Veuillez noter:

Les photographies des documents de Bibliothèque et archives (BAC) qui suivent ont été prises par des utilisateurs de BAC qui participaient à un projet-pilote de numérisation en libre-service (2011).

Please note:

The following photographs of Library and Archives (LAC) collection material were taken by LAC users participating in a self-service digital photography pilot project (2011).

V.M. 4-11-18

REGIMENTAL DOCUMENTS

NAME McCOLM, John Alexander REGT. NO. 1012359 UNIT C.F.C. H. Q. FILE NO.

(S)

	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)		(M)	Can Flying Corps		DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				6-2-22	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 455)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				C4537	
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 333 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					33-11
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					19-11
	PARTICULARS OF CHARACTER (A.F.W. 3226)					11-11
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Postcard					

(H)

W. 2599
100m-11-18

War Service Badge
Class ..... No. 39[illegible]09

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 1012359
2. Rank C.Q.M.S.
3. Name Mc Colm Alexander John
4. Unit C.F.C.
5. Date of Discharge 25.10.19. | Place Halifax N.S.
6. Reason for Discharge Demobilization
Medically unfit for General Service
7. Authority P.O. 1420
8. Proposed Residence after Discharge Ottawa Ontario

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.? 39

A J McColm
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax. N.S.

Date October 25th 1919

Signature [illegible] LIEUT. COL.
COMD'G NO. 6 DISTRICT DEPOT.
(O.C. Discharging Unit.)

M.F.B. 218a—50M.-2-19 1772-39-113.

Capt. Kenny

...Voltigeurs Canadien-Francais, C.E.F.

ORIGINAL

ATTESTATION PAPER.

No. 1012359

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Mc Colm
1a.	What are your Christian names?	John Alexander
1b.	What is your present address?	18 McLaren st. Ottawa, Ont. Canada
2.	In what Town, Township or Parish, and in what Country were you born?	Port-patrick, Scotland.
3.	What is the name of your next-of kin?	Linda (Grimshaw) McColm
4.	What is the address of your next-of-kin?	79 Dennaard Rd. Newcastle-on-Tyne. England.
4a.	What is the relationship of your next-of-kin?	Mother
5.	What is the date of your birth?	Dec. 23 - 1893
6.	What is your Trade or Calling?	Clerk.
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?	Yes
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. Canadian Ordanance Corps Halifax.
11.	Do you understand the nature and terms of your engagement?	Yes.
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. Alexander McColm 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.

John Alexander Mc Colm (Signature of Recruit)

Date June 29 1916. O Hensley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. Alexander McColm, 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.

John Alexander Mc Colm (Signature of Recruit)

Date June 29 1916. O Hensley (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 Hull - Que this 29 day of June 1916

(Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-89-341

388

Description of John Alexander McColmon Enlistment.

Apparent Age 21 years 6 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 4 ins.	
Chest measurement: Girth when fully expanded	33 ins.	One vaccination scar left arm
Chest measurement: Range of expansion	3 ins.	
Complexion	Medium	
Eyes	Gray	Scar left lumbar region
Hair	Light Brown	

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 June 19th 1916.

Place Hull. Que.

B. H. Lewis Capt. A. M. C.
M. O. 230th. Battalion, V. C. F., C. E. F.
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.

John Alexander McColmon 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.

R. Hutchison, Lieut. (Signature of Officer)

Date JUN 30 1916 191 .

O. C. 230th B'n. V. C. F. C. E. F.

Form R 122.
2353—100M—9-1-16

MK

Rank

Name McCOLM M John Alexander

Reg'l No. 1012359

Unit Dfts to Can. Fce ty Corps to Base Depot. Sunningdale

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Hull June 29th 1916

Place of Birth Pt Patrick Scotland

Name and Address, Next-of-Kin Ada Scrimshaw McColm

~~79. Denmark St.~~ Newcastle on Tyne England

Relationship ~~Mother.~~ WIFE

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

N/E. R.B. No. 24174
File R.L.
Category Can M K

Payable to

Relationship

X329

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
CFC		⇒ARRIVED IN ENGLAND 14 5 17			A.F.B.103 checked July 5/17. JB
		23.5.17 B.D.C.F.C. T O S	S'dale 14.5.17 Pte		
13-6-17	C.F.C. Base	S.O.L. to #42 Coy France	"	10-6-17	P.M.F.#40 #42 Coy C.F.C. M.M.II #1, 21-7-17.
29-8-17	42 Coy C.F.C.	To be A/C.Q.M.S. with pay	A.Cpl. Fuld.	11-6-17	" 5
28-1-18	"	Promoted Sergeant	A/C.Q.M.S. "	11-6-17	" 5
7-12-18	" "	Confirmed C.Q.M.S.	C.Q.M.S. "	20-11-18	" 71. Ft II 0 97 d 2-11-19
5-4-19	" "	S.O.S. to B.D.F.C. Sdale	C.Q.M.S. "	1-4-19	" 17 (B.D.C.F.C. 100
18.9.19	C.R.O.	Invd. to Canada ex C.S.H. Witley S.L. 510 M.D.2		11.9.19	C.L.C. 24
24-8-19	C.F.C. Dep. Grp.	A.W.L. from 22-8-19.	C.Q.M.S. "	22-8-19	D.O. 239.

