

ATTESTATION PAPER.

No. 303522

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Norman Addison Macaulay*
- 1a. What are your Christian names? *St. John N.B.*
- 1b. What is your present address? *36 Mecklenburg St. St. John N.B.*
2. In what Town, Township or Parish, and in what Country were you born? *St. John N.B.*
3. What is the name of your next-of-kin? *R. Macaulay*
4. What is the address of your next-of-kin? *36 Mecklenburg St. St. John N.B.*
- 4a. What is the relationship of your next-of-kin? *father*
5. What is the date of your birth? *Oct. 14. 1893*
6. What is your Trade or Calling? *Merchant*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *and inoculated* *Yes*
9. Do you now belong to the Active Militia? *Yes 2nd B.C.A.*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Norman Addison Macaulay*, 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.

Norman Addison Macaulay (Signature of Recruit)

Date *Oct. 26* 1915

W. G. Kerr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Norman Addison Macaulay*, 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.

Norman Addison Macaulay (Signature of Recruit)

Date *Oct. 26* 1915

W. G. Kerr (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 *26* day of *Oct* 1915

W. G. Kerr (Signature of Justice)

Description of Norman Addison Macaulay on Enlistment.

Apparent Age. 22 years months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 5 1/2 ins.
 Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 1/2 ins.

Fourth finger right hand
 Broken at first joint

Complexion Dark
 Eyes Blue
 Hair Dark Brown

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

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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Oct. 26th 1915

S. S. [Signature]

Place St. John N.B.

[Signature]

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.

Norman Addison Macaulay 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.

[Signature]
 (Signature of Officer)
Major

Date Oct. 25th 1915

NAME **MACAULAY NORMAN**

REGT. NO. **303522**

UNIT **4th Siege Bty**

H. Q. FILE NO.

1721
m Lu

⑤

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob

DESERTION

C1296



1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

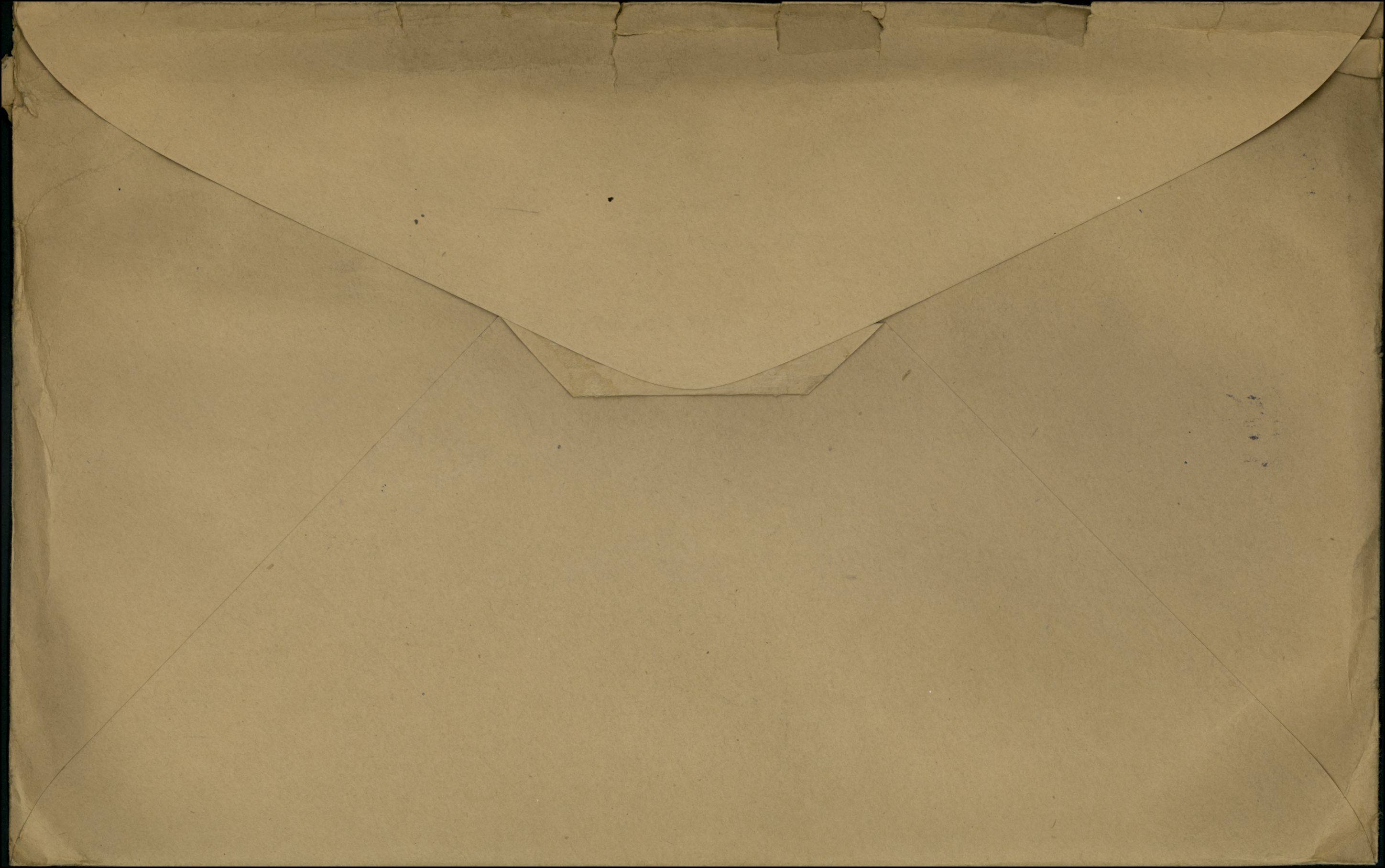
LAST PAY CERTIFICATE (M.F.W. 44)

