141st OVERSEAS BATTALION C.E.F.

Unit 141st O.S. Batt'n. Rank Lieut. Name McBrady, Lieut.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? McBrady
   (b) What are your Christian Names? Robert William
2. (a) Where were you born? (State place and country) Port Arthur, Ont. Canada.
   (b) What is your present address? 337 Van Norman St. Port Arthur, Ont.
3. What is the date of your birth? 19th July 1895.
4. What is (a) the name of your next-of-kin? William McBrady
   (b) the address of your next-of-kin? 337 Van Norman St. Port Arthur Ont.
   (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Student-at-Law.
6. What is your religion? Roman Catholic.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 96th Lake Superior Regt.
9. State particulars of any former Military Service No. of Toronto Contingent, C.O.T.C. 1914-15.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

R.W. McBrady, Lieut. (Signature of Officer.)

Taken on strength (place) Fort Frances, Ont.

(date) March 7th 1916.

for G.A. Stethem major (Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

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

Date March 8th 1916.

Place Fort Frances, Ont.

F.H. Bellume
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[Answers]

1. Your Surname ..... Christ name ..... Age .....
2. (a) Place of birth (State place and country) .....
   (b) Where is your parents living? .....
3. What is the date of your birth? .....
4. What is (a) the name of your next-of-kin? .....
   (b) the address of your next-of-kin? .....
   (c) the relationship of your next-of-kin? .....
5. What is your occupation? .....
6. What is your religion? .....
7. Are you willing to be vaccinated or re-vaccinated and inoculated? .....
8. To what Unit of the Active Militia do you belong? .....
9. State particulars of any former Military Service .....
10. Are you willing to serve in the

CANADIAN OVER SEAS EXPEDITIONARY FORCE? .....

The foregoing answers, questions after the above answers made by him to the above questions are true.

(Signature of Officer.)

Taken on strength (place) .....

(date) .....

.....

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

I recommend ..... for the CANADIAN OVER SEAS EXPEDITIONARY FORCE.

.....

.....

Medical Officer.

REGIMENTAL DOCUMENTS

NAME McBRAD ROBERT, WILLIAM REGT. NO. Lieut UNIT 141st Bn H. Q. FILE NO. Incomp

11-4-19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	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)		~~Mrs P.~~	~~[illegible]~~		
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				C1771	
	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)					DISCHARGE
1	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)					
	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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Misc					
	1 Index Card					

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

H. Q. 332-103-116.

M. D. No.

Surname McBrady

T. O. S. 19

Christian names Robert William

D. O. Pt. II of

Regtl. No. Rank Lieut.

S. O. S. 19

Unit 14 1st Bn.

Reason

Auth.

No documents available for this officer. Auth. H.Q. 332-103-116. Dec. 19/18.

Next of kin

Relationship

Address

Also notify:

BORN—Place Date

ATTESTED—Place Date

O/S R/C

W. 22—100M-7-18. 1772-39-839.

No. RANK Lieut. NAME Mc Brady. R.

T. O. S. 7-3-16. UNIT 141st. Battalion C. E. F.
Auth. Mav. J. L.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916.	1916.			
Mav. 7.	Mav. 31.	✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓	Detailed to attend Inf. Sch. of Inst.	9-1-17 DO. 10 of 1-17.
Feb.		n		
Mar.		✓		
Apr 1	Apr 20	m	Transfd to Clearing Depot	Apr. Paylist.

141st OVERSEAS BATTALION, C. E. F.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 141st, OVERSEAS BATTALION C. E. F.

Regimental No. ..... Rank Lieut C. E. F. Name Robert William McBrady

Enlisted (a) 7-3-16 Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank. } ..... Date of appointment to lance rank } ..... Numerical position on roll of N. C. Os. } .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	141 St Bn	T.O.S.	Fort Francis	7-3-16	
	C. C. D.	S. O. S. (S. N. L. R.)	" "	20-4-17	auth D.O. 104/1-5-17

D. Smith

11-3-20

Capt.

For. D of R.

Doc 03

(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				

141st OVERSEAS BATTALION, C.E.F.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division Co.

Name of Soldier R W McBrady

Regiment 141 Rank Lieut No.

M.F.B. 465
100m.—1-16
1772-39-950

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.

R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold Bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE		No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
1916 Sep	12	1									✓					J. G. O'Neill	Completed (0.16)

141st OVERSEAS BATTALION, C.E.F.

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

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins 141st Overseas Battalion C.E.F

(2) ~~Regimental~~ Rank Number Lieutenant

(3) Full Name of Soldier Robert William McBrady

(4) Place of Birth Fort Arthur Ont Canada.

(5) Are you married, or not? Unmarried

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

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Wm. McBrady Port Arthur Ont Canada

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Wm. McBrady
Port Arthur Ontario Canada

(11) If your Mother is a widow —

Are you her sole support, or not?

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

—

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

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

15) Are you insured? Yes

If so, in what Company? Mutual Life of Canada

Have you made arrangements for payment of your Insurance premium Yes

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

G. A. Stethem major
Officer Commanding.

Date 1/11/16

141st OVERSEAS BATTALION, C. E. F.

MEDICAL HISTORY SHEET

Surname Mc Brady Christian Name Robert William

Examined { on 7 day of Mch 1916 / at Port Arthur Ont

Birthplace { City or Town Port Arthur / County Ont

Apparent age 21 yrs

Trade or occupation Student

Height 5 feet 9½ Inches

Weight 140 lbs.

Chest measurement { Minimum 32 inches / Maximum expansion 35 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left 1 / Number once

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Approved by J H Bethune Capt. & M.O. 141st Overseas Battalion, C. E. F.

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
Oct/16			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Sept/16		TAB 1	
Oct/16		TAB 2	M.O.
"		TAB 3	M.O.
			M.O.

J H Bethune

Enlisted on ..... day of ..... 191..... at .....

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. ..... Rank Lieut Name Delbrady R.W.

Corps 7th OVERSEAS BATTALION C. E. F. who was* transferred

On April 20th 1917, to Reinforcing Depot

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 1917, to April 20th 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. Ser 912 Ck no 10	60	00	Regt'l Pay 20 days at $ 2. c 00	40	00
Advances by Cheques } No.			Field Allow. 20 days at $ 0 c 60	12	00
Assigned Pay No.			Other Allowances* Subsistance	30	00
Other Charges*					
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)	22	00	Bal. Dr. (to be deducted by new unit)		
Total	82	00	Total	82	00

*Give Particulars.

A monthly stoppage of $ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment Mch 7/16

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge and authority Authority G.O. 93 19-4-17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Aptl 21st 1917.

Place PORT ARTHUR, ONT. C. P. Garwood

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—1-17.
H. Q. 1772-39-903.