

ATTESTATION PAPER.  
 238th. BATTALION C. E. F.  
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 1038018 ✓

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *McCall*
- 1a. What are your Christian names?..... *Alfred Thomas*
- 1b. What is your present address?..... *Kenora*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Simcoe Ontario*
- 3. What is the name of your next-of-kin?..... *Harriett Milliean*
- 4. What is the address of your next-of-kin?..... *506 A 6<sup>th</sup> Ave. Medicine Hat*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
- 5. What is the date of your birth?..... *May 5<sup>th</sup> 1876.*
- 6. What is your Trade or Calling?..... *Saw Filer*
- 7. Are you married?..... *No.*
- 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?..... *No*  
If so, state particulars of former Service.
- 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 *Alfred Thomas McCall*....., 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.

Date *Aug 10<sup>th</sup>* 191*6*. *Alf McCall* (Signature of Recruit)  
*W. S. Sprague* (Signature of Witness)  
*Serjeant*

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I *Alfred Thomas McCall*....., 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.

Date *Aug 10<sup>th</sup>* 191*6*. *Alf McCall* (Signature of Recruit)  
*W. S. Sprague* (Signature of Witness)  
*Serjeant*

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 *Kenora Ont* this *10* day of *Aug* 191*6*.  
*J. Pringle* (Signature of Justice)

# Description of Alfred Thomas McCall on Enlistment.

Apparent Age 40 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded ..... 38 ins.  
 Range of expansion ..... 5 ins.

Complexion ..... Clear

Eyes ..... Grey

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

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

Date ..... Aug - 10 1916

Place ..... Kuon Ouf

..... H. J. Turner  
 ..... Kuon Ouf  
 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.

A. J. McCall ..... 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.

..... W. H. Russell ..... (Signature of Officer)

