ENGINEER TRAINING DEPOT Unit Rank Lieut Name Finlayson, Murdock Donald

M.M.S. 20-10-17

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Finlayson
   (b) What are your Christian Names? Murdock Donald
2. (a) Where were you born? (State place and country) Grand River N.S.
   (b) What is your present address? Grand River. Nova Scotia
3. What is the date of your birth? July 16th 1879.
4. What is (a) the name of your next-of-kin? Annabella Finlayson
   (b) the address of your next-of-kin? Grand River N.S.
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Civil Engineer
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? Canadian Engineers
9. State particulars of any former Military Service ~
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

1916 1879 37

The undersigned hereby declares that the above answers made by him to the above questions are true.

M. D. Finlayson (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date May 22nd 1916

Place Ottawa

J. W. Shillington Lt Colonel
Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51
40m.—12-15.
H. Q. 1772 39 917.

C.E.F.

FINLAYSON MURDOCH DONALD LIEUT 10TH C.E.BN 06977

DEMOB

d. 14 Jun 40

H

Lt	FINLAYSON	Murdock, Donald
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

OPEN ATIA.

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3092

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.

---

(1) Name of Overseas Unit which Soldier joins Canadian Engineers
ENGINEER TRAINING DEPOT

(2) Regimental Number Lieutenant

(3) Full Name of Soldier Murdoch Donald Finlayson

(4) Place of Birth Grand River Nova Scotia

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

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address —

(7) Are you a widower ? No

(8) Have you any children ? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address —

(10) Is your Mother alive? Yes.

If so, state name and address Annabella Tidlesyow
Grand River Nova Scotia

(11) If your Mother is a widow Yes.

Are you her sole support, or not? No.

(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.

—

—

(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.

—

—

—

(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? Yes.

If so, in what Company? Sun Life of Canada. & Equitable Life of U.S.A.

Have you made arrangements for payment of your Insurance premium Yes.

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

Officer Commanding.

Date

Lieut

MEDICAL HISTORY SHEET.

Surname Sinclayson Christian Name Murdock Donald

Examined on 22nd day of May 1916 at Ottawa

Birthplace City or Town Grand River County Richmond N.S.

Apparent age 37 years.

Trade or occupation civil engrs.

Height 5 Feet 8 3/4 Inches.

Weight 155 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 38 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number 0 0

When Vaccinated last never.

(a) Marks indicating congenital peculiarities or previous disease appendicitis scar

(b) Slight defects but not sufficient to cause rejection

Approved by J W Shillington

Rank Lt Col AMC M.O.

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.
22.5.16		J.W.S. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22.5.16		J.W.S. M.O.
1.6.16		J.W.S M.O.
16.8.16		M.O.
19.3.17 TAB 1/2	Sore arm	A and B mixed
26.3.17	bad	

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Canadian Engineers.			
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
ST. JOHNS, P.Q.	DEC 29 1916	Nil	Fit for duty Capt
ST. JOHNS, P.Q.	APR 11 1917	Nil	Fit for duty Capt
Witley	25/5/19	Otitis Media B.U.	Fit for duty 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.

100M.—5-15.
H. Q. 1772-39-439

Surname Sullivan Christian Name Murdoch Donald

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.

C.A.D.C. 3609A

"P" Wing Group 24

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) FINLAYSON. M. D.

REGIMENT 10th Btn C.E RANK Lieut No.

Date of Examination in England 24-5-19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
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 yes

Signature of Dental Officer W. R. Thomas Capt.

Eye, Ear, Nose and Throat-Clinic,
Witley Camp, Surrey.

25-5-1919.

UNIT. 10 Bn E.S.

Reg No. ..... Rank. Lieut. Name. Finlayson M.D.

Original disease or injury. Infection following freezing. O.M.P.A.

Date of origin. 1913

Place of origin. Canada

Cause. Infection

Present disability. Perforated M.T. O.M.P.C. Raised

RIGHT.	HEARING.	LEFT.
18'	Voice	24'
←	Weber	
—	Rinne	+
	Schwabach	
	Upper Lt	
	Lower Lt	

Category. B II

Remarks.

