cad. 24 a.m. 30-9-16

DUPLICATE

ATTESTATION PAPER.

No. #1081598

No. 1 CONSTRUCTION BATT.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McInnes
1a. What are your Christian names? Neil
1b. What is your present address? Sudbury Ont.
2. In what Town, Township or Parish, and in what Country were you born? Parsley Bruce Co. Ont
3. What is the name of your next-of kin? Mrs. H. Smith
4. What is the address of your next-of-kin? Queens ave London Ont
5. What is the relationship of your next-of-kin? Sister
6. What is the date of your birth? 4 July 1880
7. What is your Trade or Calling? Metal Polisher
8. Are you married? no
9. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
10. Do you now belong to the Active Militia? no
    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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Neil McInnes, 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.

Neil McInnes (Signature of Recruit)

Date June 19th 1916 J. D. Dempsey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Neil McInnes, 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.

Neil McInnes (Signature of Recruit)

Date June 19th 1916 J. D. Dempsey (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 Exeter this 19th day of June 1916.

J. D. Dempsey (Signature of Justice)

M. F. W. 23.
500M.—6-16.
H. Q. 1173-29-941.

Description of Neil McInnes on Enlistment.

Apparent Age 36 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement. Girth when fully expanded ..... 34 ins.

Range of expansion ..... 3 ins.

Complexion dark

Eyes blue

Hair brown

Religious denominations

Church of England .....

Presbyterian .....

Methodist .....

Baptist or ~~Congregationalist~~ yes

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).

tattooed

Star on right forearm

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 19 1916 W. R. Cameron

Place Cobourg

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.

Neil McInnes 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.

B. Ripley (Signature of Officer)

LT. COL.-O.C. No. 1 CONSTRUCTION BATTALION

Date June 19th 1916

MT 27-5-18

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

Attestation Papers..... B

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

a FB 179-1
a FB 122-1
Dental Cert-1

M. F. W. 62.
50m.—9-15.
H. Q. 1772—39—935.

Name Mc INNES Neil. J

Regt. No 1081598 Rank Spr

Corps #1 Const. Bn
Med Unfit

R. O. No.....

H. Q. No.....

17524

Cards. 1 Part II
1 Casualty

Cap Card-1
Ration Book-1

M E W 67-1
M P 49-1

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mc INNES.	N.	1081598

RANK	UNIT	CO.	TROOP	BATTY.
~~Pte.~~ Spr.	CRT. 1.			

HOSPITAL — DATE OF ADMISSION

1.	63. C.C.S.	21-9-17.
	Kitchener. W.H. Brighton	Hosp. 26-9-17
	16 Can. Gen. Orpington	16-11-17
2.	#5 Can. Gnl. Liverpool	Hosp. 5.1.18
3.		Hosp.
4.		Hosp.

DIAGNOSIS

1. ~~Fractured~~ F.B. Pulmy. Rw.
2.
3.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

DISPOSITION	DATE	REMARKS
C.L.	29-9-17.	A23.
1	3-10-17	B76(1)
	21-11-17	B68-1
	10.1.18	B109-1
7-2-18	13.3 (3)	Invalided to Canada 4-2-18

Dis. to Canada per H.S. Aragua-
ya from L'pool. 4-2-18.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 108598 RANK Pte. NAME McInnes, Neil

T.O.S. 19-6-16 UNIT 1st Construction Battalion
D052-28-6-16

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 19	1916 June 30	✓		
July		✓	AWR 28-7-16	D082-28-7-16
Aug		✓	Stoppage for loss of belt 1/6d	D098-13-8-16
Sept		✓	AWF 28-7-16 - 8-8-16, Forf. 15 days pay, 144 hrs. detention	D098-13-8-16

Emx.

Number 108598 Rank Spr.

Surname Mc INNES.

Christian Name Neil

Units 1st Can Fly Dpo Theatre of War France.

Date of Service 25-10-16.

Remarks

Latest Address c/o 660 Dorchester St. W.
Montreal
c/o Khaki Club.

