

War Service Badge
Class "A" No.

ATTESTATION PAPER.

No. 53 595

Folio. 6

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

14

1. What is your name?..... *Francis Dally Magee*
2. In what Town, Township or Parish, and in what Country were you born?..... *St. John's, New Brunswick 2nd Dist*
3. What is the name of your next-of-kin?..... *Walter D Magee*
4. What is the address of your next-of-kin?..... *Monkton RR #1 Ont*
5. What is the date of your birth?..... *Apr 29 1882*
6. What is your Trade or Calling?..... *Carpenter*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Yes No No*
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

Francis D Magee (Signature of Man).
Elmer J Boufford (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *F D Magee*, 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.

Francis D Magee (Signature of Recruit)
Elmer J Boufford (Signature of Witness)

Date *Oct 28* 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *F D Magee*, 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.

Francis D Magee (Signature of Recruit)
Elmer J Boufford (Signature of Witness)

Date *Oct 28* 1914.

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 *Statham* this *28* day of *Oct* 1914.

W. W. Wile (Signature of Justice)
W. W. Wile (Approving Officer)

Description of F. D. Magee on Enlistment.

Apparent Age.....32 years 6 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 3 ins.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....2 1/8 ins.

Complexion.....dark

Eyes.....blue

Hair.....black

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

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 28 1914.

Charles Bell

Place.....Chatham

C. M. O.

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.

F. D. Magee.....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.

E. W. J. Lee.....(Signature of Officer)

Date 28th Nov 1914.

MAGEE

FRANCIS

DALLEY

53595

2ND. CMGC.

01130

G.I. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

DEMOP.





No. 496
53595

RANK

Pte

NAME

Magee, J. D

T. O. S.

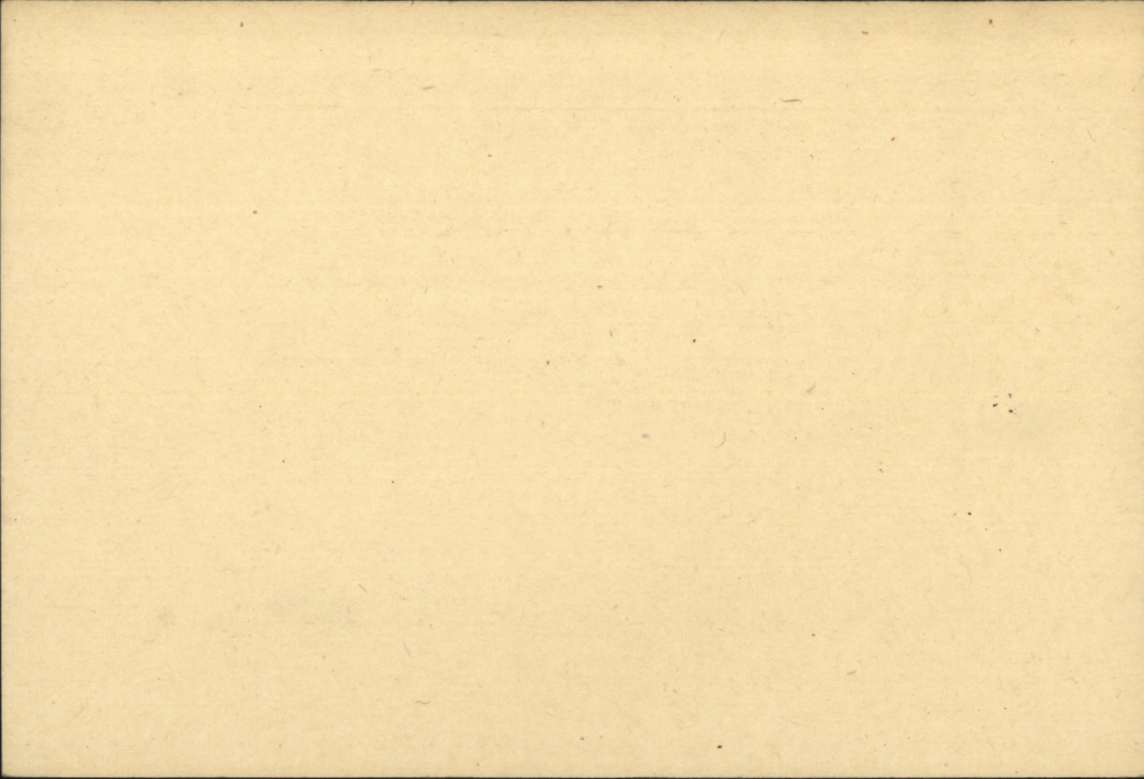
UNIT

18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914</i>			
<i>Oct 28</i>	<i>Nov 30</i>	<i>✓</i>		
	<i>Dec</i>	<i>✓</i>		
<i>1915</i>	<i>1915</i>			
	<i>Jan</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		