101235G McColm. John Alexander 101235G

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.				
24.10.19	Records	S.o.S. Living bun Invalided to Canada S.L. 510	CAMC London	11.9.19	A.O.9

Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 101259.

*Substantative Rank _____ Surname McCOLM Christian Names John Alexander

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
	ARRIVED IN ENGLAND 14-5-17.					
23.5.17	BD.CFC.	A.B.O. 25.	T.O.S.	St Dale.	14.5.17	A.B.O. 14.2.1.17
13.6.17.	"	" 40.	S.O.S. to 42 Coy France	"	10.6.17.	42 Coy T.O.S.
29.8.17	42 Coy CFC.	" 5	To be A/C2 M.S. and Adj	FIELD.	11.6.17	
28.1.18	"	" 5	PROMOTED SERGEANT	"	11.6.17.	
7.12.18	"	" 71	Confirmed C.G.M.S.	"	20.11.18	
5.4.19.	"	" 17	S.O.S. to BDCFC. Cpl.	"	1.4.19.	A.B.O. 92 2/4/19 BDCFC. T.O.S.

(26383.) Wt. W. 9693—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4692.

Certified true copy.

R.S.Thomas Lieut.
FOR LT: COL: I/C RECORDS, C.O.M.F

249/40/S T.O.S. No. 6 D.D. from 11.9.19 and posted Hospital 9.9.19 (20267)

..... Lieut.
Officer i/c Records No. 6 D.D.

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
21/10/19	HS	Trans to Can Coy	Hfx	21-10-19		D.O. 295. Major Hospital Section No. 6 D. D.
25/10/19		Discharged at Halifax N.S.	D.O. 295.			CAPTAIN, O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Nothing to be written in this margin.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp, Surrey. DATE Aug. 26th 1919.

1. 1 (a) Unit C.F.C. (b) Regimental No. 1012359 (c) Rank C.Q.M.S.

(d) Surname McCOLM (e) Christian name ALEXANDER JOHN

(f) Home address 18 McLaren St., Ottawa. Ont.

(g) Next of Kin Mrs. A.J. McColm (h) Relationship Wife

(i) Address of Next of Kin 79 Denmark St., Newcastle-on-Tyne. England.

2. Age last birthday 24 Date of birth Dec. 23rd 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 28-7-16

4. Personal description:

(a) Height 5 Ft. 3 in (b) Weight 132 (stripped) (c) Complexion Fresh

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Civil Service Clerk

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	29

	Periods	
	From	To
Canada	28-7-16	24-4-17
	10-5-19	26-8-19
England	24-4-17	5-6-17
France or other theatres of War	5-6-17	10-5-19

7. Original disease, or injury ~~Syphilis~~ Syphilis

(a) Date of origin July 1919 (b) Place of origin Sunningdale England

(c) Cause Infection

M. F. B. 227.

400m.—11-18.
1773-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Therapeutic

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Partial phimosis. healed ulcer of prepuce
Moderate general adenitis. Macular
eruption over trunk and arms. Fauces
markedly eroded.
Darkfield positive

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—If the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no
Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.)
Genito-Urinary System no (Albumen and Sugar will be excluded.)
Special Senses no
Respiratory System no
Integumentary System yes
Disturbances of Mentality no
Digestive System no
Muscular System no
Osseous and Joint Systems no
Any other general condition no

Healed sore on penis.

10. (a) History (of the condition referred to in Section 9 (a).)

Ulcer of glans appeared 10.8.19. Has applied ointments. Rash appearing Nov. 1919.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

not app.

(c) (Here give a description of wounds, scars and deformities.

2 Vaccination marks left arm

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not app.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? Illicit sexual intercourse

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? About two months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

606 & Hg.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes.
(If the answer is "yes" state nature of treatment required and probable duration)

Should continue to take mercury at intervals for two years.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations Should have a Blood test every 3 months and report to medical Officer for advice & treated accordingly

J. H. Atkinson Capt. C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Alexander John McColm have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A. J. McColm [illegible] Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes we concur
No MHS n a 7B-103 produced -
Auth DMS- 10 - 1.48. 13/6/19.

19. Is the invalid fit for

(*a*) General service,	~~(Category A) (Yes or No.)~~	No
(*b*) Service abroad, not general service,	~~(" B) (Yes or No.)~~	No
(*c*) Home service (Canada only),	~~(" C) (Yes or No.)~~	No
(*d*) Temporarily unfit.	~~(" D) (Yes or No.)~~	Yes D Categ
(*e*) Unfit for service in Categories A, B and C	~~(" E) (Yes or No.)~~	

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Suggest that-on arrival Canada he be dealt with under P.O.C. 47 - 1 - 20 - 1 - 19.