Roll No B

200m.-2-21.M. Can 11057

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks

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

REGT'L No. 108598

NAME McInnes N.

H. Q. FILE No. 649.

RANK AND CORPS Sapper 1st Can. Rly. Tps.

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 23-2	#63 Cas. Clg Stat.	21-9-17	Pleurisy.
B 22 1.	Kitchener War. Brighton	26-9-17.	T.B. Pulm
B 68	~~2 No 16 Can. Gen. Brighton~~		
	~~2 No 16 Can Gen Orpington~~	16-11-17	T. B. Pulmonary
109	5th Can. Gen Liverpool	5-11-18	5th Can. Gen. Liverpool
B 133 [3]	& Invalided to Canada	4-2-18.	T. B. Pulm.

FORM R. 149.
7106—250m—7/2/17.

Name ~~McINNIS~~ McINNES Neil Rank Spr. Reg. No. 1081598

Unit 1st Can. Rly. Troops

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-9	63 C. C. Station 3849		Flesuing	A	23	
26-9	Kitchener W. H. Brighton 2736		J. B. Parkin	B	26	
16-11	16 C.G. Hsp. Orpington R. 225-6157		-do-	B	68	
5-1-18	5 C.G. Hsp. Le Pack R. 225-1000		-do-	B	109	
4-2	Invalided To Canada.			B	138	44462

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

38961

REG. NO. 108598 NAME (SURNAME FIRST) McInnis, N. 21

RANK Opr. CORPS Bl. Can. Batt

AGE 34 SERVICE 2/12.

NAME OF HOSPITAL Grey Nuns Con Home PLACE Montreal

DATE OF ADMISSION 4.3.18.

DISEASE Phthisis

DISCHARGE 18.3.18.

OPERATION

DISCHARGED ~~TO DUTY~~ Class "E"

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

P.697-25M.
3989-31-19-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

1081598 Pte McInnes Neil

Date of Payment.	No. of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
8/10/17	-		14	-	2	13	Buckingham	Maitland	W.
7/11/17	-		10	-	2	43	"	"	
21/11/17	1031		12	-	2	78	Orpington	Taylor	
13/12/17	1315		10	-	2	47	"	"	
			13		3	26			
3/1/18	Lon R. 207		14			32			

Name of Paymaster	Date of Payment	AMOUNT												Remarks

M. H. C. Form 132.

Please quote reference.....

Your reference.....

MILITARY HOSPITALS COMMISSION
CANADA

From:—The District Vocational Officer,

P.O.

To:—The Officer Commanding,

'A' Unit

M.H.C.

108 1598

Spr. McInnis N.

Sir,—

I have the honour to inform you that the marginally named

man (Man, N. C. O., Etc.) was interviewed by a Vocational Officer on Mch 18 19 18, and all particulars with reference to his re-education have been taken.

I have the honour to be,

Sir,

Your obedient servant,

Flot. Lieut

Vocational Officer.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1081598 Rank Private Name McInnis, N.

Corps 1st C.R.T. who was* Discharged

On March 18/18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 19/12/17 191...,
to 18/3/18 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month Private	67	00	Bal. Cr. from prev. month LPC	314	21
Advances by Cheques No.			Regt'l Pay 90 days at $ 1.00	90	00
			Field Allow. 90 days at $ .10	9	00
Assigned Pay No.	13	00	Other Allowances* Cr. Clo.	13	00
Other Charges* Cr. Clo. 161	~~5~~	~~00~~		~~5~~	~~00~~
Payment on transfer or discharge No. 154	346	21	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	426	21	Total	426	21

*Give Particulars.

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

(Address).....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 16/6/16

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge and authority MD4 22-M-2378

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

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

Date .....

Place .....

MILITARY HOSPITALS COMMISSION PAY OFFICE "A" UNIT APR 10 1918 MONTREAL COMMAND

Wm MacDuff Lieut.-Captain
a/ Paymaster, "A" Unit, M. H. C. C.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150m.—4-17.
H. Q. 1772-39-962.

660 Dorchester St W
Montreal, P.Q.

McInnes

FORM OF WILL.