**UNIT SAILED
APR 18 1915**



Name Magee, F.D. Rank Pte.(4th.Co.)Reg. No. 53595

Unit 2nd.Can.Div.Machine Gun Companies

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO	W.O. List
24-3-16.	No.3 Can.Gen.Hosp.	Boulogne	Tr.Deet	A18		
22-4.	No.1 Conv.Depot	Boulogne	do	A34		
24-5	Discharged to base details		do.	A49		
6 6	Left to Rejoin Unit.		do.	A62		
7 6	Rejoined Unit.		do.	A67		

SURNAME.

Magee.

CHRISTIAN NAMES

Francis Dalby.

REGL. NO.

53595.

RANK

pl-

UNIT

18th

FORMER CORPS

hil.

CARD NO.

d2

*800015 25-5-19 Remot
ADD 155 of 4-16-19 to AD*

Bh.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Magee. Walter. J.

RELATIONSHIP TO SOLDIER

R. h. S. J.

ADDRESS

R. R. No. 1. Morfeich. vil

COUNTRY OF BIRTH

Canada. Kent co.


DATE

PLACE OF ATTESTATION

Charham. N. B.

DATE

Oct 28th 1914

*Sailed from Halifax P. S. S.  *Grampian 18/4/15.**

L. L. 94504. M. & D. 6512.

18-4-15-⁶⁴/₁₇

M. F. W. 22. 250M.-2-16. H. Q. 17239-339.

A/C. 22-5-17 ³³¹/₆₉ pl.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Wesleyan

DESCRIPTION.

APPARENT AGE

32

YEARS

6

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

dark

EYES

blue

HAIR

black

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

6 Latham

DATE

Oct 28th 1914

REGT'L No 53595.

H. Q. FILE No. 649-

NAME *Magee,*
RANK AND CORPS *Pte*

F. D.
2nd Cav. Mach Gun

FOLLOWS

No. *28XX*

NATURE OF CASUALTY *Company*

FOLLOWS

CABLE

No.

DATE

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 18.	No 3 Cav. Gen., Boulogne	24-3-16	Trench feet
A 34	No 1 Conv. Depot, Boulogne	22-4-16	Trench feet.
A 49	" " " " " Reports	24-5-16	Trench feet. Discharged to Base Details
A 62 ["]	Cav Base Depot L. Havre.	6-6-16	Left to rejoin unit. - Trench feet
A 67	O.C. Unit reports refined unit,	7-6-16	Trench feet

W. *Case* 53595 Rank Pte. *B*

Surname *MAGEE* *X*

Christian Names *Francis Dally* *X*

Unit, *8th Bn Can Inf* Theatre of War, *France*

Date of Service *15-9-15*

Remarks

Latest Address *Morpeth Dist.*

Roll No. *B*
Page 2398
18th Bn

G. A. 1986 10 sep APR 28 1971

953 - 67 sep SEP 19 1971

Surname

Christian Name or Names

Reg. No.

Rank *Magee* Unit

F. D.

Co. Troop Batty. *53595*

Hospital *2nd Div Mac Gur C.*

Date of Admission

Transferred *to 3rd Gen. Hld. Amst* Hosp. *26.3.16*

#3 Cav Gen Boulogne Hosp.

#1 Con Depot Boulogne Hosp. *22.4.16*

Hosp.

Diagnosis

3 or Back

(1) Later Diagnosis (if changed)

Trench Feet.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Dis to Base Details 24.5.16
Left to repair unit 6.6.16
Repaired unit 7.6.16

REMARKS

6.2.16-16 A18
" 1.5.16 A34.
" 20.8.16 AM9.
" 13.6.16 A62
" 20.6.16 A67.

A.M.D. 2 DEPT.

