Duplicate

ATTESTATION PAPER.

No. 536415

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — McCann
1a. What are your Christian names? — John
1b. What is your present address? — Newtown Kings Co. N.B.
2. In what Town, Township or Parish, and in what Country were you born? — Newtown Kings Co. N.B.
3. What is the name of your next-of kin? — Elizabeth McCann
4. What is the address of your next-of-kin? — Newtown Kings Co. N.B.
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — 15th November
6. What is your Trade or Calling? — Farmer
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~~ Yes
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, John McCann, 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.

his mark
John X McCann (Signature of Recruit)

Date February 2nd 1917. Harry Allen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John McCann, 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.

his mark
John X McCann (Signature of Recruit)

Date February 2nd 1917. Harry Allen (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 West St John this 2nd day of February 1917.

N. D. McKay (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of John McCann on Enlistment.

Apparent Age 18 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4½ ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 ins.

Complexion Fair

Eyes Brown

Hair Dark Brown

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

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).

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 2-2-17 191 . W. W. Barraclough

Place West St John N.B. Capt. F.A.M.C.
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.

John McCann 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.

G. G. Corbey (Signature of Officer)
Major

Date February 2nd 1917.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Mc. Cann, John

Regt. No. 536415 Rank Pte.

Corps 8th. Field Amb. Depot.

Medically Unfit

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M. F. W. - 67 - 2

2 Record

C2884

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

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.

---

(1) Name of Overseas Unit which Soldier joins: Russian Field Ambulance Depot

(2) Regimental Number: 576415

(3) Full Name of Soldier: McLean, John.

(4) Place of Birth: Newtown, Kings Co. N.B.

(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?

(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 McLean John Newtown P.O. Kings Co NB

(10) Is your Mother alive? Yes

If so, state name and address McLean Elizabeth Newtown P.O. Kings Co. N.B.

(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? No

If so, in what Company? ——

Have you made arrangements for payment of your Insurance premium ——

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

G G Corbet Major
Officer Commanding.

Date 2-2-17

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.

---

(1) Name of Overseas Unit which Soldier joins: Overseas Field Ambulance Depot

(2) Regimental Number: 536415

(3) Full Name of Soldier: McLean John

(4) Place of Birth: Newtown Kings Co. N.B.

(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?

(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 McCann John Newtown P.O. Kings Co. N.B.

(10) Is your Mother alive? Yes

If so, state name and address McCann Elizabeth Newtown P.O. Kings Co. N.B.

(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? No

If so, in what Company? ——

Have you made arrangements for payment of your Insurance premium ——

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

G G Corbet Major
Officer Commanding.

Date 2-2-17

649-M-16563

SURNAME. McCann.

CHRISTIAN NAMES John.

SOS W.O. 11-7-17 - 7

REGL. No. 536415. RANK Pte.

UNIT Field Amb. Depot.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL McCann, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER mother.

ADDRESS New Town, Kings Co., N. B.

COUNTRY OF BIRTH Canada. New Town, N. B. DATE Nov. 15th 1898.

PLACE OF ATTESTATION St. John, N. B. DATE Feb. 2nd 1917.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

JB

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 18. YEARS 3. MONTHS

HEIGHT 5. FEET 4 1/2. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 2. INCHES

COMPLEXION Fair EYES Brown. HAIR Dk Brown.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE W. St. John, N. B. DATE Feb. 2nd 1917.

Present Address. New Town. N. B

No. 536415 RANK Pte. NAME Mc Cann, J.

T.O.S. Trans from 16th Field Amb. (DOIQ 27-3-17) UNIT Paymaster's Sub-Account.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar 21	1917 Mar 31	✓	Trans to 8th Field Amb 31-3-17	DO — of 30-4-16.
	Apr.	✓	now shown on 8th Fld. Amb. Depot	on pay list
	May.	✓		
	June.	✓		
July 1	July 11.	✓	Discharged 11-7-17. Mo. 26.	DS 11 of 13-7-17.

a/c closed by payment. C

No. 536415 RANK Pte. NAME Mc Cann, J.

T. O. S. 2.2.17
100 28 of 2.2.17

UNIT A.M.S. Field Ambulance Depot.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Feb. 2.	Feb. 27	✓		

MEDICAL HISTORY SHEET

536415

Surname: McCann Christian Name: John

Examined: on 2nd day of Feb 1917 at West St John NB

Approved by: C.W. Barraclough

Rank: Capt DAD. M.O.

Birthplace: City or Town: Newtown; County: Kings Co NB

Apparent age: 18

Trade or occupation: Farmer

Height: 5 feet 4½ Inches

Weight: 125 lbs.

Chest measurement: Minimum 34 inches; Maximum expansion 36 inches

Physical development: Good

Small-pox Marks: None

Vaccination Marks: Arm Right Left; Number: None

When Vaccinated last: —

(a) Marks indicating congential 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.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 2nd day of February 1917 at West St John, NB

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.S. F.A.D.	536415	Good.	2-2-17
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.

MEDICAL HISTORY SHEET

Surname R. Adams Christian Name John

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. 536415 Rank Private Name John McCann

Corps 8th Field Ambulance who was* Discharged

On 11-7-17 191 ~~—~~, to Medically Unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st 1917 to July 11th 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month	10		Bal. Cr. from prev. month	10	
Advances by Cheques } No.			Regt'l Pay 11 days at $ 1 c	11	
Advances by Cheques } No.			Field Allow. 11 days at $ c 10	1	10
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No.	12	10			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	22	10	Total	22	10

*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 2-2-17

(2) if married and if a Separation Allowance Card has been submitted —

(3) cause of discharge and authority Medically Unfit, Auth. NB. 4-7-1921

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 July 11 - 1917

Place St. John NB.

