TRIPLICATE

TRIPLICATE

ATTESTATION PAPER.

No. 160364

Folio.

Triplicate

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	Alex. McFarlane
2. In what Town, Township or Parish, and in what Country were you born?	Dundee, Scotland
3. What is the name of your next-of-kin?	James McFarlane (father)
4. What is the address of your next-of-kin?	1214 8th Ave. E., Calgary
5. What is the date of your birth?	September 2nd, 1897
6. What is your Trade or Calling?	Clerk
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated? and inoculated? A.M.	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

A. McFarlane (Signature of Man).

A. Davison (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alex McFarlane, do solemnly declare that the above answers made by me to the above questions 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.

A. McFarlane (Signature of Recruit)

Date Oct. 1/15 191 . A. Davison (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alex McFarlane, 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.

A. McFarlane (Signature of Recruit)

Date Oct. 1/15 191 . A. Davison (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 Calgary this 1st day of Oct 1915.

J. Edmunds (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. Edmunds (Approving Officer)

Pte Lee 8/6/17

M. F. W. 23.
200 M.—5 15.
H. Q. 1772-39-841.

28 OCT. REC'D

Description of Alex McFarlane on Enlistment.

Apparent Age 18 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 34 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Fair

Religious denominations.
- Church of England
- Presbyterian Yes
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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 Oct. 1/15 191 . Chas A Duncan Capt.

Place Calgary 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.

Alex McFarlane 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 of Officer)

Lt. Colonel
Commanding 50th Overseas Batt., C. E. F.

Date Oct. 1/15 191..

MC FARLANE ALEX. 160364 31ST BN C.C.A.C. 82ND O.S.BN 13824

INVALIDED TO CAN. BY MED BOARD FG

Deceased 5-12-51

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

BIBLIOTECA CENTRAL
UNIVERSIDAD DE CHILE

Number 160364 Rank Pte

Surname McFARLANE

Christian Name Alex

Units 31st Can Inf Theatre of War France

Date of Service 27-8-16

Remarks 105 Fifth Ave E. Calgary Alta

13026 SPC

Latest Address no address to date

7-10-21

OCT 7 1921

Roll No. Page 4492

B. of V. pet 9 28 1/2

DEAP JAN 17 1925
RECN. NO. 95-54

R. 149.

Name McFARLANE *Rank* Pte *Reg. No* 160364

Unit (Alex)
31st Battalion.

Next of Kin Canada

Mrs A. Mc Farlane
Whytehouse
Whytecauseway
Kircaldy.

1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-9.	No.1.Can Gen Hosp	Etaples	GSW. R Leg Amp & L Hand	A338	02347	7-10
3-10	Graylingwell War Hosp.	Chichester	do	B188	9-10	
14-12.	GRANVILLE CAN SPEC HOSP	RAMSGATE	DO.	B248.		

Please note that the diagnosis for this man has now been stated as GSW.L.Leg Amp. see DCL.B254.

29-1-17	Do Discharged		Do.	B284.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. 160364 RANK Pte NAME McFarlane A.

T.O.S. 1-10-15 (D.O. 580 of 1-10-15) UNIT 82nd Battalion

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915	
Dec	Dec 31	✓
Nov	Nov	✓
Oct	Oct	✓
1916	1916	
Jan	Jan	✓
Feb	Feb	✓
Mar	Mar	✓
Apr	Apr	O. S.
May	May	M

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
MAY 20 1916

SURNAME. Mc Farlane (649 Mq 134)

CHRISTIAN NAMES Alex.

REGL. No. 160364 RANK Pte

UNIT 82nd

FORMER CORPS Nil

CARD NO.

FOLL. 2

S.O.S. Dec 31/7/17

Bath.

NEXT OF KIN.

NAMES IN FULL Mc Farlane James

RELATIONSHIP TO SOLDIER Father

ADDRESS 1214 - 8th Ave. E. Calgary. Can.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Dundee DATE Sept. 2/1897

PLACE OF ATTESTATION Calgary DATE Oct. 1/15.

Sailed from Halifax Per S. S. "Empress of Britian". 20-5-16 R/C. 9/2/17 423 12

L. L. 20.39.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-838.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Clerk RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS 1 MONTHS.

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3. INCHES

COMPLEXION Ruddy EYES Blue HAIR Fair

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Calgary DATE Oct 1/15

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
McFarlane	A.	160364.

Rank	Unit	Co.	Troop	Batty.
Pte.	31st Bn.			

Hospital: No 1 Can. G. H. Etaples — Date of Admission: 28.9.16.

Transferred: Granting Wms 2/ Chichester — Hosp. 3.10.16.

Granville Spec. — Hosp. 14-12-16

Hosp.

Hosp.

Diagnosis: G.S.W. R. Leg and L. Hand (SFT)

Later Diagnosis (if changed) (1): R. leg. amp.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.F.	7.10.16 A 336	
	9.10.16 B 188	
R.D.	20-12-16 B 248	
	28.12.16. B 254, Note.	
	3.2.17 B 284	Dis. 29.1.17

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

10h/8

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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. 160364 Rank Pte Name McFarlane A 82 Bn

Corps Dunit mstr cc who was* Disch

On 31 July 1917, to Class. 4

*Insert "discharged" or "transferred."

DEPT. OF MILITIA & DEFENCE AUG -4 1917 CANADA

The following is a statement of the account of the above named from 1 191, to 31 July 1917, 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. 24938	52	70	Regt'l Pay 31 days at $ 1 c	31	
Assigned Pay No.			Field Allow. 31 days at $ c 10	3	10
Other Charges*			Other Allowances* 31 60	18	60
Payment on transfer or discharge No. 26382	8		Other Credits* Clothing	8	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	60	70	Total	60	70

*Give Particulars.

A monthly stoppage of $ 8 (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address) 1214 – 8th ave E
Calgary Alta

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

(3) cause of discharge and authority Pensioned OC July 26/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

8

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 28/17

Place Toronto

John Drulow CAPTAIN.
PAYMASTER M.H.C.C. "D" UNIT, 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.—4-17.
M. Q. 1772-59-603.