I, Neil McInnes (Name in full)

Regimental Number 1081598 serving in 1st Construction Batt

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

~~	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to "Sister"

Mrs E Smith Lyons Ave London Ont	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 17 day of Oct A. D. 1916

Neil McInnes Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H. G. Gagnon

Address of Witness 222 Villeneuve St Montreal

Occupation of Witness Agent

Signature of Second Witness J. E. E. Lyness

Address of Witness 135 St Jerome St Montreal

Occupation of Witness Supt of Construction

M. F. W. 82
300M-5-16.
1772-39-983.

This is a Duplicate of which was forwarded to Ottawa. 2-11-18

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

M. F. W. 54. (A. F. B. 103.) Nc
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... No. 1 CONSTRUCTION BN. McInnes Neil

Regimental No. 108598 Rank Pte Name ~~McInnes Neil~~ C. E. F.

Enlisted (a) 19/6/16 Terms of Service (a) D/W Service reckons from (a) 19/6/16

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) .. (Bushman)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada	Halifax N.S.	13/9/16	
		Disembarked England	Liverpool	23/9/16	
25-10-16	1st Canl Batt	Proceeded overseas		25/10/16	Pt II D.O. 170 for O.C. Y. Cross Capt.
		Landed in France	Havre	26.10.16	L.R. 6775 Pt II D.O. 181 – 2.12.16
		Designation of Unit changed to 1st Bn. Canadian Railway Troops. Pt II		D.O. No. 22 d/- 10/2/17.	
24.9.17	O.C. 63 C.C.S.	Fleurin ? T.B. Adm	63 C.C.S.	21.9.17	A36/9760
22.9.17	✓	✓ Trans. to	29 A/T	22.9.17	A36/A582
22.9.17	O.C. 3 Can. Gen. Hdl.	✓ Adm	3 Can. Gen. Hdl.	22.9.17	W303H/A582

CERTIFIED CORRECT. 14 NOV. 1916 CAN. RECORDS, LONDON.

(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				
22.9.17	O.C. Unit	Pleurisy To	4 F.A.	21.9.17	B213 DCS 77- 2.10.17
25.9.17	O.C. 3 Cdn. Gen. Hpl.	The Lungs S To	England	25.9.17	W3034/a1780
22.9.17	O.C. 89 F.A.	Pleurisy ? T.B. Adm Trans to	89 F.A. 63 C.C.S.	21.9.17 21.9.17	a36/a1780
25.9.17	O.C., 3 Cdn. Gen. Hpl.	Invalided Sick per H.S. "Princess Elizabeth" and posted to Cdn. Railway Troops, Depot, Purfleet, 25.9.17		25.9.17	aFW3083/3980. Pt II D.O. 92 d/- 8.10.17
FW R2Bz 5.10.17	Depot CRT.	TOS on posg from 1st CRT	Purfleet	26.9.17	Pte

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

for Lt.-Col. O/C

MAJOR, HOSPITAL REPRESENTATIVE, (CANADA) HOSPITAL, ORPINGTON.

Lieut

No. 16 CANADIAN GENERAL (OTTAWA) HOSPITAL

C.A.D.C.5009-10M.
3494-30-8-17. 1081 S 98 - McInnes. N.J. - Spr. C.R.A.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
8/1/18	Poor	no	no	Treatment Canada
		T. E. Robins Capt. CAMC		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name McInnis, Ned
Surname Christian Name

012398-N-1

Regimental Number 1081598 Rank Pte.

Unit 1st C.R.T.

Original Unit

District where paid M.D. 4.

Date of Discharge 18-3-18.

P. D. P. Filing Number 8-127-4.

Address (in full) 660 Dorchester St.W.,
Montreal, P.Q.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2523	16-4-18	33 00	2459	16-5-18	33 00	2355	16-6-18	34 10		100 10

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Dec'n No ..... A.W.O.G. File No .....
Award ... days at $ per day $
S.A. ..... months at $ per mo. $ .... $
Less P. D. P. Credited $.....
$
Less fur'er debit balance $.....
Net due paid as below

Pay Soldier $.....

