REGIMENTAL DOCUMENTS

dlc 4-11-19 Cpl.

NAME MacKINNON, NEIL, BRUCE. REGT. NO. 164150 UNIT 84th Bn. 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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				Feb 2-11-19	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		~~R.T.O. Boat~~ 21/2/1			
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)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Mental
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)				23945	
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	C-fl 3					
1	M. F. W. 871.					
2	Cancard					
1	R-Nil					

Deceased 27-12-5 3

W 2589
100M-11-18
(272-29-1277

Original
164150

ATTESTATION PAPER.

No.

84th Overseas B'n, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Neil Bruce Mackinnon
2. In what Town, Township or Parish, and in what Country were you born? — Brantford Ontario
3. What is the name of your next-of-kin? — Mother Annie Mackinnon
4. What is the address of your next-of-kin? — 129 Geo. St Brantford Ont.
5. What is the date of your birth? — Jan. 20 1895 Canada
6. What is your Trade or Calling? — Machinist
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? — Yes
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

X Neil Bruce MacKinnon (Signature of Man).

Walter Peberdy (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Neil Bruce Mackinnon, 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.

X Neil Bruce MacKinnon (Signature of Recruit)

Date Sep 2 1915. Walter Peberdy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Neil Bruce Mackinnon, 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.

X Neil Bruce MacKinnon (Signature of Recruit)

Date Sep 2 1915. Walter Peberdy (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 Niagara this 6th day of Sept 1915.

(Signature of Justice)

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

A. J. Fenton Lieut (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-89-841.

Description of Neil Bruce Mackinnon on Enlistment.

Apparent Age 20 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 3/4 ins.

Chest measurement: Girth when fully expanded 36 3/4 ins.; Range of expansion 2 3/4 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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).

Scar on forehead above right eye.

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 Sept. 6 1915. J. McCarthy Capt.

Place Niagara 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.

Neil Bruce Mackinnon 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.

J. Gudgeon (Signature of Officer)

Date Sept 6 1915 Major Lt. Col. Commanding 84th Bn. C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 164150 (Rank) CPL

Name (in full) MACKINNON NEIL BRUCE enlisted in

the 84 BN

CANADIAN EXPEDITIONARY FORCE at Niagara on the 12th

day of August 1915.

HE served in 42 BN

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age ~~5'11"~~ 24 yrs

Height 5'4"

Complexion Fair

Eyes Blue

Hair Sandy

Marks or Scars 2½" scar forehead over right eye

No. B 74 A. McKinnon
Signature of Soldier

Date of Discharge

Dispersal Station "F" MAR 11 1919 Military District No. 4

A. G. Parks
Issuing Officer
Lieutenant,
Officer i/c Discharge Section, Dispersal Station "F"
Rank

Date MAR 11 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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 Brantford DATE Feb 24/19

1. 1 (a) Unit 42nd Batt" (b) Regimental No 164150 (c) Rank Cpl.

(d) Surname MACKINNON (e) Christian name Neil Bruce

(f) Home address 129 George St Brantford Ont.

(g) Next of Kin Mrs William Mackinnon (h) Relationship Mother

(i) Address of Next of Kin 129 George St. Brantford.

2. Age last birthday 24 yrs Date of birth Jan 20th 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Brantford. (b) Date July 6th 1915

4. Personal description:

(a) Height 5' 6" (b) Weight 135 estimated (stripped) (c) Complexion fair

(d) Colour of hair Red. (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2½"

Scar forehead over Right eye.

5. Former trade or occupation Machinist.

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 yrs.	216 dys.

	Periods	
	From	To
Canada	July 6th/15	June 18/16
England	June 29/16	Aug 12/16
France or other theatres of War	Aug 12/16	Feb 7/19.

7. Original disease, or injury Venereal Disease (Syphilis)

(a) Date of origin 7/3/18 (b) Place of origin England.

(c) Cause Injection.

M. F. B. 227.

400M.—11-18.
1772-99-117.

Star. 6/11/19 JAS

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, [illegible]erate, 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.)

(V. D. S) No disability.

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.)

Man is of good physique + nutrition. Color good.

Inguinal glands "shotty" - not tender.

Wassermann test negative.

Dated Feb 21/19. Canadian Gen'l Laboratory
Witley.

(*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 No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

Date of exposure - Dec. 20th - 1917.

Date of first sore - March 7th / 1918.

Small ulcer - near frenum. Reported sick 8/3/18.

Received full course of "606" and mercury at #51 Gen'l. Etaples. Sore healed in a week. Never had a rash or sore throat. Discharged from Hosp. 29/4/18

Wassermann test negative. Last test 21/2/19 - negative.

10.— (Here give a comp
Bronchitis
G.S.W. - Left
Bronchi
Infected Connecti
Jaundice
Diphtheria -
(*c*) (Here give a description o
2½" Scar on
½" Scar.
11.—(*a*) Did the disab
(*b*) If so, has it b
condition at time of
12. Was the disability
refusal to accept
The regimental docu
(If the answer is in the affi
this question, condu
13. What is the probal
than one?
14. Treatment (Case rep
#51 Can Gen
injections
Aspir
15. Is further treatme
(If
16. Can the former tr
(If
17. Recommendations.

(Sections 7, 8, 9 and 1

I, the undersigned
present condition read

I complain in addition

akness—slight, [redacted]erate, or of some of its parts, for

cal examination. Import- ust be recorded in Section ated first, then subjective

good.

'l Laboratory

) above ?

stem. no
r will be excluded.)

em. no

stem. no.

8/3/18.

ray at
e. head

sp. 3/4/18
- negative.

10.— (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*).)

Bronchitis - 2/12/16 to 25/12/16 - Good recovery - no disability MHS.
G.S.W. - Left foot - 4/11/16. Good recovery - no disability (AFB 103)
Bronchitis - 16/12/16 - Good recovery - no disability " "
Infected Connective tissue - face - 23/1/18 to 28/1/18 - Good recovery - " "
Jaundice - 30/7/16 - 6/8/18 - Good recovery - no disability " "
Diphtheria - Childhood - Good recovery.

