1st DEPOT BATTALION, N. B. REGIMENT.

7 M. D. Depot Battalion Regiment

Regtl. No. 3,256,091

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Triplicate.

(Class.....)

1. Surname McAleese
2. Christian name James
3. Present address Lewisville, West Co., N. B.
4. Military Service Act letter and number 365572 F.R. 3,256,091
5. Date of birth September 8th, 1890
6. Place of birth Lewisville, West Co., N. B.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Steam Fitter
10. Name of next-of-kin Mrs Susan McAleese
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Lewisville, West. Co., N. B.
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 Sudbury, Ont. (b) Date Oct. 6/17 (c) Category A2

DECLARATION OF RECRUIT

I, James McAleese, do solemnly declare that the above particulars refer to me, and are true.

James McAleese (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. 1 mths.

Height 5 ft. 4½ ins.

Chest measurement — fully expanded 37½ ins.; range of expansion 4½ ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

O. C. [signature] Depot Bttn. Col.
O. C. 1st. Depot Battalion
New Brunswick Regiment. Regt.

Place St John, N. B. Date Jan. 25th, 1918

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

REGIMENTAL DOCUMENTS

a/Sgt NAME McALEESE JAMES REGT. NO. 3256091 UNIT 1/NB Regt H. Q. FILE NO.

28-4-19 mhw

	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)					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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				C0201	
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
1	Misc					
1	M Fle 22					

H

H

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

H. Q.

M. D. No. 7

Surname McAleese

T. O. S. 19

Christian names James

D. O. Pt. II of

Regtl. No. 325-6091 Rank Pte

S. O. S. Dis 12-4-1919

Unit N B Regt 1st Dpo Bn

Reason R D 1420 Par. c/d

Auth D D 102 of 12-4-1919 -7- KBR

Next of kin Mc Aleese Mrs Susan Relationship Mother

Address Lewisville Westmoreland Co. N.B.

Also notify:

BORN—Place Canada Lewisville N B Date Sept 8th 1890

ATTESTED—Place St John N B Date Jan 25th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

FILE No.....

DENTAL EXAMINATION ON DISCHARGE.

RANK Sgt. NAME McAleese. Jas. REGT. No. 325609I.

DATE OF ENLISTMENT 25/I-18. SERVICE, WHERE Canada.

IF ANY DENTAL TREATMENT IN ARMY, WHERE Nil.

DISCHARGE EXAMINATION AT St. John. DATE 10-4-19

TREATMENT TO BE RECEIVED Nil

AT..... EXAMINED BY K. G. Williamson.

ABOVE TREATMENT COMPLETED BY..... DATE.....

COMPLETED HISTORY SHEET FILE No.....

OTHER SIDE FOR REMARKS.

NOTE:—THIS IS TO BE PRESENTED TO C.A.D.C. OFFICERS ONLY, AS CIVILIAN DENTISTS ARE NOT AUTHORIZED TO DO THIS WORK AND CLAIMS FOR SAME BY THEM CANNOT BE PAID.

M.F.B. 484.
100M.-12-18.
1772-39-1219.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME McAleese James

REGIMENTAL NO. 325609 RANK Pte

ENLISTED AT St John NB PROMOTIONS, &c. AND DATE

DATE 25/1/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Susan McAleese RELATIONSHIP Mother

ADDRESS OF Lewisville West Co NB

ASSIGNMENT OF PAY $ nil C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT not

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
1st Depot Bn MB Reg			
S. C. S			
Demobilization			
Auth 1420 Pers C	102	12/4/19	
12/12/18			

3256091

M.S.A. 15.

NOV 19 1917

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 McALEESE Christian name James

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 385572

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

4. Address (including street and number, if any) Copper Cliff, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th. day of October 1917, by the undersigned medical board sitting at Sudbury, Ont.

5. Age as stated 27 Years 1 Months. 6. Apparent age 27 Years 1 Months

7. Height 5 Feet 4½ Inches. 8. Weight 135½ Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 37½ Ins. } 10. Complexion Fair { Eyes Blue / Hair L. Brown }

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

13. Number of vaccination marks { Right arm 1 / Left arm } 14. When vaccinated last 1902

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

Nil

16. Slight defects but not sufficient to cause rejection Nil

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 A2

H. M. Tanning Lay President.

[signature] Patterson Member. [signature] Dales Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
26-1-18		WR Capt M.O.	26-1-18	WR	M.O.
		M.O.		[signature]	M.O.
		M.O.		[signature]	M.O.