QA1

ORIGINAL

MEDICAL HISTORY SHEET.

160364

Surname Mc Farlane Christian Name Alex

Examined on 1st day of October 1915 at Calgary

Approved by Chas A Davies

Rank Capt M.O.

Birthplace City or Town Dundee County Scotland

Apparent age 18

Trade or occupation Clerk

Height 5 Feet 6 Inches.

Weight 140 Lbs.

Chest measurement Minimum 31 inches. Maximum expansion 34 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm ~~Right.~~ Left. Number Two

When Vaccinated last Childhood

(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,
		1 OCT 1916
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
8/12/15		Chas A Davies M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/10/15		Chas A Davies M.O.
14/10/15		Chas A Davies M.O.
		M.O.

CANADIAN

Enlisted on 1st day of October 1915 at Calgary

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		160364		
Transferred to..	31st Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ramsgate.	3 Jan '17	Amput. L/F. thigh.	Invalided to Canada. G. G. Boyd Capt. PRESIDENT, STANDING MEDICAL BOARD

APPROVED 6 JAN 1917 Approved

Jas Morrison CAPT. C.A.M.C.

S L Walker CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

for G.O.C. CANADIANS.

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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
GRAYLINGWELL WAR HOSPITAL CHICHESTER.		3	10	'16	13	12	'16	G.S.W. Rt Thigh by shell.	71	Wded 25.9.16 GSW of Rt thigh involving knee joint - after conservative oper^n amputation thro' lower third of thigh 24.10.16 Stump healed.	E Prideaux.
Res Hosp Ramsgate		13	12	16				-Do-			

Name Pte McFarlane. Age 19. Disease

Notes

Date	24	28	29	30	31	1	2
Day of Dis.							

Time: MORN 2 6 10 EVE 2 6 10

Temperature (Fahrenheit): 106° 105° 104° 103° 102° 101° 100° 99° Normal Temperat of body 98° 97°

asleep. asleep. asleep. asleep. asleep.

Pulse

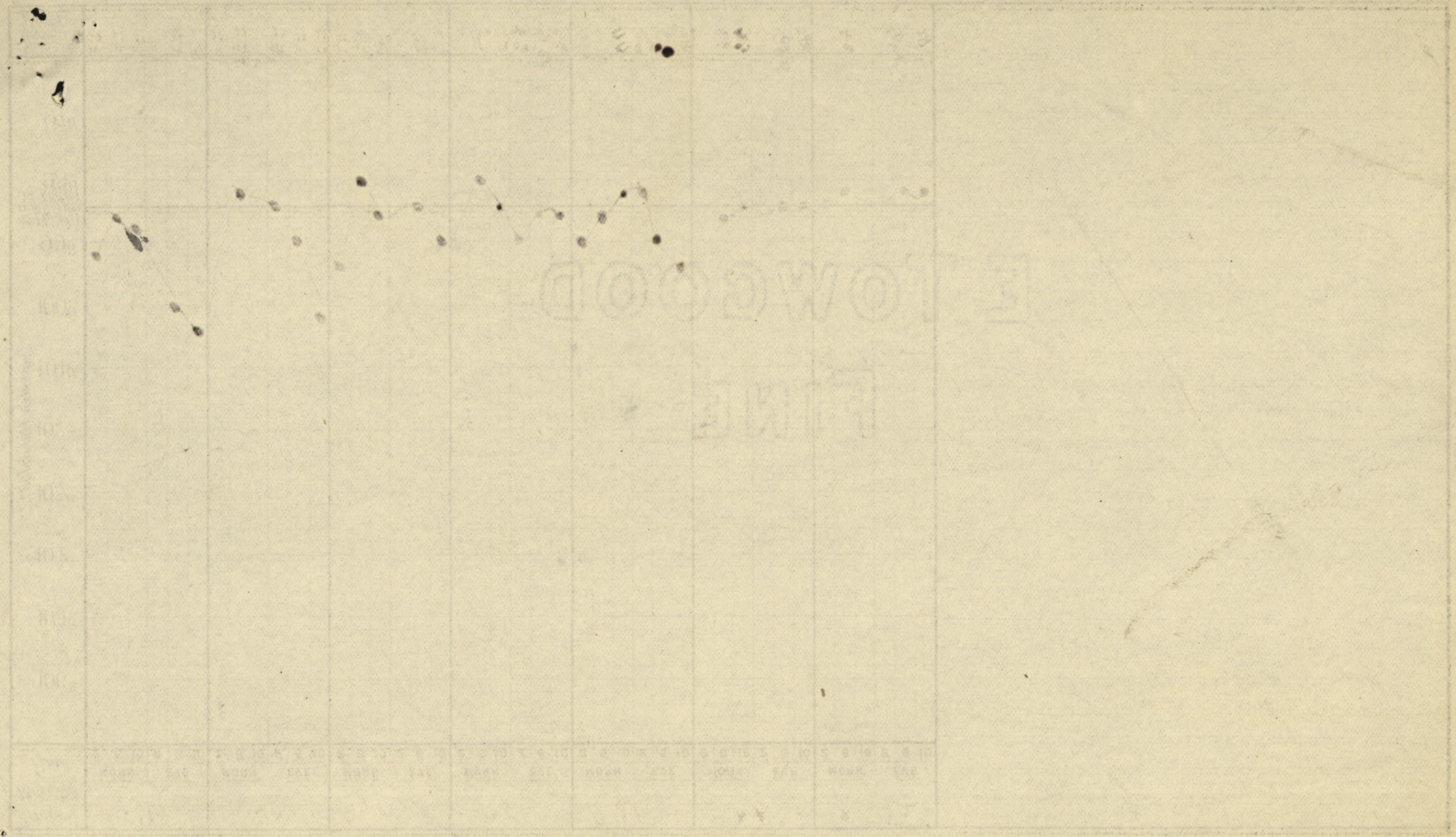
Resp.

Urine

Bowels

Dr Savills "Clinical Chart". Copyright.