CONDITION WAS — PRESENT BEFORE ENLISTMENT AND HAS — NOT —
BEEN CAUSED BY SERVICE.
HAS — BEEN AGGRAVATED BY SERVICE.

L.B

W. Finlayson
Captain R.A.M.C.
Ear Specialist.
Witley Camp, Surrey.

B. P. C. FOLIO
FALSE DOCKET
6

CANADIAN EXPEDITIONARY FORCE

M.J.A. 6-34.
E.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Murdock Donald PHILSON.

Enlisted in The Canadian Engineers.

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Engineers.

CANADIAN EXPEDITIONARY FORCE on the Twenty-second day

of May 191 6.

He SERVED in CANADA, ENGLAND and FRANCE with the Canadian Engineers, Can. Engineers Training Depot, Can. Engineers Reinforcing Pool, 10th Battn. Can. Engineers, Can. General Base Depot, District Depot #2.

and was STRUCK OFF THE STRENGTH on the Fourteenth day

of June 191 9 by reason of General Demobilization.

Dated at Ottawa, this Third day

of December 191 9.

J. Cannon Lieut.,

for Director of Personal Services.

M. F. W. 2618a.
'30m.—4-19.
1772-39-1428.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 10 Bn. C.E. Regimental Number

*Substantative Rank Lieut. Surname Finlayson Christian Names M. D.

*Acting Rank

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

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Emb. Camp. Proceeded to England.		N.I. 9/5/19 Pt. 2 O No	8 5 13.
			G. H. Q. 3rd Echelon, B.E.F.			
			for Lt.-Col., A. A. G. Canadian Section,			
			S.O.S. O.M.F.C. TO C.E.F. PT. II ORDER No. 44 DATED 6-6-19			
			for OFFICER i/c RECORDS, 2ND WING C.C.C. WITLEY.			

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
18 6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 9		6/6/19	C.E.F. R.O. No. 2034-19
21-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6		14-6-19	C.E.F. R.O. No. 2037-19

W. Whittet. Capt
for Director Personal Services

Nothing to be written in this margin.

CERTIFIED CORRECT
17 APR 1918
CANADIAN RECORDS OFFICE

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT (24th 25th Drafts)

Regimental No. ..... Rank Lieut Name Finlayson Murdoch Donald

C. E. F.

Enlisted (a) 27/5/16 Terms of Service (a) Dur War Service reckons from (a) May 22nd 1916 3.5.17

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) .....

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				
		Embarked	Canada	3-5-17.	
		Disembarked.	England.	14-5-17	
15. 17-5-17	C.E.T.D.	Taken on Strength of C.ETD.D. from Canada.	Crowborough	14-5-17	Part II Order No. 115.
6					
10.7.17	C.E.T.D.	A/Sgt C.E.T.D. having proceeded to C.W.S. Bethell	Crowboro	7.7.17	Part II Ord. #162.
3.9.17	C.E.T.D.	T.O.S. of C.E.T.D. from C.E.T.D.	Shoreham	1.9.17	Part II Ord. #205.
19 JAN 1918	C.E.T.D.	On Command Brightlingsea	Seaford	19/1/18	SRO 66 Part II Order No. 16.
18 MAR 1918	C.E.T.D.	On Command Brightlingsea	Seaford	16.3.18	Part II Order No. 65
11 APR 1918	C.E.T.D.	Struck off Strength of C.E.T.D. on being posted to C.E. Pool for Duty	Seaford	9.4.18	Part II Order No. 87

J. Finlayson Lieut. C.E.
Adjutant, C.E.T.D.

(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.

