1st DEPOT BN. N. B. REG'T.

7 M. D. Depot Battalion Regiment

Regtl. No. 3260114

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....) Triplicate.

1. Surname: McCail
2. Christian name: Marcel
3. Present address: Rogersville, North Co NB
4. Military Service Act letter and number: 676875 FC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: Aug. 8, 1897
6. Place of birth (town, township or county and country): Rogersville, NB
7. Married, widower or single: Single
8. Religion: R C
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs. Frank McCail
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Rogersville, North Co NB
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act :—
    (a) Place: St. John NB (b) Date: June 13, 1918 (c) Category: A2

DECLARATION OF RECRUIT

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

Marcel McCail (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 20 yrs. 9 mths.

Height: 5 ft. 7 ins.

Chest measurement: fully expanded 37 ins.; range of expansion 4 ins.

Complexion: Dark

Eyes: Brown

Hair: Black

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

Nil

G R Brame Major
for O. C. 1st. Depot Battalion
New Brunswick Regiment.

O. C. Depot Btln.

Regt.

Place: St. John NB Date: June 13, 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158

REGIMENTAL DOCUMENTS

Pte NAME McCAIL, MARCEL REGT. NO. 326011 UNIT 13th Can Res Bn H. Q. FILE NO.

E. M. B. 8-8-19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	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
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				02316	
1	MEDICAL EXAMINATION (M.F.W. 129)					Demobd
	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
	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)					
3	Misc Papers					
1	CD 3 R-120					

478329

WAC

Number 32120.114 Rank Pte.

Surname McGrath

Christian Name Marcel

Units N.B. Regt. Theatre of War Eng.

Date of Service 15.8.18

Remarks

Latest Address Rogersville N.B.

Roll No. a Page 1517

H. Q. .....

M. D. No. 7 "C"

Surname McCail

T. O. S. June 13 1918

Christian names Marcel

D. O. Pt. II 166 of 15-6-18

Regtl. No. 326 2144 Rank Pte

S. O. S. Disc 7/7/1919

Unit N.B. Regt 1st Res. Bn

Reason Demob.

Auth. DO 196/15/7/19 #7.

Next of kin McCail Mrs. Frank Relationship Mother.

Address Rogersville, N.B.

Also notify: .....

BORN—Place Canada, Rogersville N.B. Date Aug. 8th, 1897.

ATTESTED—Place St. John, N.B. Date June 13th, 1918.

O/S. 5/8/18-1358

R/C. 5-7-19 362 Rte 43.

W. 22—75M-5-18. 1772-39 839.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, N. B. REGIMENT

Regimental No. 3260114 Rank Private C. E. F. Name McCAIL, Marcel

Enlisted (a) 13-6-18 Terms of Service (a) Duration of War Service reckons from (a) 13-6-18

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) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		~~EMBARKED~~	~~HALIFAX~~	~~1-8-18~~	~~H.M.T. NANKIN~~
		DISEMBARKED	LIVERPOOL	16-8-18	
19-8-18	OC 13th Res. Bn	T.O.S. 13th Res Bn on arrival from Canada.	Bramshott	16-8-18	B.O. 195, Pt 2.

Embkd NORTHLAND
June 26 '19.
Disembarked July 5 '19

(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				
15/7/19	Eng.	TAKEN ON STRENGTH PART II. ORDER No. 196 ST. JOHN, N. B. District Depot No. 7.		26/6/19	Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
15/7/19	Dis. Hqs.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 196		7/7/19	Lieut. & Asst. Adjt. For O. C. District Depot No. 7.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

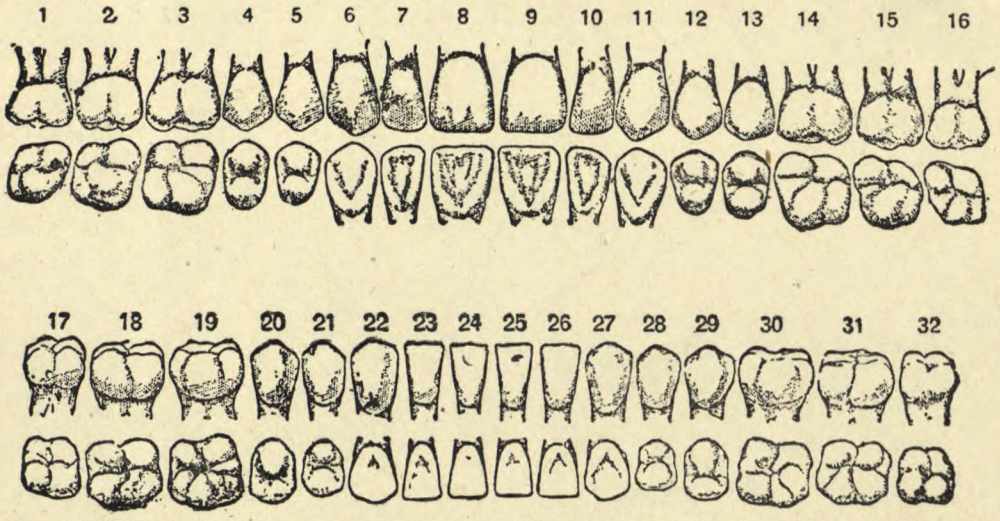
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) McCAIL. M.