**AUG 26 1916**

Date ..... 1916

NAME **McCALL - ALFRED THOMAS** REG. NO. **1038018**

UNIT \_\_\_\_\_ H. Q. FILE NO. \_\_\_\_\_

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

**DISCHARGE**

Category

*Demobilization*

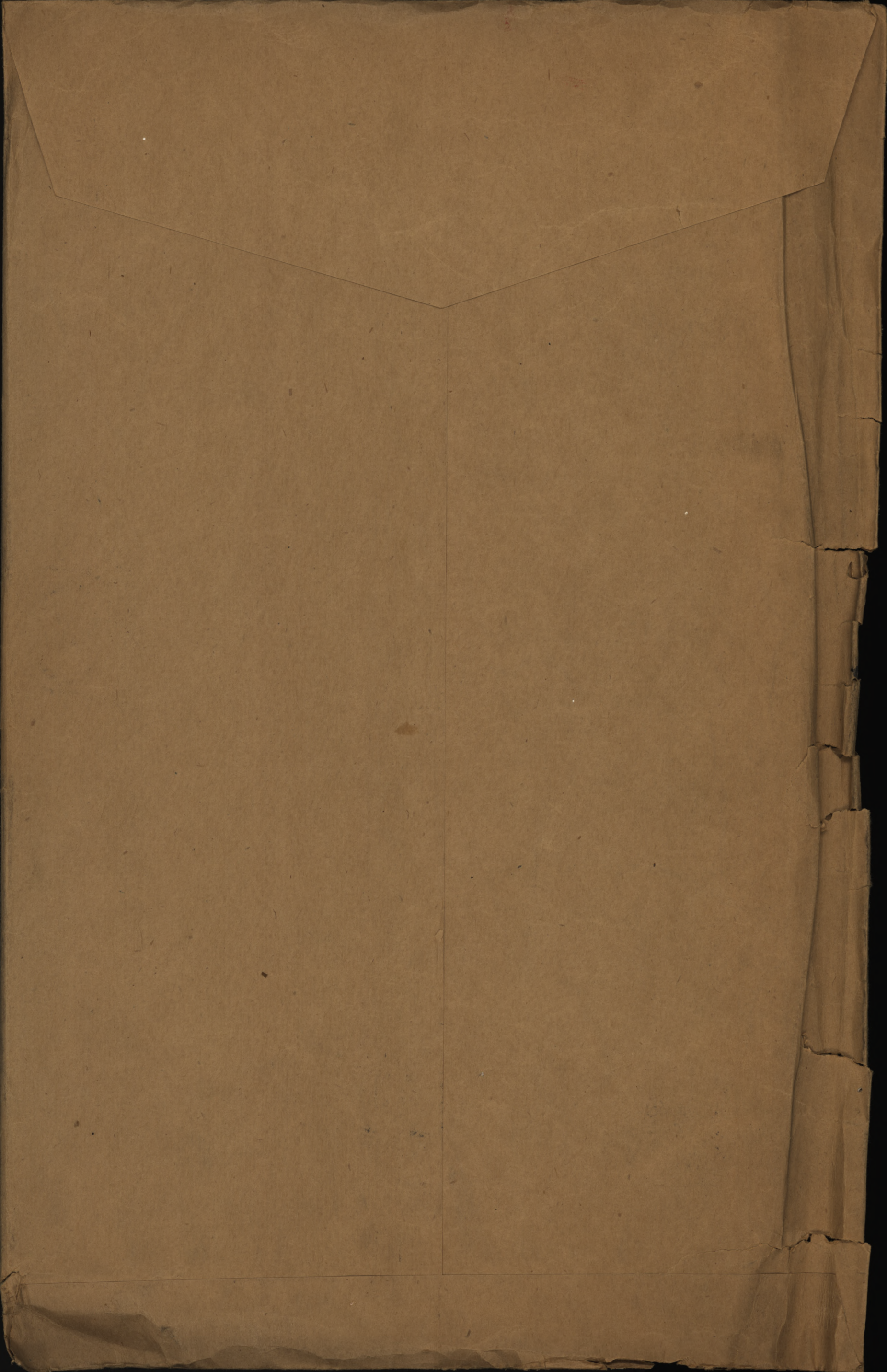
**DESERTION**

- 3 1/2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 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)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- 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)
- 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  
1 Engr. met. Bd  
1 Discharge  
1 Receipt



02334



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.

238th. BATTALION C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number *1038018*.....

(3) Full Name of Soldier *Alfred Thomas McCall*.....

(4) Place of Birth *Simco*.....

*Ontario Canada*

(5) Are you married, or not? *no*.....

(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? *no*.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *no*

If so, state name and address .....

(10) Is your Mother alive? *no*

If so, state name and address .....

(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.

*Mrs Harriet Milligan, Sister  
506, a. 6 ave Medicine Hat  
Alberta*

(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*

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.

Date *9. Sep 16*

*[Signature]*  
Officer Commanding.

No. 1038018

RANK

Pte,  
Sgt.

NAME

McBall, Alfred

T. O. S. 10-8-16, D. O. 68

UNIT

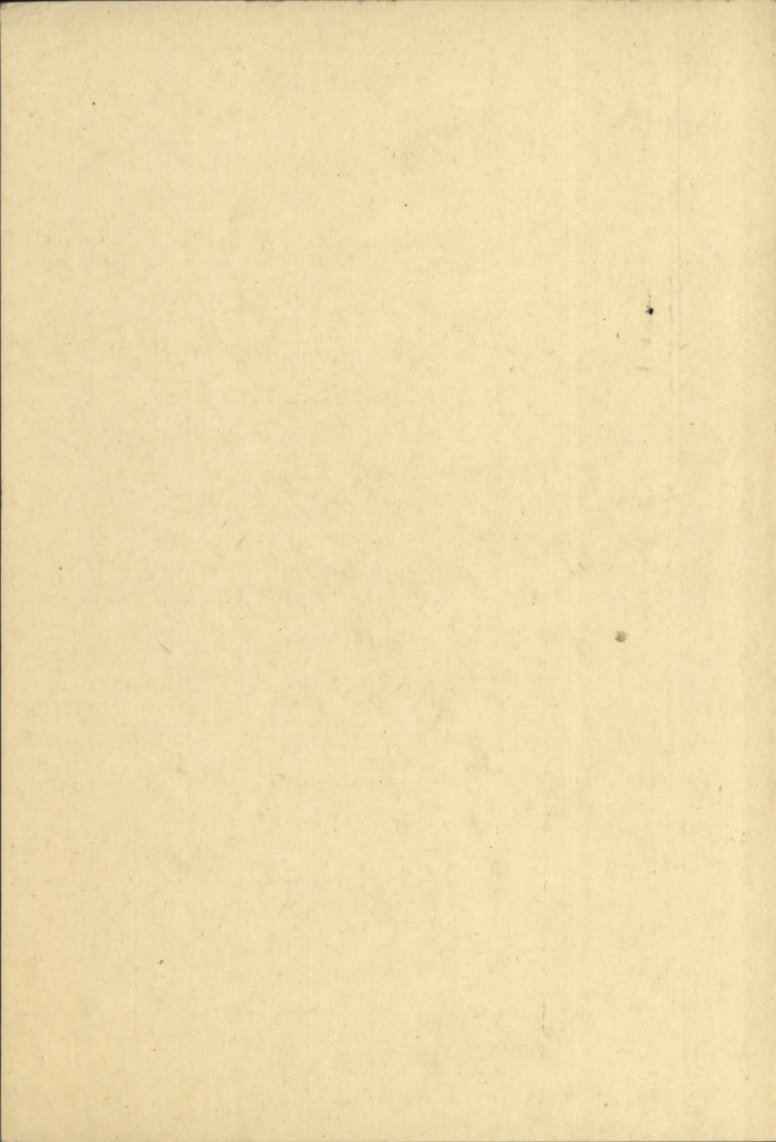
238th, Battalion (Forestry)

of 28-8-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug. 10 Sept.	1916 Aug. 31 inf a/c	✓	Prom. Sgt. 13-9-16	D. O. 82

UNIT SAILED  
SEP 11 1916





SURNAME. *McCall,*  
CHRISTIAN NAMES *Alfred Thomas*  
REGL. No. *1038018* RANK *Pte.*  
UNIT *238th.*  
FORMER CORPS *Nil.*

*92*

CARD No. *✓*  
*St. J. Disc*  
FOLL. *11/6/19*  
*2016514/6/19*  
*Demob. #2*  
*Bm*

NEXT OF KIN.

