MCQUALE

JOHN

I.D. number No. d'identification Surname
Nom de famille

LEC'L 28/07/58/9

Given names Prénoms

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location Lieu

7189

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Court of Inquiry or on men MENTS Tissing on Active Service...... H. Q. No .. Name Mc Luade John ation Papers..... Declaration of change of name. Regt. No55908 Rank Chel Authority for special enlistments..... Corps 19 19 6 67 6646 Documents of re-enlisted men..... Regimental Conduct Sheet Compulsory Stoppages.... Casualty Forms.... Proceedings on discharge. Corps History Sheet..... Date and No. of Deposit Receipt for Purchase Money and Amount Parchment Certificate..... Medical Report for Invalids Medical History Sheet 33903 Proceedings of Regt. Court Martial Copies of Convictions by Civil Power...... Company Conduct Sheet..... Clothing Transfer Certificate Inventory of Kit..... Last Pay Certificate..... a 7 19 /22 M. F. W. 62. Sent to eR. 16-7-1

Par 53908

ATTESTATION PAPER.

No. 55968

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

	QUESTIONS TO BE FUT	(ANSWERS).
	Wlatin	John the Trade
	What is your name?	C: 1.1
	what Country were you born?	Dunder seat com
3.	What is the name of your next-of-kin?	(H) Wis Calherine M. In
4.	What is the address of your next-of-kin?	147 Hughern h Han
5.	What is the date of your birth?	Nov. 10 1876
6.	What is your Trade or Calling?	Electrician
7.	Are you married?	Yes
8.	Are you willing to be vaccinated or re-	
	vaccinated?	Ges.
9.	Do you now belong to the Active Militia?	, vo
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	12 Bys at J Lights
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the)	Wes .
	Canadian Over-Seas Expeditionary Force?	ent much do
		(Signature of Man).
		(Signature of Witness).
-	SALES DESCRIPTION OF THE PROPERTY OF THE PROPE	
the	termination of that war provided His Majes harged.	last longer than one year, and for six months after ty should so long require my services, or until legally (Signature of Recruit)
Dat	e. // 00 / 2 1914.	Wellelle (Signature of Witness)
	OATH TO BE TAKEN BY	MAN ON ATTESTATION.
in d	uty bound honestly and faithfully defend His Ma	ne Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors,
		Lam My Lunch (Signature of Recruit)
	e Wow/2 1914.	1 7/1 1 10
Dat	e1914.	(Signature of Witness)
	CERTIFICATE O	F MAGISTRATE.
	stions he would be liable to be punished as provid The above questions were then read to the Re I have taken care that he understands each qu	
befo	ore me, at 100ml-this	12 day of November 1914.
		Wilsonere M. (Signature of Justice)
	I certify that the above is a true copy of the A	ttestation of the above-named Recruit.
	-1111	Approving Officer)
900 7	Л_9.14	Mayor
HQ.	A.—8-14. 1772-1-13.	

Description of John Meg	quade on Enlistment.
Apparent Age	Distinctive marks, and marks indicating congenital
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	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. 8 2 ins.	Talto . vij li fora ballet dance « fogeton
gi (Girth when fully ex-	ballet dance & forget in
Girth when fully expanded	left translip.
Complexion Dask	
Eyes blue	
Hair elask	
Church of England	
Presbyterian	
wesleyan.	
Baptist or Congregationalist	
Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Roman Catholic	
\Jewish	
of rejection specified in the Regulations for Army Med	eye; his heart and lungs are healthy; he has the e is not subject to fits of any description. an Over-Seas Expeditionary Force. Medical Officer.
CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
John he Inade	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 co	
Date 2012 1914.	Image (Signature of Officer)
Date1914.	

CERTIFICATE re DISCHARGE DOCUMENTS.

7 Reg'tl. No. 5590

No. 55 908 Army Rank Col.
Name
Corps OCO AC.
Battalion, Battery, Company, Depôt, &c
Date of discharge march 234d /17
Place of discharge Ovronto
1. Description at the time of discharge. MILITIAZ DEFENCE
Age 45 years months Height feet 9 inches Chest girth when fully expanded ins. measure- ment range of expansion ins.
Complexion Sissh Calloo Chanss gust
Trade Goodinian
Intended place of residence (To be given as fully as practicable) (The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)
2. The above-named man is discharged in consequence of Para. 392, Sec. 16. K. R. & O. 1912. Being no longer physically fit for war service. (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)
8. Military character:—
Character awarded in accordance with King's Regulations:—
1 A A A A A A A A A A A A A A A A A A A
ooldie
Character awarded in accordance with King's Regulations: CANADIAN DISCHARGE DEPOT, Lient:-Col. Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.
Initials of Commanding Officer.
Army Form B. 2088 has been issued to*
1933 Wt. W. 13141/283 70,000 3/15 D. D. & L. Sch. 39 Forms * Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O, and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?
Classification for service, or proficiency pay Class
Sauth Myrica 1899-1902
6. Campaigns, Medals and Decorations
Certificate of education
7. His accounts are correctly balanced, and I have impartially inquired into an inactor brought before me in accordance with Regulations. BATH (Place) OCT 4 1916 A, D, of R. & O., (Date) FILE Commanding Officer Balton manding, Regiment.
8. Certificate to be signed by the soldier on discharge. hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.
(Place)(Signature of Soldier.)
(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 at his own request. I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.
(Signature of Soldier.)
 10. Statement of service.
Service towards engagement to(the date to which the record of service is completed)
Further service ,, ,, (the date of confirmation of discharge) ,, ,,
Total
11. Confirmation of discharge.
The discharge of the above-named man is hereby confirmed for (date)
(Place) Toronto. (Date) march 2nd / 7 Signature Lills of M. H. C. Command
Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Charsen Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

