

ATTESTATION PAPER.

No. 2013668

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *McHenry*
- 1a. What are your Christian names? *Samuel*
- 1b. What is your present address? *476 G. Clinton St. New York. N.Y.*
2. In what Town, Township or Parish, and in what Country were you born? *Coleraine & Londonderry Co. Ireland.*
3. What is the name of your next-of-kin? *Mrs. S. Cunningham*
4. What is the address of your next-of-kin? *18 Craigmore St. Glasgow. Scot.*
- 4a. What is the relationship of your next-of-kin? *Sister*
5. What is the date of your birth? *Feb. 23rd 1872.*
6. What is your Trade or Calling? *Riveter*
7. Are you married? *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes.*
9. Do you now belong to the Active Militia? *No.*
10. Have you ever served in any Military Force? *12 years*
- If so, state particulars of former Service. *Queen's Own. 1st Bn. 1st Div. 1st Bde.*
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.*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *No.*
14. If so, what was the nature of the disability? *S. M. H.*
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *No.*
16. If so, what was the reason? *No.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel McHenry*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *July 5th* 191*8*. *Samuel McHenry* (Signature of Recruit)

William J. Kelly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel McHenry*, 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.

Date *July 5th* 191*8*. *Samuel McHenry* (Signature of Recruit)

William J. Kelly (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 *Philadelphia* this *5th* day of *July* 191*8*.

W. J. Kelly (Signature of Justice)

ORIGINAL

Description of *Mac Henry Samuel* on Enlistment.

Apparent Age *46* years *4* months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height *5'* *4 1/2* ins.

Chest measurement { Girth when fully expanded *35* ins.
Range of expansion *3* ins.

Complexion *Medium*

Eyes *Hazel*

Hair *Gray*

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

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

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

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 *June 29th* 191*8*

Place *Shutlaugh*

Wm. D. Dwyer
Capt
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.

Samuel Mac Henry 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.

Wm. D. Dwyer (Signature of Officer)
Lt. Colonel O. C. Engineer Training Depot

Date *July 12* 191*8*

Proceedings of Court of Inquiry or on men
 reported Missing on Active Service.....
 Attestation Papers.....
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 Proceedings on discharge.....
 Corps History Sheet.....
 Date and No. of Deposit Receipt for
 Purchase Money and Amount.....
 Discharge
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet.....
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name McHENRY SAMUEL

Regt. No. 2013668 Rank Spr.

Corps Can. Engineers

Demobilization

17090

R. O. No.

H. Q. No.

Last Pay Certificate.....

M. F. W. 195-1
 M. F. W. 178-1
 A. F. B. 179-1
 L. A. W. 5009-1
 M. F. W. 62.
 50M-9-18.
 H. Q. 1772-39-335.
 M. F. B. 465-1
 M. F. W. 129-1



Number

2013668

Rank

Spr. B

Surname

MC HENRY

Christian Name

Samuel

Units

Can Rly Ips

Theatre of War

England

Date of Service

9-9-18

Remarks

Latest Address

185- Logan Ave
Winnipeg
Man

Roll No

A Page 2131

200m. - 2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes Character on
 No Date discharge

Previous occupation Date and place of
 enlistment

Diagnosis Date of Medical
 Boards

Date	Remarks

*—Name will be given in full; surname first.

*Name McHenry, Samuel. Rank Spr. Regtl. No. 2013668
 Original unit C.R.T.D. Present unit O/S. M. or S. Age 46 Religion Pres. Fyle Depot 10-D-D-Mc-126 Ref. H.Q.
 Port, ship, and date of arrival Quebec Aquitania 28-11-18.
 Next of kin (Sister) Mrs. S. Eving, 18 Raymon St. Dennistoun, Glasgow Scotland.
 Address on leave
 Address on discharge
 Transportation issued No Yes No Date Character on discharge
 Previous occupation Rivetter. Date and place of enlistment Phila. Pa. 5-7-18.
 Diagnosis Arterio-Sclerosis. Date of Medical Boards May 1919 from ex 90.