Suttley & Silverlock Ltd.
92, Blackfriars Road, London.



CERTIFIED CORRECT.
4 SEP 1916
CAN. RECORDS, LONDON.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 82nd Bn C.E.F.

Regimental No. 160364 Rank Private Name A.C. Farlane, Mc.

Enlisted (a) 1/10/15 Terms of Service (a) D of War Service reckons from (a) 1/10/15

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

Extended — Re-engaged — Qualification (b) Clerk

Report Date	Report From whom received	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.
		Embarked Halifax May 27/16			
		Arrived Liverpool May 30/16			
		Jnfd to 9th Res. Battalion	St Martins Plains	18/7/16	(B.O.202) Auth. dated 15/7/16 N Harris Captain & Adjutant 82nd C. Battalion, C. E. F.
	1 NOV. REC'D				
		Transferred to 31st Battn. France. 27-8-16 B.O.240 T. V. Balfe Lt. A/Adjt. 9th Res. Bn.			
28/8/16	OC CBD.	Arrived CB.D.	Havre	28/8/16	NR P2034 d/31/8/16
12/9/16	"	Left for 2nd. Ent. Bn.	Field.	12/9/16	
	OC 2nd. Ent. Bn.	Arrd "	"		
	"	Left for unit.	"		
22/9/16	OC 31st Bn.	Arrived Unit.	"	15/9/16	B213 d/
3/10/16	OC 1 Scn.	K. G.S.W.(R) leg (L) hands To England	N.S. Hospl	3/10/16	(4525) W3083 P. 2. D. 31 13/10/16

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

J Whogan Capt.
For Officer i/c Can. Records,
Canadian Section.
G.H.Q. 3rd Echelon.

R—122

FRN Rank Name McFARLANE, Alex Reg'l No 160364

Unit 82ND BN If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Calgary, Alta 1 Oct. 1915 Place of Birth Dundee, Scotld.

Name and Address, Next-of-Kin James Mc Farlane

1214 - 8 Ave E., Calgary, Alta Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

clear
N/E. R.B. No. 4175
File R.L.
Category Can. M.U.

26-10

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
			Empress of Britain		
		Arrived in England.	29 MAY 1916		
17.7.16	O.C. 82 Bn.	Pay restricted for fail 27 days pay award 18 days = 2 F.P. Overstaying pass, midnight 26.6.16 to 11.55 am 5.7.16	Liverpool	17.7.16	P.II D.O. 199 (Dis orders 15/7/16)
8.7.16	✓				
		20.7.16 82 Bn Tfd 9th Res Br Otterpool 18.7.16 Pt II 202			
19.7.16	66 9th	Taken on strength.	Shorncliffe	18.7.16	P.II O. 204
27.8.16	"	Struck off to 31st Reserves	"	27.8.16	" 440
31.8.16	31st Bn	T.O.S. of 31st Bn	In the Field	28.8.16	Pt II. No 34
7.10.16	" "	No 1 Can: Gen: Hos:	Etaples	28.9.16	C.L.A. 338. G.S.W. Rt leg & left Hand. D.N.
9.10.16	" "	Graylingwell war Hos	Chichester	3.10.16	C.L.B 188. G.S.W. Rt leg. Lt arm
13.10.16	" "	"W" Trans to C.C.A.C	Field	3.10.16	SLC Pt II No 51

A.F.B. 103 CHECKED 4 SEP. 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
11-10-16	C.C.A.C.	Taken on strength.	F'stone	3-10-16	A.F.D. 446
20.12.16	31st Bn.	Hd. Gran Can. Spec Hosp.	Ramsgate	14.12.16	C.L.B. 248 G.S.W.R. Leg & L. Hand.
28.12.16	do	The Diagnosis on C.L.B. 248 is now stated as G.S.W.R. Leg. Amp.			C.L.B. 254.
3.2.17	do	Disch. Granville Can. Spec Hosp.	Ramsgate	29.1.17	C.L.B. 284 G.S.W. L. Leg Amp
15.2.17	C.C.A.C.	S.O.S. on Proc. to Can. for Disch.	Hastings	25-1-17	A.F.D. 79
	Disch Depot	To Convalescent Home	M.D. #2 Toronto	9.2.17	Nom Roll 182

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. McFarlane A.

Mc124

Regimental No. 160364

Unit 82 Bn

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $

To whom payable

1214-8th ave E
Calgary

Name and address of next-of-kin

see new sheet for
record of 1st enl.
Sept 18/1

Date and place discharged July 31/.7

Reason for discharge DC July 26/.7 DO 212.

Character on discharge Class III

E
F. F.

132 Battalion

Form Job 5351—M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Feb 1	28	28	1	28	28	10	2 80	45 30	76 10	13125		76 10			76 10	In FPL
Mar 1	31	31	1	31	31	10	3 10		34 10	14459		28 10		1 60 / 4 40	34 10	DO 66 DO 66 In MPL
Apl 1	30	30	1	30	30	10	3	3 60	33 / 36 60	16748		27 50		5 50	33	In out apl 25-30 DO 117 aw hosp apl 9-13 - 5 days DO 108 apl
May 1	31	31	1	31	31	10	3 10	3 60 / 4 80	42 50	19045		42 50			42 50	out May 1-8 DO 117 In MPL
June 1	30	30	1	30	30	10	3	7 20	40 20	20659 / 21958		5 / 35 20			40 20	out June 19 P.D. DO 172 JPL
July 1	31	31	1	31	31	10	3 10	18 60 / 8	52 70 / 60 70	24938 / 26387		52 70 / 8			52 70 / 60 70	OUT P.D. DO 172 July PL

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

226 53/452
Fdy 2

012321-A-1

Name McFarlane, Alex
Surname Christian Name

Regimental Number 160364 Rank Pte.

Unit C.C.A.C.

Original Unit 82nd Bn.

District where paid M.D.2.

Date of Discharge 31-7-17.