LIST OF DISCHARGE DOCUMENTS.

- 1. Proceedings on discharge (Army Form B. 268)
- Proceedings on transfer to reserve (if any)
 (Army Form B. 2056)
- 3. Duplicate attestation
- 4. Army Form B. 97 (if any)
- 5. Declaration of change of name (if any)
- 6. Re-engagement paper (if any) (Army Form B. 136)
- 7. Authority for continuance, or extension, of service (if any)
 (Army Form B. 221)
- 8. Court of Inquiry on an injury (if any)
 (Army Form A. 2)
- 9. Regimental conduct sheet (Army Form B. 120)
- 10. Company conduct sheet (Army Form B. 121)
- 11. Copies of convictions by Civil Power (if any)
- 12. Medical history sheet (Army Form B. 178)
- 13. Medical report on invalid (if any) (Army Form B. 179)
- 14. Copy of receipt for purchase money (if any)
- 15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
- Detailed statement of former service allowed to reckon towards pension (if any)
- Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
- Descriptive return (Army Form D. 400), where required
 See section 11 on second page
- 19. Active service casualty form (Army Form B. 103)
- 20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

- 1. Duplicate attestation.

 (On third page the date and cause of discharge will be entered and signed by the competent military authority)
- Medical history sheet (if any)
 (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

- 1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.
- 2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).
- 3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms:—
 - (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
 - (b) Character certificate (Army Form B. 2067) if entitled.
 - (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

- 4. The discharge documents of re-enlisted pensioners, on redischarge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.
- 5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.
- 6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.
- 7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.
- 8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.
- 9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Name:

Service Rank or Number:

Branch of Service:

Date and Place of Birth:

Date and Place of Appointment, Enlistment or Enrolment:

Theatres of Service:

Date and Place of Retirement or Discharge:

Type of Retirement or Discharge:

Rank on Retirement or Discharge:

Medals and Decorations:

Remarks:

John McQUADE

55908

Canadian Expeditionary Force

15 November 1876

Dundee, Scotland

12 November 1914

Toronto, Ont.

Canada, Britain and France

23 March 1917

Toronto, Ont.

Honourable

Corporal

1914-15 Star, British War Medal and Victory

Medal

Nil

Casualty Form-Active Service.

		Regiment or Corps 19"	Dattalion	616.0	7	
Regim	ental No.	5908 Rank Julian 1	Name ML	nade!	John	
Enliste	ed (a) 12.11-	14 Terms of Service (a)	of war s	ervice red	ckons from (a) 12. 11-14	
	f promotion esent rank	Date of appoint to lance ran	ment) /- 9-/	5 Num	perical position on old of N.C.Os.	
Extend	led	Re-engaged	Qualification (b)			_
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.	
- 1	U-C:19 Bn	appointed Le Corporal	Sandling	1-9-15	Part II Orders 148 - d/8	.9-15
		Disembarked	Boulogne	SEP 1	1915	
1176		Promoted armourer Corpolal	In the field	30 18	B213 Part I Order no 13 d/21 76	
29% 10% 12% 16% 18%	63Depot 06.197Bn 6BDepot du	(K) shell shock 21% Admitted (Class IB) Fransfured (Med Unfit) Classified "6" by Inedical Board Proceeded to England	at duly BBace Deput els do do folkistoni	18 %	8213 B213 hom Roll W.3389 file 6235 Pant II brown hosy of 36 lb Jewhogaw Captain r Lieut. Colonel, A.A.	207 16 2 207 16 2 207 16 20 20 20 20 20 20 20 20 20 20 20 20 20
A 12	ED	M C.C.A.C. TO Ban for Dis	II D.O. No3.		+70.2 2 4 Chilla	m

(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.

3 3	Report	Record of promotions, reductions, transfers,			Remarks
ate	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 ta'ten from Army Form B. 213, Army Form A. 36, or other official documents.
		The Land Park Street Control		THE REAL PROPERTY.	
		Operation and the second	THE REPORT OF		
		J.D. J. Jo K. H.	Ty to send the		Anta em asaga
esini		and American American			
		CONTRACT TO SECURE			Marie Marie San
				*	
2	enn i				
-					
-					

.

Reg'l No.

Unit

19th Bn.