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

DL

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps 18th Battalion C. & F.Regimental No. 53595 Rank Pte Name Tragee Francis DalbyEnlisted (a) 28 Oct 14 Terms of Service (a) War Service reckons from (a) _____

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) _____

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				
	18th Bn.	Disembarked in France	Boulogne	15-9-15	Nominal Roll.
25-12-15	4th Can. Inf. Bde. M.G. Co.	Transferred to 4th Can. Inf. Bde. Mach. Gun Co., & struck off strength of 18th Can. Bn. Authority: A.O. 414 of 1915	In the Field	25-12-15	B. 213, 25 ¹² / ₁₅ . Part II order 3, 15 ¹⁶ / ₁₆ .
15-1-16	4th Bde M.G. Co.	Taken on strength of 4 th Bde	d	26-12-15	Pl. II Order 1 15 ¹⁶ / ₁₆
25-3-16	NO 2 C.C. STA.	PYNEXIA. U.O. TRANS.	TO NO 5 TRAIN.	24-3-16.	A 36 - D.C.S 45 7-4-16.
25-3-16	Do	Do ADM.	NO 2 CAS CAS STA.	23-3-16	
18-3-16	D.R.C. 670 AMB.	INFLUENZA. ADM.	D.R.C. 670 AMB.	18-3-16	A 36 - D.C.S. 46 - 8-4-16
4-4-16	Recd office do	admitted to	NO 3 Gen Hospital	24-5-16	NO 18 P.B.S. NO 47 of 10-4-16
24-3-16	NO 3 CAN GEN	TRENCH FOOT SUR. ADM.	24-3-16. NO 3 CAN GEN		W 3034
18-3-16.	5.C.F.AMB.	INFLUENZA. ADM.	5.C.F.AMB.	17-3-16.	A 36 D.C.S. NO 54 - 18-4-16.
Do	Do	Do TRANSF	D.A.S. 6.C.F.AMB	18-3-16	
25/3/16.	6.C.F.AMB.	Do ADM.	6.C.F.AMB.	18-3-16.	A 36 D.C.S NO 59 - 25-4-16
Do	Do	Do TRANSF	C.C. STA.	23-3-16	
22-4-16.	1 Con Depot	Do. Adm.	NO 1 Con Camp	22-4-16	W 3034
22-4-16.	3 Con Dep.	Trench Fever Adm.	NO 3 C. Gen.	22-4-16.	W 3034
30.5.16.	Recd off Cas Bk	Trench Fever. Trans from 1 Con Camp	1 st Base Details	24.5.16.	A 49, D.C.S 88 4/6/16

(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				
24/5/16	1 Com Dep.	Unfit	Disch to	Base Details	24/5/16 W. 3034
6/6/16	CCB D.	Left Base for Unit.	CCB D.	6/6/16	DF. 23 DCS No 91 9/6/16
10/6/16	OC Unit	Joined Unit from Base	Field.	7/6/16	B213. DCS 95/17/6/16
3/6/16	OC C B D	Taken on strength from	C B D	3/6/16	DF 3, DCS 100/3/7/16
6. 9. 14	OB Unit	Sentenced to 7 days F.P. 901 for drunken on Active Service Contravention of DRO. No 83653 Absorbed into 3rd Batt'n		1-9-14	B2069 PH 11 Dec 11.5 d 17.9.17
		Can Mach Gun Corps			
7. 12. 18	Unit	Granted 14 days leave	U.K.	4. 12. 18	B213 P125/18
28. 12. 18	v	Repaired from leave	Field	25. 12. 18	v
		Proceeded to England			
		S.O.S. ON PROCEEDING TO CANADA. PART II. ⁴⁴ "H" WING, C.C.C.			
				16-5-18	for what days
MAY 14 1919 O.S.		T. O. S. No. 2 DISTRICT DEPOT,	TORONTO 1919.	PART II D. 155	
MAY 25 1919 S. O. S.		(DISCHARGED FROM H. M. S.)	No. 2 D.S. DEPOT,	PART II D. 155	

J. Skelton
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

W.C. Roberts

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

CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE Class "A" No.

THIS IS TO CERTIFY that No. 53595 (Rank) Private

Name (in full) Francis Daley Magee enlisted in the 15th O.S. Battalion

CANADIAN EXPEDITIONARY FORCE at Chatham on the 28th day of October 1914

HE served in 2nd Bn Cmpc

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 39

Height 5' 3"

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars Vaccination

Left arm

F. D. Magee

Signature of Soldier.

[Signature]

Issuing Officer.

For O.C. No. 2 District Depot

Rank

MAY 25 1919

Date 19.....

Date of Discharge

NO. 2 DISTRICT DEPOT
MAY 25 1919
TORONTO

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.

THE BANK OF AMERICA
NEW YORK



The following is a list of the names of the
 members of the Board of Directors of the
 Bank of America, New York, for the year
 ending December 31, 1910.

