---------Copy--------

Triplicate.

# ATTESTATION PAPER.

No. 817968
Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

| | |
|---|---|
| 1. What is your surname? | McAleer |
| 1a. What are your Christian names? | Lawrence |
| 1b. What is your present address? | 58 Erin St. St John . N. B. |
| 2. In what Town, Township or Parish, and in what Country were you born? | St John. |
| 3. What is the name of your next-of kin? | Mrs Elizabeth McAleer. |
| 4. What is the address of your next-of-kin? | 58 Erin St. St John. N. B. |
| 4a. What is the relationship of your next-of-kin? | Wife . |
| 5. What is the date of your birth? | August 21st 1886. |
| 6. What is your Trade or Calling? | Cook. |
| 7. Are you married? | Yes. |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes. |
| 9. Do you now belong to the Active Militia? | No |
| 10. Have you ever served in any Military Force? If so, state particulars of former Service. | No |
| 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. |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? | |
| 14. If so, what was the nature of the disability? | |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | |
| 16. If so, what was the reason? | |

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lawrence McAleer, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

(sgd) Lawrence McAleer. (Signature of Recruit)

Date March 14th 1916. (sgd.) Howard M Jamieson (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lawrence Mc Aleer., 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.

(sgd) Lawrence McAleer (Signature of Recruit)

Date Maech 14th 1916. (sgd) Howard M Jamison (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 St John N. B. this 14th day of March 1916.

(sgd) L. H. Beer. Lt Col. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Discharged from C. E. F. 14-12-19?
Auth R.O. 1420 Sec C Para 1
D- 12-12-18

## Description of Lawrence McAleer. on Enlistment.

Apparent Age 30 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Brown

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

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).

2 Vacc scars L Arm.

### 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 March 14th 1916. (sgd) D. C. Malcom.

Place West St John. N. B. Capt.
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.

Lawrence McAleer 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.

(sgd) L. E. Leer. Lt Col. (Signature of Officer)

Date March 14th 1916. O/C 140th Bn. C. E. F.

30-4-19
MB.

# REGIMENTAL DOCUMENTS

L/cpl. NAME McALeer LAWRENCE REGT. NO. 817968 UNIT No 7 Det, C.M.P.C. H. Q. FILE NO.

H

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| 3 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | (Comp) To B.P.C. | 2.10.19. | Ref. B.P.C – Spec. 835 | DEATH |
| 1 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | Ret 10/10/19 – 1103 | | | |
| 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) | | ~~R.C.D.~~ | 13-2-20 | Ret 14/2/20 | |
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| | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| | MEDICAL EXAMINATION (M.F.W. 129) | | | | | Demobn. |
| | 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) | | | | C0191 | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| 2 | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 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 | M&W 67 | | | | | |
| 1 | Pay C | | | | | |
| 1 | [illegible] | | | | | |

W. 2589
100M-11-18
1772-39-1377

No. 817968 RANK Pte. NAME Mc Aleer, L. S.

T. O. S. UNIT Can. Expeditionary Force Details
Trans. fr. No. 6 S. S. Coy. 1-12-17 no 7 S. S. Coy.
D.O. 20 of 20-12-17

M. D. 7

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1917 | 1917 | | | |
| Dec. 1 | Dec. 31 | ✓ | | |
| 1918 | | | | |
| Jan. | | ✓ | | |
| Feb. | | ✓ | | |
| Mar. 1 | Mar. 9 | ✓ | Trans. to Can. Mil. Police 9-3-18 | D.O. 71 of 12-3-18 |

SURNAME. McAleer

CHRISTIAN NAMES Lawrence

REGL. No. 817968 RANK Pte

UNIT 140th

FORMER CORPS Nil

CARD NO.

SOS Dis 12-4-19

FOLL.

SS 102 of 12-4-19

Demob. 7th Det C.M.P.C.

NEXT OF KIN.