NAMES IN FULL *Milliean, Harriett*  
RELATIONSHIP TO SOLDIER *Sister*  
ADDRESS ~~*506 a 6th Ave, Medicine Hat,*~~  
*480 - 2nd St. Alta*  
*(S.A.P. 20/8/19.)*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Simcoe, Ont.* DATE *May 5th. 1876.*  
PLACE OF ATTESTATION *Kenora, Ont.* DATE *Aug. 10th. 1916.*

*Sailed from Halifax per. SS Scandinavian 11-19-16*

*345*  
*334*  
*16*  
*16/6. 9/6/19 27 1st. 16*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Saw filer*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*40* YEARS

MONTHS

HEIGHT

*5* FEET

*4½* INCHES

CHEST MEASUREMENT

*38* INCHES

EXPANSION

*5* INCHES

COMPLEXION

*Clear*

EYES

*Grey*

HAIR

*Brown*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*Kenora, Ont.*

DATE

*Aug. 10th. 1916.*

*Present address, Kenora, Ont.*

*WMS* *WAC*

Number.....1038018.....Rank.....A/Sgt

Surname.....McBarr.....

Christian Name.....Alfred Thomas.....

Units.....238th Bn. Can. Inf. Theatre of War. Eng.

Date of Service.....22.9.16.....

Remarks.....

Latest Address.....Kenora P.O.

.....Ount.....

Roll No. *A Page 1577*



DESP. MAR 8 1922  
REG. No. *Mc 20*

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

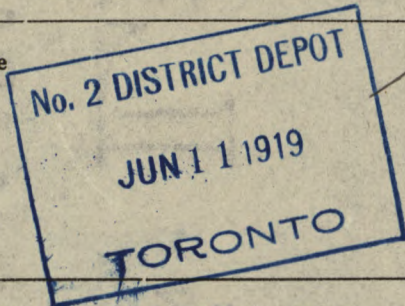
THIS IS TO CERTIFY that No. 1038018 (Rank) Sergeant  
 Name (in full) McCall Alfred Thomas enlisted in  
 the 238th Battalion  
 CANADIAN EXPEDITIONARY FORCE at Kenora on the 10th  
 day of August 1916  
 HE served in England in C 90  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age <u>43</u>	Marks or Scars
Height <u>5 ft. 4 1/2 ins</u>	<u>Loss of great toe &amp;</u>
Complexion <u>blear</u>	<u>paralysed left. (Prosthetic)</u>
Eyes <u>Grey</u>	
Hair <u>Brown</u>	

A. G. McCall  
 Signature of Soldier

Date of Discharge



For Rank  
 Issuing Officer

O.C. No. 2 District Depot.

Rank

Date JUN 11 1919 1919

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_ enlisted in \_\_\_\_\_

the \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE at \_\_\_\_\_ on the \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_

HE served in \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_ Demobilization

Medical Certificate \_\_\_\_\_

---

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

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____
Date of Discharge	_____
Rank	_____
Issuing Officer	_____
O.C. No. 2 District Depot.	
Date	JUL 11 1919

NO. 2 DISTRICT DEPOT  
 JUN 11 1919  
 TORONTO

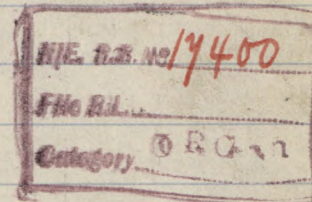
J.M.

Rank *A/Sgt* Name **McCALL, Alfred Thomas.** Reg'l No. **1038018**  
 Unit **238th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Kenora Ont. 10th Aug 1916.** Place of Birth **Simcoe, Ontario.**  
 Name and Address, Next-of-Kin *Mrs* **Harriett Millican.**  
~~506a 6th Ave.,~~ **Medicine Hat., Alta, Canada.** Relationship **Sister.**  
*480. 2nd St.* *Auth. 54 Dis. CFC. Slip 6/3/19.*  
 Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ltd.—7165-16.