If in perm. Corps, What Unit?

Married or Single Married.

Place and Date of Enlistment Toronto Ont: 12th. Nov 1914.

Place of Birth Dundee Scotland.

Name and Address, Next-of-Kin Mrs C Mc Quade. 547 Hughorn N Hamilton.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

	Dis	scharge, Date	and Place	Reason		Character	
0,0	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARK Taken from Official	S
1	13-5-18		Au. Ju. 388 candinavian	& moland	Harman Land		
	8-9-15 21.3.16	ч	Enbanked for France	pulbriold	The state of the s	Anform: dorm	
		"	Promoted arm. Cpl and graded for pay and allowand as Reg. Cpl. whilst employed as arm. Cpl.	e In Field	0	Part I 20 13.	
	31.8.16	19	Returned to Duty	Kepta from Bas	1	Cas. Lat A 279	Chell Shock
	21-8-16	6606.	Taken on strength. + hipld			Pt II 34. DII,0346	
	22. 8.16. 3.10-16		Or boom to 35 " R.B" P.B.D. bears to be shum on born to 35 "RB		POLICE TO A STATE OF THE PARTY	OPTO.550 RVI 0.431.	
	5 10 10	w	a man a summer hour of so be	00	A 1 10.	W. F. G. 751.	

A THE RESERVE	* 10 100 100 100					
Rep	port	Record of promotions, reductions,	The state of		· CREATED SOUNDS	
Date	From whom received	transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
	1				The state of the s	
29.9.16	6646.	On boom to 600 . Spec Disch. PBD. in Co	au. Telõu		RVTO 426	
24-8-16	35 Bin	Mached from ble as	M Sandling	21-8-16	202	
5-10-16		Eases to be M. Reft to be	al "	27-9-16	. , 238	
		brases to be att orich to bou M.U.			RIEO. #205	
26-10-16	e Ne				RIE.O. 470	
in High Carriery		Soff S. on Box to lean for Disc. I	916.			
£/550(=)	sali eronic is	The same of the same	294			
	Xi Dediti	To Convales cut Home	Toronto	18-10-16	now Roll No 63.	
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To the same						
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The second						
				35(CHECK IN THE
						THE REAL PROPERTY.
		The state of the s		The state of the s		

Medical Report on an Invalid.

I9 Bn. 35th. Res. Bn.

Cpt.

Regimental No. 55908.

Rank

McQuade. J. Name

10 0 00 In Bn.

West Sandling .

Date.

5. Age last birthday

45. Nover. I4/I4

6. Enlisted

Hamilton.

Former Trade) or Occupation

Electrician.

8. Disability.

(a) In the presence of the enemy? Result of injury Right foot. Myalgia.

If the disability is an injury, was

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Aug. 1916.

(b) Where?

(a) Off duty?

(c) Opinion?

10. Place of origin of disability. Reninghelst. Belgium. I fbemretred neitsredo na RaW . dr

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Three years ago had injury to right foot, all ways trouble him, along with Myalgia during eleven months in the trenches but would not give in C.C.A.C. Aug. 20/16 loss of teeth the result of .D. A. D. Dy Vd . G. B. P. or disease, directly* artributable

Do yaq recommend

active service?

17400000

Fit for duty?

Fit for base fluty A

Invalided to Canada?

Discharge as permanently unfit? No. 11.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain Exposure to wet and cold.

Due to wet and cold. I. Yes.

2. Yes.

the specific conditions to which you studints of library source source source attribute it. (See notes on page 3.)

† Delete this word if no exceptions are to be

P. Kingaway W.C. Ro-174/16-10533.	Sr. C.)
13. What is his present condition?	
Weight should be given in all cases when has pain and tendernose in right it is likely to afford evidence of the brogress of the disability.	ia in
· gardons deels overage 45 years old.	
Circy; sand Resp. F. yetem normal.	
Date It En. IS of o.	
IS Em.	
SSth. Res. Bn.	
eximental No. 55908. Id/Id	
6. Enlisted	2. h
tank topt.	3. E
lame McQuade. J. 7. Former Trade) Electrician.	4. h
14. If the disability is an injury, was it caused .vikidszidetgapplicable.	
(a) In the presence of the enemy?	
(b) On active service? Algir Vau at to Jessel (b)	
(c) On duty?	
Statement of Case. ? ytub ? (b)	
(w) On day.	
was a Court of Inquiry held on the silicate to be represented by the same of the sold control of them has a successful and the man unsupported statements and coidence representing the man unsupported statements and coidence. He will also carefully distinguise cases entirely due to veneroal discountents. He will also carefully distinguise cases entirely due to veneroal discountents. If so—(a) When?	In an militar
(b) Where?	
Date of origin of disability. Aug. ISIG. (a)	9.
Place of origin of disability. Rentinghelat. Belgius. If some place of origin of origin of the same of	1 .01
Give concisely the essential facts of the istory of the disability of the Medical History Sheet bearing ways trouble him slong with Spanish during	d
18. In case of loss or decay of teeth. Is the Svin Jon loss of teeth the result of wounds, injury of the sport applicable. or disease, directly* attributable to	0
active service?	
19. Do you recommend	
(a) Fit for duty?	
(b) Fit for base duty?	
(c) Invalided to Canada?	
(d) Discharge as permanently unfit?	
Whilevel Courtes	

I have satisfied myself of the general accuracy of this report, and concur therewith, except+ Contracted (1) in the presence of the course of the contracted (1) in the presence of the cuenty (2) on active service, explain is active service, explain is a tilted to the course of the course of the cuenty course of Date

Officer in medical charge of case.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause. attribute it. (See notes on page 3.)