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

2½" Scar on forehead - Right eye - accident - childhood. no disability.
½" Scar. left angle of mouth - accident - Childhood " "

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 applicable

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ? (a) yes improper conduct (b) no.

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 ? not applicable.

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

#51 Can Gen'l. Hosp. Etaples. Full course of "606" and mercury injections. Two negative Wassermann tests attached
April 29/18 and Feb. 21/19. See report C.G.L. with 21/419

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

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

17. Recommendations n. a.

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 Neil B. MacKinnon 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

Cpl 7 B MacKinnon 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

19. Is the invalid fit for

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

Yes A

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.)

(*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.)

Boarded for return to Canada with A.G. tel 9883/10-11-18

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.

H MacKenzie Capt ..... *President.*

PLACE Bramshott

DATE 24-2-19

G J W Horne Lt. } 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

A D Mackenzie Lt Colonel
for *Assistant Director of Medical Services.*

DATE 24-3-19

APPROVED BY

Director-General of Medical Services.

DATE.....

1st Quebec Regt.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A66	Rep. From Base	31-10-16	Wounded (SW L. Foot
9 76	No 12 Can. Fld. Amb.	31-10-16	SW. foot left.
" "	To Cas. Cl. Stat.	31-10-16	" " " "
A 77	90th Field Ambulance	31-10-16	SW. Foot Left
A 77	To Duty	6-11-16	SW. Foot Left.
A107	13th. Can. Fld. Amb.	9-12-16	Bronchitis
A107	To Duty	15-12-16	Bronchitis
~~A 124~~	~~Rep. from Base~~ Sick	9-1-17	N. Y. D. D.
A125	#10 Can. Fld. Amb.	Cancelled as per A.F.A. 2136 23-1-18	L.C.T. Face.
A130	"Disc" to Duty	28-1-18	I.C.T. Face
A162	No 5 Gen. Etaples	8-3-18	V.D.S
A188-4.	No 6 Conv Dept Etaples	3-4-18.	" " "
A211-2	Discharged	29-4-18	

REGT'L No 164150

NAME Mac Kinnon, Neil Bruce

H. Q. FILE No. 649-

RANK AND CORPS Pte. 73rd. Bn. Form. 84th Bn

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
05100	20-11-16	6. Rep. wounded Oct. 31st. 1916 (Wounded 2nd. Oct.

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M.—4-10-16.
H. Q. 1772-39-893.

NAME Mc Kinnon, A. B.

REGT'L. No. 16th 150

H. Q. FILE No. 649

RANK AND CORPS Pte. H.Q. Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	DATE	NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A283-1	59. Cas. Clg Stat.	30-7-18	Jaundice
A290-2	Disch. to Duty.	6-8-18	Jaundice.

R—122

J.P.

Rank

Name MacKINNON Neil Bruce

Reg'l No. 164150

Unit 84TH. BN.

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Niagara, Ont. 2-9-15

Place of Birth Brantford, Ont.

Name and Address, Next-of-Kin Annie MacKinnon

129 George Street, Brantford, Ontario

Relationship mother

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No. 20217
File R.L. 20136
Category
O R CANADA

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

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.
		Arrived in England	Empress of Britain	28 JUN 1916	
3-7-16	O.C. 84th Bn.	S.O.S. on trans. to 73rd Bn.	Bordon	3-7-16	D.O. Pt. II. #152
4-7-16	73rd Bn.	T. O. S. FROM 84th Bn.	Bramshott	3-7-16	Pt. II. D. O. 163
11 8-16	73rd.	Embarked For France	Bramshott	12-8-16	Part 2 D. O. 201
21. 11. 16	✓	Reported from Base Wounded	Field	31.10.16	C.F.A. 066 S.W.I. Foot
2.12.16	✓	Adm 12. Can Clear Field Amb	✓	31.10.16	✓ 75 ✓ ✓
2.12.16	✓	Trans Cas. Clearing Stat.	✓	31.10.16	✓ 75 ✓ ✓
4.12.16	✓	Trans 90 Field Amb	✓	31.10.16	✓ 76 ✓ ✓
4.12.16	✓	Discharged to Duty	✓	6.11.16	✓ 76 ✓ ✓
9.1.17	✓	Adm No 13. Can Field Amb	✓	9.12.16	C.F.A. 107 Bronchitis

A.F.B. 103 CHECKED
18 AUG. 1916

139 Page 141

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.
9.1.17	78 Bn	Discharged to Duty	Field	15.12.16	C.F.A 107 Bronchitis Cancelled G.C.R 227
~~29.1.17~~	" "	~~Reported from Base Sick~~	"	~~9.1.17~~	" 124 ~~H.Q.~~ 4/9.6.17
7.2.17	—	Sas to 42nd Bn M.M.	"	19-4-17	— 48.d/S1-11058 4/10.5.17, 42 Bn
4-12-18	42 Bn	Appt'd L/Cpl	Fld	16-11-18	D.O 137.
21-1-19	"	Promoted Cpl	"	4/p 6-1-19	D.O 7
14-2-19	"	Proceeded to England	"	7-2-19	D.O. 14
1,3,19	42 BN	S.O.S. CANADA. B'SHOTT. SL 25 1,3,19 D-A		1,3,19	PT.2 D.O.24
9-8-19	42nd Bn	awarded Mil Medal.			A.O 10. 2G 31430 d. 3-7-19.

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 164150 Rank ..... Name McKinnon Neil Bruce
C. E. F.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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

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				
9-8-19	42nd Bn	awarded Mil. Medal.			A.O.10. L.G. 3142 dd 3/7/19

Sd Langmuir
Lieut.
for. O.C. R.