Lieut. M. D. Finlayson

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				
10/4/18	C.E.R.C.	Arr. Front L.O.S. C.E.R. Pool	Fill	9/4/18	WR 3149 KR 3667 P/37.
Do	Do	arr. C.E.R.C.	Do	10/4/18	WR 389
31.5.18	C.E.R.C.	Transferred from C.E.R. Pool to 10th Can. Engineer Bn.		31.5.18	B 7372.
-do-	-do-	T.O.S. 10th Battalion C.E.		1-6-18	Pt2 D.O. No 4 d/10-4-18
		TAKEN ON STRENGTH 10TH BN. CDN ENGRS 7 18			(Duplicate Entry)
13/10/18	12 C.F.A.	Sl Influenza admitted		13/10/18	
		To 4 C.C.S.		13/10/18	A 792
14/10/18	20 Gen.	do admitted 20 Gen.		14/10/18	W 8361
19/10/18	D.C.	To Fld. Amt. Sick		14/10/18	B 213
20/10/18	4 C.C.S.	Influenza To Base 33		14/10/18	A 1241
21/10/18	20 Gen.	do To Rest House, Lans Plage		21/10/18	W 9369
28/10/18	C.G.B.D.	Taken on Strength from Hd.		28/10/18	B.E. 3147
3/11/18	do	Left for C.C.R.C. for Unit		3/11/18	B.E. 3221
16/11/18	do	Reported Unit		10/11/18	B 213
16/11/18	do	14 Days L.O.A. to U.K.		10/11/18	D.O. 46 d/25-11-18
30/11/18	do	~~Reported~~		29/11/18	B 213
29/3/19	D.C.	14 Days L.O.A. to Rome		24/3/19	D.O. 21 d/1919
12/4/19	do	Reported		12/4/19	B 213

SURNAME. Finlayson B.6 CARD No. ~~12~~ 4

CHRISTIAN NAMES Murdock Donald

REGL. No. RANK Lieut.

UNIT ~~Can. Eng. (S. D.)(24th A. D.)~~ C.D.D.

FORMER CORPS Nil

Sos demob 14-6-19 FOLL. Do 141 29-6-19 Do 175 Pc 20.37. Do 212 31-7-19

NEXT OF KIN.

NAMES IN FULL Finlayson, Mrs. Annabella

RELATIONSHIP TO SOLDIER Mother

ADDRESS Grand River, Richmond Co., N. S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Grand River, N.S. DATE July 16th 1879

PLACE OF ATTESTATION DATE

P/c 13-6-19 347/4 Lieut

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Sailed from Halifax per [redacted] S.S. Justicia 3/5/17.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Civil Engineer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Ottawa, Ont. DATE May 22nd 1916

Present Address Grand River,
Richmond Co., N.S.

NAME Finlayson, N. D REGT. No.

RANK AND UNIT Lieut 10th Bn. C.E.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1114 [2]	20 Sen. Camiers	15-10-18	Influenza, Slt
1124	Disc to Rest House	21-10-18	"

Form R. 149.

A346

Name FINLAYSON Rank LIEUT Reg. No.

Unit Murdoch P. Donald
10th C.E.

Next of Kin

Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-10	20 Gen Hos, Camiers (W.O)			////	/	
			INFLUENZA SLT			
21-10	Disch to Rest House	A.5.34	—	1124		

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number..... Rank. LIEUT....

Surname. FINLAYSON.....

Christian Names. MURDOCK DONALD.

Unit..... Theatre of War. FRANCE

Date of Service. 3.5.17. 9.4.18 6.6.19.

Remarks.....

6/E.

Latest Address. ~~Grand Forks~~ Aylmer.....

N. S.

Roll No. B Page 3497

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

Surname. FINLAYSON
Christian Name. M. D.

Rank. Lieut.
Unit. 10th.Bn.C.E.

Hospital. No.20 Gemeral Hospital,Camiers
Date of admission. 15-10-18.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Influenza slt.

Later diagnosis. .....

.....

.....

.....

Disposition. Dis.to Rest house21-10-18.
Date.

17-10-18 1114-2.
29-10-18 ~~1125.~~ .....

C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

Remarks.

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London.

D. M. S. 1347.

Surname	Christian Name	Reg. No.
FINLAYSON	M'D'	

Rank	Unit
Lieut	10th. C.E.

MEDICAL BOARD held at	Date	Serial No.
(1) Witley Area.	26-5-19.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Otitis Media.