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, asseminated Opinion of the Medical Board, England Hot Point Notes—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to decide upon the man's claim to pension. decide upon the man's claim to pension. (ii.) Expressions such as "may," "might," "probably," &c., should be avoided. (iii.) The rates of pensions vary according to wheher the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active ervice. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations). (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life. 20. (a) State whether the disability is the result of injuries received or illness con- Zuyalfia yer tracted, (1) in the presence of the enemy, (2) on active service. The same of (b) If due to one of these causes, to what specific conditions do the Board attribute it? 21. Has the disability been caused or aggravated by (a) Intemperance? (b) Misconduct? 22. Is the disability permanent? 23. If not permanent, what is its probable minimum duration? To be stated in months. y mou 14 for Se 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? In defining the extent of his inability to earn a livelihood, estimate it at \(\frac{1}{4}\), \(\frac{3}{2}\), or total incapacity. 25. If an operation was advised and declined, was the refusal unreasonable? 26. Do the Board recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? (d) Discharge as permanently unfit? 27. Remarks. Signatures:-President. SHORNOLIFFE 18, Westbourne Gardens, Folkestone, Members. Station President. Administrative Medical Officer. Date_

3830c/8 PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assemb at at Prior Park, Bath, England, on the day of day of sed in By the Round as it is essential Members of Board. decide upon the man's claim to pension. ding to whether me disability is attributed to wounds or injuries received or illness con-2) on artive arrace. It is therefore resential when assigning the cause of the disability to 41 to 548 of the Canadian Pay and Allowance Regulations). tracted, (1) in the mesence of the fremy differentiate between them, (10) in answering question (10). (by) In answering question to the Board should be careful to discretely discretely which the soldier would have been equally liable in ovid life. the Board should be careful to discriminate between disease resulting from military conditions Proceedings. (a) State whether the disability is the The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked vise souther to (b) If due to one of these causes, to what specific conditions do the Board attribute it? Has the disability been caused or aggra (a) Intemporance i (b) Misconduct? as. Is the disability permanent? 23. If not permanent, what is its presable minimum duration? To be stated in months. 14. To what extent is his capacity for carning a full livelihood in the general labour market lessened at present? u definence the extent of his inability to earn a livelihood, estimate it at \$, \$, or total incapacity. If an operation was advised and declined, was the refusal unreasonable? Do the Board recommend Fit for duty? Fit for base duty? Invalided to Canada? Discharge as permanently unfit? Signatures: Signed at Prior Park, Bath, this 191 President. The Maria Administrative Medical Officer.

5 5 9 0 8

DUPLICATE

Army Form B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 $^{\rm A}$ to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname_	M & S O H D H •	Chr	ristian Name_	John	•	
	Parish Dundee.		for Field o	n, Inoculatio r Foreign S	ns, etc.; Ex ervice, Ext	caminations ension. Re-
Dinthalana)	County Scottan		Issue of Su Dental Tre	it, or Prolo argical Appl eatment, etc.	iances; Pa	f Service; rticulars of
	n 7th day of Nov.		Date		details, and Signa	ature
	t Toronto.		30-11-14.	Vacc.	J.A.A.	
	38 years		8-12-14			
	upation Electrical.		14-12-14.))	_	
	5 feet 2 ¹ / ₄					
	165		- 50,000			
Chest	Girth when fully 37 Expanded Range of Expansion 34	inches.			/- /- /- /- /- /- /- /- /- /- /- /- /- /	
Physical Dev	relopment Goods					
Vaccination I	Marks $\begin{cases} Arm & RIGHT \\ Number & 4 \end{cases}$					
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	Corps	Regtl. No.	Toronto		6-11-14	
Joined on enlistment	91st Highlanders.	55908.	H.T. Scand	inavian.	13-5-15	
	19th Infantry Bn.		Shornelif	fe.	23-5-15	
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TABLE II. Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	Ad	Admitted to Ho pital		Discharged from Hospital			Discase	Number of days in Hospital	Remarks bearing on the cause nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress. including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of
Hospital	Day	Month	Year	Day	Month	Year	± 1000		will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer
ported from Base.	21	7	16	23	7	16	Shell Shock	2	Returned to Duty.	A279. GH
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nade Christian Name. Approved by M.O. Rank Birthplace Date EXAMINED FOR RE-ENGAGEMENT, pparent age. ... M.O. Trade or occupation. M.O. Inches M.O. Weight 65 Lbs. M.O. inches Maximum expansion... .M.O. Physical development... M.O. Small-Pox Marks... M.O. Result VACCINATIONS. Vaccination Marks Number. _M.O. When Vaccinated last.... M.O. (a) Marks indicating congenital peculiarities or previous M.O. Date Result ANTI-TYPHOID INOCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection M.O. M.O. M.O. HABITS. CORPS REGT'L NUMBER. DATE. Joined on enlistment Transferred to .. EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION. DATE. DISEASE. RESULT. N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313. 50M—9-14. H. Q. 1772-39-439.