(*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.

[P.T.O.

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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

2nd Sheet.

Army Form B. 103. Regimental Number 164150

War Service Badge Class "A" No.

Casualty Form Active Service.

Regiment or Corps 42nd Can Bn.

Rank Me Surname MACKINNON Christian Name Neil Bruce

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended / Re-engaged Qualification (b) or Corps Trade and rate

Occupation Signature of Officer

Report 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			
		Disembarked			
23/5/18	GHQ	To CCRC 3 Dn.		23/5/18	N.N/1233
Do	CCRC	arrived "		23/5/18	— 974
3/7/18	5th C.C.S.	Jaundice adm.	5th C.C.S.	3/7/18	G.496
Do	CCRC	To	Do	2/7/18	B.E. 2236
6/8/18	5th C.C.S.	Jaundice To duty		6/8/18	G.7082
12/8/18	CCRC 3 Dn.	T.D. Pumherspital	CCRC 3 Dn	6/8/18	B.E. 2425
Do	Do	To unit		12/8/18	D.137
17/8/18	42nd	arrived unit		14/8/18	D.13
12/10/18	Do	"L" Camp, 3 Dn CCRC		12/10/18	Do
16/11/18	Do	Rejoined		13/11/18	Do
23/11/18	Do	Dept. Lance Corporal		16/11/18	B.403 Tuscany 3 14/12/18

(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.

W. 8635—M2733 2000m 9/17 (38611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

(Original) L/Cpl. MacKINNON, N. B.

Report		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.
Date	From whom received				
21/12/18	42nd	14 days leave U.K.		21/12/18	B213 Rec'd 2/1/19
11/1/19	Do	Promoted Corporal		6/1/19	Do Rec'd 21/1/19
18/1/19	42nd	Rejoined from leave		13/1/19	B213
6/2/19	O.C. Cdn. S.O.S. for demobilisation to C.F.C. Conc. Cmp.	Depot		6/2/19	N/R. Pt. 2. O/S. 19/2/19
7/2/19	42nd	Granted 8 Days Leave to U.K. & Proc. O.S. W.O.L.	3/2/19 7/2/19		A. Thrusher Lieut. for Lt. Col. Cdn. Sect. G.H.Q.
1/3/19		S.O.S. on S.C.			
	MAR 1 - 1919	EMBARKED FOR CANADA			
15-3-19	O/S	T.O.S. DD#4	Montreal	1-3-19	D.O. Pt. 2-74
15-3-19		S.O.S. DD#4			
		Demobilization	Montreal	11-3-19	D.O. Pt. 2-74

Chas. W. Illsley
Lieutenant,
Assistant Adjutant,
District Depot No. 4.

CERTIFIED CORRECT.
28 AUG. 1916
CAN. RECORDS, LONDON.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-220.

Casualty Form—Active Service.

Unit, Regiment or Corps 84th Overseas Battalion C.E.F.

Regimental No. 164150 Rank Pte. Name MacKinnon, Neil Bruce
C. E. F.

Enlisted (a) 2-9-15 Terms of Service (a) Dur. of War Service reckons from (a) 2-9-15

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

Extended | Re-engaged | Qualification (b)

War Service Badge Class "A" No.

Report Date	Report From whom received	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.
		Embarked	Canada	18/6/16	
		Disembarked	England	29/6/16	
3/7/16	C.C. 84th Bn. C.I.	Transferred to ~~25th~~ 73rd Bn. Can. Infty.	England	3/7/16	W. Stewart Lt. Col. Commanding 84th Bn. C.E.F.
		Proceeded for service overseas	AUG 12 1916		Captain, Adjt. 73rd Bn. Canadian Infantry, Royal Highlanders of Canada.
		DISEMBARKED	HAVRE		
4 11/16	0C 73rd Bn	S.W. left foot	Field	13 8/16	
4 11/16	12th C.F.Amb	do	Adm 12th C.F.Amb	31 10/16	B213, DCS 40, d/- 13 11/16
5 11/16	II C.R.Stn.	do	Trans C.R.S.	31 12/16	A36, DCS 49. d/- 27 11/16
12 1/16	90 Fld. Amb.	do	Adm II C.R. Stn	31 12/16	A36, DCS 50. d/- 28 11/16
16-12-16	13th C.F.Amb.	Bronchitis	Adm 90 Fld Amb	31 12/16	A36, DCS 51, d/- 29 11/16
		Transferred 42nd Bn	Trans To duty	6 11/16	
			Adm 13th Fld. Amb.	9-12-16	A36, DCS 72
			Desc To duty	15-12-16	
			Field	19-4-17	B II C. 48, d/- 7-5-17
APR 28 1917	42nd	JOINED UNIT		APR 28 1917	P 105-6 - 10/5/17
5/10/17	42	to 7th Fd Bn CCRC		26/6/17	B213
12/10/17	42	Rejoined unit		9/10/17	—

(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.

[P.T.O.

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				
3/11/17	42nd	Balman, Lieut. Lindsay Cdn. Corps School		28/11/17	B 243
1/2/17	Do	Rej. to Unit		24/11/17	Do
8/12/17	Do	14 days leave to U.K.	U.K.	6/12/17	Do Pte 44 of 18/12/17
25/12/17	Do	Rej. to Unit		22/12/17	Do
23/1/18	10 Cfa	I. Ct. face asm	10 Cfa	23/1/18	C 45-10
26/1/18	42nd	to hospital sick		23/1/18	B 243
28/1/18	10 Cfa	I. Ct. face to duty		28/1/18	D 344
2/2/18	42nd	Rej. to Unit		28/1/18	B 243
7/3/18	8 Cfa	N.Y.D. ventre to	30 C.C.S.	6/3/18	26302
8/3/18	51 Gen	V.D.S. asm	VI Gen.	8/3/18	26773
9-3-18.	30 C.C.S.	N.Y.D. V.S. to	12 A.F.	7-3-18.	D 6840
"	9 Mint	To Hospital	—	6-3-18	B 218.
3/4/18.	51 Gen	Forfeit Field Allowance as placed under Hospital 51 Gen Appx at the rate of 5/- per diem while in hospital from 8/3/18 to 3/4/18. (27 days)			O.1643/2946. Pte. 33 of 13/4/18.
3/4/18	Do	V.D.S. to	6 Can Def.	3/4/18	C 4560
Do	6 Can Def.	Do adm	Do	3/4/18	C 2803
30/4/18	3 C.M.D.	I.V.D. (M.L.D) Hamilton	C.M.D.	30/4/18	B 5781.
24/4/18	6 Can Def.	V.D.S. to	med. Bd. Staples	24/4/18	C 8771

