

Original.

1st DEPOT BN. N. B. REGT.

7 M. D. Depot Battalion Regiment

Regtl. No. 3257279

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

- 1. Surname..... McGuire
- 2. Christian name..... Neil John
- 3. Present address..... Golden Grove, St. John Co., NB.
- 4. Military Service Act letter and number..... 359609 FC
- 5. Date of birth..... Mar. 8, 1895
- 6. Place of birth..... Golden Grove, NB.  
(town, township or county and country)
- 7. Married, widower or single..... Single
- 8. Religion..... R C
- 9. Trade or calling..... Farmer
- 10. Name of next-of-kin..... Mrs. John McGuire
- 11. Relationship of next-of-kin..... Mother
- 12. Address of next-of-kin..... Golden Grove, St. John Co., NB.
- 13. Whether at present a member of the Active Militia..... No
- 14. Particulars of previous military or naval service, if any..... N11
- 15. Medical Examination under Military Service Act:—  
 (a) Place..... St. John (b) Date..... Apr. 6, 1918 (c) Category..... A2

### DECLARATION OF RECRUIT

I, Neil John McGuire, do solemnly declare that the above particulars refer to me, and are true.

*Neil J McGuire*

(Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age..... 23 yrs..... 2 mths.  
 Height..... 5 ft..... 8 ins.  
 Chest measurement } fully expanded..... 36 ins.  
 } range of expansion..... 33 ins.  
 Complexion..... Ruddy  
 Eyes..... L. Blue  
 Hair..... Brown

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

N11

O. C. *[Signature]*  
New Brunswick Regiment. Regt.

Place..... St. John NB Date..... May 22, 1918.

# PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname	McClellan
2. Christian name	William
3. Present address	6028th Ave., St. John's, N.S.
4. Military service, for letter and number	250000 20
5. Date of birth	Nov. 8, 1895
6. Place of birth	Bellevue, N.S.
7. Married, widower or single	Single
8. Religion	R.C.
9. Trade or calling	Farmer
10. Name of next-of-kin	Mrs. John McClellan
11. Relationship of next-of-kin	Letter
12. Address of next-of-kin	Bellevue, St. John's, N.S.
13. Whether at present a member of the Active Militia	No
14. Particulars of previous military or naval service, if any	
15. Medical Examination under Military Service Act	
(a) Place of birth	Bellevue, N.S.
(b) Date of birth	Nov. 8, 1895
(c) Category	A1

## DECLARATION OF RECRUIT

I, William McClellan, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age	22 yrs 4 mos
Height	5 ft 8 in
Chest	35 in fully expanded
Weight	145 lbs
Complexion	Swart
Eyes	Blue
Hair	Brown
Distinctive marks, and marks indicating congenital peculiarities or previous illness	

Decor. B'n  
Rec't

Date 1st Dec 1918

Place St. John's

M. S. W. 10  
9025-11  
1171-24-116

CANADA

MC GUIRE NEIL J.

3257279

1 D.BN

16888



DEMOB.

FB.

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



100  
100

SURNAME.

*McGuire*

7.

CARD NO.

CHRISTIAN NAMES

*Neil John*

REGL. NO.

*3257279*

RANK

*Pte*

UNIT

*N. B. Regt. 1<sup>st</sup> Dps. Bn.*

*So. S. 5/2/1908 mob.*

FOLL

*No. 36 of 5/2/19 1/72 Bk.*

*T. O. S. May. 6 1918*

*D.O. Part II No. .... 124*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*McGuire, Mrs. John*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Golden Grove, St. John N. B.*

COUNTRY OF BIRTH

*Ireland Golden Grove N. B.*

DATE

*Mar. 8th 1895*

PLACE OF ATTESTATION

*St. John N. B.*

DATE

*May 22nd 1918*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

McGuire, Neil

REGIMENTAL NO.

3257279

RANK

Pte.