Name	Residence
John D. Rockefeller	New York
James M. Smith	New York
John G. Thompson	New York
John W. Alderson	New York
John H. Williams	New York
John C. ...	New York
John E. ...	New York
John F. ...	New York
John G. ...	New York
John H. ...	New York
John I. ...	New York
John J. ...	New York
John K. ...	New York
John L. ...	New York
John M. ...	New York
John N. ...	New York
John O. ...	New York
John P. ...	New York
John Q. ...	New York
John R. ...	New York
John S. ...	New York
John T. ...	New York
John U. ...	New York
John V. ...	New York
John W. ...	New York
John X. ...	New York
John Y. ...	New York
John Z. ...	New York

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Magee Francis Dalby

REGIMENT 1st Bn. CMLC RANK Pte No. 53595

Date of Examination in England 19/4/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7-13
2. EXTRACTIONS 2
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada yes.
- (b) In England
- (c) In France yes

Signature of Dental Officer W. H. Shepherd Capt.

535-90-

14

War Service Badge
Class

MEDICAL HISTORY SHEET.

Surname Magee

Christian Name Francis Talley

Examined { on 29th day of October 1914
at Chatham Ontario

Approved by D. H. Hogg Major

Birthplace { City or Town Kent County
County Warwick Co. Ont. Can.

Rank A.D.M. 1st Div.

Apparent age 32 Years 6 months

Trade or occupation Carpenter

Height 5 Feet 3 Inches

Weight ✓ Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 36 1/2 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right ✓ Left

{ Number ✓

When Vaccinated last ✓

(a) Marks indicating congenital peculiarities or previous

disease none

(b) Slight defects but not sufficient to cause rejection

none

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

Date	Result	VACCINATIONS.
<u>18/14</u>	<u>good</u>	<u>D. H. Hogg</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/14</u>	<u>good</u>	<u>D. H. Hogg</u>
<u>20/14</u>	<u>good</u>	<u>D. H. Hogg</u>
		M.O.
		M.O.

Enlisted on day of 191 at

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>18 Battalion</u>	<u>53895</u>		
Transferred to.. ..	<u>2nd Can. Div.</u>			
	<u>Mach. Gun Coy</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>C.C.A. Wntwy</u>	<u>April 19th 1919</u>	<u>Bilateral Astigmatism not due to service.</u>	<u>"A" T. C. Wolff M.D. C.A.M.B.</u>

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

Surname.....

Christian Name.....

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 3 C. G. H., B'logne		24	3	16	22	4	16	Trench Feet	29		A 18
No 1 Conv. Depot, "		22	4	16	24	5	16	" "	32	Dis to Base Details. Reg. unit	A 34
Base Details		24	5	16	6	6	16	" "	13	Reg. unit 7/6/16 Ex Can. Base Depot	A 49-62-67 7

Rank _____ Name **MAGEE. Francis Dally** Reg'l No. **53595.**
 Unit **18th Batt.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Chatham. Ont. 28th Oct.** Place of Birth **Kent Co. Harwick**
Tp. Ont

Name and Address, Next-of-Kin **Walter. J. Magee. Morpeth. RR-1 Ont.**
 Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. N 10695
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place _____ Reason _____ Character _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	+
Date	From whom received					
29-4-15				29-4-15		
24-5-15	Ob 18	Arrived per S. Grampian England		29-5-15	Sufm Form	
18-9-15	"	Embarked Overseas (C Coy) Folkestone		14-9-15	Sufm Form	
15.1.16	"	Transf'd to 4 th Brig. M. G. Co.	In Field	25.12.15	Part II no 3	
15-1-16	G.B. 2 nd ban. Via M.G. Coy.	Taken on strength on transfer from 18 th	"	26-12-15	Part II C*1	
4-4-16	4 th M.G. Co.	Adm ^d hos. ban. central Hosp.	Boalogue	24-3-16	Gas List A18. French feet.	
1-5-16	"	To No 1 Con Depot French Feet	"	22/4/16	" " A34	
30.5.16	7 th Can Div/Flmby.	Discharged to Base Details	"	24.5.16	Gas List A49 "French Feet"	
13.6.16	"	Left to Rejoin Unit	France	6/6/16	" " A63/1	
20/6/16	"	Rejoined Unit	In the Field	7/6/16	" " A67	
15/3/18	"	Trfd. to M.G. Corps	PK Field	1/3/18	PK 20	

REV 1908

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
17-4-19	2nd Bn E MGC	Proc to Eng	Pte. Le Hare	12-4-19	PTIDD#32
<i>Parulug 55 - I-42 of 14. 5:19.</i>					
20-4-19	7 Wing. 600 Wt.	Ltd from 2nd Bn. Emll.	"	Witley	13-4-19 - 29
18-5-19	50	SS to Canada	"	"	14-5-19 - 44

REMARKS
Taken from Official Documents

War Service Badge
Class "A" No.