REGIMENT 10 Res RANK Stt No. 2960,14

Date of Examination in England 29-5-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

Nil

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 Nil
- (c) In France

Signature of Dental Officer M Barbeau Capt

Form R 122.
10287—65M—28-7-17.

Rank Name McCAIL MARCEL Reg'l No. 3260114

Unit 103rd Bn N.B. Regt If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment St John N.B. 13-6-18 Place of Birth N.B. Can.

Name and Address, Next-of-Kin Mrs Frank McCail
Rogersville, North. Co., N.B. Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R/B No. 56444
File R
Category Cavalry

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England	AUG 15 1918	HMT Ixion	
19 AUG. 1918	13th Res	Taken on strength Pte	Bramshott	16 AUG 1918	PRDO 195
24.6.19	—"—	SOS to Canada	Witson	26.6.19	-145
		Dis Area - C Sailing 88	—"—		

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

3260114

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

1. Surname McCaul Christian name Marcel Joseph
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) Dorchester N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of June 1918, by the undersigned medical board sitting at St John N.B.

5. Age as stated 22 Years 9 Months. 6. Apparent age 21 Years — Month
7. Height 5 Feet 7 Inches. 8. Weight 140 Pounds.
9. Chest measurement { Minimum 33 Ins. / Maximum 37 Ins. } 10. Complexion Dark. { Eyes Brown / Hair Black }
11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks nil
13. Number of vaccination marks { Right arm / Left arm nil } 14. When vaccinated last nil
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, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. } We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma }

(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 (A2)

17. (a) Vision. R. 20/20 L. 20/20
(b) Hearing. R. L.

President.

Member. Member.

By Military Authority

Signature of Man

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
17/6/18		O Connor capt	M. O.	17/6/18		O Connor capt	M. O.
20/6/18		T. Adam Capt	M. O.	20/6/18		T. Adam Capt	M. O.
			M. O.	26/6/18		C. Loughery	M. O.

Joined 13 day of June 1918 at St John N.B.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to				

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Dorch N.B.	24/7/18		A-2 J M Slowey Lt C. Loughery Lt

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.—4-18.
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

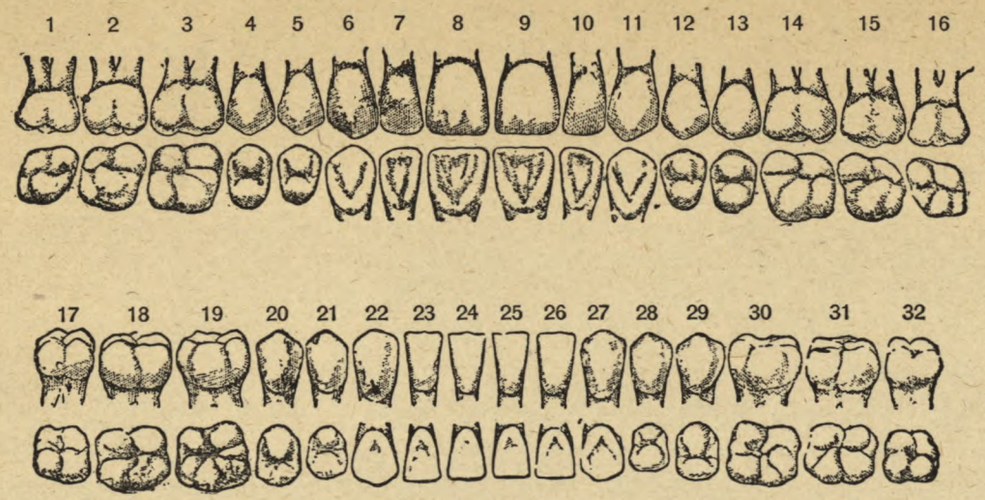
CANADIAN ARMY DENTAL CORPS

DISTRICT 3

No. 326114

NAME OF SOLDIER Mc Gail Stuart

REGIMENT 1st Light Batt. N.B.R. RANK Pte



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		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	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	1918																				Examined By		
June	17						No Previous History														J. C. Doore	7	Completed

M.F.B. 465.
200M.—6-18.
1772-39-950.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3260114 (Rank) Pte.