Joined 25th, day of January 1918 at St, John, N.B.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st. Depot Bn.	3256091		25/1/18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

Signature of Man James McAleese

Sent to Schedule by [signature] No.

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.

Surname McAleese Christian Name James

STATION.	Date of Arrival at the Station.	Dates of						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3256091 Rank A/Sgt. Surname Mc ALEESE
(Given name in full) JAMES

Unit or Corps 1st Depot Bn Birthplace Lewisville Vict Co N B

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. **GENERAL DESCRIPTION:**

Physique good Weight 143 lbs. Height 5 ft. 5 in. Colour of Eyes .....

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at St John N.B. (Canada)

Date 10th April 1919. Signed [signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature [signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 3256041 Rank Pte Name McAleese James

C. E. F.

Enlisted (a) 25/1/18 Terms of Service (a) Duration of War Service reckons from (a) 25/1/18

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) Steam Fitter

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				
12/4/19	O.C 1st Depot Bn NB Reg.	S.O.S 1st Depot Bn NB Reg Demobilization Auth R.O. ~~1420 Para B~~ 1420 Para C 12/12/18	St John NB	12/4/19	DO 102 Part 4 Sh. 12/4/19

G L Sheils Lieut.
Adjutant, 1st. Depot Battalion
New Brunswick 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				

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 3256091 (Rank) A/Sergeant

Name (in full) McALEESE, James enlisted in

the 1st Depot Bn., N.B. Regiment

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the 25th

day of January 19 18

HE served in CANADA

and is now discharged from the service by reason of Demobilization

Auth. R.O. 1420 Par. C dated 22-12-18

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

Age 27----------1

Height 5----------4½

Complexion Fair

Eyes Blue

Hair Lt. Brown

Marks or Scars

NIL

J McAleese
Signature of Soldier

G K Sheils for Lt.-Col.
Issuing Officer
O. C. 1st Depot Battalion
New Brunswick Regiment.

Rank

Appointment

Date of Discharge April 12th, 1919

Signed at St. John, N.B. this 12th day of April 19 19

in Military District No. 7

File Reference No.

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. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

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. 3256091

Rank A/Sgt.

Surname McAleese

Christian name James

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

Corps (Squadron, Battery or Company) 1st Depot Bn., N.B.Regt.

Date of discharge April 12th, 1919

Place of discharge St.John, N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	27 years 1 months.	
Height	5 feet 4½ inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Lt. Brown	Nil
Trade		
Intended place of residence (To be given as fully as practicable.)		

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

Authority for discharge R.O. 1420 Par. C dated 12-12-18

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.

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.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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. J. McAleese *(Signature of Soldier.)*

(Date).....April 12th, 1919 A. V. Milner *(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).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place).....St. John, N.B.

(Signature) G. K. Sheils, Lieut. for Lt.-Col.

O. C. 1st Depot Battalion
New Brunswick Regiment.

(Date).....April 12th, 1919.

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.)

J M Adlesse

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.

G. K. Sheils Lieut for *Officer Commanding.*

O. C. 1st Depot Battalion
New Brunswick Regiment.

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.

M. D. No. 7

M. OR S.

Lewisville, West Co, N.B.

AUDITOR | PAYMASTER

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

REGT. No. 3256091 RANK A/Sgt. NAME (IN FULL) McALEESE, James. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs. Susan McAleese. RELATIONSHIP: Mother.

ADDRESS: Lewisville, West Co. N.B.

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: 1st Depot Batt. N.B.R. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: St. John N.B. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION: 25-1-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil. DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE 12-4-19 PLACE EFFECTIVE

DISCHARGED DATE 12-4-19 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
March									5	20																										5	20	Sent to Base Pay Office St. John N.B.
April	15	1	14	40	35	00	960		59	00	ak 12 12						134	20															134	20	70			9th Pay Sheet No. 102
							W.S.G.																		W.S.G.												
31 days Ca. Imm.					70																				70								70		—	—	—	1st Payt as above
																															Name effaced						

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