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.				
<b>Arrived</b>	<b>in</b>	<b>ENGLAND</b>	<b>S. S. Scandinavian</b>	<b>22, 9. 16</b>	
29.9.16	238 <sup>th</sup> Bn	Appts A/Sergeant	Witley	11.9.16	DOPT II 97
30.10.16	" "	On Command to Thetford	"	30.10.16	DOPT II 128-Can. For. Br. Orders No. 5.
8.12.16	" "	Above Pt II DO 128 is corrected to read "S.O.S. to C.F.C."	Witley	30.10.16	Pt II DO. 467
20.12.16	C.F.C.	T.O.S. from 238 <sup>th</sup> Bn	London	30.10.16 <del>20.12.16</del>	Pt II D.O. 25
20.12.16	C.F.C.	AK/6 R.F.C. p D. R. & Co	London	20.12.16	Pt II D.O. 25
25-5-17	" Base	On Strength	Swindale	1-5-17	" 23 C.F.C. Base
15-6-17	" 3D Dis. C.F.C.	T.O.S. fm C.F.C. Base	London	7.4.17	Pt II #40.   Pt II #39, 12-6-17.
21-8-17	"	Reverts to Pte	"	1-8-17	" 96.

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.				
3-9-17	3DianCFC	S.O.S. to #4 DianCFC	London	1-9-17	14 DianCFC. PME #107 / PME #6, 4-9-17.
18-1-18	54 DianCFC	<u>Appntd A/Sgt with Pay</u>	ME	16-1-18	11-3
30-4-19	-	SOS to BDCFC	ASST	24-4-19	19 / 11-10-20 BDCFC TOS
15-5-19	BDCFC	SOS to 2 mscw Rhyl	-	Saele 14-5-19	- 135-
16-5-19	2 mscw SSCFC	TOS pend'g A/T	-	Rhyl 14-5-19	- 116
				63-1-2.6.19.	
3.6.19	MJ2	SOS to Canada Sail 63	1/8r Rhyl	2.6.19	DD 139



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.

**238th. BATTALION C. E. F.**

Regimental No. **1038018**

Rank **Pte**

Name **McCall Alfred Thomas**

C. E. F.

Enlisted (a) **Aug 10/16**

Terms of Service (a) **6-8 Y**

Service reckons from (a) **Aug 10/16**

Date of promotion to present rank

Date of appointment to lance rank **D. of W.**

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b) **Sawfiler**

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 N. S.	11-9-16	
		Disembarked	Liverpool	22-9-16	
29-9-16	O C 238th <i>appointed</i>	<i>asc. Sergeant</i>	Witley Camp	11/9/16 <del>27/9/16</del>	<i>Part II orders, #97, 29/9/16</i>
8-12-16	O C 238th <i>Bn.</i>	Transferred to the Canadian Forestry Corps	Witley Camp	8-12-16 30-10-16	D O Pt 2 - 167
20.12.16	<i>D. of T.O.</i> <i>C. F. C.</i>	T.O.S. Can. For. Cps.	London.	30-10-16 8.12.16	<i>Adjutant 238th. Battalion C. E. F.</i> D.O. Pt. II, No. 25. <i>Lt. &amp; Asst/Adj. C.F. C</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) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

#1038018 *McCall Alfred J*

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				
20-12-16	C. S. B.	att. to C. S. B.	London	20-12-16	Pt. 25
25-5-17	" B.D.	on stgth.	Sun'dale	1-5-17	" " 23
12-6-17	" " "	S.O.S. to 3 Dist.	" "	7-4-17	" " 39
15-6-17	Dist. 3.	T.O.S. from B.D. C. S. B.	London	" "	" " 40
21-8-17	" "	Reverts to Pte	" "	1-8-17	" " 96
3-9-17	" "	S.O.S. to Dist. 4	" "	1-9-17	" " 107
4-9-17	Dist. 4	T.O.S. from Dist. 3	Southampton	1-9-17	" " 3
18-1-18	54 <sup>th</sup> Dist.	appla. as Sgt. with pay	"	16-1-18	" " 3
<i>to pursue</i>					
18-1-18	Dist 54	Ceases to draw tech pay as Savo-filer.	Soton	16-1-18	for Lt Col. i/c Records, C.E.F. 3rd Dns 5. Dist 54.
31-12-18	Do	Granted leave from 20-12-18 to 29-12-18 with free warrant	Do		POST. Dist 54
1/4/19	Do	Granted final leave with warrant from 3/4/19 to 12/4/19			PA 2 SO# 16 No 54
30-4-19.	Do	Sps. mit 84 w/ 2103 reporting Manuscript etc.	Do	29-4-19.	Pt. 19 Lieut. & Adj., For O.C, No 54 District, CANADIAN FORESTRY CORPS.
<p>30/4/19. O.C. C.F.C. T.O.S. Base Depot, C.F.C. Bunningdale 29/4/19 Pt. 11. D.O. 120</p> <p>14.5.19. C.F.C. SOS Base Depot C.F.C. S'DALE 14.5.19 Pt. 11 D.O. 134</p> <p>on Transfer to M.D. 2</p> <p>CANADIAN CAMP, RHYL</p> <p><i>capt</i> Lt. for O.C. C.F.C.</p>					

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME **SOLDIER** (Block Letters) McCALL, A.T.  
 REGIMENT C.F.C. RANK Sgt No. 1038018

Date of Examination in England 2/5/19 Date of Examination in France \_\_\_\_\_



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.