1428

DESCRIPTIVE RETURN of a Soldier at present stationed at In The Field

who is desirous of being * ~~transferred~~ ~~posted~~ ~~attached~~ from the 18th Canadian Bn. (M.G. Sec) Regiment

at In The Field to the Machine Gun Corps Regiment

or Corps at 4th Canadian Inf. Bde for the purpose of Completing Establishment, Machine Gun Corps.

Regiment and Battalion M. G. Sec., 18th Canadian Bn.

No. 53595 Rank and Name Private Magee, Francis Dalby.

Service towards engagement One year two months.

Date of Attestation 28th October, 1914.

Period for which attested War Colours C. E. F. Reserve.

Age - 33 years 8 mos ~~days~~ Height - 5 feet - 3 inches.

Chest Measurement { Girth when fully expanded 39 inches.
Range of expansion 3 inches.

Trade or Calling Carpenter

Where born Kent County, Ontario ~~County~~ Canada.

Married or single, if married, } Single.
state if with leave

Certificate of Education public school.

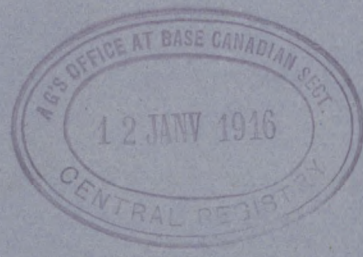
Character Good.

Good conduct badges

Musketry qualification and score

Schools or Courses of Instruction at which the soldier has attended and qualified. Nature of certificates obtained to be stated.

WSS



To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier F. D. Magee

To be signed by a Soldier applying to be posted or attached.

I request to be ⁺ as above.

Signature of Soldier

I have examined the above man and find him medically fit for the branch of the service to which it is proposed

to * { transfer } him.
{ post-attach }

Signature of Medical Officer J. C. H. Capt. M. O. 18th Bn.

I have no objection to this man being ⁺ transferred as above

Signature of applicant's present Commanding Officer E. S. H. Col. 18 Bn.

(Station) In The Field (Date) 27-12-15

I have no objection to this man being ⁺ transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion J. Edwards Lieutenant Brigadier-General, Comdng. 4th Canadian Inf. Bde, M.G. Coy

(Station) The Field (Date) 5th Dec 1st 16.

Signature of competent authority for transfer Capt.

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.
+ Insert "transferred," "posted," or "attached," as the case may be.

Staff Captain, G.H.O.,
3rd Echelon.
P.T.O.

CERTIFICATE to be rendered in the case of a Non Commissioned Officer who
 is to be { posted
 transferred } to the Regular Establishment of any arm of the
 attached
 Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that.....

.....
 is in every respect competent to undertake and suitable for the duties he will be required
 to perform as an Instructor in the arm of the Special Reserve or the Territorial Force
 to which I recommend he should be { posted
 transferred }
 attached

.....Officer Commanding,

Place.....

Date.....

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	...	...	...	...	Copies of Regimental and Company Conduct Sheets.
In cases of Tradesmen	...	...	...	...	Certificate of Proficiency on Army Form B. 195 or 195 A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps	...	...	...	... }	Specimen of handwriting and ciphering.
In case of Candidates for Military Police.	...	...	...	...	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps	...	...	...	... }	Copy of Record of Service on Army Form B. 200.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Miss Margaret Oakes*
 Address *Highgate*
Cent.

By Whom Assigned *Magee Francis Dolly*
 Regtl. No. *53595*
 Rank *Pte.*
 Corps *18 Bn*

Rate *20⁰⁰* *April 1/17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M. J. S. 1/6/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No.

Miss Margaret Oakes
(Assignee)

Name of Soldier

Magee Francis Dolly
181 Bn.

PAYMENTS.

No 53595

Pte.

181 Bn.

L. L. Job 1927 - M. & D. 7814

Month.	Year.	Cheque No.	Amt.	Remarks.
	1916			<i>20⁰⁰</i>
April	1916			<i>1. apr. 1. 17.</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>#17580</i>	<i>60</i>	<i>B.</i>
July		<i>K 23595</i>	<i>20</i>	<i>20 B.</i>
Aug.		<i>W 32565</i>	<i>20</i>	
Sept.		<i>21 36754</i>	<i>20</i>	<i>J</i>
Oct.		<i>H 43262</i>	<i>20</i>	
Nov.		<i>A 32634</i>	<i>20</i>	
Dec.		<i>Y 57215</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Start

180. C.S.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Rank *Private* Name *MAGEE, Francis Dally* *H. Leo*

Reg'l No. 53595.