NAMES IN FULL McAleer, Mrs Elizabeth

RELATIONSHIP TO SOLDIER Wife

ADD 18 Clarence St., St. John, N.B.

(LSAAP. 15-2-18). N.A.)

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St. John, N.B. DATE Aug. 21st 1886

PLACE OF ATTESTATION St. John, N.B. DATE Mar. 14th 1916

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Cook RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 30 YEARS 7 MONTHS

HEIGHT 5' FEET 6½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Blue HAIR Brown

DISTINGUISHING MARKS Two vacc. scars left arm.

MEDICAL EXAMINATION. PLACE West St. John, N.B. DATE Mar. 14th 1916

Present address: - 58 Erin St., St. John, N.B.

No. 817968. RANK Pte NAME Mc. Aler. Lawrence.

T. O. S. 13-3-16. UNIT 140th Battalion C.E.F.
Bo 34-15-3-17

M. D. 6.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 Mar. 13. | 1916 Mar. 31. | ✓ | | |
| Apr. | | ✓ | | |
| May | | ✓ | | |
| June | | ✓ | | |
| July | | ✓ | | |
| Aug | | ✓ | | |
| Sept. 1 | Sept. 20 | ✓ | Trans. to #1 S.S. Bn. 20.9.16. | D.A. 198 of 20.9.16. |

No. 817966 RANK Pte NAME McAleer L.

~~T. O. S.~~ UNIT No 7 Detach, San. Mil. Police

Trans from 7.S.S. Coy. 9-3-18 Do 71-13-3-18.

M. D. 7

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1918 | 1918 | . | | |
| Mar 10 | Mar 31 | ✓ | | |
| apr | | ✓ | Prom to cpl 1-4-18 | Do 113 - 23-4-18. |
| may | | ✓ | | |
| June | | ✓ | | |

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

**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 McAleer Christian name Lawrence

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)...

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

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

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

11. Physical development..... { Good / Fair / Poor } 12. Smallpox marks.....

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

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 [B2]

17.
(a) Vision R.....L.....
(b) Hearing. R.....L.....

.....*President.*

.....*Member.* .....*Member.*

Signature of Man

| Date | Result | Vaccinations | Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|---|---|---|
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |

*Joined*.....*day of*.....*191*....*at*.....

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | 817968 | | |
| Transferred to..... | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

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 | | | | |
| | | | | | | | | | | | |

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

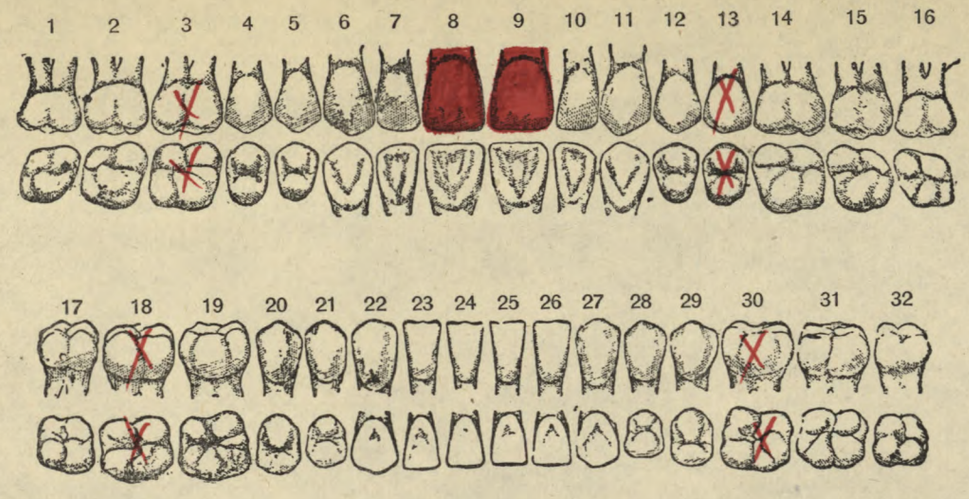
NAME OF SOLDIER McAleer L.

