

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

dj
12/11/18

(Class.....)

1. Surname..... MCDONALD

2. Christian name..... Robert James

3. Present address..... 255 Waterloo St., St John NB

4. Military Service Act letter and number..... 381852 FR
(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..... April 8, 1897.

6. Place of birth..... Chatham NB
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Presbyterian

9. Trade or calling..... Moulder

10. Name of next-of-kin..... Mrs. Hugh McDonald

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... Chatham, 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 5-9-18 (c) Category A2

DUPLICATE

DECLARATION OF RECRUIT

I, Robert James McDonald, do solemnly declare that the above particulars refer to me, and are true.

Robert McDonald (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs. 6 mths.

Height..... 5 ft. 9 ins.

Chest measurement } fully expanded..... 35½ ins.
range of expansion..... 2½ ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Light

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

1 vacc left arm.

B. Smith
for O. C. Depot Btl.

Place St John NB Date October 19, 1918.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Present address

3. Military service, if any, and number of days of absence from home, and date of return

4. Place of birth

5. Name of wife

6. Religion

7. Trade or calling

8. Name of next of kin

9. Relationship to next of kin

10. Address at birth

11. Whether he is a member of the Indian Mutiny

12. Whether he is a member of any other military or naval service, if any

13. Medical Examination (under Military Service Act)

(a) Date

(b) Category

DECLARATION OF RECRUIT

I do solemnly declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Build	Complexion	Eyes	Hair
Distinctive marks and marks indicating congenital peculiarities or previous diseases					

Date

Place

MC DONALD ROBERT JAS.

4063064

7 DET.C.G.R.

10969

DEMOB



C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



406 3064

I.D. number
No. d'identification

M^cDONALD

Surname
Nom de famille

ROBERT JAS.

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

OPEN
ATIA

Location
Lieu

6759



LEDGER No. ¹1008

²87

SERIAL No. *A. 29361. - 27151.*

REG. No. *4663064* NAME *McDonald, Robert*

RANK *Pte* CORPS *7th C. G. R.* AGE *21* SERVICE *C. 4/12.*

	HOSPITALS	DATE OF ADMISSION
1	<i>St. John Military St. John. NB.</i>	<i>19. 2. 19</i>
2		
3		

DIAGNOSIS *Tonsillitis.*

TRANSFERRED TO _____

DISPOSITION *Dis. 24. 2. 19.*

CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

271

REMARKS:

HOSPITALS.

DATE.

DIAGNOSIS.

Ad. St John. ^v mil. St John W.B.
Discharged

73.5.19
10.6.19.

Impetigo Contagioso

NAME *McDonald Robert James*REGIMENTAL NO. *4063064* RANK *Private*ENLISTED AT *St John, N.B.* PROMOTIONS, &c.
AND DATEDATE *19-10-18*

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Mr Hugh McDonald RELATIONSHIP *Father*

ADDRESS OF

Chatham, N.B.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

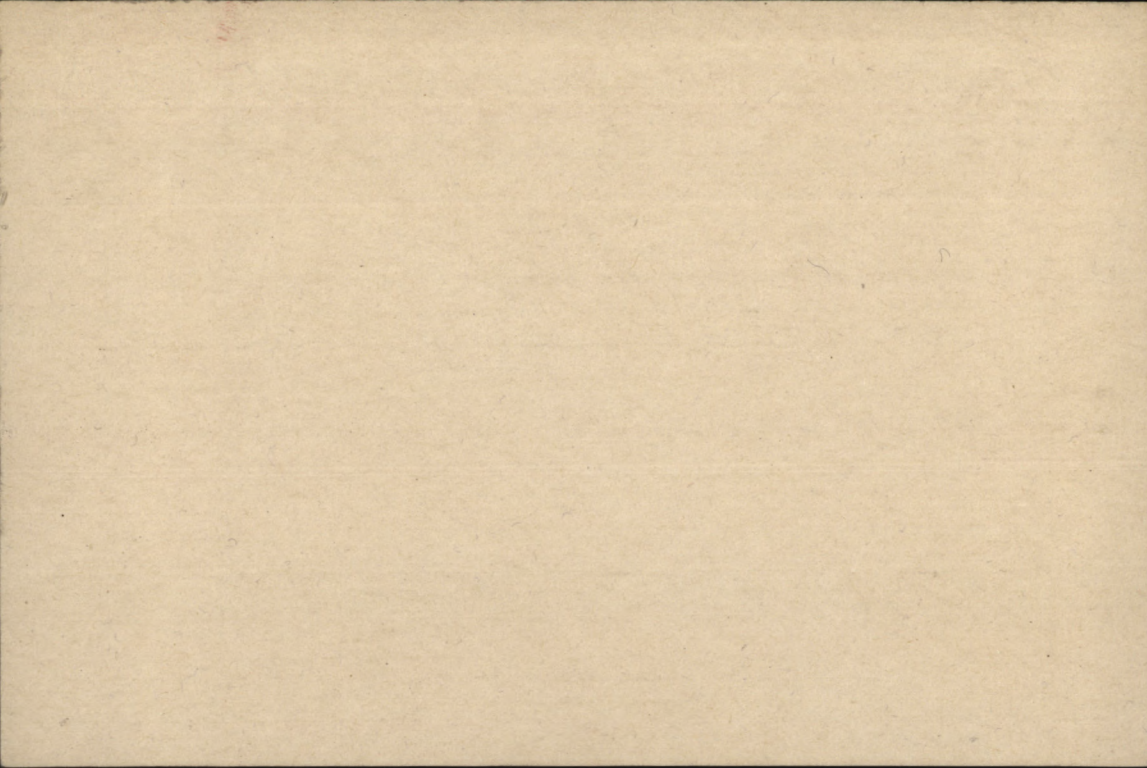
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname McDonald H. Q.
Christian names Robert James M. D. No. 7
Regtl. No. 4063064 Rank Plt. T. O. S. Oct 19th 1918
Unit G. B. Regt. 1st. Ops Bn D. O. Pt. II 293 of 20-10-18
Reason Dismiss S. O. S. Disc 20/5/19 1919
Auth. DD 140/30/5/19 # 71 Col. St. B.