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*
C.D.3



No. 303522 RANK *Inv*

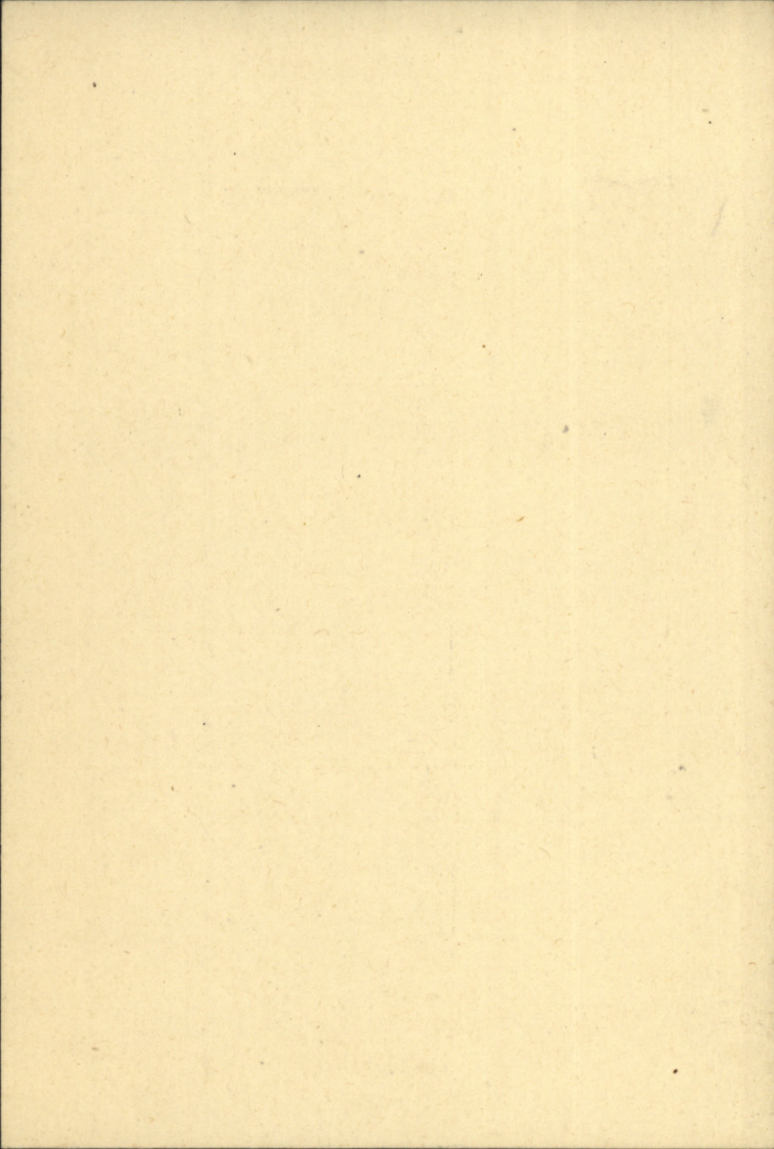
NAME *Macaulay N.* *a*

T. O. S. *26-10-15*
20.9426-10-15

UNIT *4th 0/3 Supt Bty C.C. 3.*

M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct 26</i>	<i>Oct 31</i>	<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
<i>Dec</i>		<i>✓</i>		
<i>1916</i>	<i>1916</i>			
<i>Jan 1</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar 12</i>	<i>Mar 31</i>	<i>✓</i>		



emb

B

Number... 303522 Rank... Cpr

Surname... MACAULAY

Christian Name... Norman

Units... 64a Theatre of War... France

Date of Service... 31-7-16

Remarks...

Latest Address... 36 Mecklenburg St
St John N.B.

Roll No. "B" Page 6215-

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

REGN. No. 25015-
 DEC 22 1926

VES

Rank

Cpl

Name

MACAULAY Norman Addison

Reg'l No. 303522

Unit

131st

~~4th~~ Siege Bty.

If in perm. Corps, }
What Unit? }

Married or Single Single

Place and Date of Enlistment

St. John, N.B. 26th Oct. 1915.

Place of Birth

St. John, N.B.

Name and Address, Next-of-Kin

B.R. Macaulay

36 Mecklenburg St, St. John, N.B. Canada.

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.R. No. 17862
File R.L.
Category *Amal*

Discharge, Date and Place

Reason

Character

A.F.B. 103 CHECKED

18 DEC 1916

Mr. James

REMARKS.

Taken from Official Documents

A.F.B. 103 CHECKED