Name (in full) Marcel McCail enlisted in

the St. Depot Bn. C.A.B. Regt.

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

day of June, 1918

HE served in N.B. Regt. (In England)

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 22 yrs.

Height 5' 7"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Nil

Marcel McCail

Signature of Soldier.

Date of Discharge

Dispersal Station "O" JUL 7 1919 Military District No. 7

DISPERSAL STATION, ST. JOHN, N. B.

Issuing Officer.

Rank

Date JUL 7 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.

M.F.B. 39A.

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. 3260114 Rank Pte. Surname Mc CAIL
(Given name in full) Marcel
Unit or Corps 13th Res. Birthplace Roquesville N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 8 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Good

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).
Wrote left arm

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Upon .....(Overseas)

Date 29/8/19 ..... 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 Marcel Meland

(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 a Medical Board.)

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

A.M.D.5/24

EYE, EAR, NOSE AND THROAT CLINIC

Hut 7, Camp 29, RIPON, Yorks.

May 29 1919

Regt.No 326114 Rank Pte Name McCail M

Unit 666 13th Res

	WITHOUT GLASSES	WITH GLASSES (as per prescription below)		
		Sph.	Cyl.	Axis.
Visual acuity R.	9/6			
" " L.	6/6			

with

with

Category recommended is:- A Duration

Glasses not ordered,

DIAGNOSIS Blepharitis marginalis upper lids both eyes

REMARKS:- Not fit short brand for eyes

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

Has not BEEN AGGRAVATED BY SERVICE.

R J Nicholls
Capt, C.A.M.C.
Eye & Ear Specialist

A.M.D.5724

EYE, EAR, NOSE AND THROAT CENTRE

Det V, Camp 22, RIPON, Yorks.

Date_____

Reg't.No._____ Rank_____ Name_____

Unit_____

WITHOUT GLASSES

WITH GLASSES (as per prescription below)

Sph. Cyl. Axis.

Visual acuity R._____with

" " L._____with

Subsequently recommended for:-

Glasses not ordered.

Date_____

DIAGNOSIS_____

REMARKS:-

CONDITION WAS_____PRESENT BEFORE ENLISTMENT AND WAS

_____NOT CAUSED BY SERVICE.

NEW_____NOT AGGRAVATED BY SERVICE.

Capt, C.A.M.C.
Eye & Ear Specialist

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

nR

ASSIGNED PAY.	* ~~ENGLAND~~ or CANADA.	SEPARATION ALLOWANCE.	* ~~ENGLAND~~ or CANADA.
EFFECTIVE DATE:- 1/8/18		EFFECTIVE DATE:-	
AMOUNT:- 20		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Frank Mc Gail (Father)
Rogersville North Co
NB.
Stopped Effect 1/7/19

NAME:- McGAIL Marcel
NUMBER:- 3260114

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LBC leave	1/8/18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Dft. 103 N.B. Regt.
DATE ACCOUNT FIRST OPENED:- 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			13th Res.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
23/5	1489	13 Res chgd June	7.30				
29/5	1121	✓ chgd. June	30				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

Dis to Canada 30/4/19 Ledger Bal 40 23
PARTICULARS OF RENDERING NON-EFFECTIVE:- N.R 10080 Repon 6/6/19 Repon M.D.7 LBC 25 63

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal from Can								18 90		
Aug	P. Pay	34 10		C.A.P.				20			
				A13.17 Bourley 20/8/18	4 87				28 13		
		34 10			4 87			20			
Sept	✓	33 –		C.A.P.				20 –			
				AR 1304 Bourley 3/9	4 87						
				✓ 2833 ✓ 26/9	4 87				31 39	Repaid	
		33 –			9 74			20 –			
Oct	✓	34 10		C.A.P.				20	45 49		
				AR 1909 13th Res 17/10	4 87						
				Q 4005 ✓ 11/10	– 32				40 30		
				AR 2024 ✓ 29/10	4 87				35 43		
		34 10			10 06			20			
Nov	✓	33 –		C.A.P.				20	48 43		
Dec	✓	34 10		AR 2179 13th Res 14/11	9 73				38 70		
Jany	✓	34 10		C.A.P.				20			
				I.m.P. 13th Res 26/11	3 70						
				AR 2561 ✓ 9/12	19 47						
				✓ 2680 – 18/12	9 73				136 63		
				C.A.P.				20	34 –		
		101 20			42 63			60			
Feby	✓	30 80		AR 2926 ✓ 10/1	4 87						
				✓ 3154 ✓ 24/1	4 87						
				C.A.P.				20			
				AR 3338 ✓ 13/4	9 73						
	Mch	34 10		C.A.P.				20			
				AR 3515 ✓	4 87						
				✓ 3671 ✓ 11/3	4 99						
		644 90			29 33			40			