Unit *18th Batt.*

If in perm. Corps, }
What Unit ?

Married or Single *Single.*

Place and Date of Enlistment *Chatham, Ont. 28th Oct.*

Place of Birth *Kent Co. Harwick Tp. Ont*

Name and Address, Next-of-Kin *Walter. J. Magee. Morpeth. RR-1 Ont.*

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1/5	5/5	31	1	31	31	10	310		3410			3250			3250	160		
1/6	5/6	30		30	30		30		33			3750			3250	210		
1/7	5/7	31		31	31		310		3410			3250			3250	510		
									260							630	<i>Exchange</i>	
1/8	3/8	31	1	31	31	10	310		3410	205	338	3404			3404	633		
1/9	3/9	30		30	30		30		33	382	127	264			264	3666		
1/10	3/10	31		31	31		310		3410	438		524			524	6552		
1/11	3/11	30		30	30		30		33	525		268			268	9584		
1-12	31-12	31		31	31		310		3410	573	615	1133			14	11594		
1-16	31-16	31		31	31		310		3410	716	276	261			784	14220		
1-21	29-21	29		29	29		290		3190	574	188	262				262		
1-2-16	31-3-16	31		31	31		310		3410	410	10	262			5	23	20035	<i>Pay at 6:10 P.M. 3/6</i>
				33600				3360	260	3720			17185			17185	20035	

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: MAGEE Francis Dally
EFFECTIVE DATE: 1/4/17		EFFECTIVE DATE: -		NUMBER: 53595
AMOUNT: 20 ⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
Mrs Margaret Cakes Highgate, Ont. 1250 K. M. Rd 18/4/19 Bram Bram				DATE EFFECTIVE
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				RANK OR APPOINTMENT
				Private
UNIT AND TRANSFERS				
ORIGINAL UNIT: -				
DATE ACCOUNT FIRST OPENED: -				
AUTHORITY				DATE EFFECTIVE
				DATE LEDGER SHEET T'S P'D
				UNIT TRANSFERRED TO
				2nd Bldg Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/13	3146		265				
2/3	3203		18 25				
3/4	33		3 19				
17	1028		13				
			9839				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Canada 7250 Bram 27/4/19 Bram RD

Ledger Balce 7302

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal. For d								258 17	225	
April	P. Pay	33	-	b.a.p.				20			
				AR 19 9/8 2nd Bn	3 57						
				" 76 25/8 "	4 46				263 14	225	
		33			8 03			20			
May	P. Pay	34	10	b.a.p.				20			
				2nd Bn 192. 12/5. 2nd Bn	3 57				273 67		
		34	10		3 57			20			
June	P. Pay	33	-	b.a.p.				20			
				AR 187 11/8 29th Bn	4 46						
				" 288 17/8 2nd Bn	7 14				275 07	225	
		33	00		11 60			20			
July	P.P.	34	10	AR				20			
				AR 360 4/8 "	8 03				281 14		
		34	10		8 03			20			
Aug	P. P.	34	10	b.a.p.				20			
				AR 98-1/8/18 2nd Bn	3 57						
				" 825 22/8/18 ✓	3 57				288 10		
		34	10		7 14			20			
Sept.	P.P.	33	-	b.a.p.				20			
				AR 1014-11/9/18-2nd Bn	3 57						
				" 1123-20.9.18 ✓	3 57				293 96	225	24.11.18
		33	-		7 14			20			
Oct	P.P.	34	10	b.a.p.				20			
				AR 299-15/10/18-2nd Bn	3 73						
				" 1439-26/10/18 ✓	3 73				300 60	225 00	
		34	10		7 46			20			