TO SOLDIER DEPENDENT

O	...	...	ou t	Ac No	Ch No	Amount

Clerk .....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

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

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

Less further Dr. Bal. or overpayment.....

Net.....

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			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

R—122

LTR

Rank Pte. Name McINNES, Neil ✓ Reg'l No. 1081598 ✓

Unit No.1. Const, Bn. If in perm. Corps, What Unit? } Married or Single Single.

Place and Date of Enlistment Cochrane, 19th, June, 1916. ✓ Place of Birth Paisley Bruce, Co., Ontario,

Name and Address, Next-of-Kin Mrs H. Smith. ✓
Queens Ave, London, Ontario. Canada. ✓ Relationship Sister. ✓

126

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ ✓ Payable to

Relationship

N/E. R.B. No 1823.
File R.L.
Category M.U. Can.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		ARRIVED IN ENGLAND S.S. NORTHLAND 23-9-16.			
		25.10.16 1. Con Batt. Proceeded Overseas Witley 25.10.16 Pt.II_170			
		9.2.17. Now known as 1st Battn. Can. Railway Troops. Pt.II.O.22.			
28.9.17	1st CRT.	Adm No 63 CCS Sto sp	Field	21.9.17	CLA 23 Pleurisy
2.10.17	Do	1st adm. Kitchener W. Hos "	Brighton	26.9.17	CL B 26 VB. Palm
5.10.17	Depot CRT	TOS on posg from 1st "	Purfleet	26.9.17	Pt II 267
8.10.17	1st CRT.	Invd Sick & posted Depot CRT "	Field	25.9.17	— 92
20.10.17.	Do	Trans No 16 C G Hos -	Orpington	16.11.17	CL B 68
7.2.18	Do	Invd to Can Ex No 5 C G H	Liverpool	4.2.18	CL B 133.
9.2.18	Depot CRT	TOS Invd to Can Para 392 Sec 16. CRO	sp Purfleet	4.2.18	Pt II 40

A.F.B. 103 CHECKED 6 NOV. 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Di Dft For Sanitorium	MD4 Montreal	16.2.18	NR 439

To be made out in duplicate.

I.O. 51-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... No. 1 CONSTRUCTION BATT.

(2) Regimental Number 1081598.

(3) Full Name of Soldier Mc Innes, Neil.

(4) Place of Birth Paisley, Bruce Co. ~~Ont~~ Ont.

(5) Are you married, or not? no.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? no

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? No

If so, state name and address —

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you. T.C.F.

Mrs H. Smith (Sister)

Queens Ave. London Ont.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

—

(15) Are you insured? No

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date 4/9/16

A. K. Addison
Officer Commanding.

CAPT. & ADJUTANT
FOR O. C. No. 1 CONSTRUCTION BATT'N.

22-M-2378.

CASE HISTORY SHEET.

No. 1081598 Rank Spr. Name McInnis, N. Age 37

Unit 1st Constn. Bn. Completed years of service Where and how long } 21 months

Date of admission 4-3-18. Date of discharge March, 18, 1918

Diagnosis Phthisis #419 Pesperatory Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE and History.

Cough - expectoration with some loss of weight since June 1917.
T.B. found in Sputum in France and at Brighton, England.

Poorly nourished, pulse rapid but heart sounds normal. Both apices flattened anteriorly. There is diminished resonance at both apices with prolonged expiration and fine crepitations. Other systems normal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT 1. Brighton. 2. Ont. Mil. Hosp. Orpington. 3. No. 5 Can.

(Especially any specific or special form.) Gen. Hosp.

CONDITION ON DISCHARGE, Same as above.

(and disposal made of case.) Discharge Class "E".

Date

Medical Officer ~~i/c case.~~

M. F. B. 313a.
50M.-11-17.
1772—39-439.

C 38961

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Paisley, Bruce Co, Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs H. Smith
Queens Ave London, Ont.