Date.	Remarks	Pt. 2 Order No.
22-11-18	T.O.S. #10 D.D. Posted Cas. Coy. CO. P. D.O.	
	14 days landing leave with Sub.	
	Winnipeg, Man.	
	Post 10.1.19 C.O. 6 Para 72 D.O. 8	

*—Name will be given in full; surname first.

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

Extract of Information Coded for Hollerith

93

Regtl. No. 2013668

Name { Surname Mc Henry
Christian Names Samuel

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
A.P.C., Attestation Paper and Pay-roll Card.
Cas., Casualty Form and Record Sheet.
P.D., Proceedings on Discharge.

Extracted by: L.M. Coded by: _____ Checked by: ES

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....1	1
B. Professional Soldier	A.P.	1	<u>Terr.</u>	9
C. Theatre of Service	Cas.	2	<u>U. K.</u>	7
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	<u>not seconded</u>	0
E. Rank on Discharge	P.D.	4	<u>other rank.</u>	1
F. Date Discharged	P.D.	5	<u>Jan. 10th 1919</u>	61
G. Disposition on Discharge	P.D.	6	<u>Demob.</u>	57
H. Place proceeding to	P.D.	7	<u>Man</u>	5
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	<u>Eng. T. 41</u>	3932
K. Country of Birth	A.P.	8	<u>Ireland</u>	15
L. Occupation	A.P.	9	<u>Rivester</u>	07
M. Date of Enlistment	A.P.C.	5	<u>July 5th 1918</u>	55
N. Place of Enlistment	A.P.C.	13	<u>U.S.A.</u>	050

O. Age on Enlistment	A.P.		Years	46	46
P. Religion	A.P.		10	Pres.	3
Q. Rank when left Canada		Cas.	4	other rank	1
R. Unit left Canada with		Cas.	12 (b)	C.P.T. Spt.	926
S. Date left Canada		Cas.	5	Aug. 27 th 1918	56
T. Unit in England		Cas.	12 (b)	C.P.T. Spt.	733
U. Date first proceeded to Theatre of War		Cas.	5	Did not proceed	00

Source of Information—Casualty Form.

1st Unit in T. of W.

0	0	0
---	---	---

Period of Service

Months:

0	0
---	---

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column						CHECK
Z. Casualties		Cas.	11	not added	1	
YA. Honours and Awards		Cas.	1. Yes. 2. No.	no	2	
YB. Married or Single	A.P.		4. M. 5. S. 6. W.	single	4	
YC. Service Unit Transfer		Cas.	7. Subsequent Unit or Units. 8. First Unit.	All cards subsequent to 1st. Last or only card.	8	WATCH



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

M. D. 10

11713

This is to Certify that No. 2013668 (Rank) Spr

Name (in full) Samuel McHenry enlisted in the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Philadelphia, Penn. on the 5th day of July 1918

HE served in England - 2 1/2 mos. - C.R.T.

and is now discharged from the service by reason of Demobilization
R.O. 1470/c. 606.72 00.8.

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

Age 46 yrs 11 mos.

Height 5 ft 5 1/2 in

Complexion Medium

Eyes Grey

Hair Grey

Marks or Scars Scar left cheek bone.

Small scar left side of forehead.

Signature of Soldier Samuel McHenry

Issuing Officer Lt. Col. S. Goldstone

Date of Discharge 10.1.19

Officer Commanding No. 10 District Depot Rank Lt. Col.

Signed at Winnipeg this 10th day of January 1919

in Military District No. 10

File Reference No. 44. Mc-847.

S. Goldstone Capt. District Casualty Officer, Military District No. 10

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment



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.

Unit, Regiment or Corps.

Canadian Engineers

Regimental No.

2013668

Rank.

Sgt

Name.

McHenry Samuel

C. E. F.

Enlisted (a).

5/2/18

Terms of Service (a).

Duration of War

Service reckons from (a).

5/2/18

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).