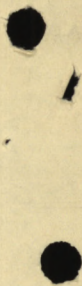
PRESENT DENTAL REQUIREMENTS

1. FILLINGS Met  
 2. EXTRACTIONS 6  
 3. CROWNS Met  
 4. DENTURES  
 (a) Full Upper  
 (b) Part Upper 1. 2. 3. 4. 6. 7. 8. 9. 10. 11. 14. 15. 16.  
 (c) Full Lower  
 (d) Part Lower 17. 18. 19. 30. 31. 32.

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 Yes  
 (c) In France

Signature of Dental Officer R. Jameson  
Com



M. CALL AT

100000

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Warminster August 1st 1918.

No. 1038018 Rank Pte Name MCCALL ALFRED THOMAS

Local Unit 238<sup>th</sup> B<sup>n</sup> Overseas Unit 103 Coy C.F.C. Age 42

Examination held at Warminster, Wilts.

DISABILITY. Overseas-Local (SCRATCH ONE OUT). Old frost bite L. foot

PRESENT CONDITION.

9<sup>th</sup> toe - and metatarsal bone - absent.  
2<sup>nd</sup> 3<sup>rd</sup> & 4<sup>th</sup> toes - grown together - unable  
to ~~walk~~ march - more than a few miles.

B11

BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

( [Signature] President.  
 ( [Signature] Capt. Comm.  
 Members ( [Signature]  
 ( [Signature]  
 ( [Signature]

APPROVED

Dated 13 AUG 1918 1917. [Signature]

PROCEEDINGS OF A MEDICAL BOARD

Dated at *Wilmington, Delaware* 1941

No. *1033* Name *McCALL, ALFRED THOMAS*

Local Unit *2328* Overseas Unit *131* Age *42*

Examination held at *Wilmington, Delaware*

DISABILITY  
Overseas-local  
(attach one out)

PRESENT CONDITION

*The undersigned has been examined and found to be physically fit for service in the United States Army.*

BOARD RECOMMENDS

1. Fit for duty
2. Fit for duty after *with physical training*
3. Fit for temporary base duty
4. Fit for permanent base duty
5. Discharge

Signatures:

President

Members

APPROVED

*Alfred Thomas* 1941

Loc. 11111

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,  
Part I.

(1)*Substantive rank * Acting rank * [Entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended }	(23) Re-engaged }
(24) Miscellaneous entries:—	

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shocing-smith, &c.

**Army Form B. 103 (II.) to be gummed on here if required.**

**Nothing to be written in this margin.**

W1889-PP 1150 1M 5/18 G.W.P.Co (3490)

1038018

SERVICE AND CASUALTY REPORT

(A) Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

15-5-19  
14-6-19

T.O.S. M.D. & K.O.C  
S.O.S. ———  
Proc. to Canada

Phyl.

D.O. 131.

*Edwards* of M.D.

Embarked Liverpool  
S.S. 'Lapland' 2 June 1919.

JUN 2 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO

PART II D. O. 165

JUN 1 1 1919

S.O.S. No. 2 District Depot

Part II, D.O. No. 165

*W.C. Roberts*

Lieut.  
For O. C. No. 2 District Depot

Nothing to be written in this margin.



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12  
50m.—7-16  
H. Q. 1772-39-819

To Whom Mrs Harriet MillicanBy Whom Assigned McCall *alf. Y.*Address *506<sup>a</sup> 6 ave.*Regtl. No. *1038018**Med. Hat,*Rank *Pte**Alta*Corps "*D*" *238 Bn.*Rate *\$1600* **SEP 1-1916**

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



10000

10000

10000

## ASSIGNED PAY

Sheet No. Mrs Harriet Millican  
(Assignee)

OVERSEAS CONTINGENTS

Name of Soldier McCall Alf. J.

PAYMENTS.

1038018. Pte. "D" 238 Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				16 <sup>06</sup> SEP 1-1916
April	1916			
May				
June				
July				
Aug.				
Sept.		V 20951	16	
Oct.		H 21859	16	
Nov.		F 27569	16	
Dec.		J 33410	16	
Jan.	1917	O 39634	16	
Feb.		O 45643	16	
March		G 57467	16	16 ch
April		F 3137	16	16 B.
May		Z 10095	16	16 Bn
June		E 15858	16	Mc
July		F 23252	16	S
Aug.		Q 30200	16	
Sept.		L 37734	16	Lu
Oct.		S 4793	16	256
Nov.		Z 48874	16	
Dec.		W 56489	16	
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.				