RELATIONSHIP OF NEXT OF KIN Sister.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 1081598 RANK Pte NAME McInnes, Neil

IF IN PERMT. CORPS WHAT UNIT — UNIT 7/C Construction — TRANSFERRED TO CRT Depot — DATE 1/11/17 — AUTHORITY NR

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO N C L — DATE 15.2.18 — AUTHORITY

PLACE OF ATTESTATION Cochrane, Ont. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 19/6/16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP SEP 10 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE Canada 18/12/17 — REASON AND AUTHORITY Orp. 18a/51 18/12/17 Invalided

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
															48 82															48 82				Balance from Canada
Oct	1-31	31	1.00	31	-	31	0.10	3	10						34 10	4	29/9	43	11/10					19 44	7 30			- -	1 10	27 84	55 05				Forfeit 1 day pay for AWL. P.O. 148.
Nov.	1-30	30	"	30	-	30	"	3	-						33 -			137	6/11					3 49	"			- -		3 49	84 56				
Dec	1-31	31	"	31	-	31	"	3	10						34 10	156	25/11							5 23	"			- -		5 23	113 43		50 -		
				9	20																													
Jany	1-31	31	1.00	34	10										34 10	251	15/12							13 08	"			- -		13 08	134 45		60 -		
			0.10													380	31/1							4 36	"									
Feb.	1-28	28	"	30	80										30 80	292	15/1							4 36	"					8 72	156 53		75		
Mar	1-31	31	"	34	10										34 10	445	15/2	505	21/3					8 92	"	8 72	"			17 44	173 19		90 -		
				200	20										249 02									55 27		19 51			110	73 83					
Apr	1-30	30	-	33	-										33 -																206 19		105		
May	1-31	31	"	34	10										34 10	24	24/4							8 92	"					8 92	331 57		120 -		
June	1-30	30	"	33	-										33 -	72	25/5							8 92	"					8 92	255 65		135		
July	1-31	31	"	33	10										33 10																289 75		150		
Aug	1-31	31	-	34	10										34 10	152	25/6							8 92	"					8 92	314 93		165		
Sept	1-30	30	"	33	-										33 -	190	25/7	253	25/8					8 92	"	8 92	"			17 84	330 09		180 -		
																								90 70		24 33								

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917 PARTICULARS					CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE			DEFERRED PAY		SEP. ALLCE. END.						
Sept 30	Balance b/f pay		330	09																				330 09									180		
Oct	0/s Pay				34	10																		364 19											
					34	10																													
Nov.	"	"			33																			397 19											
Dec 1/18	"	"			19	80																		416 99											
	Sat on 0/s Pay 31/10/17				5	66																		422 65											
1918									D.N. A/R 1031				21/11/17	D CAT		9 73								412 92											
			58	46												9 73								53 86											
JAN			-	-					D.N. AFW/3069				1st CAT. 31/12/17			33								359 06											
									A.T. 1315				13/12/17	O.M.H. Orpington		48 67																				
									Rn. 307				6.11.17	H.M. Hos.		243																				
									" 262				9/12/17	do.		243								359 06											
			-	-												53 86																				
									- Pabs.				8/1/18	Lpool		243	✓																			
									" 3321				4/1/18	"	"	243	✓							354 20											
																486																				
July.									Sailing Balance							354 20								0											
																354 20																				

A.S.W. FORM W.A.A.F.(Officers) 1/1/18
DISCHARGED TO ~~Party~~ Aquarter DATE 18/12/17
PAYBOOK VERIFIED 18/12/17
G BAL £359 07 L.P.C. SENT 18/12/17
AUTHY n/p. 18 51 13/12/17
Invalides

Checked C Brooks L.P.O.

This space to be for numbers.

Proceedings on Discharge.

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

No.	1081598
Rank	Sapper
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	McInnis, Neil J.
Corps (Squadron, Battery or Company)	#1 Const. Bn.
Date of Discharge	18/3/18.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	37 years 9 months.	
Height	5 feet 7 inches.	
Complexion	Sallow	
Eyes	Blue	
Hair	Black	Left internal strabismus.
Trade	Lumberman	
Intended place of residence (To be given as fully as practicable.)	c/o Khaki Club, 660 Dorchester St. W. Montreal.	