31 AUG 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character	REMARKS.
Date.	From whom received.					
21 AUG. 1916	131 S.B.	Arrived in England Embarked for France.	Field	11 APR 1916	s.s. "Olympic"	
11.1.17	4, S, B	131 S B NOW 4th, S B	FIELD	11.1.17	Pt. II, O 2.	
25-3-18	" "	New Know as 2nd Bn C.S.A. (mixed)	" "	20-3-18	" "	2nd Bn C.S.A. (mixed) 19.1.18 012 4/94.18
6-4-19	2nd C.S.A.	Proceeded to England	" "	2-4-19	" "	36
3.5.19	46 S.B.	505 S B Canada	Rhyl	3.5.19	" "	(2)
		To Canada		53-7-20	3-5-19	

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 4th A. B. Div

Regimental No. 303522 Rank Sgt. Name Mac Aulay, Norman

C. E. F.

Enlisted (a) 26-10-15 Terms of Service (a) DoB.W. Service reckons from (a) 26-10-15

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) Black.

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				
3-5-19	Eng.	TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 133	ST. JOHN, N. B.		<i>[Signature]</i> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
10-5-19	Dist. Adj. S.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 133		13/5/19	<i>[Signature]</i> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

(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.

Casualty Form—Active Service.

Regiment or Corps. 131ST CANADIAN SIEGE BATTERY.

Rank Gunner Surname Macaulay Christian Name Norman Addison
 Religion Presbyterian Age on Enlistment 22 years months.