\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *M'CALL Alfred Thomas*

EFFECTIVE DATE: *1/9/16* EFFECTIVE DATE: *235*

NUMBER: *1038018*

AMOUNT: *16.00* AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT *30*

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mrs. Harriet Milligan (sister)*  
*480, 2nd Street*  
*506 A - 6th Ave., Medicine Hat*  
*alta. Can*  
*Stopped off 1/6/19*

*D.O.S 54 Dist 18/1/18* *16-1-18* *A/Sgt.*

UNIT AND TRANSFERS

ORIGINAL UNIT: *238th Bn*

DATE ACCOUNT FIRST OPENED: *1-9-16*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

*676. Eng.*

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
<i>6/9/18</i>	<i>2442</i>	<i>B Dep CFC</i>	<i>14.60</i>				
						<i>S.O.S. Can 76. CFC 63.</i>	
						<i>L S Bal Cr 92.80</i>	<i>92.70</i>
						<i>L PC Bal Cr 78.20</i>	<i>78.10</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'G ALL'CE
	<i>1.35</i>	<i>15</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dischg in Canada 31/5/19 N.R. 8494 5/19 State MD2*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal Fwd.</i>								<i>101.79</i>	<i>56.00</i>	
<i>April</i>	<i>Sgt Pay</i>	<i>45</i>		<i>b.a.P.</i>				<i>16</i>	<i>101.59</i>	<i>56</i>	
		<i>45</i>		<i>A.R. S 48 103 boy 11-4-18</i>	<i>29.20</i>			<i>16</i>			
<i>May</i>	<i>do</i>	<i>46.50</i>		<i>b.a.P.</i>				<i>16</i>	<i>107.76</i>	<i>54.85</i>	<i>bal</i>
		<i>46.50</i>		<i>A.R. S 175 103 boy 16-5-18</i>	<i>24.33</i>			<i>16</i>			
<i>June</i>	<i>do</i>	<i>45</i>		<i>b.a.P.</i>				<i>16</i>	<i>97.83</i>	<i>54.85</i>	
		<i>45</i>		<i>A.R. S 432 103 boy 19-6-18</i>	<i>38.93</i>			<i>16</i>			
<i>July</i>	<i>do</i>	<i>46.50</i>		<i>b.a.P.</i>				<i>16</i>	<i>99.13</i>	<i>54.85</i>	
		<i>46.50</i>		<i>S 584 103 boy 12-7-18</i>	<i>29.20</i>			<i>16</i>			
<i>Aug</i>	<i>do</i>	<i>46.50</i>		<i>b.a.P.</i>				<i>16</i>	<i>100.43</i>	<i>54.85</i>	
		<i>46.50</i>		<i>A.R. S 900 103 boy 21-8-18</i>	<i>29.20</i>			<i>16</i>			
<i>Sept</i>	<i>do</i>	<i>45</i>		<i>Can AP</i>				<i>16</i>	<i>100.23</i>	<i>54.85</i>	
		<i>45</i>		<i>N.R. S 1432, 20/9/18 103 460</i>	<i>29.20</i>			<i>16</i>			
<i>Oct</i>	<i>do</i>	<i>46.50</i>		<i>Can AP</i>				<i>16</i>	<i>91.80</i>		
		<i>46.50</i>		<i>A.R. S 1870, 16/10/18</i>	<i>38.93</i>			<i>16</i>			
<i>Nov</i>	<i>do</i>	<i>45</i>		<i>Can AP</i>				<i>16</i>			
		<i>45</i>		<i>N.R. S 2264, 21/11/18</i>	<i>29.20</i>			<i>16</i>			
<i>Jan</i>	<i>do</i>	<i>46.50</i>		<i>b.a.P.</i>				<i>16</i>			
		<i>46.50</i>		<i>S 2569 18/12/18</i>	<i>58.40</i>			<i>16</i>	<i>94.20</i>		
				<i>b.a.P.</i>				<i>16</i>			
					<i>87.60</i>			<i>48</i>			

*Eff.*

*P830 rendered effec 30/9/18*

COMPILED BY *W. G. ...*  
CHECKED BY *A*

NUMBER 1038018

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal forward								94 20		
Feb	Serqs pay	17		6 AP				16			
Mar		46 50		AR 2848 20/1/19 103 boy	29 20						
				✓ 3122 2/2	29 20						
				6 AP Mar				16			
				AR 3290 1/3	29 20				63 10		
		88 50			87 60			32			
Apr		45		.. 86 34 19 ✓	34 07						
Apr		46 50		6 AP				16			
	Int n def pay.	4 17						16		64 00	
				AR 2452 6/5 B P	14 60				92 70		
				- 10910 16/5 Rhyl End	9 73				68 37		
		95 67			58 40			32			
									158 77		
									90 40		
									68 37		







M.D. 2

SERVICE GROUP

25 SHORT FORM.  
PROCEEDINGS ON DISCHARGE.

Toronto  
Sister  
Lumberman  
Pres

OCCUPATIONAL GROUP

8 (Demobilization.)