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				
		Embarked.	Sydney.	27-8-18	
		Disembarked.	London.	9-9-18	
9-9-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	9-9-18	Part 2 D.O. 250
B.O.S. C.R.T.D. 22 NOV. 1918 ON EMBARKATION TO CANADA		Embarked England	25/11/18		
		Disembarked Canada	29/11/18		
T.O.S. No. 10 DISTRICT DEPOT 22/11/18 D.O. 236 PARA. 1753		 H. E. Patton Jr. Lt. Col. Officer Commanding No. 10 District Depot			Discharged 10-1-19 C.O. 6 Para 72 D.D.C. 8
					Winnipeg MAN.
					Thomson Lt. Col. Officer Commanding No. 10 District Depot

(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				

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

2083662.
REGTL. No.

* NAME

RANK

UNIT

MC HENRY S.

SPO CRD

Date of Examination

18-11-18

Present Dental Condition

fit

In case of loss, or decay of teeth,
is the loss due to wounds, injury,
or disease, directly attributable
to Active Service?

no

Has he ever declined
Dental Treatment?

no

Recommendation

Date



Station

Signature of Examining Officer

Edw. Housinger
Capt.
C.A.D.C.

* Name should be entered in block letters.

CANADIAN ARMY DENTAL CORPS

DENTAL CERTIFICATE

This form will be attached to the Medical History and
 will be used to determine the dental status of the soldier.

18	18
18	18
18	18
18	18
18	18
18	18

Signature of Examining Officer

Date

Station

NAME OF SOLDIER.

REGIMENT.

RANK.

22

No.

No. 2013668.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

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.

1. Surname McHenry Christian name Samuel

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... 478 N. Elm St. Trenton N.J.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of June 1918, by the undersigned medical board sitting at PHILADELPHIA, PA.

5. Age as stated 46 Years 4 Months.6. Apparent age 46 Years 4 Months7. Height 5 Feet 4 1/2 inches.8. Weight 124 Pounds.9. Chest measurement { Minimum 32 Ins.
Maximum 35 Ins.10. Complexion Medium Eyes Hazel
Hair Gray11. Physical development. Fair12. Smallpox marks None13. Number of vaccination marks { Right arm One
Left arm One14. When vaccinated last Infancy

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 B2

Wm. D. Ward Capt

Member.

President.

E. E. Phillips

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/7/18</u>		<u>b.h.d.</u> M.O.	<u>15/7/18</u>	<u>1cc</u>	<u>b.h.d.</u> M.O.
		M.O.	<u>6/8/18</u>	<u>1cc</u>	<u>b.h.d.</u> M.O.
		M.O.	<u>16/8/18</u>	<u>1cc</u>	<u>b.h.d.</u> M.O.

Joined 5 day of July 1918 at Philadelphia

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2013668</u>		
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION

DATE

DISEASE

RESULT

ST. JOHNS, P. Q.

JUL 15 1918

AmB2Blind

ST. JOHNS, P. Q.

AUG 19 1918

AmB2BlindPurified Eng12.9.18Arterial sclerosisBiAlzheimer's

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 Samuel McHenry

Christian Name,

David

[illegible]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Surfleet Sep 12 1918 1918.

No. 2018668 Rank Sgt. Name McHENRY S.

Local Unit ERTD Overseas Unit NONE Age 46.

Examination held at Surfleet Essex.

DISABILITY.
Overseas = Local.
(scratch one out)

ARTERIAL SCLEROSIS

PRESENT CONDITION.

Age 46 slight arterial degeneration
Good physique
Other systems normal

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

Alfred Ernest R. Capt. Cane President.

E. French Capt. Cane

APPROVED

Dated at 18 SEP 1918 1918.

PROCEEDINGS OF A MEDICAL BOARD

Date at _____

Name _____

Overseas Unit _____

Enlistment Date at _____

QUALIFICATION
in _____
(Station, No. 10)

PRESIDENT CONDITION

BOARD RECOMMENDATIONS -

1. Fit for Duty
2. Fit for duty after _____ weeks physical training
3. Fit for temporary Base Duty _____ weeks
4. Fit for permanent Base Duty
5. Discharged

Signature - _____

Members _____

APPROVED _____

Date at _____ 1916

Handwritten signature and notes at bottom left.