Enlisted (a) 24/10/15 Terms of Service (a) Duration of War Service reckons from (a) 24/10/15

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
		<i>Arrived in England</i>		<i>11.4.16</i>	<i>S.S. Olympic</i>
<i>21.8.16.</i>	<i>131 S. B.</i>	<i>Embarked for France.</i>	<i>Field</i>	<i>31.7.16</i>	<i>Pl. II 0287</i>
					<i>Lieut.</i>
					<i>for Colonel i/c Records, C.E.F.</i>
		LANDED IN FRANCE	HAVRE	31	JUIL 1916
<i>9/6/17</i>	<i>OC Unit</i>	<i>Att to R.A. Rest Camp</i>	<i>Field</i>	<i>4/6/17</i>	<i>B213 Pl 37 d/19/6/17</i>
<i>16/6/17</i>	<i>"</i>	<i>Case to be att to R.A. Rest Camp/rejoining Unit</i>	<i>Field</i>	<i>14/6/17</i>	<i>B213 Pl 38 d/23/6/17</i>
<i>20/10/17</i>	<i>OC Unit</i>	<i>Granted Leave to England</i>	<i>"</i>	<i>16/10/17</i>	<i>B213 Pl 64 d/27/9/17</i>
<i>28/10/17</i>	<i>OC Unit</i>	<i>Rejoined Unit from leave</i>	<i>"</i>	<i>28/10/17</i>	<i>B213 Pl 68 d/12/10/17</i>

(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) Signaller, Shoeing-smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25/7/18	OC C. O. Bly	Sentenced to 3 days F.P. (Absent from morning parade)	Field	25.3.18	B2069 d/27/18 P.110 No 15 d/6.3.18
13.7.18	2 Bae C9A	To 8th Corps Rest house	do	11.7.18	B213 67th Bde RGA #140 d/10.7.18
27.7.18	do	Rejoined Unit	India	24.7.18	B213
3-1-19	do	Granted 14 days leave	L.V.K.	5-12-18	B. 213 P. 20.3
21.1.19	do K.C.C.	Rejoined from leave Proceeded to England		22/1/19	B 213 2/4/19 MIA
		Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. <u>102</u> . Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No. <u>119</u> V.H. Green here for of Commanding 407 Wing, Kimmel Park Camp.			W. W. ... Lieut. for Lt. Col., A.A.G., Canadian Section
		OMTC on leave C.E.F.			
		<i>[Signature]</i>			
		O.C. No. 4 Cans. ...			MAJOR, Signal Battery.

Disembarked
 Embarked
 H.M. S. ...
 Station No 53
 Halifax & ...
 29/4/19

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 303522 (Rank) Serjeant
 Name (in full) Norman Macaulay enlisted in
 the 4th Pease Battery
 CANADIAN EXPEDITIONARY FORCE at St John NB on the 26th
 day of October 1915
 HE served in Great Britain, France, & Belgium
 and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

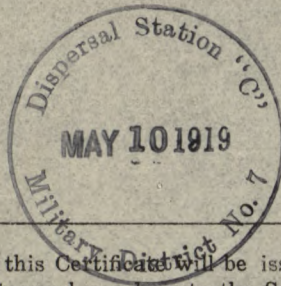
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 25 yrs
 Height 5ft 5in
 Complexion Fair
 Eyes Blue
 Hair Dark Brown

Marks or Scars Scar on right thumb

N Macaulay
 Signature of Soldier

Date of Discharge



Ranger Cpl O. C.
 Issuing Officer
 DISPERSAL STATION, ST. JOHN, N. B. FOR
 O. C. DISTRICT DEPOT #7
 Rank

Date 10 1919 19

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.

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

CLASS A
WAR SERVICE BADGE
 NO. *265303* Issued

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. 303577 Rank Serjeant Surname Macaulay
(Given name in full)
 Unit or Corps 66 H A Birthplace St. John M.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 155 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Blue
 Nutrition Normal
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Scars at end of right thumb.