A

1. No. 1038078

2. Rank. Sgt.

3. Name. McCall Richard Thomas

4. Unit. C.I.B. C.I.B. 238 Bn

5. Date of Discharge JUN 11 1919 Place TORONTO, ONT.

6. Reason for Discharge.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

DEMOBILIZATION

7. Authority. No. 2, D.D., Part II, D.O. No. 2165

8. Proposed Residence after Discharge.....  
.....  
.....  
.....  
.....

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.?.....  
.....

*A. J. McCall*  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....  
Date.....

*[Signature]*  
Signature For  
O.C. No. 2 District Depot.  
(O. C. Discharging Unit.)

No. 2 DISTRICT DEPOT  
JUN 11 1919  
TORONTO

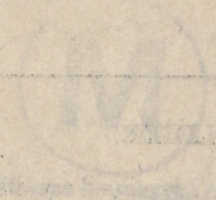
Liverpool  
Disembarked 9. 6. 1918  
Halifax N.S.

PROCEEDINGS ON DISCHARGE  
Demolition

TORONTO DISTRICT

JULY 11 1919

DEMOLITION



THE COURT IS ORDERED BY THE COURT

W. J. ...

CONFIRMATION

TORONTO  
JULY 11 1919  
J. J. ...

J. J. ...

LIST OF PUBLISHED PAPERS

1. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
2. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
3. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
4. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
5. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
6. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
7. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
8. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
9. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.
10. The effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of ceric sulfate as a catalyst.	Journal of Physical Chemistry, 1924, 28, 100-105.

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

Group 5-A  
Checked by No. 20  
Date 28-5-19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

Sept-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

805

RATE OF ASSIGNMENT

16			
----	--	--	--

9-2-11-11-11-3  
AMB

## PARTICULARS OF SEPARATION ALLOWANCE

No. 1038018  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Alf. J. McCall  
 Battalion "D" Coy. 238th Batta  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Harriet Millican  
 Address 506<sup>A</sup> - 6<sup>th</sup> Ave, Medicine Hat, Alta.  
 Change of Address  
480, 2<sup>nd</sup> St. 1-5-19  
 1  
 2  
 3  
 4

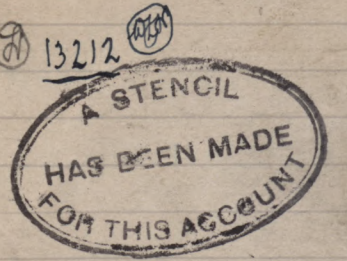
Pmts	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		nil	256	256	
Jan 18	Z 67723		16	16	
Feb	Z 72869		16	16	cut
Mar	L 91526		16	16	cut
Apr	D 4243		16	16	cut
May	N 13905		16	16	cut
June	H 26315		16	16	cut
July	N 31793		16	16	cut
Aug	L 35825		16	16	cut
Sept	M 47208		16	16	cut
Oct	S 53431		16	16	cut
Nov	M 58776		16	16	cut
Dec	S 64006		16	16	cut
1919 Jan	S 69965		16	16	cut
Feb	N 80806		16	16	cut
Mar	L 87891		16	16	cut
Apr	L 629		16	16	cut
May	S 9015		16	16	cut
June	D 9066		16	16	cut
			544	544	

File 12121-A-41.

MR O. ...  
 Ret'd per ...  
 Date ...  
 Clerk ...

MR 083740 Chq add  
 1-5-19 Z:13018 C.P.O Lt. 1324.

M. F. W. 128  
 400M-47-1773 98-144  
 L. L. 23520-ML & D. 7583





THIS FORM WILL BE USED FOR ALL RANKS  
**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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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 SUNNINGDALE DATE MAY 19

1. 1 (a) Unit C.F.C. (b) Regimental No. 1038018 (c) Rank A/SGT  
 (d) Surname MCCALL (e) Christian name ALFRED T.  
 (f) Home address G.P.O. KENORA. ONT.  
 (g) Next of Kin MRS H. MILLIGAN (h) Relationship SISTER  
 (i) Address of Next of Kin 480 SECOND ST. MEDICINE HAT. ALTA.