~~(*b*) Does not require treatment.~~
~~(*c*) Should pass under his own control.~~
~~(*d*) Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Invalided to Canada Auth D.M.S 25/9/19.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E Shellcroft Capt *President.*

PLACE Witley
DATE Aug 27-19

G.M. Stone Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE
DATE } Members

APPROVED BY [signature] Col. C.A.M.C. APPROVED BY

O.C. I/c Canadian Special Hospital, Witley.

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE ..... DATE .....

CANADIAN SPECIAL HOSPITAL
31 AUG 1919
ORDERLY ROOM
WITLEY

CASE HISTORY SHEET.

Cogswell St Hospital. Halifax, N.S. Station.

No. 1012359 Rank Q.M.S. Name McColm, A.J. Age 24

Unit 6 D.A.C. Completed years of service Where and how long 28/12 E 4/12 F. 2 yrs.

Date of admission 19-9-19 Date of discharge 21.10.19.

Diagnosis V.D.S. Secondary Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted as transfer from England where he was treated for V.D.S. Secondary & had received 4 doses of 914 & Hg.
Has scar on prepuce, slight inguinal adenitis. Wassermann (++)

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.) Neg.

TREATMENT
(Especially any specific or special form.) 4 doses Phenarsenyl = 1.6 gm
4. Hg. = 4 gr.

CONDITION ON DISCHARGE
(and disposal made of case.) Clinically Well.
Wassermann 17.10.19 – neg.
To continue Hg. orally.

Date Oct. 1819.

[signature] Capt
Medical Officer i/c case.

A-36072

M. F. B. 313a.
-100M.—6-18.
1772—39-439.

230th Battalion, (C.E.F.)
FORM OF WILL

I, John. Alexander Mc Colm (Name in full)

Regimental Number 1012359 serving in 230th Forestry Battn.

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

I devise all my real estate unto

—

—

—

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

absolutely, and my personal estate I bequeath to

James J. a. Mc Colm
Militia Department
Ottawa

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

NOTE

This space for the appointment of Executor if necessary.

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

this 13th day of February A.D. 1917.

J. a. Mc Colm Signature of Soldier.

*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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. McDavitt

Address of Witness Vancouver B.C.

Occupation of Witness Salesman

Signature of Second Witness G.H. Saunders

Address of Witness 11 Craven Terrace Lancaster Gate London Eng

Occupation of Witness Mail Clerk. Civil Service

M. F. W. 82.
300M.-12-16.
1772-39-983.

Form R. 149.

John Alexander

Name Mc COLM Rank C.Q.M.S. Reg. No. 1012359.

Unit C.F.C. Base Dpl

Eng.

Next of Kin Mrs Ada S. McColm (Wife). 75 Denmark St. Newcastle-on-Tyne

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-8-19	Can. Spc. H. Willey.		"42"	C/13		~~9618~~ 11894
11-9-19	Invalided to Canada	(510.4)		C/24		9655.

Can Have

Number 1012359 Rank C.A.M.S.

Surname McCOLM

Christian Name John Alexander

Units C.F.C. Theatre of War France

Date of Service 10-6-17

Remarks

Latest Address Gen P.O. Ottawa Ont.

Roll No. B Page 6097

Dsh. Bg. Hand

4-2-22

C/o Capt. J. A. McColm

M. H. 2.

A.M.D.2 Dept Branch of D.G.M.S. O.M.F.C., London.

Surname	Christian Name or Names	Reg. No.
McCOLM.	J. A.	1012359

Rank 1. CQMS Unit 1. CFC Depot.
2. 2.
3. 3.
4. 4.

Cas. List.	Hospital and Diagnosis.	Date
5-9-19 C 13-2	C.S. Witley.	24-8-19
	V.D.S. ~~16~~	
	INV.TO CANADA	11-9-19

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 1M2359 Rank S/ Sgt. Surname McColm.
(Given name in full) Alex John
Unit or Corps CDD Birthplace Scotland

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

1. **GENERAL DESCRIPTION:**

Physique good. Weight 128 lbs. Height 5 ft. 6 in. Colour of Eyes grey.

Nutrition good

Pulse 72.

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 20 ft.

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

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System 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.

V.D.S. Aug 1919. Given full course of anti-luetic treatment & discharged from Cogswell Hosp. Hfx clinically well. Wassermann 17.10.19 - neg.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Shaftesbury (Canada)

Date Oct. 18/19 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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge
Class. A No. 395409

This is to Certify that No. 1012359 (Rank) C. Q. M. S.

Name (in full) Mc Colm Alexander John enlisted in the Canadian Flying Corps

CANADIAN EXPEDITIONARY FORCE at Hull Quebec on the Twenty sixth day of June 1916

HE served in Canada England and France

and is now discharged from the service by reason of Demobilization Medically unfit for General Service

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

Age 21 Years 10 Months
Height 5 Feet 5 inches
Complexion Medium
Eyes Grey
Hair Light Brown

Marks or Scars Vaccination Mark on left arm

J McColm
Signature of Soldier

Geo. T. Blaus
Issuing Officer
Captain
Rank

Appointment

Date of Discharge 25.10.19

Signed at Halifax N.S. this 22nd day of October 1919.

in Military District No. Sea

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882