1	•	Date of Arrival			DATE	s or					Number	Remarks on nature of the disease: how induced: if mild or severe: if com-	
	STATION.	at the	in	Admissio to Hospit	n tal.	fro	Discharg m Hosp	re ital.	DISI	EASE.	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
		Station.	Day	Mouth	Year	Day	Month	Year			Hospital	appliances supplied. Date or issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	or model of the control of the contr
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Pension awar	ded	Date of first payment	
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20-1-17	2	Spadina	20-20-1-17
25-1-17	2	Vict. Con. Nil. Hos.	25-25-1-17
12-2-17	2	Spadina	#43 .
23-3-17	3	DISCHARGED.	#68
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DATE	CLASS	REMARKS	PART 2 ORDER
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9, 13289 Duy ga 38/94 Delp SEP 14/1971 T. O. S.

UNIT 19 th. Battalion C.E. 21.

M. D. 2

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649-m-6368. SURNAME. MC Quade CHRISTIAN NAMES John SO S. Dis 23-3-17 2 REGL. No. 5-5-908 auth Dock Can UNIT/9th FORMER CORPS /2 yrs A & S. glighlanders NAMES IN FULL MC Quade Mrs. Catherine RELATIONSHIP ADDRESS 5-47 Lughson M. amilton Ont. PLACE OF ATTESTATION or onto Onl. DATE for. 15th 18 46, ofs. 13-5-15 75. A/e. 18/10/16. M. F. W. 22. 100m.-11-16. H. Q. 1772-39-339.

MARRIED USES. SINGLE WIDOWER

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M. F. W. 2553. 75M.—9-19.		
1772-39-1332.		

H. Q. FILE No. 649-RANK AND CORPS CABLE

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42-50m.-10-15. H. Q. 1772-39 893.

DATE OF LIST No. HOSPITAL REMARKS ADMISSION 9279 Returned to detly 23-7-16 Shelf Shock

REGT'L NO 53-9 NAME MO. H O FILE NO. 649-FOLLOWS RANK AND CORPS NO. CABLE NATURE OF CASUALTY FOLLOWS No. DATE for Canada 10-10-16. L. L. 12767-M. & D. 7390. M. F. W. 42-50m.-12-16. H. Q. 1772-39-893.

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M. F. W. 41 10 M.-5-16.

Regimental No. 55908

Name and address of next-of-kin

Unit 19 Bn

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable Mrs. Catharine

Date and place discharged

Reason for discharge

Mch 23/17
assus mch 2 2068

Character on discharge

Class ...

547 Stuppon St. n. Stamillon 2376. M. & D. 6692.

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Name and address of next-of-kin Regimental No. Unit Date of enlistment Place of Date and place discharged Married (yes or no) Reason for discharge Amount of pay assigned monthly \$ Character on discharge To whom payable PAY Other Total Credits Credits Cash Assigned Pay Other Charges Total Debits Remarks, Casualties, etc. No. Date Rate Amount

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

OFFICE discharge. 24350/485. \\ /25-5-6-5-1.

McQuade, John Nane

Regimental Number

55908

Rank Cpl.

Address (in full)

547 Hughson St. N.,

Hamilton, Ont.

19th Bn. Unit

Original Unit

35th Bn.

District where paid

M.D.2

Date of Discharge 23-3-17

P. D. P. Filing Number

18 -1-2 14-159-2.

Rates:-Regimental pay \$ 1.10 per diem: Field Allowance \$ 10 per diem. Separation Allowance \$20,00 per month.