2. Age last birthday 42 Date of birth 5 MAY 1876  
 3. Enlistment, or Appointment (if an Officer) (a) Place KENORA (b) Date 10 AUG 16

4. Personal description:  
 (a) Height 5' 5 1/2" (b) Weight 160 EST (c) Complexion FAIR  
(stripped)  
 (d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. LOSS OF GREAT TOE & PART OF FOOT LEFT (FROST BITE)

5. Former trade or occupation SAW FILER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>2.</u>	Days <u>265</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	--------------------

	PERIODS	
	From	To
Canada	<u>10. 8. 16.</u>	<u>11. 9. 16.</u>
England	<u>11. 9. 16.</u>	
France or other theatres of War	<u>No Service in France.</u>	

7. Original disease, or injury FROST BITE LT. FOOT.

(a) Date of origin 1903. (b) Place of origin CANADA.  
 (c) Cause FOOT FROZEN WHILE RIDING.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(LOSS OF 1ST & 2ND TOE & 1st METATARSAL BONE) DEFORMITY FOOT

Partial loss of function left foot. Inability to do much walking

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective; - The 1st and second toes of left foot & 1st metatarsal bone - are missing. 3rd and 4th toes have grown together. 3rd toe is plantar flexed at both interphalangeal joints. No tenderness in stump

Subjective - Unable to walk more than five miles. If he walks far foot aches

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses..... No Respiratory System..... No Integumentary System..... No  
Disturbances of Mentality..... No Digestive System..... No Muscular System..... No  
Osseous and Joint Systems..... No Any other general condition..... No

10. (a) History (of the condition referred to in Section 9 (a).)

Froze L.T. foot in 1903. - operated on three times & tissue removed - as above.  
Enlisted with Forestry corps.  
Boarded. B.M. 1. 8. 18. "old frost bite L. foot"



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

none

(c) (Here give a description of wounds, scars and deformities.)

Deformity 4 feet

11.—(a) Did the disabling condition have its origin before enlistment? yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a & b) 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? Permanent

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no  
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations n.a.

W. Macdonell Lieutenant  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Alfred Thomas McCall 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

ATM

A. T. McCall Rank Sgt.  
Signature of invalid examined.

4  
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 criticised.

*Yes*

19. Is the invalid fit for

- |                                                |              |              |                  |
|------------------------------------------------|--------------|--------------|------------------|
| (a) General service,                           | (Category A) | (Yes or No.) | <i>no</i>        |
| (b) Service abroad, not general service,       | ( " B)       | (Yes or No.) | <i>Yes B two</i> |
| (c) Home service (Canada only),                | ( " C)       | (Yes or No.) | <i>na.</i>       |
| (d) Temporarily unfit.                         | ( " D)       | (Yes or No.) | <i>no</i>        |
| (e) Unfit for service in Categories A, B and C | ( " E)       | (Yes or No.) | <i>no</i>        |

20. It is certified that the invalid

(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.)

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

*Boarded for return to Canada with a/c. tel 9083 11.11.18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Summingdale*

*J. H. Ruthelaud Capt* President.  
*J. S. Munro* Members

DATE *2.5.19*

**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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

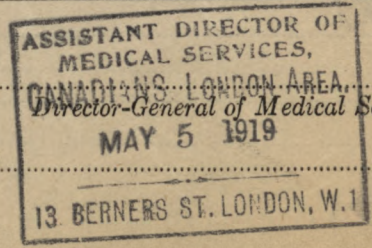
.....President.  
 PLACE.....  
 DATE.....  
 } Members

APPROVED BY *C. S. Gorman Capt*  
 Assistant Director of Medical Services.

APPROVED BY  
 Director-General of Medical Services.

DATE..... Captain, C. A. M. C.  
 for A. D. M. S., Canadians, London Area.

DATE.....  
 13. BERNERS ST. LONDON, W. 1



MEDICAL HISTORY SHEET ORIGINAL

Surname McCall Christian Name Alfred Thomas

Examined on 10<sup>th</sup> day of Aug 1916  
 at Kenora

Approved by Dr. J. G. Ginn  
 Rank Theory M.O.

Birthplace { City or Town Simcoe  
 County Ontario

Apparent age 40

Trade or occupation Saw Miller

Height 5 feet 4 1/2 Inches

Weight 155 lbs.

Chest measurement { Minimum 33 inches  
 Maximum expansion 38 inches

Physical development good

Small-pox Marks None

Vaccination Marks { Arm Right Left 4  
 Number One

When Vaccinated last 3 yrs ago

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

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

Date	Result	VACCINATIONS
<u>OCT 8 1916</u>		<u>J. G. Ginn</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/9/16</u>		<u>J. G. Ginn</u>
<u>1/9/16</u>		<u>J. G. Ginn</u>
<u>OCT 8 1916</u>	<u>OK</u>	<u>J. G. Ginn</u>
<u>6/12/17</u>		<u>J. G. Ginn</u>
		M.O.
		M.O.
		M.O.

Enlisted on 10<sup>th</sup> day of August 1916 at Kenora

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>238<sup>th</sup> Batta</u>	<u>1038018</u>	<u>good</u>	
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Warrimster</u>	<u>1-8-18.</u>	<u>deformity of left foot</u>	<u>On P. Wentworth</u>
<u>Summingdale</u>	<u>2.5.19</u>	<u>Loss of 1st &amp; 2nd toe &amp; 1st metatarsal left</u>	<u>Capt. Ginn</u> <u>Two St. Sutherland</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.