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

Medical Unfitness due to Phthisis.

Authority H.Q.4D.22-M-2378 Dated March 16th 1918 and in accordance with instructions in Circular Letter No.285 HQ.16-1-25 December 5th 1917.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Light work.

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) Montreal. Neil McInnis *(Signature of Soldier.)*

(Date) 18/3/18. Phil Upton *(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..1..years..248..days.

11. **Confirmation of Discharge.**

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

(Place) Montreal.

(Date) APR 11 1918

(Signature) .....

MILITARY HOSPITALS HEADQUARTERS "A UNIT" COMMISSION COMMAND

MAJOR, O. C. "A" Unit Military Hospitals Commission Command

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.)

None.

Neil McInnes

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

★PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION.

Report No. 6216

"A" Unit

M.D. No.

CATEGORY "D"

McInnis. Neil.
Surname Christian Name

Permanent Address 660 Dorchester St. Montreal. Que

No. of M.H.C. File	No. of Local File	No. of H.Q. File

No.★ 1081598 Rank SPR. Original Unit 1st.CCG Service Unit★ 1st.CRT

Age 37 Height 5 ft. 6½ ins. Complexion Eyes No records Hair Conduct

Date of enlistment 16/6/16. Where enlisted Cochrane. Where seen service★ France.

Ship returned by Araguay. Date of arrival 16/2/18. Port of arrival Halifax.N.S.

Birthplace★ Canada. Religion Bapt.

Cause of disability Pulmonary .T.B. (Eng.Bd. No.425/17.)

Condition in detail which prevents the soldier from earning a full livelihood: Attested at Cochrane, Ont. June 19/16. Came to Eng. Sept.1916. To France Oct.1916. Carried on till Sept. 21/17. when he went to F.A. and 63 CCS. with pain in right side. Then to No.3 Gen. Hosp. Boulogne, Sept 22. To Kitchener War. Hosp. Brighton. Sept. 26/17 diag. Phthisis with sputum positive for T.B. 2/11/17. To No.16. Can. Gen. Hosp. Orpington. 15/11/17. marked Phthisis. Pres. Cond. Eng. Bd: General condition only fair. Weight on enlistment 150. present weight 133 Lbs. Thorax funnel shaped flattening above and below clavicles. Expansion limited on both sides. Right Lung :- Impairment of note from 1st. interspace to apex. There is tubular breathing with enfeebled breath sounds over this area. Over base there is a definite friction rub. Left Lung Impairment of note over apex. Enfeebled breath sounds. with positive sputum and marked signs at apices. Advise boarding to Canada. Heart sounds clear. Nervous, Alimentary. G.U. systems normal. Sputum positive for T.B.

Degree of incapacity—Eng. Board N.A. Canadian Board Not yet held this date. 1/3/18.

Is disability due to or aggravated by Service? N.A.

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended, if so which? Returned to Canada for further treatment.

Destination to which transportation issued

Members of Board

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.
E. 1. Discharge, no pensionable disability. (Yellow copies).
E. 2. Waiting Reclassification. (Pink copies).
E. 3. Discharge with claim for pension. (Blue copies).

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin Sister. Mrs.E.Smith. Queens Ave. London. Ont.

Notification of return to be sent to do

Occupation prior to enlistment Lumberjack. And for how long followed

Regular trade or occupation metal polisher

Average earnings previous to enlistment Any other income?

Name and address of last employer Morrow and Bettie. Contractors.

Rent per month If owner of or purchasing property amount due and annual payment, $ $

Taxes If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If unable to follow previous occupation, name preference Farming.

References Above employer. I declare that the above statement is correct.

Witness H.L.Fisher.

Date 12/3/18. Place Montreal. Signature H.McInnis.

Remarks by Interviewer:

Reports on men returned for duty to be typed on White (Red printed) Forms).
A. General Service.
B. Service abroad, not general.
C. Service in Canada. (White red printed forms).
D. Treatment. (Pink copies).