NUMBER 3260114 RANK Pte NAME McCAIL, M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		61 90				29 33			40	34 –		
				AR 3922 13th Res.	24/3	4 87				24 70		
		61 90				34 20			40			
				AR 209 ✓	15/4	9 73						
				✓ 264 ✓		– 24						
Apl	May	67 10		✓ 489 ✓	28/4	4 87 –						
				✓ 996 ✓	11/5	9 73						
				C. A. P.					40	27 23		
		67 10				24 57			40			
June		33 –		C. A. P.					20	40 23		
				AR 1121 13th Res	25/5	7 30						
				– 1489 –	25/5	7 30				25 63		
		33				14 60			20			

S.S. Canada 26/6/18

a
R.C.
Mother
1st Depot Bn NB

4

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BA
CLASS B NUMBER S.9.33.
DISPERSAL AREA C
OCCUPATIONAL GROUP 1

1. No. 3960114
2. Rank. Pte
3. Name. McCail. Marcel
4. Unit. 13th. CANADIAN RESERVE BN. D.D.No.7
5. Date of Discharge JUL 7 1919 Place ST. JOHN, N.B.
6. Reason for Discharge DEMOBILIZATION
7. Authority. R. O. 1420 (C)
8. Proposed Residence after Discharge Rogersville N.B.

HQ NORTHLAND
E.I.K. 20.6.19.
D.E.N.E.K. 5.7.19

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.? 30 & Class 'A'
W. S. No.

Marcel McCail
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date JUL 7 1919

Dispersal Station "C" Military District No. 7

O. C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7

Signature
(O. C. Discharging Unit.)

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

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. 5089a).
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. Disposal Certificate (M.D. 2).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

P.O. Rogerville North Co NB

AUDITOR | PAYMASTER

M.D.No.7

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

M. OR S.

REGT. No 3260114 RANK Pte NAME (IN FULL) McCall, Morrel (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 112 Bn. N.B. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 13-6-18 | TRANSFERRED TO | DATE | AUTHORITY 2595

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE

PAYABLE TO Frank McCall | RELATIONSHIP Father | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Rogerville North Co N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE St John N.B. | DATE 7-7-19 | REASON Demob | AUTHORITY OCO 196 | IF ENTITLED TO POST DISCHARGE PAY

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. 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																																			Northland 5-7-19
June					35 00	25 63			25 63																										Cr balance L.P.C. 30-6-19
July	10	1.10	11 00		70 00				116 00		cs		cs		219787		4 87	5 00	111	76					20 00				141	63					Cle office 1st & WSS & a P.pd by Att. July
					WSS																		WSS								Soldier				
122 dy at min					280 00				280 00														70 00						70 00		210 00				1st PWSS as above
																									3 30				3 30		206 70				x OCU P&A on disc
																							66 70						66 70		140 -				ck 155236 ag'l d. 2/8/19
																							70						70		70				ck 154364 8 dy 138 8/9/19
																							70						70						ck 155176 gl R163 7-10-19
B.					280 -				280 -														276 70		3 30				280 00						

WAR SERVICE GRATUITY.

NON-EFFECTIVE

200M-3-19.—L. L. 58788—... & D. 9985.
M. F. W. 2.96.

Date of Enlistment 13-6-18

MILITIA AND DEFENCE

M 25792

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1st Aug 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3260144

Rank Pte Promoted Reverted Discharge

Soldier's Name Marcel McCail

Battalion 1st Depot Bn. N.B. Regt. Left 103.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Frank McCail

Address Rogersville Northmbland Co NB

Change of Address

1 FRANK MC CAIL
ROGERSVILLE
2 NORTHUMBERLAND CO., N.B. 20 20.00
A-C 3260144 PTE. MARCEL MC CAIL
3 TWENTY DOLLARS
4

12127-m-16.

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug	41787	—	20	20	
Sept	47204		20	20	
Oct	53427		20	20	
Nov	58772		20	20	
Dec	64002		20	20	
1919 Jany	69960		20	20	
Febr	80802		20	20	
March	87887		20	20	
Apl	625		20	20	
May	5245		20	20	
June	9064		20	20	
July	11277		20	20	
			240 00	240 00	

A/c Closed 31-7-19

Ret'd per Northland

Date 5/7/19 m. 7. W. 187. 21/7/19

Clerk E. Lowerdfager

M.R.O. Ap. 75162 destroy 21/7. E.S.

M. F. W. 128.
400m.—5-17—1772 39-1141
L. L. 22320—M. & D. 7663.

AUTHORITY FOR NEW ACC'T. M.H. 7. B.2. w/Fowrie 30-8-18

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.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.