P. D. P. Filing Number 13-82-2.

Address (in full) 1214-8th Ave. E.,
Calgary, Alta.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	1204	17-10-17	3300	1194	17-11-17	33 00	1182	17-12-17	34 10		100 10
~~1686 1st G32232 11/3/19 70 00~~											
~~14304 2nd D33004 11-3-19 70 00~~											

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

Dec'n No 22653-452 W. S. G. File No 012321-AH2.

Award ..... days at $ 70.00 per ~~day~~ $ 280.00

S. A. ..... months at $ ..... per mo. $ ..... $ 100.10

Less P. D. P. Credited $

Less further debit balance Not due paid as below $ 179.90

TO SOLDIER TO DEPEND

	Pay. Mos.	Ctf. No.	Amount	No.	Ch. No.	Amount
1	1686	32232	70 00			
2	1436A	33004	70 00			
3	1352B	430630	39 90			
4						
5						
6						
	Total				Total	

11-3-19
11-3-19
11-4-19

105-5th Ave. E,
Calgary, Alta.

GEN'L AUDITOR
Posting checked by
Moreland
Date 16/19

9.10

M. F. W. 41
1.0M—7-16
1772-39 889.

529

Name Mc Farlane Pte A

Regimental No. 160364

Unit 82nd Bn

Date of enlistment 1-10-15

Place of " Calgary

Married (yes or no) no

Amount of pay assigned monthly $ Nil

To whom payable SA Nil

Name and address of next-of-kin 1214 - 8th Ave E Calgary Alta

Sent to MD2

Date and place discharged MD2 31-7-17

Reason for discharge

Character on discharge

Carpathian 9-2-17 II 649-M-9139

L. [illegible] 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	13/1/17							135 23								L PC
14/1/17	31/1/17	18	1 00	18 -	18	1 0	1 80		155 03					1 00 - 9 73		2nd Lieut pd adv on Ship
										Cr Bal on Trans				45 30	155 03	From 1/2/17 "0" MD 2
								x 10 56	10 56	263	25/4/17	10 56 ✓			10 56	x amended L PC 14-4-17 x interest on deferred pay see CPM last Mo 9
								x 1 40								
			Cr Bal Cash Paid					45 30	46 70	Cr Bal on Trans				46 70	46 70	Suppo to MD2 7-1-19

Pensioned 1-8-17

P.O.P. 4/9/17 J.W.M.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

MARRIED OR SINGLE S

PLACE OF BIRTH Dundee Scotland

NAME AND ADDRESS OF NEXT OF KIN James Mc Farlane
1214 - 8th Avenue East, Calgary, Alta

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Restricted to 20¢ per day	17/7/16	D.O. 199

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
31-1-17	106.50		1.140

REG'L. NO. 160364 RANK Pte NAME Mc Farlane Alex

IF IN PERMT. CORPS | WHAT UNIT UNIT 82nd Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Calgary, Alta

DATE OF ATTESTATION 18t Oct 1915

TRANSFERRED TO 9th Battn DATE 18/7/16 AUTHORITY D.O. 202

TRANSFERRED TO 31 Bn DATE 11/9/16 AUTHORITY B.O. 240 278

TRANSFERRED TO C.C.A.C. DATE 6/10/16 AUTHORITY C.C.A.C. 1881

TRANSFERRED TO DATE AUTHORITY

JAN 29 1917 CANADIAN OVERSEAS

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE 1/5 33

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON Discharge to Canada

DISCHARGE DATE AND PLACE 13/1/17 to Canada REASON AND AUTHORITY Tele. 1654 19/1/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 14.1.17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index

Checked by D.R.Edie

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																															17 10				Balance from Canada
June	30	1.00	30 -		30	.10	3 -								33 -	21	6/6	68	19/6					9 74	12 16			21 90		21 90	28 20				
July	18		18 -		18	-	1 80								19 80													9 90		19 80	29 10	18 30	12 60		Forfeits 9 days pay 18-90 2 7 0 } 30 90
19-31	13		13 -		13		1 30								14 30																32 60			
Aug. 1-31	31		31		31		3 10								34 10	21	31/7							2 43					2 43	64 27				
Sept 1 10	10		10		10		1 00								11															75 27				B.O. 204 to 31st Bn 11/9/16
Sept 11 30	20		20		25		2								22									4 87					4 87	92 40				
Oct 1-5	5		5		5		50								5 50									2 61						97 90				H.C.C.A.C. 9/10/16 C.C.A.C. 1881 9/10/16
"	26		26				2 60								28 60									4 87					7 48	119 02				
Nov	30		30				3								33 -									4 36					4 36	123 66		90	57 66	
Dec	31		21, 10				3 10								34 10									4 86	2 43				2 43	129 33				
Jany 1-13	13		13				1 30								14 30									4 87						134 20				
															249 70									53 53					58 40	135 23				
																								1 00						135 23				
March 19/17														10 56	10 56															145 79				
March 19/17																													145 79	145 79	Nil			

Checked H.Harlan

Checked C.Martin

Checked Mc Murray

Checked L.Palmer A/C

Balance transferred to N. E. Branch.

Payments taken from Pay Book
Pay Book verified
Discharged to Canada 13/1/17
auth. P.C. 1654 10/1/17

Cr. Bal 135 23
Pte. Rend. 13/1/17

#10-56 Granted sick furlough from 1-1-17 to 22-1-17 Part II orders No 9 A.H.Q. & C.C.A.C. 9/1/17
A.L.H.C. Cr: 145 79 19/3/17.
Ack. A.H.Q. 1/4 M-9784. 25/4/17
F.F. 25-M-6038. Ottawa has Granted Up.
Transf to "Canada Disc'ge a/c"

160361 Pte McFarlane A

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.																			
													1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			
Septmbr 1917											1	40	1	40												1	40	1	40		Transd to "Canada Disc'ge a/c"		Interest on Defd Pay List 9

One Attestation Paper removed and sent to Sergeant MacKintosh.

Date..... ~~13~~ 14 9-1917.

Copy made

Next of kin- father, Jas. McFarlane, 1214, 8th Ave. East Calgary, Alta
address- same

MEDICAL HISTORY OF AN INVALID.