126th-Dft. C. R. I. to C. R. T. D

G.H.

Rank

Name

McHENRY. Samuel

Reg'l No. 2013668

Unit

If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Philadelphia. July 5th 1918. Place of Birth Coleraine. Ireland

Name and Address, Next-of-Kin Mrs. S. Ewing

18. Craigmore St. Denniston. Glasgow. Scotland. Relationship Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

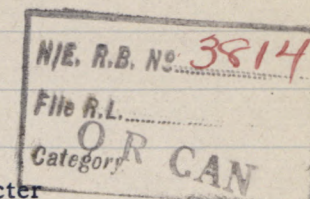
Payable to

Relationship

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.				
		Arrived in England		9-9-18	S/S KILDONAN CASTLE
9.9.18	C.R.T.D.	P.O. on arrival from Canada	Spr	Parflus 9.9.18	PAH 250
22.11.18	"	S.O.S. on transf. from b.m.t. of C. to the C.C.F. in Canada	"	22.11.18	PAH 324.

[illegible]

SS Aquilaura

185 Logan Ave
Winnipeg
Man

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2013668 Rank Private Surname McHenry
(Given name in full)

Unit or Corps CRT 1000 Birthplace London Derry Ire

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 5 in. Colour of Eyes Grey

Nutrition normal

Pulse 72

Condition of arteries normal

Vision Rt. 20 Left 20
20 20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Small scar over left
antrum. Resulted
accidentally in 1909.
There is no disability
from this.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

A medical board in England on
Sept. 12th 1918 states this man to
have slight arterial degeneration.
I find his arteries normal.
Blood Press. S. 140 W 90

THIS SECTION FOR USE OVERSEAS—

Date Signed M.O.

Signature

THIS SECTION FOR USE IN CANADA—

Date ..January..2/1919..... Signed *W. J. Hamilton* M.O.

Signature Samuel M Henry

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

[OVER]

CANADIAN
ASSIGNED PAY AUDITED
No Ass
AUDIT CLERK
DATE *14/5/19*

Q.O.S. Canada 22/11/8
P.O. 3214 22/11/8 CRT

[illegible]

This space to be for numbers

Proceedings on Discharge.

DEPT
MILITIA & DEFENCE
JAN 26 1919
H.Q. CANADA

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	2013668
Rank	Sapper
Surname	McHenry
Christian Name	Samuel
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.E..
Date of Discharge	January 10th 1919.
Place of Discharge	Winnipeg
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 46 years..... 011 months.	Descriptive Marks
Height..... 5 feet..... 5 1/2 inches.	
Complexion Medium	
Eyes Grey	
Hair Grey	
Trade Boiler maker	
Intended place of residence } 185 Logan Ave. Wpg.	Scar left cheek bone
(To be given as fully as practicable.)	Small scar left side of forehead.
2. The above-named man is discharged in consequence of	
Demobilization R.O.1420/c.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100m.—1-17.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) WINNIPEG, MAN. Samuel M'Henry (Signature of Soldier.)

(Date) JAN 10 1919 Thomas Cook (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) WINNIPEG, MAN.

(Date) JAN 10 1919

(Signature)

Lt. Col. Officer Commanding No. 10 District Depot

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.

None

Reg. Conduct Sheet B. 203 Squadron Battery Company	Attestation Paper B. 212
Copies of Convictions by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* B. 227	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Cer- tificate D. 877	(c) Medical History Sheet (in the event of such having been prepared)

N. B.—In the case of a man discharged by purchase, the
date and number of Deposit Receipt with amount
of same is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

10. Statement of Service.

Service from Engagement to (the date to which the Record of Service is completed) years

Total years

11. Confirmation of Discharge.

The discharge of the named man is hereby confirmed.