Next of kin McDonald Mrs Hugh Relationship mother
Address Chatham Also notify:
Northumberland Co,
N.B.

BORN—Place Canada Chatham N.B. Date Apr 8th 1887
ATTESTED—Place St John N.B. Date Oct 19th 1918
O/S R/C



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. 4063064 Rank Private Surname McDONALD ROBERT
(Given name in full)

Unit or Corps 7^d C & R Birthplace Chatham 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. 9 in. Colour of Eyes Blue
 Nutrition good
 Pulse 70
 Condition of arteries good
 Vision Rt. D20 Left D20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

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 Sytem 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.

nil

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *St. John's B.* (Canada)

Date *May 15th 1919.* Signed *[Signature]* 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 *Robert W. Marshall*

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

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

M. F. B. 465,
16081, -1-B,
1772-89-960.

NAME OF SOLDIER

Major Donald R. J.

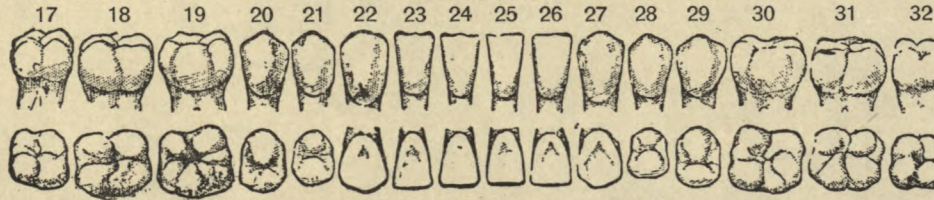
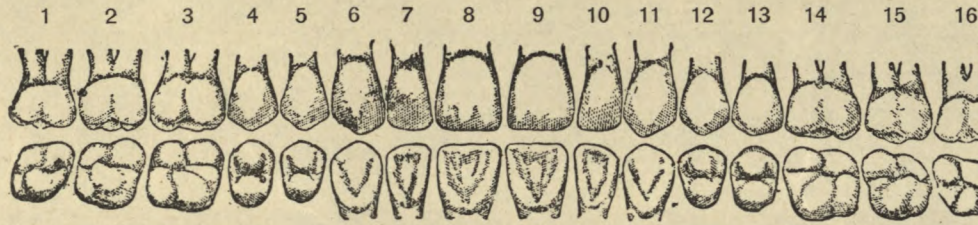
REGIMENT

7 C. S. B.

RANK

Plt.