RANK Corp

No. 817968

REGIMENT Emp. C.

M.F.B. 465.
150M.—1-18.
[illegible]2-39-950.




## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

| | Date 1918 | | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | Nov | 2 | | | | | | | | | | 4 / 3.13 / 18.30 | | | | | | 1/8 | 1/9 | | L H Reed Lieut | | Op. 31 Ext. 12 |
| | Nov | 2 | | | | | | | | | | 1/12 | | | | | | | | | L. H. Reed Lieut. | 7 | |

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 817968 (Rank) L/Corporal

Name (in full) Lawrence McAleer enlisted in

the 140th Battalion.

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the 14th

day of March 1916

HE served in 140th Battalion, C.E.F.

and is now discharged from the service by reason of Demobilization

P.O. 1420(c)

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

Age 32 yrs. 8 mths.

Height 5 ft. 6½ in.

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars 2 Vacc. marks left arm

Lawrence McAleer
Signature of Soldier

R. Hoodless Capt.
Issuing Officer

O.C. NO. 7. DET. C.M.P. CORPS.
Rank

Date of Discharge 12-4-19

Appointment

Signed at St. John, N.B. this 12th day of April 1919

in Military District No. Seven

File Reference No. A.P.M.-Mc-6

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

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

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. 817968 (Rank) L/Corporal Name McAleer, Lawrence

Unit No.7 Detachment C.M.P.C.

Address on Discharge 99½ Orange Street, St. John, N.B.

Character and Conduct

Former Occupation Cook

Special Qualifications of Value in Civil Life

Medals and Decorations Nil.

Remarks

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at St. John, N.B. this 12th day of April 1919

Name of Officer

Rank

Appointment

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 140th Bn.

Regimental No. 817965 Rank ~~Private~~ Corpl. C. E. F. Name Lawrence Mc Aleer.

Enlisted (a) 14/3/16 Terms of Service (a) Duration of War & 6 months Service reckons from (a) 14/3/16

Date of promotion to present rank 1/4/18 Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) Cook

| 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 | | | | |
| 12-12-19 | | Discharged from C. E. F. at St John. N.B. | | | |
| | | Authority R. O. 1420 Sec C Para 1 D-12-12-18 | | | |

R Goodday Capt

O. C. NO. 7. DET. C. M. P. CORPS.

(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 | | | | |
| | | | | | |

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

File

To Whom Mrs Elizabeth McAlier

Address 126 Brussels St
St John N.B

By Whom Assigned McAlier Lawrence

Regtl. No. 817968

Rank pte

Corps 140 Bn C.E.F.

Rate 2.00

OCT 1 1916

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | Stop Trans to Special Service Bn. ASP62968 8-4"16 DMSN-29"16 |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2 Mrs Elizabeth McAllister (wife)

Name of Soldier McAllister Laurence pte

L. L. Job 4503.—Req. 6832.

20 00

| Month. | Year. | Cheque No. | Amt. | # 817968 1916 Remarks. |
|---|---|---|---|---|
| April | 1916 | | | 140 Bn |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | U26804 | 20 | Request refund $20.00 |
| Nov. | | ~~W29703~~ | 20 | Cancelled |
| Dec. | | | | Closed. Did not proceed OS |
| Jan. | 1917 | | | $20.00 Refund requested |
| Feb. | | | | Dec 29 11/16 |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

13/3/16

L. L. Job 310—M. & D. 6574

MILITIA AND DEFENCE

179

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

Name Mrs. Elizabeth McAleer ~~Allen~~

Address ~~58 Erin Street~~
61 Desmarteaux St, ~~St John~~
Tetreauville Montreal ~~N.B.~~

Relation to Soldier wife, child or mother } P.L. wife

Name of Soldier McAleer ~~Allen~~ Lawrence

Regtl. No.