	Tot	al	FIR	ST PAYMENT	r	SEC	COND PAYME	NT	FIN	AL PAYMEN	T	Balance Over-	Total
	Cred		Cheque No.	Date	Amount 30 days	Cheque No.	Date	Amount 30 days	Cheque No.	Date	Amount 31 days	payments to be Recovered	Amount
	169	20	18	25-7-17	56 00	18	27-8-17	56 00	18	1-10-17	51 75	5 45	163 75
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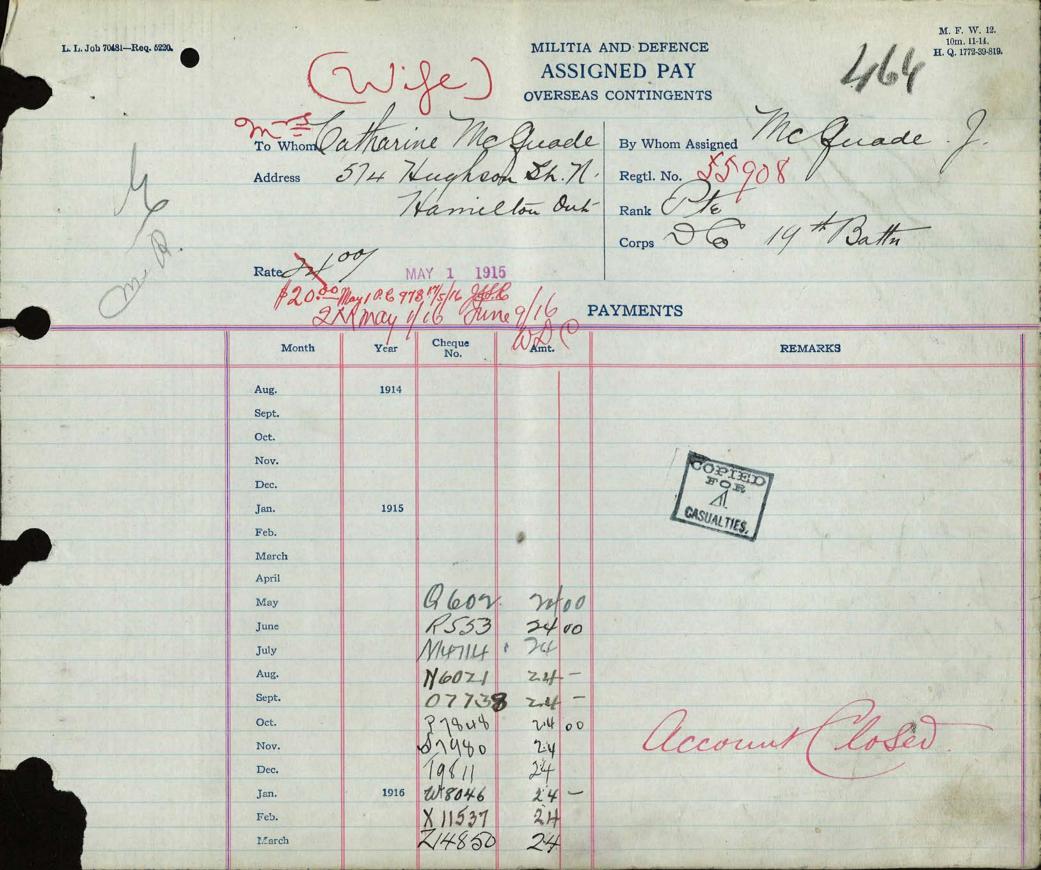
Remarks:

To adjust over deduction on previous recovery \$5.45 amount should have been \$4.45

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Name me Quade Gol) Name and address of next-of-kin 547 Kughawn St GRAN Mamillon Gut p. Plysis adm. Spadana C H" 30-10-16 Regimental No. 55 908 19th Du Date of enlistment 14-11-14 " Hamilton Date and place discharged MD2 23-3-17 Married (yes or no) 49
Amount of pay assigned monthly \$ 20 34/9/16 Reason for discharge To whom payable 3/10/16 Character on discharge mauretania 18-10-16 649-M-6368 No. Date Cash Payments Assigned Pay Other Total Credits Credits Other Charges To of Rate Amount of Rate Amount Days 5/10/16 31/10/16 27 1102970 27 10 27022 Sin Sin Sin 974 a Balon trans 30 54 100 01 Rendered 6/6/17 1/3/17 23/3/17 23 25 30 23 2 30 18 66 26 35 6630 9265 LPC ~ 102 ×973 . AR 828 A LPC 30/97 Recovered 5545 words P.D.P.

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MILITIA AND DEFENCE ASSIGNED PAY Mrs Catharine McQuade Wife Name of Soldier McQuade
PAYMENTS. L. L. Job 89002.-Req. 6213. Amt. Cheque No. Year. Month. 2 N/ may 1/16 May 1/16 1916 21610 April 26 May 62531 20 June 4907120 July 613955 20 Aug. X 23670 20 X 23670 (avalled. Sept. Oct. Nov. Dec. 1917 Jan. Aleconol Poser - Returner 66 Mauretania 19/10/16. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. 1918 Jan. Feb. March April May June July

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1918				
	Sept.					
	Oct.					
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CES		Day .				