1. Station. C. M. C. H.
2. Regiment or Corps. 82nd. Bn.
3. Regimental No. and Rank. Pte. 160364
4. Name. Alex McFARLANE
5. Age last Birthday. 19
6. Enlisted on Oct 15t 1915
   at Calgary
7. Former trade or occupation. Student

8. General remarks on his:—
   (a) Conduct. good
   (b) Habits. "
   (c) Temperance. "

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

C. M. H. C. C. "D" UNIT TORONTO, ONT. JUN 20 1917 mc - 124

DEPT MILITIA & DEFENCE JUN 27 1917 H.Q. CANADA

Date. 19/6/17

BOARD OF PENSION COMMISSIONERS FOR CANADA. JUL 16 1917 CONSIDERED FOR PENSION.

9. Service.	Years.	Days.	PERIODS From	PERIODS To
Canada			Oct. 1st 1915	May 14th 1916
England			may 14th 1916	Aug. 15th. 1916
France			Aug 15, 1916	Oct. 3rd. 1916
England			Oct 3rd. 1916	Feb. 6th. 1917 Canada

10. (a) Disease or disability. Amputation of the right thigh.
    (b) Date of origin. Sept 25th. 1916
    (c) Place of origin. France
    (d) Cause. Shrapnel.

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.)

Amputation of right thigh with a 7½" stump. It is well healed. Scar is adherent to the bone but painless and not tender. movement good, power good. He has been fitted with a M. H. C. artifical leg which is quite satisfactory. Movement at the hip joint free and complete.

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

M. F. B. 227.
200M. 8-16.
1772-39-117.

1296/38

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

Amputation scar 7½" below right hip.

(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 ?

on duty

(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. Amputation Oct. 24th. 1916.
Reamputation Nov. 4th. 1916.
Healed since Jan. 1st. 1917.
fitted with an artifical leg at C. M. C. H. Toronto.

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 ?

permanent.

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.

60%

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

yes

B. T. McGhie Lt. A.M.C.
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 with suitable compensation and be permitted to pass under his own control

Category E.

Signatures:—

F. J. Mewburn Major A.M.C. President.

H. M. Mackenzie Capt. A.M.C.

Members.

Station. Central Ontario Command Hospital Toronto

Date. June 19th 1917

Date. 25.6.17

Approved.

Date. 29/6/17

for Asst. Director of Medical Services.

for Director-General of Medical Services.

334

8-314-2 '16-1917

(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.

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.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

Filing

COPY*M.M.

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 C.M.C.H. DATE 19/6/17

1. 1 (a) Unit 82nd Bn (b) Regimental No. 160364 (c) Rank Pte.

(d) Surname McFarlane (e) Christian name Alex.

(f) Home address 1214 8th Ave. East, Calgary, Alta.

(g) Next of Kin Mr. Jas McFarlane, (h) Relationship Father

(i) Address of Next of Kin 1214 8th Ave East Calgary, Alta.

2. Age last birthday 19 yrs Date of birth

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary Alta (b) Date Oct 1st./15

4. Personal description:

(a) Height (b) Weight (stripped) (c) Complexion

(d) Colour of hair (e) Colour of eyes (f) Identification marks, Scars, etc.

5. Former trade or occupation Student

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	Days	Periods From	Periods To
Canada			Oct 1, 1915	May 14th, 1916
England			May 14, 1916	Aug 15, 1916
Canada			Aug. 15, 1916	Oct 3, 1916
England			Oct. 3, 1916	Feb 6, 1917 Can.
France or other theatres of War				

Canada
England
France
England

Conv. Aug 2/1917

7. Original disease, or injury Amputation of right thigh

(a) Date of origin Sept 25, 1916 (b) Place of origin France

(c) Cause Shrapnel.

M. F. B. 227. ELP/EJ

300M.—8-18.
1772-39-117.

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.)

Amputation of the right thigh.

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.)

Amputation of right thigh with a 7½" stump. It is well healed. Soar is adherent to the bone but painless and not tender, movement good, power quite good. He has been fitted with a M.H.C. artificial leg which is satisfactory. Movement at the hip joint free and complete.

Disability arose On Duty.

(*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..... Cardio-Vascular System..... Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

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

To what extent will it prevent his earning a full livelihood in the general labour market? 60%

State if for discharge on account of unfitness for Service? YES

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*).)

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

Amputation scar 7½" below right hip.

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

(*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.)

Not applicable.

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

Amputation Oct 24th. 1916. Re-amputation Nov. 4th. 1916
Healed since Jan 1st. 1917 Fitted with an artificial leg at C.M.C.H. Toronto.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. That he be discharged with suitable compensation and be permitted to pass under his own control.
Category "E"

B.T. McGhie Lieut. AMC
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.....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.....

.....Rank.
Signature of invalid examined.

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.

CONCUR

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	Yes

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.)

That he be discharged with suitable compensation and be permitted to pass under his own control. Category "E"

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.

F. J. Mann, Major A.M.C. *President.*

PLACE Central Mil. Conv. Home. N. MacLarian Capt. A.M.C. } Members

DATE June 19th 1917 Toronto. A. E. Gillies, Lt. A.M.C. }

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..... } Members

DATE.....

APPROVED BY

E. W. Nyan Capt.
Assistant Director of Medical Services.

DATE 25/6/17

APPROVED BY

J. W. Wickware Capt.
for *Director-General of Medical Services.*

DATE 29/6/17

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 160364 Rank Pte. Surname McFarlane. Christian Name Alec.

Unit or Corps—(a) Overseas from United Kingdom 31st Battn. (b) In United Kingdom 9th Res. Battn.

Born at—Town Dundee. County or Province Forfarshire. Country Scotland.

Date of Birth—Day 2 Month Sept. Year 1897 Age 19 yrs. 3 months.

Joined at Calgary, Ont. Date Oct 1/15

Former Trade or Occupation Student.

Permanent marks or peculiarities that will serve for future identification:—

Small pigmented area on anterior surface of right forearm.

Height—feet 5 inches 8 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) A McFarlane

Medical Report.