Rank S.S.Bn Pte 20/9/16 Pmc 22/9/16

Corps ~~140~~ 4th Battalion

To what Corps belonging when called out }

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | CONSOLIDATED ACCOUNT 3 |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mis Elizabeth McAleer wife

Name of Soldier McAleer Lawrence

PAYMENTS.

L. L. Job 310.—Req. 6574.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | P 7371 | 32 | 32 |
| May | | V 2533 | 20 | 20 |
| June | | W 4224 | 20 | 20 |
| July | | W 11028 | 20 | 20 |
| Aug. | | L 13154 | 20 | 20 |
| Sept. | | N 17007 | 20 | 20 |
| Oct. | | N 20123 | 20 | 20 |
| Nov. | | U 23276 | 20 | 20 |
| Dec. | | U 25973 | 20 | 20 |
| Jan. | 1917 | D 30064 | 20 | 20 |
| Feb. | | D 32869 | 20 | 20 D 35961 Remailed to Montreal Que. 19 4/18 |
| March | 19 SJM | D 35961 | 20 | 20 61 Desmarteaux St, Tetreauville, Montreal, P.Q. |
| April | | D 2059 | 20 | 20 |
| May | | E 5519 | 20 | 20 |
| June | | E 8995 | 20 | 20 |
| July | | ~~E 12347~~ | ~~20~~ | ~~20~~ E 12347 Cancelled M.L.R. 18/7/17 |
| Aug. | | a 9676 | 40 | 40R mailed 31/8/17 AWL 5/7/17 is reported in error, reinstate |
| Sept. | | X 17649 | 20 | T without loss of time #6 DPML 18/8/17 |
| Oct. | | X 20205 | 20 | D 30/8/17 |
| Nov. | | J 23946 | 20 | B |
| Dec. | | O 27546 | 20 | S Reinstate 432.00 H.D. |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

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. | | | | |

832

835

This space to be for numbers.

# Proceedings on Discharge.

**(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)**

No. 817968

Rank L/Corporal

Surname McAleer

Christian name Lawrence

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No.7 Detachment C.M.P.C.

Date of discharge 12-4-19.

Place of discharge St. John, N.B.

**1.** DESCRIPTION AT THE TIME OF DISCHARGE.

| | |
|---|---|
| Age | 32 years 8 months. |
| Height | 5 feet 6½ inches. |
| Complexion | Medium |
| Eyes | Blue |
| Hair | Brown |
| Trade | Cook |
| Intended place of residence (To be given as fully as practicable.) | 79 Desmartau St., Montreal, P.Q. |

Descriptive marks

2 Vacc. marks left arm

**2.** The above-named man is discharged in consequence of

Demobilization

Authority for discharge R.O.1420., Sec. C. Para. 1. D/12-12-19

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

**3.** Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

**4.** Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

Medical Documents Forwarded to S. C. R. or B. P. C. ON 22.4.19

(OVER)

5. He is in possession of the following number of G. C. Badges

N I L

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... N I L

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) St. John, N.B. R Hoadday Capt

(Date) 12-4-19 *Commanding*

O. C. NO. 7. DET. C. M. P. CORPS.

## 8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) St. John, N.B. Laurence McAleer *(Signature of Soldier.)*

(Date) 12-4-19 William J Blackwell S/S *(Signature of Witness.)*

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 on 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 toward Engagement to.... (the date to which the Record of Service is completed) 3 years 30 days.

Total 3 years 30 days.