Reg'l No. Married or Single Place and Date of Enlistment Place of Birth Toronto Ont: 12th Nov 1914. Dundee Scotland. Name and Address, Next-of-Kin Mrs C Mc Quade. 547 Hughoon N. Hamilton. Relationship Wife. Assigned Pay Monthly \$ 2500 /22 Payable to as above. Relationship Entered on N.E. Cara vide Separation Allowance \$ Payable to Relationship Checked by JAN CONTINE Discharge, Date and Place Reason Character PAY Field Allowance Voncher Date Other Total Assigned Other Total Remarks, No. of Days Balance Credits Credits Payments Charges Debits Casualties, etc. Rate Date Frem 30 30 10 33 -90 30/6 2 50 24 31 34 10 138 1517 9 10 10 937 487/24 31 17 80 Promoted tack 128 +148 3197 21 48 3.5 65 336 310 31 50 34 50 427 26 67 29 314 34603036 325531 283637 650 35 65 620 12/16 3/04/ 30/69 296515556/10 56 51 240 30 50 4 37 352 07 317 200

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MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name M

Address

Name of Soldier Mequade John.

Regtl. No. 55,908

Rank Mi D Unit MN.66. 1/11/16

Corps 19th Batter Diane

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

					PA	YMENTS
	Month	Year	Cheque No.	Amt.		REMARKS
	Aug.	1914	10			COPT
	Sept.					POE
	Oct.					CASUALTIES.
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	Nov.	0	11348	70		20
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	Feb.		27 494	20	190	20
	March		27777	20	Hor	20 392
	Interior Street	()			COX II	

N. 2177 takinput by Jastarkins

M. F. W. 11a. 60m.—12-15. 1772-39-818.

SEPARATION ALLOWANCE .

OVERSEAS CONTINGENTS

LE PAYMENTS. L. L. Job 89002.—Req. 6213.

Name of Soldie Mcquedo for

L. I. Job 89002.—Red. 0213.					TAE
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	Aug.	Mu	14448	20 -	20
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	July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