☛ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). Amputation right thigh.

Disabilities Group (*b*). Not applicable.

Disabilities Group (*c*). do

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Due to bullet wound.	Courcelette	Sept. 25/16
(*ii.*) As to Group (*b*) above.	not applicable.		
(*iii.*) As to Group (*c*) above.	do		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? Not applicable.

(*i.*) As to Group (*a*) above? Not applicable. If yes, has Active Service aggravated it? do

(*ii.*) As to Group (*b*) above? do If yes, has Active Service aggravated it? do

(*iii.*) As to Group (*c*) above? do If yes, has Active Service aggravated it? do

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes due to bullet wound.

(*ii.*) As to Group (*b*) above? Not applicable.

(*iii.*) As to Group (*c*) above? do

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? Yes. (*ii.*) While off duty? No.

(*iii.*) Was a Court of Inquiry held? No. (*iv.*) Where? Not applicable. (*v.*) When? Not applicable.

(*vi.*) Opinion of the Court? Not applicable.

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

States that during an advance was hit right thigh by a bullet. Thigh was amputated at Graylingwell War Hospital Chichester Oct. 24/16. Stump has been healed about one week.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

General condition good. Has 9" stump, not painful. 4" scar which is adherent.

8. OPERATION. (*i.*) Was one performed? Yes.

(*ii.*) If so, state what. Thigh amputated lower third.

(*iii.*) Was one advised and refused? Not applicable.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? Not applicable.

(ii.) If so, describe. Not applicable.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No.

(*b*) Fit for base duty? No.

(*c*) Invalid to Canada? Yes.

(*d*) Discharge from the Service as permanently unfit? Yes.

Date of Report 31/12/16 191

Station Ramsgate, Kent.

Signed W. T. Tawney, Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Major, C.A.M.C. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.
For O.C. Granville Canadian Special Hospital, Ramsgate

Dated at Ramsgate Kent Station, on Jan 2 1917 191

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it. Yes

644-M-9139

12. Is the cause of the disability, fully indicated in Part I. (2)?
If not, indicate it. Yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier — Caused? No; Aggravated? No
(b) Misconduct of the Soldier — Caused? No; Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
100%

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
All

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? Yes
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

18. Remarks.

2 months in France.
R. leg amputated in mid-thigh position

APPROVED
Hs Monson
CAPT. C.A.M.C.
for G.O.C. CANADIANS.

19. Recommendation:—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes - for artificial leg.
(d) Discharge from service as permanently unfit? No.

Classification for the Military Hospitals Commission.
A

Date of Board 3 - JAN 1917

Station Ramsgate

Signatures of the Board: Geo S Boyce Lapp President.
J. Hilliard Capt.

Approved J Lilwall Kirk CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

A.D.M.S.

Dated at SHORNCLIFFE—
(18, Westbourne Gardens, Folkestone.)

Station 6 JAN 1917

191

PART III.

a162-11 4/14.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the 27th day of 191

NOT CHARGED APR 10 1917

Members of the Board:—

APR 11 1917

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

President.

Forms I 1237 / 11

GRAN CAN SPEC HOSP
RAMSGATE

54/277

2/

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T3819	160364	Pte.	McFarlane	A.
Year 13-12-16	Unit.		Age.	Service.
	31st Bn.		19.	12/12

Station and Date.

Disease G.S.W. Lt Leg & Hand. Amptn of Rt leg.

Previous occupation. — Student

Date of Enlistment. — 1st Oct 1915

Arrived in England — June 2nd 1916.

Arrived in France. — ~~Aug~~ Sept. 15th, 1916

Wounded — Sept 25th 1916. Somme

Hospitals — Grayling well. Hosp 2 months 11 days

GCSH — Dec 13th/16.

Complaint — Amputation of Rt leg abvt middle of thigh.

History — At Courcelette on Sept 25th was hit by shrapnell — in Right — lower third running down towards knee — due to injuries amputation was advsd — leg removed Oct 2[illegible]th 1916

On incision abvt 6½" long. almost healed. — small ulcerated area size of threepenny bit. in centre of this from side to side wound. also one smaller in size at outer aspect of incision. Small drainage wound — posteriorly and abvt one and one half inches abvt the incision

Stumps in good condition otherwise — All lig movements normal.

Dec 13th/16 Treatment. Wet Boracic dressings to be applied twice daily. W Begg

Dec 21st/16. Wound doing well.

Dec 28/16 Stump healed. Sutures & gauze removed W Begg

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
	Weight 130 lbs.
30 DEC 1916	Stumps in good condition - Dressings
	A.D.B. 179. Invalided to Canada C.S.
Jan 9 1917	Invalid to Canada S.M. Board.

Forms
I. 1237.
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
357 For B.	160364.	Pte	McFarlane	Alex.
Year	Unit.		Age.	Service.
1916.	31st Canadian.		19	12/12 2/12

GRAYLINGWELL WAR HOSPITAL CHICHESTER

Station and Date.	Disease G.S.W. Rt thigh - leg + foot.
3.10.16	Admitted -
	Wounded 25.9.16.
	(i) Has large open wd on outer surface of rt thigh - wd is much undermined
	(ii) Also has wound on anterior outer surface of leg - exposing tendons.
	(iii) Has two wds of foot - one in heel + another incised wd on dorsum of foot just behind toes - As if shrapnel had passed thro' heel + been extracted from dorsum of foot.
	Has dropped foot + apparently injury to ext. popliteal nerve
13.10.16	Temp - has been gradually rising - Knee is swollen + there is fluid present in knee joint.
14.10.16	Temp. last night was 104.2 Knee very painful - Explored + pus found.
	Operation - Knee joint opened by antero-lateral incisions + drainage tubes inserted.
19.10.16	Only slight improvement in general condition Temp at 6 p.m. 100.4.
20.10.16	Pts general condition bad - temp at 6 pm 104.8 with pulse 140.
	Operation 8.30 p.m. Knee joint laid open by

