Card P.R. 24/3/17

DUPLICATE

ATTESTATION PAPER.

No. 514048

No. 2 Overseas A.S.C. Training Depôt, C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Mc Fadyen
1a. What are your Christian names?	John
1b. What is your present address?	St. John N. B. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Glasgow Scotland
3. What is the name of your next-of kin?	Mrs Nellie McFadyen
4. What is the address of your next-of-kin?	143 Rose St. Southside Glasgow Scotland
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	August 13 - 1897
6. What is your Trade or Calling?	Mechanic
7. Are you married?	Single
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? 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 McFadyen, 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.

John McFadyen (Signature of Recruit)

Date Feb 27th 1917. Sergt. R. F. Jones (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

John McFadyen (Signature of Recruit)

Date Feb 27 1917. Sergt. R. F. Jones (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 St. John N.B. Canada this 27 day of Feb 1917.

John R. Miller (Signature of Justice)

JP Capt

M. F. W. 23
750M—3-16
H. Q. 1772-39-841

Description of John McFadyen on Enlistment.

Apparent Age 19 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3½ ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Dk Brown

Religious denominations:
- Church of England
- Presbyterian Yes
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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).

(a) Eyesight R.:D. = 20
" L:D. = 20
Hearing L normal R normal

Weight 138 lbs

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 Feb. 27 1917 [signature]

Place St. John N.B. Canada [signature] 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 McFadyen 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.

[signature] (Signature of Officer)
Officer Commanding
No. 2 Overseas A.S.C. Training Depot, C.E.F.

Date MAR 10 1917 191

S

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

Attestation Papers.....2 + 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. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

Name McFadyen John

Regt. No. 514048 Rank Pte

Corps No 2 O/S A.S.C., T.D.

Med unfit.

R. O. No. .....

H. Q. No. .....

H

13664

H

Ed.

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. 914048 Rank Private Name McFadyen, J.

Corps No.2,O-S. A.S.C.T.D.,C.E.F. who was* Discharged.

On 19/3/17 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 27/2/17 191..., to 19/3/17 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 10808	5	00	Regt'l Pay 21 days at $1, 00	21	00
No.			Field Allow. 21 days at $ 10	2	10
~~Assigned~~ Pay No. Messing		25	Other Allowances*		
Other Charges* Laundry		50			
Meals, St. John NB		60	Other Credits*		
Payment on transfer or discharge No. 10899	16	75			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	23	10	Total	23	10

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of March 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 27/2/17

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

(3) cause of discharge and authority D.O. 78, Medically Unfit.

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 March 24th, 1917.

Place Ex. Camp, Toronto, Ont.

W. E. Paulson Capt.
No.2,O-S. A.S.C.T.D.,C.E.F. 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.

SURNAME. McFadyen (649-M.14659)

CARD NO. 4

CHRISTIAN NAMES John

FOLL. S.O.S. Dis 19/3/17 2

REGL. No. 514048 RANK Pte

UNIT C.A.S.C. Training Depot no 2.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL McFadyen Mrs Nellie,

RELATIONSHIP TO SOLDIER Mother

ADDRESS 143 Rose St., Southside, Glasgow Scot.

COUNTRY OF BIRTH Scotland Glasgow DATE Aug. 13th 1897.

PLACE OF ATTESTATION St. John, N.B. DATE Feb. 27th, 1917.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Mechanic RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 19 YEARS 6 MONTHS

HEIGHT 5 FEET 3 1/2 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Dk. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE St. John, N.B. DATE Feb. 27th 1917.

Present Address- St. John, N.B.

MEDICAL HISTORY SHEET

ORIGINAL

Surname Mc Fadyen *Christian Name* John

Examined { on 27 day of Feb 1917 / at St. John N.B.

Birthplace { City or Town Glasgow / County Scotland

Apparent age 19 years

Trade or occupation Mechanic

Height 5 feet 3½ Inches

Weight 138 lbs.

Chest measurement { Minimum 35 inches / Maximum expansion 37 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right ~~Left~~ / Number once

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease

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

Approved by L. McCurran

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		REJECTED AS MEDICALLY UNFIT BECAUSE OF Recent Rheumatic fever. M.O.
		BY MEDICAL BOARD. M.O.
		TORONTO MOBILIZATION CENTRE M.O.
		H. T. MacLaurin M.O. PRESIDENT
		Capt 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 27 *day of* Feb 1917 *at* St John N.B.

Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2 Case	514048		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
St. John, N.B.	5-3-17	Nil	S. S. Skinner, Major

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

300

C.

H

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. 514048

Rank Private

Name McFadyen, John

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

Corps (Squadron, Battery or Company) No. 2 Overseas A.S.C. Training Depôt, C.E.F.

Date of Discharge MAR 19 1917

Place of Discharge TORONTO, ONT. Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 7 months.
Height 5 feet 3½ inches.
Complexion Dark
Eyes Brown
Hair Dark Brown
Trade Mechanic
Intended place of residence (To be given as fully as practicable.) St John, N.B.

Descriptive Marks

None

2. The above-named man is discharged in consequence of being

Medically Unfit

as per A.A.G. 2 M.D. 34-Mc-362

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.

Exemplary

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.)

Mechanic

Noted 19/4/17. E.P.

M. F. B. 218.

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) TORONTO, ONT. Canada

(Date) MAR 1 9 1917

W. de L. Wilson Capt
Officer Commanding
No. 2 Overseas A.S.C. Training Depôt, 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) TORONTO, ONT. Canada John W. Sadler (*Signature of Soldier.*)

(Date) MAR 1 9 1917 Louise G. Mounter (*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) x years 20 days.

Total x years 20 days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO, ONT. Canada

(Date) MAR 1 9 1917

(*Signature*) W. de L. Wilson Capt
Officer Commanding
No. 2 Overseas A.S.C. Training Depôt, C.E.F.

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.)

Nil

John McCadden.

(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.

Name. John McFadyen, St John, N. B. Canada.
Next of kin: (MOTHER) Nellie McFadyen, 143 Rose St, Southside, Glasgow Scotland.

MEDICAL HISTORY OF AN INVALID.

Examined on enlistment by: L. M. Curran, M. O.
St John, N, B.

1. Station Toronto Mobilization Centre. General remarks on his :—
2. Regiment or Corps. #2. C. A. S. C. (a) Conduct.
3. Regimental No. and Rank (514048)(Pte) (b) Habits.
4. Name. John McFadyen. (c) Temperance.
5. Age last Birthday. 19 years. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on February 27th, 1917.
   at St John, N. B.
7. Former Trade or Occupation. Date. March 13th, 1917.
   Mechanic.

24 Mc 362

DEPT MILITIA & DEFENCE
MAR 27 1917
H.Q. 649-M-14659
CANADA

9. Service. Years. Days. 15 days.

	PERIODS.	
	FROM.	TO.
#2. C. A. S. C.	Feb 27th, 1917	March 13th, 1917

10. (a) Disease or disability. (1) Rheumatic fever, (2) Roughened Mitral Valve Closure.
    (b) Date of origin. (1) February to June 1916. 2 February to June 1916.
    (c) Place of origin. Glasgow, Scotland.
    (d) Cause. Rheumatic infection.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    (1) There is some stiffness in knees, ankles and hips, particularly in wet weather. (2) The Mitral Closure is roughened and prolonged especially after exercise.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

Noted 25-4-17. EP

M. F. B. 227.

150 M—5-16.
1772-39-117.

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

Scar forehead above right eye, Scar right leg.

(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?

Nil.

(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.

Nil.

14. Treatment

Nil.

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

Not aggravated by service

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

(1) Permanent or liable to recurrence, (2) Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not more than before enlistment.

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

Yes.

U O Maclaurin Capt

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 he be discharged as medically unfit.

Signatures:—

W. Maclaurin Capt President.

H. E. Ferguson Capt

W. H. Eby Lieut

Members.

Station. Toronto Mobilization Centre.

Date. March 13th, 1917.

Date. 16 3/17

G. H. Ames Capt

Asst. Director of Medical Services.

Approved.

Date. 3/4/17

for W. Arnold Capt

Director-General of Medical Services.

Noted 28-4-17. GP

(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.

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.....

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

Administrative Medical Officer.

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.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—89—117.

DETAILED MEDICAL HISTORY OF INVALID.