No. 4063064



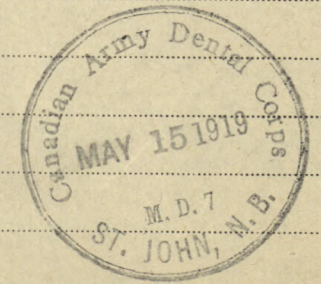
INSTRUCTIONS

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoec	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
	<i>15/5/19</i>																					<i>W. Y. Williamson</i> <i>W. C. Smith R. J.</i>	<i>19</i>



EXPOSITIONS

THE HANDBOOK OF
THE
EXPOSITIONS
OF
THE
UNITED STATES

EXPOSITIONS SHEET



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4063064 (Rank) Private

Name (in full) ROBERT JAMES McDONALD enlisted in
the 1st Depot Battalion New Brunswick Regiment
CANADIAN EXPEDITIONARY FORCE at St. John's N.B. on the 19th
day of October 1918

HE served in CANADA
and is now discharged from the service by reason of DEMobilIZATION Authority Routine
Order 1420 para 1 s.s.c. dated 12.12.18.

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

Age 22 Years 1 month
Height 5 Feet 9 inches
Complexion Fair
Eyes Blue
Hair Light

Marks or Scars

N I?L

R. J. McDonald
Signature of Soldier

A. K. Seal
Issuing Officer

701 Major.
Rank

Date of Discharge 20th May 1919 Commanding 7th Detachment Can' arr Regt
Appointment

Signed at St. John's N.B. this 20th day of May 1919

in Military District No. 7

File Reference No. _____

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

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

M. F. W. 54. (A. F. B. 1)

350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

1st DEPOT BATTALION, N. B. REGIMENT

Regimental No. 4063064 Rank Pte Name Robert James McDonald
C. E. F.

Enlisted (a) 19-10-18 Terms of Service (a) Duration of War Service reckons from (a) Oct. 19, 1918

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

Extended Re-engaged Qualification (b) none

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				
		<p>Sas by R.O. 1420 Perce, etc d/12/12/18 and Reuly Order 140, d/20.5.19,</p> <p>G. L. Shields a/Adjutant-in-Chief 6th S. Regt.</p>			

(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.

Casualty Form (Active Service)

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				

CASE HISTORY SHEET.

St John Military Hospital. Station. No. 4063064 Rank. Pte Name. McDonald, Robt. Age. 21 Unit. 7th BRR Completed years of service Where and how long 16 1/2 Date of admission 19-2-19 Date of discharge 24-2-19 Diagnosis. Tonsillitis Place of origin. St John NB

CONDITION ON ADMISSION AND PROGRESS OF CASE

19/2/19 Complains of Intractable headache & malaise Exam. Throat - Tonsils & fauces inflamed Chest negative 24/2/19 Daily improvement

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Neg

TREATMENT

(Especially any specific or special form.) Ampicillin Gargles

CONDITION ON DISCHARGE

(and disposal made of case.) Cured & recommended home Date 24/2/19 Medical Officer i/c case. M. Keeney

CASE HISTORY SHEET

Name: _____
 Age: _____
 Sex: _____
 Date: _____
 Referring Physician: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

History of Present Illness: _____
 Past History: _____
 Family History: _____
 Social History: _____
 Physical Examination: _____
 Laboratory Studies: _____
 Pathology: _____
 Radiology: _____
 Treatment: _____
 Prognosis: _____
 Comments: _____

CLINICAL CHART.

Corps 7th Regt

No. 4063064 Rank and Name Pl. McDonald Robt Age 21

Hospital Station St Johns WB

Service 4th

Disease _____ Date of Admission 19-2-19 Date of Discharge 21/2/19 Result Cur Serial No. A. & D. Book _____

Dates of Observation	Feb																																
	19		20		21		22		23																								
Days of Disease																																	
	19		20		21		22		23																								
Temperature Fahrenheit	TIME																																
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	
107°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
Pulse per Minute	100	66	66	64	74	78	80																										
Respirations per Minute	18	22	22	20	20	20	20																										
Motions	✓			1																													

[Handwritten signature]

Signature _____ In charge of case.

CLINICAL CHART

Case

No.

Patient's Name

Date of Admission

Date of Discharge

Room

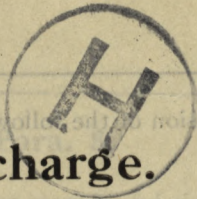
Sex

Hospital Station

Physician

1

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. 4063064	
Rank Private	
Surname McDONALD,	
Christian name Robert James	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 7th Detachment Can Garr Regt.	
Date of discharge 20th May 1919	
Place of discharge St. John, N.B.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 22 years 1 months.	Descriptive marks N I L
Height 5b feet 9 inches.	
Complexion Fair	
Eyes Blue	
Hair Light	
Trade Moulder	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of DEMOBILIZATION	
Authority for discharge R.O.1420 para 1 s.s.c dated 12.12.18.	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
M. F. B. 218.	
200M.—5.18.	
H. Q. 1772-39-113.	

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

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) St. John?N.B. *R J McVincent* (Signature of Soldier.)