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station and Date.	
	transverse incision thro' infra patellar ligament & joining with antero lateral incisions previously made.
	Counter openings made by postero lateral incisions & drainage tubes inserted Wd packed well up into subcrureal pouch & posteriorly.
Oct 24th.	Pts general condition bad - toxaemic Pulse yesterday at 6 pm 140 + not so strong -
	Has been on rectal saline & hourly digitalin ck with no improvement.
	Amputation performed thro' lower third of thigh & stump left freely open - amput^{n} by modified circular.
26.	Condition much improved - stump looking healthy.
Nov 11/16.	See. Amputation.
Nov. 14	Per urine discharge

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ Military Hospital Winchester

No. 160364 Rank and Name Pte Mc Farlane Age 19 Service _____

Disease G.S.W. R. Knee Date of admission Oct 3 Date of discharge _____ Result _____

Dates of Observation	Nov 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3
Days of Disease																															

Temperature, Fahrenheit — Time A.M. P.M. (each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Operation

Pulse per Minute	96	104	104	104	90	96	90	80	88	92	88	96	88	90	62	88	96	104	78	120	132	150	104	106	100	100	88	106	96	100	96	150	96	98	88	80	88	84	96	88	90	82	110	88	98	88	90	94	88	96	88	80	88	96
Respirations per Minute	20	24	20	20	20	20	20	20	20	20	18	20	18	20	18	20	18	20	22	22	22	22	20	22	20	20	18	20	18	20	20	24	20	20	18	20	18	18	18	20	20	18	20	18	24	20	20	18	22	18	20	20	24	18	20
Motions per 24 Hours	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

(3103.) W 7204-1542. 750,000. 8/15. H. & Sp. Forms/B. 181/3.

Signature _____ In charge of case.

Name Pte McFarlane Alex Age 19 yrs Disease G.S.W. Hand.

Notes

6

Date		20						21						22						23						24						25						26.					
Hospital																																									
Time		MORN			EVE			MORN			EVE			MORN			EVE			MORN			EVE			MORN			EVE			MORN			EVE			MORN			EVE		
		2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10
Temperature (Fahrenheit)	106°																																									
	105°																																									
	104°																																									
	103°																																									
	102°																																									
	101°																																									
	100°																																									
	99°																																									
Normal Temperature of body	98°																																									
	97°																																									
Pulse		120		140				110		130				120						120						100						100						100					
Resp.		24		28				24		24				24						22						22						22						22					
Urine																																										
Bowels																																										

Temperature (Fahrenheit)

Spirit sponge ..... Temperature kept below 101°C.

Asleep.

Asleep.

Operation night

Dr Savills "Clinical Chart" Copyright.

Suttley & Silverlock Ltd.
92, Blackfriars Road, London.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 31st Canadian — Military Hospital Chichester.

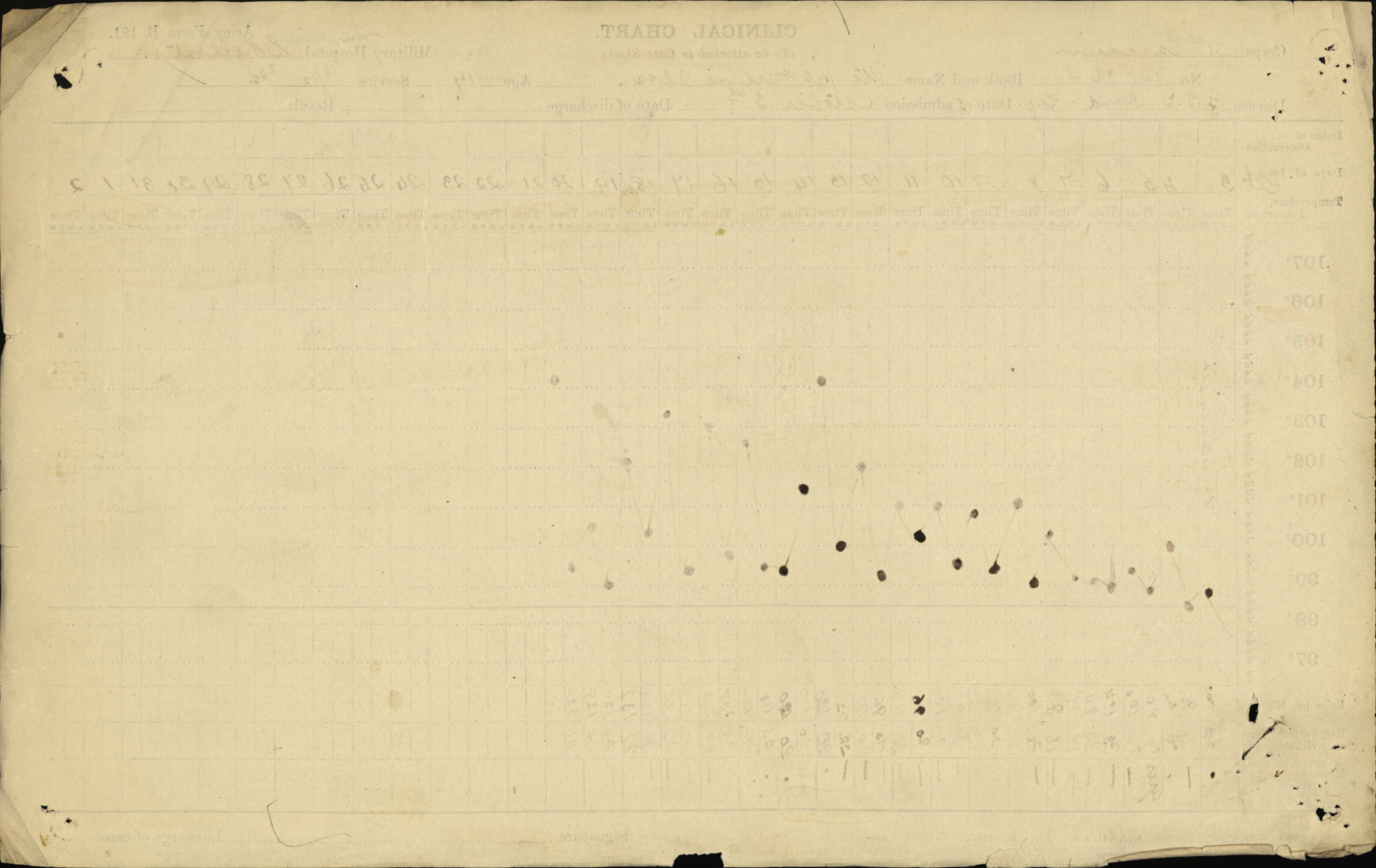
No. 160364. Rank and Name Pte McFarlane Alex. — Age 19 — Service 12/12 2/12