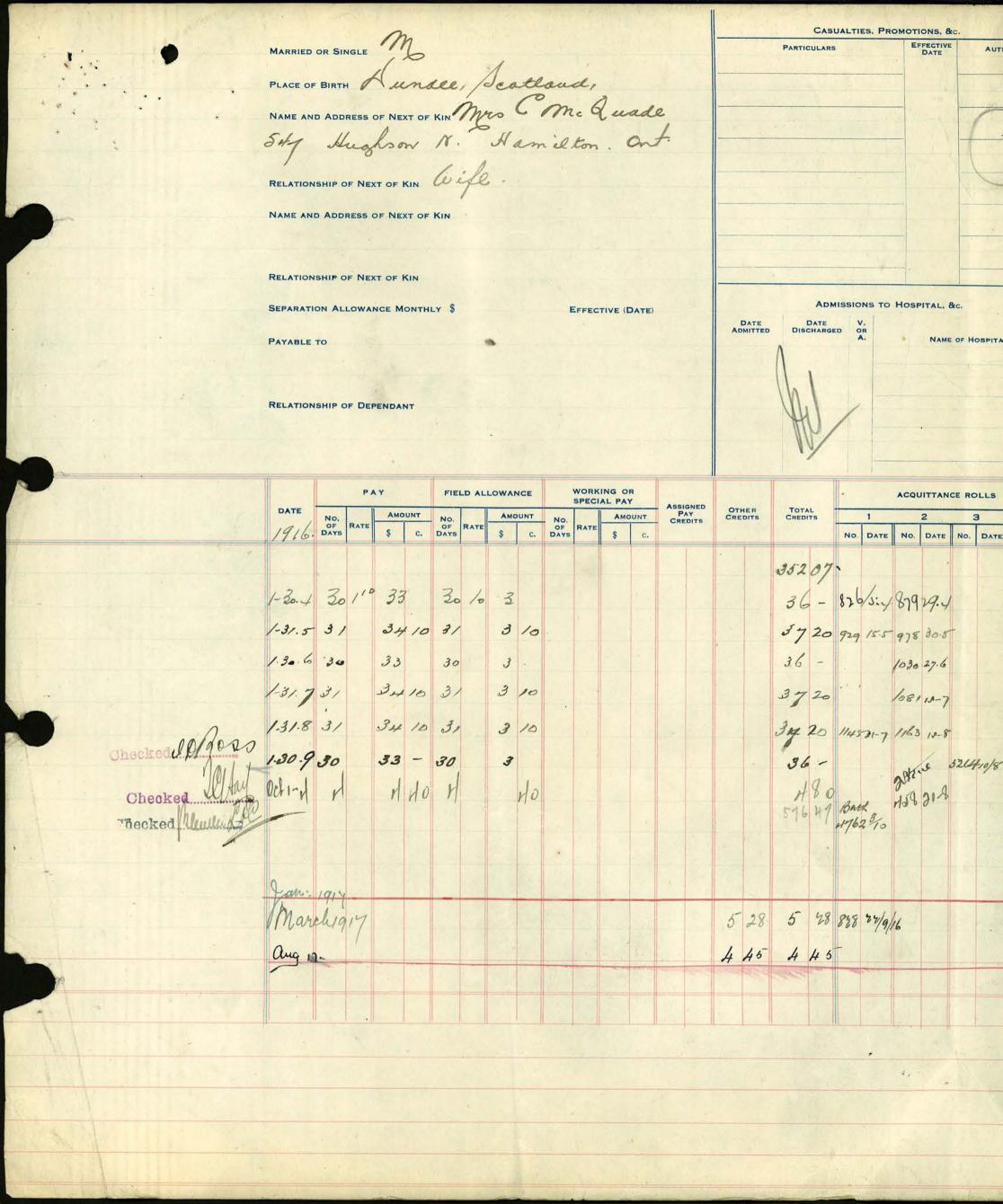
OVERSEAS CONTINGENTS

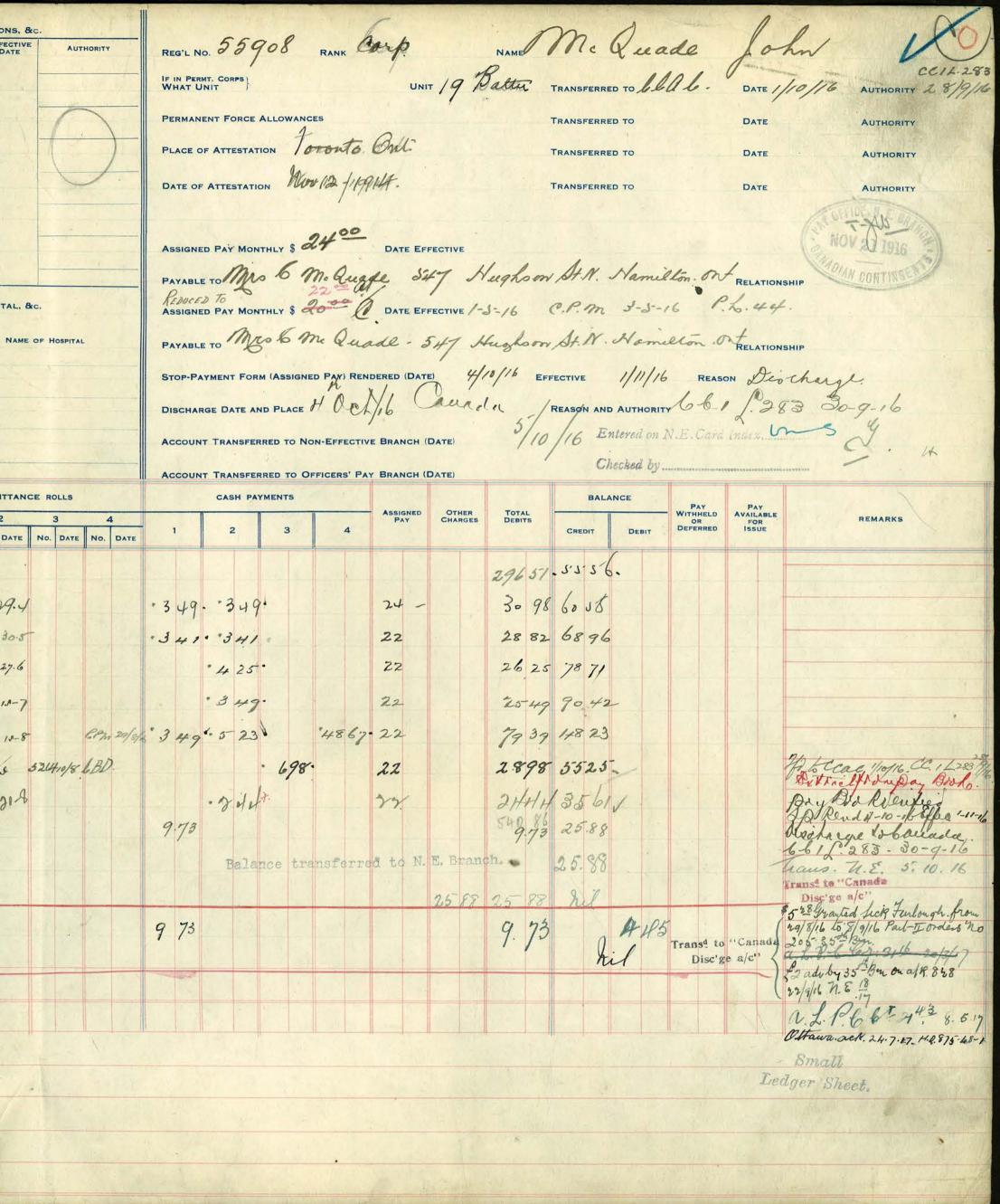
PAYMENTS.

Name of Soldier

Sheet No. 2 (Contd.)

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WORKING OR SPECIAL PAY FIELD ALLOWANCE ACQUITTANCE ROLLS CASH PAYMENTS ASSIGNED PAY CREDITS TOTAL CREDITS AMOUNT NO. OF DAYS DATE AMOUNT NO. OF DAYS RATE NO. OF RATE 2 3 No. DATE NO. DATE NO. DATE

AYMENTS BALANCE PAY WITHHELD OR DEFERRED PAY AVAILABLE FOR ISSUE OTHER CHARGES TOTAL DEBITS REMARKS 4 3 CREDIT DEBIT