## 11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) St. John, N.B.

(Date) 12-4-19 *(Signature)* R Hoadday Capt

O. C. NO. 7. DET. C. M. P. CORPS.

**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.)

None

Lawrence McAleer

# List of Discharge Documents.

| | | |
|---|---|---|
| ~~Reg. Conduct Sheet,~~ | ~~Militia form~~ | ~~B. 263~~ |
| ~~Squadron~~ / ~~Battery~~ / ~~Company~~ ~~Conduct Sheet,~~ | " | ~~B. 263a~~ |
| or | | |
| Field Conduct Sheet | " | W. 178 |
| ~~Copies of Convictions, by C. P.~~ | | ~~in MS.~~ |
| Med. Hist. Sheet, | Militia form | B. 313 |
| Casualty Form | " | W. 54 |
| ~~Medical Report for Invalid§~~ | ~~"~~ | ~~B. 227~~ |
| Dental History Sheet | " | B. 465 |
| ~~Last Pay Certificate~~ | ~~"~~ | ~~W. 44~~ |
| Duplicate Discharge Certificate | " | W. 39A |
| ~~‡Form of Will~~ | ~~"~~ | ~~W. 82~~ |

~~§Only if discharged "Medically unfit."~~

~~‡Only if~~ man has not been overseas.

| | | |
|---|---|---|
| Attestation Paper | Militia Form | W. 23 |
| or | | |
| ~~Particulars of Recruit~~ | " | W. 133 |
| Proceedings on Discharge | " | B. 218 |

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

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

| | | | |
|---|---|---|---|
| Reg.Conduct Sheet, | Militia form | B. 263 | |
| Squadron) Battery ) Company ) Conduct Sheet | " " | B. 263a | |
| Copies of Conviction by C.P. | " " | in MS | |
| Medical Report for Invalid | " | B. 227 | *Officer Commanding.* |
| LastvPay Ceritificate | " | W. 44 | |
| Form of Will | " | W. 82 | |
| Particulars of recruit | " | W. 133 | |

R Goodday Capt.

O. C. NO. 7. DET. C. M. P. CORPS.

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

# MEDICAL HISTORY OF AN INVALID.

1. Station. Valcartier camp.
2. Regiment or Corps. 140th. Bn. C.E.F.
3. Regimental No. and Rank. Pte. 814968
4. Name. L. McAleer
5. Age last Birthday. 30.
6. Enlisted on March. 13. 1916
   at St. John. N.B.
7. Former Trade or Occupation.
   Teamster.

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE
OCT 17 1916
CANADA

9. Service. Years. 185 Days.

| | PERIODS. | |
|---|---|---|
| | FROM. | TO. |
| 140th. B.M. C.E.F. | Mar. 13. 1916. | Sept. 14. 1916 |

10. (a) Disease or disability. Inguinal Hernia.
    (b) Date of origin. Three years ago.
    (c) Place of origin. Montreal. P.Q.
    (d) Cause. Strain.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
General condition good, Heart and lungs normal. He has a swelling in the left inguinal canal, extending to the scrotum, which gives an impulse on coughing.

12. (a) Is the disability the result of service or climate? no.
    (b) Has it been aggravated by intemperance, vice or misconduct? no.

Noted 5-1-17 S.G.

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Scar of operation on each groin

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. not applicable

14. Treatment

none

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? no.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent without operation

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. nil.

18. State if for discharge on account of unfitness for Service. unfit for service.

D. R. Wark, Captain

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes.

12. yes

15. yes.

16. yes

17. yes.

18 Is he unfit for Military Service. yes.

Recommendations: Operation recommended.
Operation refused
Transfer Junior C.E.F. & supplied with a truss.

Signatures :—

R. T. Rutherford Capt AMC President.

C. J. Garofalo, Capt AMC

~~Wilbur C. Lowry Capt AMC~~

Station. Valcartier

Date. 15. 9. 16.

Arthur Pigman Capt AMC

Members.

ASSISTANT DIRECTOR MEDICAL SERVICES
SEP 24 1916
VALCARTIER CAMP, P.Q.

Date.

Asst. Director of Medical Services.

Approved.

Date. 31/10/16

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. }

.....
Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

## DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

Original B/L

# 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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 St. John, N.B. M.D.7 DATE 12th April 1919

1. 1 (a) Unit C.M.P.C. (b) Regimental No. 817968 (c) Rank L/Cpl.