Disposition Recommended

(1) Fit G.D.. Perm. unfit G.S.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF ~~DATE~~ AUTHORITY: Rates. 6 E.I.D. Pay 2.00 Fa 66 Mess 1.00

RANK. ~~DATE~~ AUTHORITY: Mess Lieut 14 5/17 fr Canada Lpl

NAME. 4

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name Finlayson
Initials Murdoch Donald
Bank Montreal

Add Outfit Allce 18/5

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 15	April Pay		108					
23	Bank	1186		108				
May 13	May Pay		111 60					
22	Bank	2623		111 60				
June 12	June Pay		108					
24	Bank	4158		108				
Jul 16	Jul Pay		111 60					
26	Bank	5607.		111 60				
Aug 12	Aug Pay.		111 60.					
24	Bank	7207.		111 60				
Sept 13	Sept Pay.		108.					
25	Bank	9186		108.				
Oct 15	Oct Pay.		111 60					
23	Bank.	10430		111 60				
29	Add. Outfit Allce. 18/15.		100					
Nov	Bank	10930		100				
	Pay R Adpt F A. 12/9/18 - 31/10/18		120					
28	Bank	12615	20	140				
Dec 7	G.O.R. Comm. 13/11/18 f. 7. 14. Cist + Dec			3747				
	Pay R.		174					
17	Bank	13990		8653				
Jan.	Pay. R.		124					
Feb	Bank			124				
24	Pay R		112					
	Bank	17136		112				

Forward

FORM P.15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. DATE / AUTHORITY | NAME.

Beneficiary
Address

Amount. $
Separation Allowance issued. Yes or No.....

Name
Initials
Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Mar	Balce Forward		Nil			Nil		
	Pay P.		124					
24	Bank	1868		124		0		
Apr 11	Pay R.		120.					
	Bank	1101.		120		0		
May 14	May Pay. (R)		124				Retd to Can	
" 15.	Abs May & Jun Pd. Bank	2190		244		Cr. 120	RPb to 30/6/19 (B'shott)	
Jun 30	Jun Pay (R)		120				Tr to N Ledger	
							20 L 12 f Lg. July 19	

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.
NAME OF — DATE — AUTHORITY

RANK.
DATE — AUTHORITY

NAME. 9-7-645

Beneficiary
Address

C E (2/6 24/5 CE) — Q# 2.00 pd. Aug 9/A 60 " Mess 1.00 " — Lieut — 14/5/17 H. Canada L.R.6

Name Finlayson
Initials Murdoch Donald
Bank of Montreal

Amount. $
Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
May 24	May to 2. Mess fn. 4/5/17. Cr Bal. £22.63. Dep't.	6005		132 23				
	Do Do		132 23					
June 19	June Pay.		108					
" 23	Bank	7924		108				
July 19.	July Pay.		111 60					
" 24	Bank	12946		111 60				
Aug	Aug Pay		111 60					
" 20	Bank	7361		111 60				
" 30	Rations 7. 31/7/17	4162					£1.13.4 ✓	
Sept 18	Sept Pay.		108					
" 21	Bank	21814		108				
Oct 1	Rations 1-31/8/17	673					£2.1.4	
	Oct Pay		111 60					
" 19	Bank	26282		111 60				
Nov 16	Nov Pay		108					
" 20	Bank	30681		108				
Dec 10	Dec Pay		111 60					
" 14	Bank	35096		111 60				
" 27	Rations 25 30/11/17	1117					8/-	
1918 Jan 18	Jan Pay		111 60					
" 23	Bank	39459		111 60				
Feb 16	Feb Pay		100 80					
" 21	Bank	41013		100 80				
" 25	Rations 20-31/1/18	13175					5/6.	
Mar 18	Mar Pay		111 60					
" 21	Rations 1-28/2/18	15570 4637		111 60			18/10	

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.
NAME OF | DATE | AUTHORITY

RANK.
DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Rations 1-31 12/17. 1.15 1/18-	144355/37.					2.1.4 £1.0.0	
	✓ 1-15 3/18	222					6/10 1/2	

Name Finlayson Enl. 22-5-16

Date of Embarkation for England 3-5-17

Proceeded to France. 9-4-18 Returned to England. 9-5-19 demob.

Date returned to Canada. 6-6-19

(over) 6 Pte 6/5-27

P.R. 2855.

Cav. Kleer.

13-10-18 - Influenza - To duty 10-11-18

Forms R. 150.
3232. 15 M. 14/12/16.