ORIGINAL
DUPLICATE

ORIGINAL

MEDICAL HISTORY SHEET.

84th Overseas B'n, C. E. F.

Surname McRuinon Christian Name Neil Bruce

Examined on 6th day of Sept 1915
at Niagara

Approved by A J McVanity
Rank Capt. M.O.

Birthplace City or Town Brantford
County Ont. Canada

Apparent age 20 yrs 8 mos

Trade or occupation Machinist.

Height 5 Feet 11 Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks Arm Right. Left.
Number 2

When Vaccinated last Aug 1915

(a) Marks indicating congenital peculiarities or previous disease

none

(b) Slight defects but not sufficient to cause rejection

none

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
26/8/15		A J McVanity M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
18/8/15		A J McVanity M.O.
23/8/15		M.O.
27/8/15		M.O.

AUG 28 1915 T.A.B. 1.7.

Enlisted on 6th day of July 1915 at Brantford

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	2nd Dgns.			
Transferred to	8th Bn C.E.F. 73rd. Bn.	164150		12/8/15

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brantford	24-2-19	V.D.D.	A A J McVanity Capt.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-19.

Surname McKinnon Christian Name Maud Rowan

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No 13 Can Fld Amb.		9	12	16	15	12	16	Bronchitis		To Duty ☞ Duplicate Medical History Sheet posted to here. A720	A 107-107 DMR

War Service Badge
Class "A" No. 93159

1001
J
13.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 164150

2 Rank. CPL

3. Name. MACKINNON NEIL BRUCE

4. Unit. 42 Bn

5 Date of Discharge | Place Hamilton

6 Reason for Discharge Demobilization

7. Authority.

8. Proposed Residence after Discharge 129 George St. Brantford, Ont

Received 27-2-19

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.? 2 39 Montreal

N B MacKinnon
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

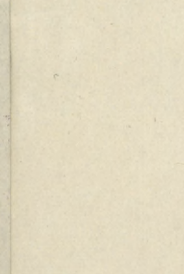
Date MAR 11 1919

Signature
(O. C. Discharging Unit.)
Lieutenant
Officer i/c Discharge Section, Dispersal Station

M.F.B. 218a—300M.-11-18—1772-39-113.

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.L.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2). and Clothing
12. Last Pay Certificate (P. 851). + Duplicate.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Form R. 149.

Name McKINNON Neil Bruce Rank Pte Reg. No. 164150

Unit 43 2nd Bn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-1-18	10 Can Fld Amb		S.I. Face	A 135		13464
28-1-18	Discharged		do	A 130		13819
		OK				
8-3-18	51 Gst Staples		V.D.S.	A 162		26817
3-4	6 Can Dep.	Staples	do	A 168		70016
29-4	Discharged		do	A 211		22888
30-7-18	39 C C Station	Hamdine		A 283		34063
6-8-18	Discharged to duty		do	A 290		34533

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

SURNAME. MacKinnon M.M. Area G

CHRISTIAN NAMES Neil Bruce £93143073-7-19

REGL. NO. 164,150 RANK Pte.

UNIT 84th

FORMER CORPS Active Militia

CARD NO. 108 Disc 11/3/19

Demst. FOLL

Disp Stat H.

D.O. #74-15/3/19.

DD. #4-72 2nd Bn. Bn.

NEXT OF KIN.

NAMES IN FULL MacKinnon, Mrs. Annie

RELATIONSHIP TO SOLDIER Mother

ADDRESS 129 George St., Brantford, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Brantford, Ont DATE Jan 20th 1895

PLACE OF ATTESTATION Niagara, Ont. DATE Sept. 6th 1915

Sailed from Halifax per S.S. 4 5 5 18 8/6. 9/8/17 279 11

L. L. 94504. M. & D. 6512. "Empress of Britain" 18-6-16. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Cpl.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Machinist RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS 8 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 36 3/4 INCHES EXPANSION 2 3/4 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Scar on forehead over right eye

MEDICAL EXAMINATION. PLACE Niagara, Ont DATE Sept. 6th. 1915

Present address.— Not stated.

R. 149.

Name MACKINNON. *Rank* Private. *Reg. No.* 164150

Unit Neil, Bruce, 73rd. Batt'n. Now 42nd

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-10	Rept'd. from Base.		SW L. Foot.	A66	05100	No35 21-11
31-10	12th. Can. Fld. Ambulance.		-do-	A76		
31-10	Cas. Clearing Station.		-do-	A76		
31-10	90th. Field Ambulance.		-do-	A77		
6-11	To Duty.		-do-	A77		
9-12	13th. Can. Fld. Amb.		Bronchitis.	A107		
15-12	To Duty.		-do-	A107		
9-1.	Reported from Base		N.Y.D.	A124		
	Delete above duty			A227		

42nd

HCS. 20

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Number... 164150 Rank... Cpl.

Surname... MACKINNON

Christian Name... Neil Bruce

Units... 73rd Bn Can Inf Theatre of War... France

Date of Service... 12-8-16

Remarks...

Latest Address... 129 George St.
Brantford, Ont.