(d) Surname McALEER (e) Christian name Lawrence

2. Age last birthday 32 Date of birth 21 Aug. 1886

3. Enlisted at St. John, N. B. on 13th March 1916. Man says that all his papers were lost in Halifax fire 1917.

4. Personal description:—

(a) Height 5' 6" (b) Weight 125 (stripped) (c) Complexion fair

(d) Colour of hair light (e) Colour of eyes blue (f) Identification marks nil

5. Address after discharge (for the use of the Board of Pension Commissioners)

79 Desmarteau St., Montreal.

6. Former trade or occupation Cook.

| 7. (a) Service | Years | Days |
|---|---|---|
| | 3 | 30 |

| | Periods | |
|---|---|---|
| | From | To |
| 140th Bn. | 15-3-16 | 23-2-17 |
| 6th Special Service | 23-2-17 | 9-1-18 |
| C.M.P.C. | 9-1-18 | to date. |

(b) Has he been overseas? yes 8. Original disease or disability Hernia

(a) Date of origin man says about May 1916 (b) Place of origin St. John, N. B.

(c) Cause* accident see history.

(d) Present disease or disability Very slight Hernia Inguinal Left.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Obj:- Inguinal hernia on left side not visible, but felt by digital examination & impulse on coughing, small size of pigeon's egg.

Subj:- Man says that does not pain nor trouble him in any way; never de-

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

scends sufficient so he will notice it.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous yes Digestive yes Respiratory yes Cardiac yes

Genito-Urinary yes Skin, Middle Ear, Eye or any other part. except para. 9.

Disability:- Left Inguin. Hernia.

10. History: (*a*) of Condition referred to in "a" section 9.

Man states that he was regimental police of 140th Stationed at St. John, N. B. A Prisoner escaped & he persued him, jumped over a fence and two days after felt pain in left groin, reported it to the M.O., later in

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

England was turned down on that account. M.F.B. 313 shows medical examination 19-7-18 and makes no mention of hernia.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

N. A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? Indefinite, probably permanent.

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

No documents.

## OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations That he be discharged.

B J Dashcoft Capt

*Medical Officer by whom the case is brought forward.*

## STATEMENT OF THE SOLDIER.

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

I, the undersigned Lawrence McAleer, 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

B J D

SWB Lawrence McAleer

*Signature of soldier examinea.*

## 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 criticized.

Yes.

19. Is the soldier 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). |

20. It is certified that the soldier
(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).

## OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Yes.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

..... *President.*

PLACE... St. John, N. B. .....

DATE... Apl. 12-19. .....

..... } Members.

APPROVED BY

..... Capt., C.A.M.C.
for *Assistant Director of Medical Services.*

DATE... 12-4-19. .....

APPROVED BY

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

DATE.....

## 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 soldier 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.

Date of Enlistment

13-3-16

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| 20 | 25 1-12-17 | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No. 817968

Rank pte Promoted Reverted Discharge

Soldier's Name Laurence McAleer

Battalion S. S. Battn. #6

Beneficiary Mrs Elizabeth McAleer

Relationship Wife

Address 61 Desmarteaux. Setreauville Montreal Que

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---|---|---|---|---|---|
| 1917 Dec. 31 | — | 432 | | 432 | ~~S. A. account suspended.~~ |
| Jan 18 | R 66467 | 30 | | 30 | F |
| | | 462 00 | | 462 00 | |

File 12087-L-2 5/2/18

PAYMASTER PAYING

From 1-2-18

To Apr 1

M. F. W. 128
400M—6-17—177-39-1141
L. L. 22520—M. & D. 1883.

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. 22520—M. & D. 7493.