E?T?

AFB 150
CETD - 1-6-17

E

Surname FINLAYSON **Christian Names** Murdoch Donald.

Rank Lieut.

Promotion

Unit 24th & 25th Drafts to C.E.T.D.

Place of birth Grand River. Nova Scotia.

Name and Address of Next-of-Kin Mother.
Annabella Finlayson.
Grand River. Nova Scotia.
Canada.

Married (Yes or No)

Appointments

Date of leaving Canada 5-5-17 M **Date and Cause of Resignation**

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 3-5-17	Date A	REMARKS Taken from Official Documents O
		TOS as Reposted from C.E.T.D. & effect			
22.8.17	C.E.R.D.	Shown on Command to C.T.S Boxhill		7.7.17	Pte Ford 166.
3-9-17	do	SOS on Rcpstg to CETD effect.		1.9.17	Pte Ford 178.
11-4-18	do	S.O.S. of the C.E.T.D. on proc. of seas.		9.4.18	Pt. II 0/100.
23-4-18.	C.E Rein Pool.	Y.OS of C E R Pool as Rein:		9-4-18	Pt. II 0/34.
8-7-18	do	Trans: to 10th Bn: C. E.		31-5-18	Pt II 0/42.
10-7-18	10 Bn CE.	Y.OS on tran: fr: CE. Pool.		1-6-18	Pt. II 0/4.
		On Strength 10th Bn CE.			R/R 10 Bn CE
17-10-18	A.M.S	Adm 20 Gen Stop Hosp	Camiers	15-10-18	Ch 11114 Influ Slt.
		Discharged to Rest Home		21-10-18	Ch 1124 Influenza
11-11-18	10 Bn Co	Granted 14 days leave to	U.K.	10.11.18	Pt 10.48
9.4.19	do	Granted 14 days leave to Rome		24.3.19	Pt. II 0/21.
12.5.19	do	Proceeded to England		9.5.19	Pt. II 0/29.
12.5.19	P.W Wing.	TOS pending R.T.C		10.5.19	Pte Ford 27.

A.F.B. 153.
17 APR. 1918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
6.6.19	P. Wing C.C.C.	S.O.S. on proceeding to Canada		6.6.19	Pt. II o/44
		Sailed for Canada		6.6.19	Sailing list 83.

18698

War Service Badge
Class "A" No.

Proceedings of an Officer or Nursing Sister Struck off Strength OF THE Canadian Expeditionary Force.

O.S. 19/
D.A. 1

M

1. RANK: Lieut.
2. NAME: FINLAYSON Murdock Donald.
3. UNIT: 10th C. E. Bn.
4. DATE STRUCK OFF STRENGTH: [ ] PLACE: Toronto
5. REASON: Demobilization.
SOS 14-6-19 RO 2037-19

H

Jan 30/19

6. AUTHORITY
7. PROPOSED RESIDENCE: Grand Rivi Nova Scotia

Embarked .I M . D Y .O
sailed Southampton 6 6 19
Arrd Halifax 6 12 9

Deceased 14-6-40
360-17-68

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Group 13
Checked by No. 18
Date 4/6/19

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
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. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P.41)
8. War Service Gratuity Form (M.F.W. 2595)
9. Sundry Documents.

H.R.L.

M. F. W. 2591.
(923) Wt. 451P 3/19 15M Dist.

Proceedings of an Officer or Nursing Sister Struck off Strength

OF THE

Canadian Expeditionary Force.

"P" Wing SOS 14-6-19 RO 2037-19 Group 24 Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE May 26th 1919.

1. 1 (a) Unit 10th Batt C.E. (b) Regimental No. ..... (c) Rank Lieut.

(d) Surname FINLAYSON (e) Christian name Murdoch Donald.

(f) Home address Grand River Nova Scotia.

(g) Next of Kin Mrs Donald Finlayson (h) Relationship Mother

(i) Address of Next of Kin Grand River Nova Scotia.