ENLISTED AT

St John NB

PROMOTIONS, &C.  
AND DATE

DATE

22.5.18

IF SERVED PREVIOUSLY, STATE UNIT, &amp;C.

nil

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

John McGuire

RELATIONSHIP

ADDRESS OF

The Golden Grove St John, NB

ASSIGNMENT OF PAY \$

Nil C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

No

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	NO.	DATE	
SOS Demobilization R.O. 1357 Para B 25-11-18	36	5-2-19	





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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

1st DEPOT BATTALION, N. B. REGIMENT

Unit, Regiment or Corps.....

Regimental No. 3257279 Rank Pte. Name McGUIRE, Neil John

C. E. F.

Enlisted (a) 22-5-18 Terms of Service (a) Duration of War Service reckons from (a) 22-5-18

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) Farmer.

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				
5-2-19	OC 1DBNBR	SOS 1st D.B.N.B.Reg. R.O. 1357 Para B Demobilization 25-11-18	St John N.B	5-2-19	DO.36 Part 11 Sh2, 5-2-19

*Adiafor* Lieut.  
Adjutant, 1st. Depot Battalion  
New Brunswick Regiment.

(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.

Report		Record of promotions, reductions, transfers, casualtics, 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				

# M. D. No. 7 No. 14

## LAST PAY CERTIFICATE.

Rec't'l. No. 3257272.....Rank. Private.....Name. McGUIRE N.....  
 Corps. 1st. D. Bn. N. B. R. who was Discharged.....  
 on, ... 5-2-19.....to.....

The Following is a statement of the above named from 1-2-19.....  
 to 5-2-19.....the inclusive date of trans or disc..

DR.	\$	¢	CR.	\$	¢
Bal. Dr. from prev. mo.....	.	.	Bal. Cr. from prev. mo.:	17	70
Advances } No. #28840.....	23	20	Reg. Pay. 5.....Ds. 5.00	5.00	
by } No.....	.	.	Fid. All. 5.....ds. 0.10		.50
Cheques } No.....	.	.	Sep. Alice. monthly.....	.	.
A.P. and S.A. No.....	.	.	Other Alice.....	.	.
Other Charges.....	.	.	Other Credits.....	.	.
Payment on Trf. or Dis.....	.	.	Bal. Dr. (Deducted by new unit)	.	.
Bal. Cr. (Paid by new unit) :	.	.		.	.
.....	.	.		.	.
Total.....	\$23.20		Total.....	\$23.20	

A monthly stoppage of ..... has ..... been paid on acct of Assgd.  
 Pay for month of ..... ( to Assignee.....  
 And Sep. Alice. month of ..... )

Address.....  
 N I L

On transfer of an Officer.  
 Out. Alice. of \$..... has been paid by the P.M. M. D .....

- REMARKS.....
1. Date of enlistment. 22-5-18..... 2. Married. of single.....
  3. Has Separation Allowance Card been submitted.....
  4. Cause of discharge. demobilization... Authority..... D.O. 36-2.....
  5. Authority for transfer.....

I have carefully examined this statement of account and find it to be  
 a correct extract from the Pay List of this Unit.

Date. February 21st. 1919.  
 Place. St. John. N. B. ....  
 ..... Captain.  
 1st Depot Bn. N. B. R. Paymaster.



3257249

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

*Boy*

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board, to the District Officer Commanding unless, instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

*Examined by Order of Registrar*

1. Surname *John M. Gure* Christian name *John*  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. *359609/MC*  
3. Consecutive number on schedule of men reporting for service (if he appears on it)  
4. Address (including street and number, if any) *Golden Grove Rd. St. John N.B.*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *6<sup>th</sup>* day of *April*, 1917, by the undersigned medical board sitting at *St. John N.B.*

5. Age as stated *32* Years *1* Months. 6. Apparent age *32* Years *1* Months  
7. Height *5* Feet *8* Inches. 8. Weight *147* Pounds.  
9. Chest measurement { Minimum *33* Ins. Maximum *36* Ins. 10. Complexion *Ruddy* { Eyes *L. Blue* Hair *Brown*  
11. Physical development *Good* { Good Fair Poor 12. Smallpox marks *Nil*