# M.D. No. 7

M. ~~9[illegible]~~.

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

79 Wesmanland Regt. Montreal Que.

REGT. No. 817968 RANK L/Cpl NAME (IN FULL) McALEER LAWRENCE (BLOCK LETTERS SURNAME FIRST)

AUDITOR | PAYMASTER

NEXT OF KIN: Mrs E M McAleer — RELATIONSHIP: wife
ADDRESS: 99 Wr Queen St St John NB

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE
TO WHOM PAID: Mrs E M McAleer — RELATIONSHIP: wife
ADDRESS: 99 Wr Queen St St John NB

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION 14-3-16 — TRANSFERRED TO — DATE — AUTHORITY 2595
ASSIGNED PAY $ 20 00 — DATE EFFECTIVE

PAYABLE TO Mrs E M McAleer — RELATIONSHIP wife — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE St John NB — DATE 12-4-19 — REASON demobilization — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY Yes

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | S.A. $ | S.A. C. | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | COL. NO. 1 DATE | COL. NO. 2 NO. | COL. NO. 2 DATE | COL. NO. 3 NO. | COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | COL. NO. 1 C. | COL. NO. 2 $ | COL. NO. 2 C. | COL. NO. 3 $ | COL. NO. 3 C. | ASSIGNED PAY $ | ASSIGNED PAY C. | REGIMENTAL CHARGES $ | REGIMENTAL CHARGES C. | OTHER CHARGES $ | OTHER CHARGES C. | S.A. $ | S.A. C. | TOTAL DEBITS $ | TOTAL DEBITS C. | BALANCE DEBIT $ | BALANCE DEBIT C. | BALANCE CREDIT $ | BALANCE CREDIT C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | 1/5 | | | 1 | 45 | | | 1 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 45 | C.M.P.C. |
| Apr | 12 | 1.15 | 13 | 80 | 12 | 00 | 12 | 00 | 39 | 25 | 12/1 | 12/4 | | | | | 141 | 85 | | | | | | | | | | | 42 | 00 | 183 | 85 | 100 | 00 | | | C.D. Payment SA 12.00 AR 17.25 |
| | | | | | 9 | 60 | | | 48 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | Subs 9.60 |
| | | | | | 35 | 00 | | | 83 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | Clothing 35.00 S.O.S.D. 102 |
| | | | 13 | 86 | 58 | 65 | 12 | 00 | 83 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Subs | SA | | | | | | | | | | | | | | | | | Subs | SA | | | | | | | | | Soldiers Help. | | | 1st payment above |
| 183 days @ 3/- | | | 420 | | 180 | | 600 | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | 350 | | 150 | | C.S. 39.5.35/3.3. 0.M.91. 12/5/19 |
| | | | | | | | | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | 280 | | 120 | | C.S. 845.89.11. 0.M.67. 19.11.19 |
| | | | | | | | | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | 210 | | 90 | | C.S. 10.5.62.6.-17 11.12.19 |
| | | | | | | | | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | 140 | | 60 | | C.S. 12.5.22.1.-85 11.12.19 |
| | | | | | | | | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | 70 | | 30 | | C.S. 54.3.24.8.-49 11.12.19 |
| | | | | | | | | | | | | | | | | | 70 | 30 | | | | | | | | | | | | | 100 | | | | | | Not effective. |
| A | | | | | 420 | | 180 | | 600 | | | | | | | | | | | | | | 420 | | | | | | | | 600 | | | | | | |

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Number. 8.17968

Rank. Private

Unit. 140th Bn. C.E.F.

Name. L. McAleer

Certificate.

I, L. McAleer hereby certify that I am unwilling to avail myself of the privileges of ~~Sanitarium~~, Operative, Hospital, ~~Convalescent Treatment~~, r commended by the Medical Board in my case, and hereby release the Department of Militia and Defence from ALL results that may ensue from my refusal.

L. McAleer

Witness

D. R. Wark

Capt. A.M.S.

Dated at Valcartier Camp

14th day of September 1916