2. Age last birthday ~~May~~ 39 years Date of birth July 16th 1879

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date May 16, 1916

4. Personal description:

(a) Height 5' 8 3/4" est (b) Weight 160 lbs. (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Post operative appendix scar

5. Former trade or occupation Civil Engineer.

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
	Three	ten

	Periods	
	From	To
Canada	May 16, 1916	May 3, 1917
England	May 3, 1917	Mar 8, 1918
France or other theatres of War	Mar 8, 1918	May 26, 1919

7. Original disease, or injury OTITIS MEDIA. ~~Ch.~~ Residual

(a) Date of origin May 1914. (b) Place of origin Canada

(c) Cause Infection

B. P. C. FALSE DUCKET 1

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Slight loss of hearing right ear (O.M.P.C.)

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.)

Objective. Ear Clinic Specialist Report Witley Camp

25. 5. 19.

Right	Hearing	Left
18'	Voice	24'
<	Weber	
—	Rinne	+

Perforated M.T. O.M.P.C. residual Cat B II condition was present before enlistment and has not been caused by service, has been aggravated by service

W. W. Heume Capt. C.A.M.C.

Subjective. Slight buzzing and deafness in right ear.

(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.....yes.....Genito-Urinary System.....~~yes~~ no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....~~yes~~ 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

Tachycardia Pulse at rest 120 per minute on exertion 145 per minute after one minute returns to 120. no dyspnoea. Heart normal in size shape and position no valvular lesions S.B.P. 140. D.B.P. 93.
no disability.

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

He received an operation on the nose in May 1914 and two days after the ear started to ache and believes middle ear (right) became infected through sneezing. The ear discharged for about 6 weeks. The next discharge of the ear was Oct 10th 1914 and lasted about 3 months. Since no discharge. (No documentary records)

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

Measles childhood appendectomy April 1903
Recovery. Influenza 13.10.18 to 28.10.18

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

nil

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*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.)

yes slight increase in deafness

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) & (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? 6 months

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

Syringed and drops in the ear

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(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

W.E. Jones Capt. C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned M. D. Finlayson 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 nil

B.P.C. FOLIO
FALSE DOCKET

M. D. Finlayson Pte.
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.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or No.~~)	Unfit A. perm
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No.~~)	Unfit permanent
(*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.~~)	

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.)

RTC. Auth. A 9. ~~Tel~~ 1A/8-1-155 4/1/19

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

Lt Col
President.

PLACE Witley.

DATE 25/5/19.

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

Assistant Director of Medical Services.

DATE.....

APPROVED BY

I concur in the findings of the Board of Medical Officers here recorded.

Director-General of Medical Services.

DATE.....

Captain, D.A.D.M.S.
for D.M.S.
Canadians,

Olympic 6.6.19 / 13.6.19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK Lieut | NAME (IN FULL) J pinlayson Murdock K. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

G.L.R.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	17.1	

ORIGINAL UNIT C.E.F. 10th Battr | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: Royal Bank of Canada Sydney N.S. 4/9/19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Base | DATE 14/6/19 | REASON Demob | AUTHORITY Des 171 | IF ENTITLED TO POST DISCHARGE PAY

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
Advised																																							
BALANCE FROM PREVIOUS ACCOUNT	30.6.19		9.00							—	—																			1	00								Missing on boat 6 to 13.6.19
																														9	00								Absent with leave on boat
				1	40					1	40																					94	00	94	00	—			
																														64	00	97	00	161	00	159	60	1.60	Cr.	1.20 Deft Labor Missing 13/6/19 to 14/6/19 inclusive
																																						of Pay Missing 6/6/19 to 20/6/19
				3.00																																		
	183 days	1		549	00	1				549	00	1	G															90	00										1st payment made as above
																														69	60								Amount overpaid
																												90						299	40				1124663 19-8-19
																												113	40					186	00				1139158 10-9-19
																												93						93					1505414 10-10-19
																												93						nil					1768381 6-11-19
				549	—					549	—																	479	40			69	60	549	—				

All payments made
H.A. Allum Lieut
Paymaster 9/9/19

PAYMASTER
No. 6 DISTRICT DEPOT
AUG 2 1919
HALIFAX, N.S.

200M-3-19.—L. ... 58788-I.I. & D. 9985.
M. F. W. 2696.
1772-39-1390.