sup>th</sup> 1918*  
D. O. Pt. II *130 of 15/5/18*  
S. O. S. *Dis. 18-6-1918*  
Reason *Join. R.A.F.*  
Auth. *Pt II 171 of 20-6-18*  
*2186R*

Next of kin *McRae Mrs Elizabeth*  
Address *Kearney P.O.  
B.I.*

Relationship *Mother*  
Also notify: .....

BORN—Place *Canada Victoria B.C.* Date *Feb. 10<sup>th</sup> 1897*  
ATTESTED—Place *Victoria B.C.* Date *May 16<sup>th</sup> 1918*  
O/S ..... R/C .....



# 2nd DEPOT BATT. B.C. REGT.

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

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

350m.—5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd DEPOT BATT. B.C. REGT.

Regimental No. 2139718 Rank Pte Name John Colin MCRAE

C. E. F.

Enlisted (a) 16/5/18 Terms of Service (a) C E F Service reckons from (a) 16/5/18

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

Civil: Farmer  
Military:           

Extended            Re-engaged            Qualification (b)           

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				
18-6-18	<i>Dec 11/18</i>	<i>D.O.D. 2nd Depot Batt. B.C. Regt. and discharge to join R.A.F.</i>	<i>Victoria B6</i>	<i>18.6.18</i>	<i>P.2.O. #171. 20-6-18</i>

(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.

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				



# 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 McRae Christian name John Colin  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 306  
3. Consecutive number on schedule of men reporting for service (if he appears on it) Serial no 306791  
4. Address (including street and number, if any) Keating P.O. B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16 day of May 1917, by the undersigned medical board sitting at VICTORIA B.C.

5. Age as stated 22 Years 3 Months. 6. Apparent age 22 Years 3 Months  
7. Height 5 Feet 10 Inches. 8. Weight 159 Pounds.  
9. Chest measurement { Minimum 34 Ins. 10. Complexion Fresh { Eyes Grey  
Maximum 40 Ins. Hair Light  
11. Physical development Good { Good Fair Poor 12. Smallpox marks nil  
13. Number of vaccination marks { Right arm 0 14. When vaccinated last nil  
Left arm 0  
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  
17. (a) Vision R. 6/6 L. 6/6  
(b) Hearing. R. n L. n

W. H. Hunt Member. A. J. Hunter Member. John Colin McRae President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.	<u>15/6/18</u>	<u>G</u>	<u>J. A. Hunter</u> M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 16th day of May 1917 at Victoria B.C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot B.C. Regt.</u>	<u>2139718</u>		<u>May 16th 1917</u>
Transferred to.....	<u>B.C. Regt.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

Signature of Man John Colin McRae  
STATES NOT PREVIOUSLY EXAMINED



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

M. D. 11  
No. 15

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2139718 Rank Pte Name MC RAE J.C.

Corps 2nd Depot Bn. B.C. Regt. who was\* Discharged

On 18-6-18 191... to Join Royal Air Force

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-6-18 191... to 18-6-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	16.65	
Advances by Cheques } No.....			Regt'l Pay <u>18</u> days at \$ <u>1.00</u>	18.00	
} No.....			Field Allow. <u>18</u> days at \$ <u>.10</u>	1.80	
Assigned Pay and Sep'n Allice. No. <u>3310</u>	20.00		Separation Allowances* (Monthly) .....		
Other charges <u>Kit</u>	3.15		Other Allowances* .....		
Payment on transfer or discharge No. <u>3325</u>	13.30		Other Credits* .....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	36.45		Total.....	36.45	

\* Give particulars.

A monthly stoppage of \$ 20.00 (†) has ..... (‡) been paid on account of Assigned Pay for the month of June 1918 } (to) Assignee Mrs Elizabeth McRae  
 { and Sep'n Allice. for month of ----- 191... }  
 (Address) Keatings P.O., B.C., Canada

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

#### REMARKS:—

- State (1) date of enlistment 16-5-18  
 (2) if married and if a Separation Allowance Card has been submitted No - No.  
 (3) cause of discharge To Join R.A.F. authority DCO 11 M.D. 99-147  
 (4) authority for transfer d/ 4-6-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 18-6-18

SECOND DEPOT BATTALION, C.E.F.

Place Willows Camp, Victoria, B.C.