COMPILED BY Morgan
CHECKED BY Benj

NUMBER 23595 RANK Pte NAME Magee F. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal fwd.					300 60	225 00	
Nov	PP	33		cap				20	101 20		
				AR 1736 26 m. 17/11	8	3 73			401 80		
Dec	P.P.	34	10	1817 24/11	12	13 06			149 58		
				cap				20			
Jan	/	34	10	128 2 m. 9. 1/12	14	68 13					
				1922 1/12	14	4 66					
				cap				20			
									101 20		
Feb	/	30	80					60	252 22		
				AR. 2277 8/1	7	3 77			20	64 90	
Mar	/	34	10	2570 26/1	11	3 73			317 17		
				2645 10/2	16	3 73			58 61		
				cap				20			
				2811 24/2	20	3 73					
				3029 11/3	25	3 65			258 57	225 00	
								40	18 61		
									64 90		
Apr		33		AP April				20	300 44		
				3144 2 m. 27/3	1	3 65					
				3203 23/3	1	18 25					
				55 2/4	3	3 65					
				1028 6 m. 19/4	6	73					
				3610 5/5	9	9 73			198 16		
								20	108 28		
									63 93		

258 51
 43 93
 302 44
 98 39
 204 05

S.C.S. 14/5/19 6 m. 9. 6. 55

53595
DUPLICATE.
Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

14

Surname M A G E E Christian Name Francis Dalby.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Harwick. County Kent. Ontario, Canada.

Examined ... { on 28th day of October 1914.
at Chatham, Ontario.

Declared Age ... 32 years 6 months days.

Trade or Occupation ... Carpenter.

Height ... 5 feet, 3 inches.

Weight ... lbs.

Chest { Girth when fully Expanded. 36½ inches.

Measurement { Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) D. H. Hogg,
(Rank) Major. Medical Officer.

Enlisted ... { at
on ... day of 191 ...

Corps.	Regtl. No.
<u>18th. Battn.</u>	<u>53595</u>
<u>2nd Can. Div: Mach. Gun Coys.</u>	

Became non-effective by

on ... day of 191 ...
(Signature) _____
(Rank) _____

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man
..... C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

This Medical History Sheet
Corresponding Attestation Papers
have been taken from the Attestation Paper.

W.R. WARD,
Colonel in Charge of Records,
Canadian Contingents.
[P.T.O.]

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer.

14

A18

A34

A49-62-67

unit 7/6/16 ex Can. Base Depot

War Service Badge
Class "A" No. 201343

SHORT FORM.

22-12-50

D. A. (J.)

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 2

1. No.	<u>53595</u>	
2. Rank.	<u>Private</u>	
3. Name.	<u>MAGEE Francis Dalley</u>	
4. Unit.	<u>2nd BATTN. CANADIAN MACHINE GUN CORPS</u>	
5. Date of Discharge	<u>MAY 25 1919</u>	Place <u>Toronto Ont.</u>
6. Reason for Discharge	<u>Demobilization</u>	
<p>EMB Minnekabda MAY-14-19 DIS. MAY-23-19</p>		
7. Authority.	<u>No. 2, D. D., Part II, D. O. No. 155</u>	
8. Proposed Residence after Discharge	<u>Inorpeta Ont. GPO</u>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? <u>F. Magee</u></p> <p style="text-align: right;">Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p>		
Place	<u>No. 2 DISTRICT DEPOT</u>	
Date	<u>MAY 25 1919</u>	
<u>TORONTO</u>		
Signature	<u>Stan B. 19</u>	
	<u>Whitcomb</u>	
	(O. C. Discharging Unit.)	

PROCEEDINGS ON DISCHARGE

Registration

1. Name of Soldier	
2. Rank	
3. Regiment	
4. Date of Discharge	
5. Reason for Discharge	
6. Name of Discharging Officer	
7. Signature of Soldier	
8. Signature of Discharging Officer	

CERTIFICATE TO BE SIGNED BY SOLDIER

I certify, and acknowledge that at the undersigned place and date I received my discharge (written or verbal) from the following named person:

Name of Discharging Officer: _____

Signature of Soldier: _____

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Name: _____

Rank: _____

Signature: _____

Date: _____

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 28), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 11
 Date 10 MAY 1919

Conington

Occupational Group No. *(14)*

THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 *Witley Camp* DATE *19.5.19*

1. 1 (a) Unit *2nd Bn C.M.G.C.* (b) Regimental No. *53595* (c) Rank *Plt*
 (d) Surname *MAGEE* (e) Christian name *FRANCIS DALBY*
 (f) Home address *Morpeth, Ont*
 (g) Next of Kin *W. J. Magee* (h) Relationship *Bro*
 (i) Address of Next of Kin *Morpeth*

2. Age last birthday *37* Date of birth *29th April 1881*

3. Enlistment, or Appointment (if an Officer) (a) Place *Leatham Ontario* (b) Date *28 Oct 1914*

4. Personal description:
 (a) Height *5' 3"* (b) Weight *150 lbs* (c) Complexion *Tan*
 (d) Colour of hair *Brown* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc. *Vacc*
left arm

5. Former trade or occupation *Carpenter*

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
	<i>4</i>	<i>173</i>

	PERIODS	
	From	To
Canada	<i>28/10/14</i>	<i>14/4/15</i>
England	<i>21/1/15</i>	<i>15/9/15</i>
France or other theatres of War	<i>15/6/15</i>	<i>14/4/19</i>

7. Original disease, or injury *Slight Repetitive Error*

(a) Date of origin *childhood* (b) Place of origin *Witley*
 (c) Cause *Conspiral*

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.)