Disease G.S.W. Hand & leg. — Date of admission October 3rd — Date of discharge — Result

Dates of Observation																																
Days of Disease	Oct 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	102	96	104	90	106	104	96	112	88	100	114	100	112	96	100	96	116	96	110	112	120	112	120	118	120	108	110	108	136	128	132	120	128	124
Respirations per Minute	22	20	20	20	20	20	20	18	20	20	20	20	20	20	20	20	22	20	20	20	20	20	24	22	22	22	22	24	26	22	20	20	20	
Motions per 24 Hours																																		

(3103.) W 7204-1542. 750,000. 8/15. H. & Sp. Forms/B. 181/3.

Signature _____ In charge of case.



Next of Kin - father Mr J. McFarlane - 12148

EXTRACT FROM QUEBEC BOARD

NAME: Mr Farlane, Alex -

HOME ADDRESS: Same address

NO: 160364 RANK: Pte

UNIT: 31st Batt

PREVIOUS OCCUPATION:

CAUSE OF DISABILITY: No occupation

Shrapnel wounds

DATE: 18 July 1917 Calgary Alta

AGE: 19

HEIGHT: 5-8½"

CHARACTER: Good

WHERE SEEN SERVICE

DEPT MILITIA & DEFENCE APR 19 1917 H.Q. CANADA 649-M-9139

STATEMENT OF CONDITION AS PREVENTING THE SOLDIER EARNING A FULL LIVELIHOOD:

Amputation middle 3rd right thigh
Stump healed

INCAPACITY: Total

IS FINAL DISABILITY LIKELY TO PREVENT RETURN TO PREVIOUS OCCUPATION: Yes

TERM OF CONVALESCENCE: 3 mos

CLASS: "

BOARD:

C. J. Armstrong Jas Stephens Capt J. D. London, Lt.

EXTRACT FROM ORIGINAL H.H.S.

WEIGHT: 130

MEASUREMENT: Minimum: 31
Maximum: 34

PHYSICAL DEVELOPMENT: Good

APPROVED
APR 16 1917
Beaud Cammell
a/D.G.M.S.

18

AUDITOR JPH | PAYMASTER

No. 2 DISTRICT DEPOT

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

M. OR S.

REGT. No. 160364 RANK Pte NAME (IN FULL) McFarlane A. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 82nd Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																				
Jan.							1	40			47947										1	40									1	40					Suff. L.C.C. 1.40. HM 6.5.9-NM-9.5.9.

60m.-11-18. L. L. 81777. M. & D. 9585.

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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

No. 649-

NAME McFarlane Alex REG'T No. 16053 & 24

RANK AND CORPS Pte. 91st Bn. Com. 52nd Bn.

NATURE OF CASUALTY

CABLE NO.	CABLE DATE	
02847	7-10-16	Adm. No 1 Can. Gen. Hosp. Etaples Sept. 28th 1916 "Wounded Rt leg left arm."
7311	27-1-17	Sailed for Canada per S.S. "Carpathian" Jan. 25th. 1917. (Amputation R. Leg.)

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A338	No 1 Can. Gen. Staples	28-9-16	G S W R Leg & L. Hand.
B188	Grayling well War. Chichester	3-10-16	G S W R Leg & L. Hand. Sli.
B248	7th Granville Can. Spec. Ramsgate	14-12-16	G S W R. Leg & L Hand
B284	Disch.	29-1-17	G S W L. Leg. Amp.
60	M.H.C.C. Toronto. To. Whitby Mil.	1-3-17.	Class 2. (2nd C. M. R)
117	M.H.C.C. Toronto	25-4-17	S.O.M. list of out-patients.
132 (2)	" " " " "	10-5-17	College.
45 (2)	" " " " "	14-2-17	Adm Spadina M.H. Cl 2
45 (2)	" " " " "	15-2-17	Trans. College M.H.
45 (6)	" " " " "	14-2-17	Trans. Spadina Cl 2
37 (10)	" " " " "	[redacted]	Adm. C.L. 2.
212-3	" " " " "	1-2-17; 31-2-17	Disch. college. class 3 - Good.

NAME Mc Farlane, Alex

REGT'L No. 160 364

H. Q. FILE No. 649.

RANK AND CORPS Pte. 31st. Bn. form 82nd. Bn.

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

"C"

NATURE OF CASUALTY

L. L. 26138. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
171- 3	M. H. C. C. Toronto	19-6-17	T. O. L. Out. P. College P.C. 508

This space to be left blank for the Chelsea Number.

Army Form B. 268.

DEPT. MILITIA & DEFENCE
AUG -4 1917
H.O. CANADA

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 160364 Army Rank Private

Name McFarlane Alec.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 31st. Battalion, C.E.F.

Battalion, Battery, Company, Depôt, &c. C.C.A.C.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge July 31st 1917

Place of discharge Invalided to Canada by authority of Medical Board.

1. *Description at the time of discharge.*

Age ____ years ____ months
Height ____ feet ____ inches
Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.
Complexion ____
Eyes ____
Hair ____
Trade ____
Intended place of residence (To be given as fully as practicable) ____

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* ____

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... ... Class_____

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____

(Date)_____ *Commanding*_____ *Battn.*_____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*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 at 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 towards engagement to_____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for July 31st (date) 1917

(Place) Toronto · Canada

(Date) JUL 27 1917

Signature Paul Shearer

Lieut. Colonel

O.C. (D) Unit M.H.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D.400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.