REGIMENTAL DOCUMENTS

NAME BLADES Alvin McKenzie REGT. NO. 405-0279 UNIT 1st M S R H. Q. FILE NO. 22436

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Mt 17-12-20

W. 2588
100M-11-18
1772-39-1377

ORIGINAL

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 4050279

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

DEPT. MILITIA & DEFENCE
MAY 13 1918
H.Q. CANADA

1. Surname Blades
2. Christian name Alvin MacKenzie
3. Present address Chaswood, Halifax, Co., N. S?
4. Military Service Act letter and number
5. Date of birth 17th March, 1893
6. Place of birth (town, township or county and country) West St. Andrew's, Col. Co., N. S.
7. Married, widower or single Single.
8. Religion Presbyterian.
9. Trade or calling Auto. Mechanic
10. Name of next-of-kin William H. Blades
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Chaswood, Hfx. Co., N. S.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—

(a) Place Halifax, N.S. (b) Date 8/3/18. (c) Category "D-3"

DECLARATION OF RECRUIT

I, Alvin MacKenzie Blades, do solemnly declare that the above particulars refer to me, and are true.

Alvin MacKenzie Blades (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	25 yrs	0 mths.	
Height	5 ft	10¾ ins.	
Chest measurement	fully expanded	40 ins.	
	range of expansion	3 ins.	
Complexion	Fresh.		
Eyes	Gray.		
Hair	Dk. Brown.		

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Nil.

B. Simpson Mt
Adjt. 1st Depot Bn N. S. Regiment.

Lt-Col.,
O. C. 1st Depot Btln.
for Nova Scotia Regt.

Place Halifax, N. S. Date 8/3/18.

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

Service reckons from 11.1.17 as per cas. form

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 1st DEPOT BATTALION, Nova Scotia Regiment

(2) Regimental Number 4050279.

(3) Full Name of Soldier BLADES Alvin MacKenzie.

(4) Place of Birth West St. Andrews, Col.,Co.,N.S.

(5) Are you married, or not? No.

(6) If married, state,
(a) Full name of your wife NOT APPLICABLE

(b) Present Postal Address NOT APPLICABLE

(7) Are you a widower? NOT APPLICABLE

(8) Have you any children? NOT APPLICABLE

If so, give number of boys and girls

Also their names and ages NOT APPLICABLE

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes, William H. Blades.

If so, state name and address Chaswood, Hfx., Co., N.S.

(10) Is your Mother alive? Yes, Jennie Blades,

If so, state name and address Chaswood, Hfx., Co., N.S.

(11) If your Mother is a widow NOT APPLICABLE

Are you her sole support, or not? NOT APPLICABLE

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

NOT APPLICABLE

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

NOT APPLICABLE

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No.

If so, in what Company? NOT APPLICABLE

Have you made arrangements for payment of your Insurance premium NOT APPLICABLE

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Adjt. 1st Depot Bn N. S. Regiment.

Officer Commanding.

Date 8/3/18.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Blades Christian name Alan Mackenzie

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Chaswood Hgt Co

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8 day of March 1918, by the undersigned medical board sitting at Halifax N.S.

5. Age as stated 24 Years 11 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 10 3/4 Inches. 8. Weight 172 Pounds.

9. Chest measurement { Minimum 37 Ins. / Maximum 40 Ins. } 10. Complexion Fresh { Eyes Gray / Hair Dk Brown }

11. Physical development good { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm nil / Left arm One } 14. When vaccinated last 1913

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category D III

17. (a) Vision R. 20/30 L. 20/30

(b) Hearing. R. normal L. .....

Asghoffer, Capt. President.

A C Hawkins Capt A.M.C. Member. R. F. O'Brien Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
20/3/18	Unsuccessful	M.O.	20-3-18	Unsuccessful	M.O.
		M.O.	27/3/18	Unsuccessful	M.O.
		M.O.	3/4/18	Unsuccessful	M.O.

Joined 8th *day of* March *191* 8 *at* Halifax, Nova Scotia

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn. N.S.R.	4050279		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
		Incised wound post pectoral	Category D III

Signature of Man Alan Mackenzie Blades

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
Mil Hos. Halifax N.S.		28	3	18	31	3	18	Measles	4	Trans to Bellevue Hospital	(Sd) J. L. Churchill Captain C
Bellevue Mil Hospital		31	3	18	9	4	18		9	Measles Complicated by Bronchial Pneumonia. Usual treatment adopted. Fatal termination	

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 4050279. Rank Pte. Name Blades Alvin McKenzie

C. E. F.

~~Enlisted~~ (a) ~~8-3-18~~ 11-11-17 Terms of Service (a) War + 6 men. Service reckons from (a) ~~8-3-18~~ 11-11-17

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) Auto Mechanic.

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
		Tos as Defaulter forfeits pay to 8-3-18		11.11.17	pt 11 68
11.3-18 9.4.18		Struck off Strength Died at Halifax N.S.	Halifax N.S.	9-4-18	W. J. Simpson Capt Adjt. 1st Depot B'n N. S. Regiment.

(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				

6 CARD NO. 4 9/4/18

SURNAME. Blades

CHRISTIAN NAMES Alvin McKenzie

FOLL.

REGL. NO. 4050279 RANK Pte. T. O. S. Mar. 11. 1918

UNIT N. S. Regt, 1st, Dpo. Bn. D.O. Part II No. 68

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Blades, William H.

RELATIONSHIP TO SOLDIER Father

ADDRESS Chaswood, Halifax Co. N. S.

COUNTRY OF BIRTH Canada, West St Andrews, N. S. DATE Mar. 17th. 1893

PLACE OF ATTESTATION Halifax N. S. DATE Mar. 8th. 1918

L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

H.Q. 649-B-25711.

Blades, Pte. Alvin MacKenzie, #~~4050279~~ 12, 1st Depot Bn. NSR.
4050279.

M. & D. (Mother) Mrs. Wm. H. Blades,
Chaswood, Halifax Co., N.S.

P. & S. (Father) Wm. H. Blades,
(address as above)

(Ser. # 806518)

Mem. C. (Mother) Same as above.

Scroll Desp. MAY 4 - 1921 Reqn. No Z 41193

Plague Desp. DEC 1 1921 Reqn No 39629 P18833.

Canada only.

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