*C. J. Bonner*  
 CAPT. PAYMASTER

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private Name John Colin Surname MCRAE  
 Unit of Corps 2nd Depot Batt, B. C. Regt. (If a soldier) Regtl. No. 2139718.  
 Born at Cedar Hill road, Victoria, on (date) 10-2-97  
 Signature (for identification) John Colin McRae

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight	Colour of eyes
<u>140</u> lbs.	<u>Grey</u>
Height	Identification Marks
<u>5</u> ft. <u>10</u> in.	<u>no</u>

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? no

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? no

5. HEART? no

Abnormal Sounds?	<u>no</u>	Intermittence or Irregularity?	<u>no</u>	Muscular Tone?	<u>no</u>
Abnormal Size?	<u>no</u>				
Pulse Rate?	<u>80</u>				

6. ARTERIES.—(a) Any hardening or nodulation? no  
 (b) Blood Pressure. 112

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). no

8. GENITO-URINARY SYSTEM? no

Urinalysis—S.G.?	<u>1006</u>	Reaction?	<u>acid</u>	Albumen?	<u>no</u>	Sugar?	<u>no</u>
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9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Victoria Signed J. W. Hunter Capt. R.C.M.C. M.O.  
 Date 18-6-18 Signed John Colin McRae M.O.  
 Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Table with 10 columns and 20 rows. The text is extremely faint and illegible. The columns appear to be organized into sections, possibly for a ledger or record book. The rows contain various entries, but they cannot be transcribed due to the low contrast and blurriness of the image.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2139718 (Rank) Private

Name (in full) John Colin MCRAE enlisted in  
the 2nd Depot Batt, B. C. Regt.

CANADIAN EXPEDITIONARY FORCE at Victoria, B. C. on the 16th  
day of May, 1918

HE served in Victoria, B. C.

and is now discharged from the service by reason of A. G. Telegram 997 dated 6-2-18  
D. C. O. 11 M. D. 99-147 dated 4-6-18.

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

Age 22 yrs 3 mos

Height 5 ft 10 ins

Complexion Fresh

Eyes Grey

Hair Light

Marks or Scars

John Colin McRae  
Signature of Soldier

W. P. Major Lt. Col.  
O/C Issuing Office B. C. Regt.

Date of Discharge 18-6-18

Rank

Signed at Victoria, B. C. this 18<sup>th</sup> day of June, 1918

Appointment

in Military District No. 11

File Reference No. \_\_\_\_\_

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

No. 2139718 (Rank) Private Name John Colin MCRAE

Unit 2nd Depot Batt B. C. Regt.

Address on Discharge R. A. F. Training Depot, Toronto, Ont.

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Victoria, B. C. this 18<sup>th</sup> day of June, 1918. 19

W. J. Major Lt. Col.  
O/C 2nd Depot Batt. B. C. Regt.

Rank

Appointment



This space to be for numbers.

# Proceedings on Discharge.

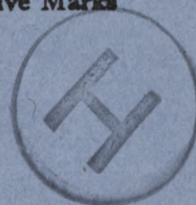
(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2139718
Rank	Private
Name	John Colin MCRAE
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	2nd Depot Batt B? C. Regt.
Date of Discharge	18-6-18
Place of Discharge	Willows Camp, Victoria, B. C.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....22.....years.....3.....months.  
 Height.....5.....feet.....10.....inches.  
 Complexion Fresh  
 Eyes Grey  
 Hair Light  
 Trade Farmer

#### Descriptive Marks



Intended place of residence } R. A. F. Training Depot, Toronto, Ont.  
(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of A. G. Telegram 997, dated 6-2-18, D. C. O. 11 M. D. 99-147, dated 4-6-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

*Very good man*

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*Farmer man*

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges:

✓

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

✓

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Victoria, B. C.

(Date) 18-6-18

Thrup Major Lt. Col.  
Commanding 9/6 2nd Depot Batt. B. C. Regt.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Victoria, B. C. x John Colin McRae (Signature of Soldier.)

(Date) 18-6-18 Leonard Shaw (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

John Colin McRae (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 32 days.

Total.....years 32 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Victoria, B. C.

(Date) 18-6-18

Thrup Major Lt. Col.  
(Signature) D./C. 2nd Depot Batt. B. C. Regt.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil x John Colin McRae

## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 233.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*