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 System 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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kinnel Park (Overseas)

Date 18/4/19

Signed W. M. Butler 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 J. D. Macaulay

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

[OVER]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MACAULAY N.A.
 REGIMENT No. 4 CANADIAN SIEGE BATTERY RANK Cnr. No. 303522

Date of Examination in England _____ Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1, 3, 31
2. EXTRACTIONS 9.
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? no

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
 (c) In France

Signature of Dental Officer [Handwritten Signature]

W. H. YOUNG

1885

1885
P



100000

ORIGINAL MEDICAL HISTORY SHEET.

Surname Macaulley Christian Name Norman Addison

Examined { on 26 day of Oct 1915
 at St. John N.B.
 Birthplace { City or Town St. John
 County N.B.

Apparent age 22 yrs
 Trade or occupation clerk
 Height 5 Feet 5 1/2 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 1/2 inches.
 Physical development _____
 Small-Pox Marks _____

Vaccination Marks { Arm Right Left yes
 Number three
 When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Approved by S. Skinner
 Rank Major M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>12/17/15</u>		<u>S. Skinner</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/11/15</u>		<u>S. Skinner</u> M.O.
<u>12/11/15</u>		<u>S. Skinner</u> M.O.
		M.O.

Enlisted on 25th day of October 1915 at St. John N.B.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#4 overseas Siege Battery</u>	<u>303522</u>		<u>Oct 25th 1915</u>
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kumel Park</u>	<u>18/4/19</u>	<u>Nil</u>	<u>A' War Battle Camp</u>

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.

4



W.S.B. CLASS A. No. 265303

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

C

1. No. 303522 Cat. A1

2. Rank. Cnr.

3. Name. MacAulley Norman

4. Unit. 475 B. 475 B. D. D. NO. 7 CARD

5. Date of Discharge MAY 10 1919 Place ST. JOHN N. B.

6. Reason for Discharge DEMOBILIZATION

Service in France. 32/2

Next of Kin. Mother

7. Authority.

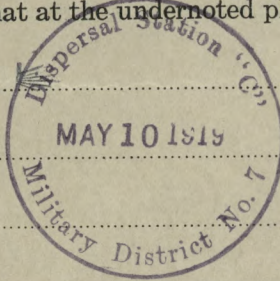
8. Proposed Residence after Discharge. St. John N.B. R.O. 1420 (C)

Occupation. Salesman. 3 Presby.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? → 39



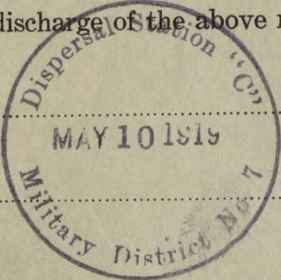
H. MacAulley
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... H.M.T. Mauretania

Date..... MAY 10 1919 Sailing No 53



Emb'd Station on 3/5/19

Discharge on 5/5/19

DISPERSAL STATION, ST. JOHN, N. B. FOR

O. C. DISTRICT DEPOT #7

Signature..... (O. C. Discharging Unit.)

REPORT FORM
PROCEEDING ON DISCHARGE
(Mobilization)

1. Name	
2. Rank	
3. Component	
4. Date of Discharge	
5. Date of Report	
6. Signature of Soldier	
7. Signature of Discharge Agent	
8. Date of Signature	
9. Remarks	

LIST OF PUBLISHED DOCUMENTS

Medical Papers, 1780-1800	.....	1
Medical Papers, 1800-1820	.....	10
Medical Papers, 1820-1840	.....	20
Medical Papers, 1840-1860	.....	30
Medical Papers, 1860-1880	.....	40
Medical Papers, 1880-1900	.....	50
Medical Papers, 1900-1920	.....	60
Medical Papers, 1920-1940	.....	70
Medical Papers, 1940-1960	.....	80
Medical Papers, 1960-1980	.....	90
Medical Papers, 1980-2000	.....	100
Medical Papers, 2000-2020	.....	110
Medical Papers, 2020-2040	.....	120
Medical Papers, 2040-2060	.....	130
Medical Papers, 2060-2080	.....	140
Medical Papers, 2080-2100	.....	150

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
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. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

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Group.....

Checked by No. 25

Date..... 30/4/19