Roll No. "B" Page 7173.

Next of kin

Address on leave

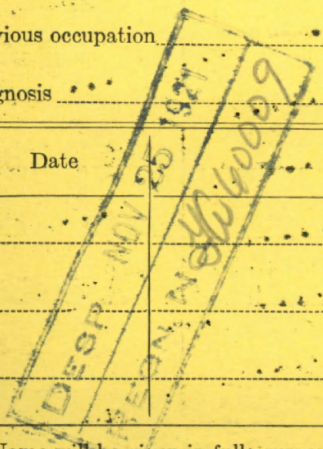
Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks



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

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Mackinnon.	N.B.	164150.

Rank	Unit	Co.	Troop	Batty.
Pte.	73 Bat.	1st Que 42		

Hospital	Date of Admission
No 12th Can. F. amb.	31-10-16
Cas. Cl. Stn.	31-10-16
Transferred to 90. Fld. Amb	Hosp. 31.10.16
13 Field Amb	Hosp. 9-12-16
No. 10 C.F. Amb.	Hosp. 23-1-18
51 Gen. Staples	Hosp. 8-3-18
Conway	3-4-18

Diagnosis G.S.W. L. foot. 31.10.16.

(1) Later Diagnosis (if changed) Bronchitis

(2)

(3) I.C.T. Case. to V.D.S.

Additional Diagnosis: if more than one state present

Jaundice not ent

DISPOSITION

Date

To Duty 6.11.16

REMARKS

Base rept. W. 31.10.16.

to Duty 15-12-16

~~R.T.D. Sick 9.1.17~~

C.L. 21.11.16. A66.

" 2-12-16 a/76

~~4.12.16 a/77~~

C.L. 9-1-16 — 107

29.1.17. A124 A227

C.L. 9-6-17

29-1-18 a/125-1.

4-2-18 @ 130.

13-3-18 a 162 (2)

15-4-18 a/188-4.

11-6-18 a/211-2.

S 8.18 A 283 (2)

" 13-8-18 B 290 (2)

cancel A 124

Dis. to Duty 28-1-18

~~Disc. 29-4-18~~

Dis. to Duty 6-8-18

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	59 Cas. C. Station	30. 7. 18
2.		
3.		
4.		
5.		
6.		
7.		

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2 Annie Mc. Kinnon PAYMENTS. Name of Soldier Mc. Kinnon N.B.

L. L. Job 310.—Req. 6574.

164150

$20.00

JUN 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		976		} Postal in error
July		2659	40	}
Aug.		C12733	20	
Sept.		818225	20	
Oct.		234402	0	
Nov.		228368	20	
Dec.		T30086	20	
Jan.	1917	38962	20	
Feb.		45537	20	
March		51385	20	20 W.
April		3245	20	20 W.
May		9832	20	20
June		16107	20	
July		23452	20	
Aug.		30359	20	
Sept.		37321	20	
Oct.		43632	20	
Nov.		45540	20	
Dec.		57348	20	380
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AK Gunhillcuse
AUDIT CLERK
DATE 11/6/19

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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 7851

Date of Assignment

June 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 164150

Rank Pte Promoted Reverted Discharge

Soldier's Name N B McKinnon

Battalion 84th Bn D

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Annie McKinnon

Address 129 George St

Brantford Change of Address Ont

1

2

3

4

012458-9-24.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec	—		380	380		
Jan 1918	C 67413		20	20	✓	
Feb	E 67158		20	20	✓	
Mar	M. 92138		20	20	✓	
Apl	F 668		20	20	✓	
May	P 12888		20	20	✓	
June	J 25206		20	20	✓	
July	L 31955		20	20	✓	
Aug	N 35272		20	20	✓	
Sept	Q 47722		20	20	✓	
Oct	T. 64973.		20	20	✓	
Nov.	P. 60446.		20	20	✓	
Dec.	Y. 59866. ✓		20	20	✓	
Jan.	V 69354.		20	20	✓	
Feb.	Z 81100.		20	20	✓	
Mar	K. 83674.		20	20	✓	
			680	680		

A/c Closed 31-3-19.

Ret'd per Adriatic

Date 8-3-19 F.X 14-3-14.

Clerk Christian

M.R.O. Dest 75405. 14-3-19.

M.D. #4

CANADIAN ASSIGNED PAY AUDITED
OK Hawkellous
AUDIT CLERK
DATE 11/6/19

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Ins 351
Can

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 16d150 | RANK Cpl | NAME (IN FULL) McKINNON N.B.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Qual. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prt	1-3-19	D74 Supp C10 B.T.

ORIGINAL UNIT C.E.F. 42nd Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Adriatic | DATE 8-3-19 | AUTHORITY

DATE OF ATTESTATION 12-8-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 20.00 | DATE EFFECTIVE 1-4-19

PAYABLE TO Annie Mackinnon | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 129 George St. Brantford | W.S.G. Nat B McKinnon | Bank of Montreal Brantford Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE Ont.

DISCHARGED | PLACE | DATE 11-3-19 | REASON | AUTHORITY D74 Supp C10 B.T. | IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. No. 4 MAR 26 1919 D. MOBILIZATION PAY [illegible] ION

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							10 45																								10 45	
1-3-19 to 15-3-19	15	1.20	18	00	35	00	53	00	Book Train	28528	487				5	00	10	32	58	20	00			4	80			132	80	70	00	GWR	
							63	45																					138	25		
			Other Credits		W.S.C.		S.A.		Total																Other Charges		W.S.G.		S.A.		Total		Balance Soldier Dependants	
			42	00			42	00																	4	50	70	00	70	50	345	50
11-4-19																									4	50	65	20	70	00	280	00
11-5-19																											70		70		210	
11-6-19																											70		70		140	
11-7-19																											70		70		70	
11-8-19																											70					
																													420	00		