(Date) 20th May 1919 *A P Halland* (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.

.....(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) St. John?N.B.

(Date) 20th May 1919

A P Halland
(Signature) Major.
Commanding 7th Detachment Can Barr regt.

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.)

List of Discharge Documents.

I have no reservations to make

R J McShane

RECORD OF SERVICE:-

CANADA from 19.10.19. to 19.10.19

Reg. Conduct Sheet	
Particulars of Reserves	
Field Conduct Sheet	
Medical Report for Invalids	
Medical History Sheet	
Last Pay Certificate	
Duplicate Discharge Certificate	
Form of Will	
Medical History Sheet	
Particulars of Reserves	
Field Conduct Sheet	
Medical Report for Invalids	
Medical History Sheet	
Last Pay Certificate	
Duplicate Discharge Certificate	
Form of Will	
Medical History Sheet	

Documents not accompanying this form should be crossed out

I hereby certify that the following documents are unobtainable:

Other Comments:

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 herein.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

Statement of Service.

Confirmation of Discharge.

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.

M.D. No. 7

7th BN. CANADIAN GARRISON REG'T.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *Single.*

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

REGT. No. 4063064 RANK *PIE*

NAME (IN FULL) *Mc DONALD, JAMES ROBERT,*

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT (C.E.F.)	IF IN P.F. WHAT UNIT?
ADDRESS					<i>Pt Depot B. St John, N.B.</i>	TRANSFERRED TO DATE AUTHORITY
						TRANSFERRED TO <i>7698</i> DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>19-10-18</i>	DATE EFFECTIVE
TO WHOM PAID <i>W. W.</i>	RELATIONSHIP				PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>[Signature]</i> PLACE DATE REASON	AUTHORITY <i>200140</i> IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
				10 00	10 00													
<i>July</i>	<i>28</i>	<i>1 10</i>	<i>30 80</i>	<i>50</i>	<i>31 30</i>	<i>25</i>	<i>14</i>	<i>29</i>	<i>10</i>	<i>12 00</i>				<i>30</i>				<i>other LPC</i>
<i>Nov</i>	<i>31</i>	<i>1 10</i>	<i>34 10</i>		<i>34 10</i>	<i>27</i>	<i>14</i>	<i>28</i>	<i>10</i>	<i>35</i>				<i>45 00</i>				<i>40</i>
<i>April</i>	<i>30</i>	<i>1 10</i>	<i>33</i>		<i>33</i>	<i>14</i>	<i>14</i>	<i>28</i>	<i>10</i>	<i>22 00</i>				<i>32</i>				<i>140</i>
<i>May</i>	<i>20</i>	<i>1 10</i>	<i>22</i>	<i>35</i>	<i>57</i>	<i>47</i>	<i>20</i>			<i>43 60</i>			<i>110</i>	<i>132 00</i>	<i>50</i>	<i>58 40</i>		<i>130</i>
			<i>119 90</i>	<i>45 50</i>	<i>165 40</i>				<i>73 60</i>	<i>77</i>			<i>14 30</i>	<i>50</i>	<i>165 40</i>			

*Assessment 765125
Nov 13 days 50.12
Se 8 20 579 20 140*

MEDICAL HISTORY SHEET.

1. Surname *M. Donald* Christian name *Robert James*
 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)..... *255 Waterloo Street St. John*

24 B 4

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the day of *September* 19....., by the undersigned medical board sitting at *St. John*

5. Age as stated *21* Years *4* Months. 6. Apparent age *21* Years *4* Month
 7. Height..... Feet..... *5* Inches. 8. Weight..... *141* Pounds.
 9. Chest measurement { Minimum *33* Ins. Maximum *35 1/2* Ins. 10. Complexion..... *Fair* { Eyes *Blue* Hair *Light*
 11. Physical development *Good* { Good Fair Poor 12. Smallpox marks *Nil.*
 13. Number of vaccination marks { Right arm..... Left arm..... 14. When vaccinated last *Childhood*
 Distinctive marks and marks indicating congenital peculiarities or previous disease

By Order Registrar

Robert James McDonald
Signature of Man

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

A 2

17. (a) Vision. R. *D 30* L. *D 30*
 (b) Hearing. R. *normal* L. *normal*

J. J. Mulpley Member.

W. H. Walter Capt. President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>1910-14</i>			<i>19-10-18</i>	<i>2</i>	
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined *1914* day of *Oct.* 19*18* at *St. John N.B.*

CORPS	REG'TL NUMBER	HABITS	DATE
<i>13. Depot Bnd</i>	<i>406 3064</i>		
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

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.