Place of Discharge

1519

Reserved for M.H.C.

Regt. No. 2013668 Rank Sgt Surname McHenry Christian Name Samuel
 Unit or Corps—(a) Overseas from United Kingdom None (b) in United Kingdom C.R.T.D.
 Born at—Town Coleborne County or Province Londonderry Country Ireland
 Date of Birth—Day 23 Month February Year 1872 Age 46 yrs. 29 months.
 Joined at Philadelphia PA. Date 7/5/18
 Former trade or occupation Riveter

Permanent Marks or any peculiarity that will serve for future identification :—

SCAR IN FACE over left malar bone.

1 VAC - Left.

Height—feet 5 inches 4 1/2 Colour of eyes HazelSignature of Soldier (for identification purposes) Samuel McHenryMedical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

ARTERIO-SCLEROSIS

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

(i.) As to Group (a) above.

CONDITION OF CIVIL LIFE U.S.A.

Place of origin.

Date of origin.

Prior to Enlistment.

(ii.) As to Group (b) above.

(iii.) As to Group (c) above.

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ?

yes

If yes, has Active Service aggravated it ?

no

(ii.) As to Group (b) above ?

not applicable

If yes, has Active Service aggravated it ?

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

If yes, has Active Service aggravated it ?

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

(i.) As to Group (a) above ?

no

(ii.) As to Group (b) above ?

not applicable

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

5. MEDICAL HISTORY. In early life frequently had Quinsy but states that in last 20 years has had no illnesses. Has never gone sick since enlistment. States he can do P.T. and Route marches without any trouble. Has no complaints of any kind and maintains that he is fit.

6. PRESENT CONDITION. Well preserved man who hardly looks his age. Gray hair but muscular tone is good. Eyesight normal. Both eyes.

Circulatory System. Radial arteries somewhat tortuous but not markedly so. Pulse is full but occasionally misses a beat. Heart A.D. 8 interspace 1" inside nipple line sounds clear except suggestion of mitral systolic murmur which is heard occasionally. There is an occasional reduplicated second sound. Heart slightly enlarged but not markedly so.

Other Systems normal

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. N.A.

(iii.) Was one advised and declined? N.A.

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? A Yes NO

(ii.) If so, describe. Several carious teeth which are a pre war condition

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B1 One

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 1918

Signed [Signature] Officer in medical charge of case.

Station [Signature] Surgeon

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

(Officer in charge of Hospital) Strike out one of these

Dated at Station, on 1918

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)?
If not, describe it.

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

18. REMARKS:—

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answer- ing show clearly the condition of the Soldier at the time of examination. It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual observations, reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the hand- writing of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

19. RECOMMENDATION:—
(a) Fit for duty? (state category)
(b) Invalid to Canada?
(c) Discharge from Service as permanently unfit?

Date of Board	16 NOV 1918	ENTRIES OF RE-CATEGORIZATION	President.
Signature of M. O.		Signatures of the Board	
Station	Portsmouth		
Approved	Frederick J. Jones	A.D.M.S.	
Dated at	Portsmouth	Station	191

ASSISTANT DIRECTOR OF MEDICAL SERVICES
CANADIAN LONDON AREA
13, BERNERS ST. LONDON, W.1

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, 2013668 Tr. Henry S. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Signature of Soldier examined

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. (It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

[illegible]

Address (in full)

Remarks: *account opened 11-1-19*

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. Dependent.....

Name..... Address.....

Address.....

Less P. D. P. Credited.....

.....

Less further debit balance.....

Net due paid as below.....

TO SOLDIER TO DEPENDENT.....

Pay (Soldier) \$..... Pay Dependent \$.....

1..... 2..... 3..... 4..... 5..... 6.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Clerk.....

Less further Dr. Bal.....

or overpayment.....

Net.....

Total.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....



Handwritten text, possibly a date or signature, located in the lower right quadrant of the page. The text is faint and difficult to read, but appears to be written in a cursive or semi-cursive script.