Defective vision slight refractive error

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.)

Eye report of Capt Marshall 17.4.19 stat

Rt eye
Lt eye

Original Disease Slight refractive error
Cause astigmatism

Condⁿ was present prior to & not been caused to or aggravated by Service

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

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

Urine negative

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

Has always been troubled very slightly but this eye

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).)

24-3-16. Lench feet good recovery 25-5-16. Pyrexia good recovery
18-3-16. Lymphadenitis good recovery 22-4-16. Lench feet good recovery
24-3-16. Lymphadenitis good recovery

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

Vacc scar left arm

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

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

no

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

Has not been treated in the Army for his legs

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

16. Can the former trade or occupation be resumed? yes

17. Recommendations. nil

How McKay Capt
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 J. D. Magee 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 nothing

X J. D. Magee Pte 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.

Yes

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
A

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.)

R.T.C. Auth. N.C. tel. 9083 of 11/11/18

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

PLACE

E.C.C. Witley

DATE

April 19th 1919

[Signature]
President
[Signature]
Members

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.

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

[Signature]
Assistant Director of Medical Services

Director-General of Medical Services.

DATE.....



President.

Members

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

11882

April 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 53595
 Rank Pte - Promoted Reverted Discharge
 Soldier's Name Francis Dolly Magee
 Battalion 18th B Battrn.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Miss Margaret Oakes
 Address Highgate Ont
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917.					
Dec. 31.			180	180	✓
Jan 1918	66459		20	20	✓
Feb.	72069		20	20	
Mar	90803		20	20	
April	4512		20	20	
May.	16781		20	20	✓
June.	21120		20	20	✓
July	29328		20	20	✓
Aug.	39194		20	20	✓
Sept	42709		20	20	✓
Oct	53492		20	20	✓
Nov	59083		20	20	✓
Dec	62933		20	20	✓
Jan	73180		20	20	✓
Feb	78877		20	20	✓
Mar	86959		20	20	✓
Apr	2922		20	20	✓
May	7150		20	20	✓
			520	520	

11644-7-2

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22320-M. & D. 7193.

M.P.O.P. 85773 (Heath) 30/19 B.P.P. ✓

A/c Closed 31-5-19
 Ret'd per M. F. W. 187
 Date 23/19
 Clerk M. F. W. 187



"MINNEKAHA" 23.5.19 m 6206
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. No. 53595 RANK Pte NAME (IN FULL) MAGEE, F.D.
 ORIGINAL UNIT C.E.F. 14th Bn. Royal Bank Ridgdown Ont
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION 26/10/14 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY \$ 20.00 DATE EFFECTIVE 21/5/19 closed by Ottawa
 PAYABLE TO Miss Margaret Oakes RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS Highgate Ont
 STOP PAYMENT FORM RENDERED, DATE EFFECTIVE
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
 Toronto 25.5.19 Demob. D.O.155 yes

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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	
			\$ C.	\$ C.	NO. DATE	NO. DATE	NO. DATE	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	
30/4/19				204.00											204.00	Gr. Bal Eng S.P.B.	
29/5/19	29	110	31.90	33 10				487.5	Endorsed on S.P.B.	20						1/10/19 to 29/5/19 P.A. Clothing Allowance 1st payment was 9.11 May	
				13.690				301.35	Cheque						340.95	Boats & Train	
				W.S.G. S.A.												AMOUNT DUE SOLDIER DEPENDENT	
183 days				420.00					4 days							W.S.G. Paid as above 4 days P.A. over 1/18	
									Apr 9 A.R. 67 702.00							1st W.S.G. Paid by #2 D.O.	
									July 17 A.R. 90 150.5890								
									Aug 14 A.R. 115 1400.35								
									Sept 18 A.R. 141 1412.929								
									Oct 23 14228.54 AR 170							W.S.G. PAID IN FULL	
				420											420		

DISPENSALY

DISPENSALY

DISPENSALY