War Service Gratuity Army

PARTICULARS OR REMARKS

Cpl B.E.F. LPC 10.45
Individual pth 35.00
W.S.G. 70.00 ap 20.00 Prior to 1/4
Pd 4.80 overpaid 2-3-19
15-3-19

229826
300257
304307
106353
127379

Copy of Enrol

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

C.A.D.C. 5009 A

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

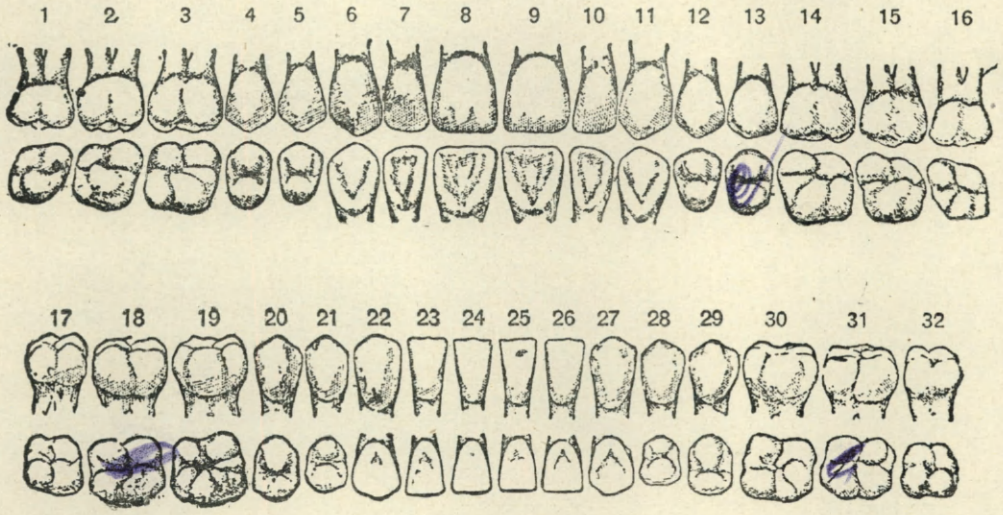
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Mackinnon N.B.

REGIMENT 42nd Can Bn. RANK Cpl No. 164150

Date of Examination in England _____ Date of Examination in France 20-1-19



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 13 - 18 - 31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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 – Yes
- (*c*) In France

Signature of Dental Officer [signature]

PARTICULARS OF CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

The particulars below are required for statistical purposes and further reference. Unless these are furnished, the test will not be carried out.

Name Mac Connors W.B. Rank. Cpl. Reg.No. 124730

Unit 42 Canadians

Diagnosis (if Syphilis, what stage) Primary

Date of first sore March 7/17 T.Pallidum found, date and place France

Secondaries, if any None Date

Other Symptoms

Treatment:- Arsenical preparations employed

Total Dosage of injections

Date of last

Mersurial preparations employed

Total dosage of injections

Date of last

Other treatment

Previous Wassermann date March Result Neg.

Where performed

Station and date Bramshott 9/2/19 Signature A. Montgomery Capt.

Result of test (original Wasserman) Quarter system.

Date Serial Result WASSERMANN NEGATIVE

Remarks:

RECEIVED RECORD OFFICE MA. 29 1919 ACTION TAKEN

Rank Private Date July 6th 1915

Regimental Number 164150 Date of Discharge March 11th 1919

Unit 42nd Battalion

Name MacKINNON, Neil Bruce

Address 139 George St., Brandford, Ont.

B.P.C. District Office Montreal, D. D. No.4

Attestation Form:-

Weight on enlistment: 140 pounds

Marks of identification: Scar forehead over right eye

Rank at attestation: Private

Casualty Form:-

Minor defects: Syphilis due to infection

Rank when disability was incurred: Private

Missl. Specialist's Report attached

Conduct:-

Venereal disease: Shyphilis 8/3/18 (Autho.M.F.W.54)

Conduct: Good

Self inflicted wounds: Nil

B.C. Form 871.
20M-2-19.

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Annie McKinnon

Address 129 George St.,

Brantford. Ont.

Rate $20.00

By Whom Assigned McKinnon

Regtl. No. 164150

Rank Pte.

Corps 84th Bn. "D."

JUN 1 - 1916

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				

CONSOLIDATED 3 ACCOUNT

CANADIAN
ASSIGNED PAY AUDITED
OK Thurlleans
AUDIT CLERK
DATE 11/6/19...

No. 64150 RANK pte NAME Mc Kinnon Neil B

T. O. S. UNIT 84th Bn C.E.F. 109th Regt Quota

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915	
aug 12	aug 31	c
Sept.		c
Oct.		c
Nov		c
Dec		c
1916		
Jan.		c
Feb		c
Mar.		c
Apr		c
May		c
June		n

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
JUN 18 1916

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-7-16.	EFFECTIVE DATE:-	
AMOUNT:-	$ ~~20.00~~ stopped 1/3/19.	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.

Mrs Annie McKinnon (Mother)
129 George St Brantford Ont.