13. Number of vaccination marks { Right arm *0* Left arm *1* 14. When vaccinated last *10 years ago*

15. Distinctive marks and marks indicating congenital peculiarities or previous disease  
16. Slight defects but not sufficient to cause rejection  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**  
17. (a) Vision R. *D. 20* L. *D. 20*  
(b) Hearing. R. *Normal* L. *Normal*

*A. C. Low* *Topas* President.  
*J. D. Dwyer* Member. *Allison* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>8/7/18</i>		<i>—</i>	<i>8/7/18</i>		<i>—</i>
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined *22nd* day of *May* 191*8* at *St John N.B.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>1st Depot Bn</i>	<i>3257279</i>		
Transferred to.....	<i>NB Regt</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

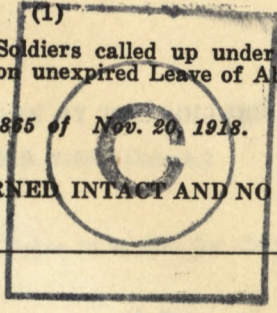
*Signature of Man*



(1)  
Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2855 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.



.....St. John NB.....

.....Jan 22, 1919..... 19.....

TO:—

Regimental No. ..3257279.....

.....Neil J. McGuire,.....

.....Golden Grove.....

.....St. John Co. NB.....

Regimental No. 3257279 1. You are directed to report on or before Feb 5, 1919 for the purpose of being discharged from the Canadian Expeditionary Force.

Serial No. 359609F 2. This will be carried out by your reporting in person to your Depot at St. John NB. Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

*[Signature]*  
..... Rank  
O. C. 1st Depot Battalion  
New Brunswick Regiment  
for the O.C. .... Depot Bn. .... Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this *Thurs* day of *February* 191*9*.

Signed, sealed and delivered in the presence of

*John A Barry*  
.....  
Notary Public, Commissioner for Oaths or Justice of the Peace.

*Neil McGuire*  
.....

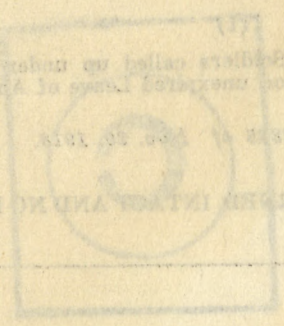
Regt. No. 3257279

Unit *1st Depot Battalion NB Reg*



*John*  
*Free noted*  
*15/3/19*  
*[Signature]*

Procedure on discharges from the C.I.F. ... who on demobilization were on unexpired leave of absence without pay.



THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED

St John 22

Jan 22 1918

Regimental No 3227212

Walter J. McQuinn

Golden Grove

St John 22

Jan 22 1918

1. You are directed to report on or before ... for the purpose of ...

2. This will be carried out by your reporting to person at your home at ... St John 22 ...

3. OR if you prefer you may ... the release ...

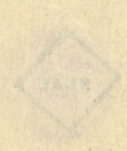
4. Should you fail to report in person or forward the release mentioned, when the time allowed you will be deemed a deserter and be subject to Military Law.

*[Handwritten signature]*

RELEASE

I know all men by those presents that I the undersigned, having received no disability from the ...

*[Handwritten signature]*



Reg No 3227212

Walter J. McQuinn

RECEIVED



NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number .. 3257279

Name ..... Neil J. McGuire ..... of the ..... 1st ..... Depot

Battalion ..... N.B. .... Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

Authority Part II. Order

For the O.C. .... Depot Bn. .... Regt.

No. .... 36, R.O. 1357 Par. B.

M.F.B. 218B (Demob.)

DATED AT ..... St. John, N.B. 25-11-18 this ..... 5th ..... day of ..... eb ..... 191... 9

*J. F. May Major*  
Rank  
O. C. 1st Depot Battalion  
New Brunswick Regiment

NOT TO BE FILLED IN BY THE SOLDIER

Receipt for M.T.B. 518 (Form)

Having received release pursuant to Notice of Order to report for discharge, Number

Name of the

Regiment is hereby struck off the strength of the Canadian Ex-

peditionary Force

Rank

Authority Part B. Order

For the O.C. Detach. Bn.

DATE AT