W B McKay Capt
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.

File No. 12136-J-18.

WAR SERVICE GRATUITY.

Register No. Mc 1810.

Ino. 24.4.20.

a 52415.

Reg. No. 506435 Pte

Name McCann John

Address C/o Herbert Elmer

R.R. #2

Sussex N.B.

Pay Soldier $

Clerk

Dependent

Address

Pay Dependent $ Not eligible for W.S.G. less than 1 year. Canada only. 13/10/20.

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

R. 113 20.10.20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

R. Evans 4/24/20.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Mc Cann John
Surname Christian Name

Regimental Number 52415. 506425. Rank Pte

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: No record of P. D. P.

M. F. W. 127
300M-1-19
1772-39-1140

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 536415 (Rank) Private

Name (in full) McCann, John enlisted in

the 8th Field Ambulance

CANADIAN EXPEDITIONARY FORCE at St. John, NB. on the 2nd

day of February 1917.

HE served in Canada

and is now discharged from the service by reason of His having been found Medically Unfit for General Service.

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

Age 18 Years 8 Months

Height 5 Feet 4½ Inches

Complexion Fair

Eyes Brown

Hair Dark Brown

Marks or Scars

Nil

Signature of Soldier

Issuing Officer

Lieutenant.

Rank

for Director of Records.

Appointment

Date of Discharge July 11th, 1917.

Signed at Ottawa, Ont. this 23rd day of March 1920.

in Military District No. Headquarters

File Reference No. 649-M-49913.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 536415 (Rank) Private Name McCann, John

Unit 8th Field Ambulance

Address on Discharge Newton, King's Co., NB.

Character and Conduct Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life Nil

Medals and Decorations Nil

Remarks Nil

Signed at Ottawa, Ont. this 23rd day of March 19 20.

Name of Officer

Rank Lieutenant.

Appointment for Director of Records.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. [illegible] (Rank) PRIVATE

(Name in Full) [illegible] enlisted in

8th FIELD AMBULANCE

Canadian Overseas Expeditionary Force, on the [illegible] of

191[illegible], and accompanied said unit to [illegible]

was returned to Canada, and discharged from the service at

on the [illegible] of [illegible] 191[illegible], in consequence of

DESCRIPTION IN DISCHARGE

Age

Marks or Scars

Height

Complexion

Eyes

Hair

Signature of Man

Signature of Officer in charge Discharge Depot

O.C. 8th F. A. D.

Place and Date

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.-5-16.
H. Q. 1772-10-832.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

Rank .....

Name .....

Unit .....

Address on Discharge .....

His conduct and character while in the Service have been .....

Place .....

Commanding .....

Campaigns .....

Medals and Decorations .....

MEDICAL HISTORY OF AN INVALID.

1. Station St. John. N. B.

2. Regiment or Corps. 6th Field Ambulance C.E.F.

3. Regimental No. and Rank. Pte.

4. Name. John. Mc Cann

5. Age last Birthday. 18

6. Enlisted on Jan. 1917

at West St. John. N. B.

7. Former trade or occupation. Farmer

8. General remarks on his:—

(a) Conduct. Bad

(b) Habits. Bad

(c) Temperance. ——————

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. May 2nd 1917

9. Service.

	Years.	Days.
	PERIODS	
	From	To
16th Field Ambulance C.E.F.	Jan. 1917	Present

10. (a) Disease or disability. Mentally Deficient

(b) Date of origin. Since Birth

(c) Place of origin. St. John. N. B.

(d) Cause. Unknown

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Stupid, unable to learn and will not carry on any work that may be assigned to him

12. (a) Is the disability the result of service or climate? No

(b) Has it been aggravated by intemperance, vice or misconduct? No

H

Noted 18/6/17 cp

2

M. F. B. 227.

200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not Applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not Applicable

14. Treatment.

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not Applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Not Applicable

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Not any as compared with capacity on enlistment

18. State if for discharge on account of unfitness for Service.

Yes

E O Thomas Capt AMC

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations :

That #536415 Pte. John. McCann be discharged the service as Medically unfit Class 1.

Signatures :—

B Y Johnson Capt President.

E O Thomas Capt A.M.C.

Members.

Station. St. John. N. B.

Date. May 2nd 1917

Date.

Approved.

Date. 8/6/17

APPROVED 3/5/17 FOR A.D.M.S.M.D. No. 6 and G.O.C.M.D. No. 6

Asst. Director of Medical Services.

Noted 18/6/17

J W McBurney Capt. for Director-General of Medical Services.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 536415

Rank Private

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

Corps (Squadron, Battery or Company) 8. Field Ambulance Depot, C.E.F.

Date of Discharge 12-7-17.

Place of Discharge West. St. John, N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18 years 8 months.
Height 5 feet 4½ inches.
Complexion Fair.
Eyes Brown.
Hair Dk. Brown.
Trade Farmer.
Intended place of residence (To be given as fully as practicable.) Newtown, Kings Co. N.B.

Descriptive Marks

None

2. The above-named man is discharged in consequence of being medically unfit for service

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Bad.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Same as before Enlistment

M. F. B. 218.

160m.—6-16.
H. Q. 1772-39-113

20

Sect
Mach
28-7-17
L.S.

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

None.

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

6. Medals and Decorations..... None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) West St. John, N.B. ..... W B McKay Capt.

(Date) 12-7-17. ..... *Commanding* 8 Field Ambulance Depot C.E.F.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) West St. John, N.B. John his mark McCann ..... *(Signature of Soldier.)*

(Date) 12-7-17. W. Annis Cook. ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... John his mark McCann ..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. **Confirmation of Discharge.**

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

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

(Signature) ..... W B McKay Capt

(Date) 12-7-17. .....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

his mark.
John McCann

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.