NAME:- McKINNON. Neil Bruce.
NUMBER:- 164150.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
DO 137 42 Bn 14/12/18	16.11.18	L/C
" 7 " 21/1/19	16.1.19	Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 84th Bn.
DATE ACCOUNT FIRST OPENED:- 1-7-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			42nd Bn
			Canada Sect

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
2/2	6826	7 C&B 22/2/19 50 fr	9 33				
15/2	4363	B'shott 27/2/19 KI	4 87				
			14 20				
LPC Bal. 28/2/19 Cr $			10 45				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
DO 137 42 Bn 4/12/18	1 05	.10		
" 7 " 21.1.19	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis. to Can 1/3/19. Ref W. 3201-17/2/19 Rights to do M.D. 2. Comp. 19/2/19

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31/18	Bal Fwd.								30 92	Nil.	
Apr				Can A.P.				20	10 92		
				1 AR 96. C.J.B.D. 7/4/18.	446				646		
				1 AR 1301. " 21/4/18. 27 days @ 60¢	446				200		
				W.D. 2021. 8/3/18 to 3/4/18. B.D. 33. 13/4/18.		16 20			1420		
	P. Pay-	33 00							18 80		
May.		33		Can A.P.	8 92	16 20		20 20	1 20		
				3 AR 374. C.J.B.D. 11/5/18	446				566		
				" " " "	446				1012		
				10 AR 594 " 25/5	446				1458		
	P Pay.	34 10							1952		
		34 10			13 38			20			
June				Can A.P.				20	-48		
				3 AR 651 3rd D'Wing 11/6.	357				405		
	"	33-							2895		
				21 AR 793 " 25/6	446				2449		
		33			8 03			20			
July				Can A.P.				20	449		
				6 AR 1026 3rd D'Wing 11/7/18	357				-92		

CANADIAN PAY AUDITED

UNIT AND TRANSFERS

ORIGINAL UNIT:- 84th Bn.

DATE ACCOUNT FIRST OPENED:- 1-7-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			42nd Bn.
			Canada Sect.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
2/2	6826	7 C.T.B 22/2/19 50 fr	9 33				
15/2	4363	B'shott 27/2/19 Ex	4 87				
			14 20				
LPC Bal. 28/2/19 Cr			10 45				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
D0137 42 Bn 4/12/18	1 05	10		
" 7 " 21.1.19	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis. to Can 1/3/19. Ref W. 3201-17/2/19 Bshott to do M.D. 2. Comp. 19/2/19

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31/18	Bal Fwd								30 92	Nil	
Apr				Can A.P.				20	10 92		
				1 AR 96. C.G.B.D. 7/4/18	4 46				6 46		
				1 AR 1301. " 21/4/18	4 46				2 00		
				27 days @ 60c B.D. 33. 13/4/18.		16 20			14 20		
	P. Pay.	33 00							18 80		
		33			8 92	16 20		20			
May				Can A.P.				20	1 20		
				3 AR 374. C.F.B.D. 11/5/18	4 46				5 66		
				" " " "	4 46				10 12		
				10 AR 594 " 25/5	4 46				14 58		
									19 52		
	P Pay.	34 10									
		34 10			13 38			20			
June				Can A.P.				20	- 48		
				3 AR 651 3rd D'Wing 11/6	3 57				4 05		
	"	33 -							28 95		
				21 AR 793 " 25/6	4 46				24 49		
		33			8 03			20			
July				Can A.P.				20	4 49		
				6 AR 1026 3rd D'Wing 11/7/18	3 57				- 92		
	"			15 " 1115. " 23.7.18.	4 46				3 54		
		34 10							30 56		
		34 10			8 03			20			
Aug				Can A.P.				20	10 56		
				6 AR 1456 3rd D'Wing 13/8	3 57				6 99		
	"			" 986. 7th Bde 17/8.	3 57				3 42		
		34 10							37 52		
		34 10			7 14			20	33 95		
				2 AR 1265 42 Bn 3.9.18	3 57				30 38		
				6 AR 1379 4 C.M.R. 14.9.18	3 57						
				Fwd	7 14						

CANADIAN ASSIGNED PAY AUDITED AUDIT CLERK DATE 11/6/19

Can AR #20 2/100

Cpl.

NUMBER 164150 RANK ~~Pte~~ L/C NAME McKINNON N. B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd						7 14				30 38		
Sep	Pta	33		Can ap						20	43 38		
		33					7 14			20			
OCT				AR 1557	7 CIB	3/10	3 73						
				AR. 2066.	"	15.10	9 33				30 32		
	P. T.	3 2 10		C. A. P.			13 06			20	44 42		
				AR 1838	3 Div Nurs CCC	10/11	3 73				40 69	26/12/18	
		34 10					16 79			20			
NOV	"	33		C A P						20	53 69		
				AR 2763	"	6/11	3 73				49 96		
				" 3189	7 CIB	14/11	13 06				36 90		
				" 4229	"	6/12	3 73				33 17		
	appt L/C 16.11.18 D0137 42 Bn 4.12.18.	0 75									33 92		
	L/C P.	35 65		C.A.P.						20	49 57		
DEC				AR 4554	"	19/12	3 73				45 84		
JAN 1919		35 65		C.A.P.			24 25			20	61 49	✓	
		105 05					24 25			60			
FEB				AR 91460	Cash	26/12	9 73				51 76		
				" 4929	7 CIB	22/12	9 33				42 43		
				" 543	"	22/12	24 33				18 10		
	Pro Cpl 6.1.19 D07 42 Bn 21.1.19	1 55									19 65		
				AR 6045	-	15/1/19	3 73				15 92		
	Cpls p.	33 60		C A P.						20	29 52		
				AR 24964	Cash	5/2	4 87				24 65	✓	
				" 6826	7 CIB.	2/2	9 33				15 32		
				" 4363	a Wing CCC.	15/2	4 87				10 45	✓	
		35 15					L.L. 19			20			
		33 15					66 19			20			

S O S to Canada 1.3.19 S.L. 25.

L P C.

		34	10				16	79		20			
NOV	"	33			C A P.					20	53	69	
					AR 2763	"	6/11	3	73		49	96	
					" 3189	7 C J B.	14/11	13	06		36	90	
					" 4229	"	6/12	3	73		33	17	
	appt L/C 16.11.18 D0137 42 Bn 4.12.18.		95								33	92	
	L/C P.	35	65		C.A.P.					20	49	57	
DEC	"				AR 4554	"	19/12	3	73		45	84	
JAN 1919	"	35	65		C A P.			24	25	20	61	49	✓
		105	05					24	25	60			
FEB					AR 91460	Cash	26/12	9	73		51	76	
					" 4929	7 C J B	22/12	9	33		42	43	
					" 543	"	22/12	24	33		18	10	
	Pro Cpl 6.1.19 D07 42 Bn 21.1.19	1	55								19	65	
					AR 6045	-	15/1/19	3	73		15	92	
	Cpls p.	33	60		C A P.					20	29	52	
					AR 24964	Cash	5/2	4	87		24	65	✓
					" 6826	7 C J B.	2/2	9	33		15	32	
					" 4363	a Wing CCC.	15/2	4	87		10	45	✓
		35 35	15 15					66 66	19 19	20 20			

S.O.S. to Canada 1.3.19 S.L. 25

L.O.C.

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Brantford, Ontario

NAME AND ADDRESS OF NEXT OF KIN: Annie MacKinnon
129 George St, Brantford, Ont
Canada

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HO

Checked Rthegge

DATE 1916.	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE RO 1 No.	1 DATE	2 No.	2 DATE	3 No.
														8	8 -					
July.	31.	1	31	-	31.	10	3	10.							34 10					
1-31 Aug	31	1.00	31	00	31	40	3	10							34 10	361	31/7			
1-30 Sep	30	1.00	30	00	30	10	3	00							33 00	27	27/8	105	17/9	304
Oct 1-31	31		31	-	31		3	10							34 10	300 202	1/10 29/9	339	14/10	
1-30 Nov	30		30		30		3	00							33 00					
Dec 1-31	31		31	-	31		3	10							34 10	487	14/11	589	5/12	
1917			18	40			18	40												
1-31 Jan	31	1.00 10	34	10.											34 10	657	18/12			
1-28 Feb	28		30	80											30 80	836 804	18/1 12/1			
1-31 Mch	31		34	10											34 10	1044 943	22/1 11/2	1368 1171	21/2	
1-30 April	30		33												33.			35		
			334	40										8 ..	342 40					

s, &c.

ctive te	Authority

AL, &c.

Name of Hospital

Reg'l No. 16/150. Rank Private. Name McKinnon. Neil Bruce.

If in Permt. Corps What Unit } Unit 81st Batt'n. Transferred to 43rd Bn. Date 1.8.16. Authority D.O. 152. 3.7.16.

Permanent Force Allowances Transferred to 42 Bn Date 31/5/17 Authority BO 482/5.

Place of Attestation Niagara Transferred to Date Authority

Date of Attestation 2nd Sept 1915 Transferred to Date Authority

Assigned Pay Monthly $ 20xx Date Effective 1st July. 1916.

Payable to Annie McKinnon. 179 George St. Brantford. Ont. Relationship Mother.

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C. 14

tance rolls 3 Date	tance rolls 3 No.	tance rolls 3 Date	tance rolls 4 No.	tance rolls 4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	6. Remarks
													8.			Bal. from Canada 30.6.16.
									20 -		20 -		22 10.			
					7 30				20		27 30		28 90			
17/9	304	17/7			2 62	2 61	4 86		20.		30 09		31 81.			
					2 61											
4/10					2 62	2 61			20 -		27 84		38 07			
									20 -		20 00		51 07			
5/12					2 62	11 34			20 -		33 96		51 21			
					2 61				20.		22 61		62 70			
					2 61											
					2 61				20 -		25 22		68 28			
1/3					2 62	3 62										
					2 62	2 62			20 -		30 48		71 90			
						2 62			20		22 62		82 28			
					30 84	24 42	4 86		200		260 12		82 28			

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 11/6/19

164150 Pte McKinnon N. B.

DATE 1917	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
Fwd			334	40										8 ..	342 40
May 30	1	10/	33												33
			367	40										5 .	375 40
"	1		1	10											1 10
June	30	"	33	-											33 -
July	31	"	34	10											34 10
Aug	31	:	34	10											34 10
Sep	30	:	33	.											33

ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE
101							
218	22/5						
428	4/7						
368	20/8						
31[illegible]	8/6						
				147	3/5	42nd Bn.	
535		842					
		612					
		681					
		764					

CASH PAYMENTS 1	2	3
30 84	24 42	4 86
262.		
33 46	24 42	4 86
268		
268		
268		
267		
		267
268	267	
	268	
	535	
	267	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.
Oct		~~48 53~~ D.							118 53	Nil	
	P Pay	34 10					20				
				A.R. 42nd. 924 16.9.17.	2 68				129 95	"	
		34 10			2 68		20				
Nov	P. Pay	33		" " 1063 12/10/17.	3 57						
Dec	"	34 10		" " 1101 19/10/17.	4 46						
				" " 1140 31/10/17.	13 38						
				" " 981 26/9/17.	8 92						
				A.P. Nov			20				
				" Dec.			20		126 72	"	
		67 10			30 33		40				
Jan.	P. Pay	34 10		"			20				
				A.R. 3673 C.C.S. 20/11/17.	8 92						
				A.R. 1600 5/12/17. 42nd.	87 60						
				" " "	9 73						
				1307 42nd. 5/12/17	4 46						
				1321 " 5/12/17.	4 46				25 65	"	
		34 10			115 17		20				
Feb	"	30 80		A.P. Can			20				
				A.R. 1508 42nd Bn 7/1/18	4 46						
				" 1589 " 22/1	3 57						
				" 1640 " 2/2.	3 57						
		3080			11 60		20		24 85	"	
Mar				A.P. Can			20		4 85		
				A.R. 1693 42nd Bn 16/2	4 46				39		
	P Pay.	34 10							3449		
				A.R. 1816 " 4/3.	3 57				30 92		
		34 10			803		20				

MENTS 3	MENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
4	86	200 ..		260 12	82 28				
		20 .		22 62	92.66				Trans/42 Bn 31/5/13048 2/5.
4	86	220		282 74	93 76				
		20		22 68	104 08				
		20		28 03	110 15				
2	67	20		22 67	121 58				
		20 .		36 05	118 53				

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.