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 5a.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

Report No. _____ Unit _____ M.D. No. _____

CATEGORY	No. of M.H.C. File	No. of Local File	No. of R.C. File
Surname / Christian Name / Permanent Address			

No.* Rank Original Unit Service Unit*

Age* Height Trade Complexion Dress Chest Conduct

Date of enlistment Where enlisted Where seen service*

Ship returned by Date of arrival Port of arrival

Birthplace* Religion

Cause of disability

Condition in detail which prevents the soldier from earning a full livelihood

Reports on men returned for Discharge under SO. Amn. or White (Black printed) Forms
A. General Service B. Special Service
Reports on men returned for duty to be typed on White (Red printed) Forms.
C. Service in Canada (White red printed forms)
D. Treatment (Pink copies)
E. Medical Boards (Blue copies)
F. Waiting Discharge, no Pensionable disability. (Pink copies)
G. Waiting Replacement. (Blue copies)
H. Waiting Discharge with claim for Pension. (Blue copies)

Degree of incapacity—Emp. Board Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended. If so which?

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation

Average earnings previous to enlistment Any other income?

Name and address of last employer

Rent per month If owner of or purchasing property amount due and annual payment $ $

Taxes If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If unable to follow previous occupation, name preference

References I declare that the above statement is correct.

Witness

Date Place Signature

Remarks by Interviewer:

Last Pay Cert. Cr. $ Dr. $ Amount paid at Depot H.Q. $ L.P.C. leaving Depot. $

Amount forwarded to H.Q. Unit $ Credit Clothing allowances. $

PENSION—Class Amount per year. $ Period granted for Dating from

First payment date

Form No. 8a.

ONTARIO MILITARY HOSPITAL,
ORPINGTON, KENT

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 1st Can. Rly Troops. Military Hospital

No. 108959 Rank and Name Spr. McInnis R. Age 37 Service 1 6/12.

Disease T. B. Date of admission 15-11-17. Date of discharge Result

Dates of Observation	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5
Days of Disease																					
Temperature, Fahrenheit — Time A.M.P.M.																					
Pulse per Minute							90	80	102	90	96	100	100	88	82	82	72	84	72	80	
Respirations per Minute							18		22	18	20			20	24	24	20	20	20	20	
Motions per 24 Hours																					

124¾ (Boots)

Nov 25 1917 No Boots

Discontinued

Nov 27 1917 Nil Boots

Nov 29 1917 Nil Boots

Wt. W3726/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature P Rheaume Capt. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

W a W8722/M2813 2,000,000 4/17 H. & Sp. (16622) A.F.B. 181/5 (E. 726)

Signature_____ In charge of case.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 108598 Rank Spr. Surname McINNIS Christian Name NEIL

Unit or Corps—(a) Overseas from United Kingdom 1st C.R.T. (b) In United Kingdom 1st Construction Bat.

Born at—Town Paisley County or Province Ontario Country Canada.

Date of Birth—Day 4 Month July Year 1880 Age 37 yrs. 4 months.

Joined at Cochrane Ont. Date Jan 19th 1916

Former Trade or Occupation Meat Polishes

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

none.

Height—feet 5 inches 6 1/2 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) [signature]

Medical Report.

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

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

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

Disabilities Group (*a*) COUGH, PAIN IN CHEST. DYSPNOEA ON EXERTION. LOSS OF WEIGHT. WEAKNESS.

Disabilities Group (*b*)

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	PULMONARY T.B.	BELGIUM	SEPT. 1917.
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it?

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

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

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

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received — Not applicable

(*i.*) While on duty? — (*ii.*) While off duty? —

(*iii.*) Was a Court of Inquiry held? — (*iv.*) Where? — (*v.*) When? —

(*vi.*) Opinion of the Court? —

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

Patient states that he enlisted at Cochrane on June 1916. Came to Eng Sept 1916. To France Oct 1916. Carried on until Sept. 21/17 when he went to F.A. and 6 3rd C.C.S. with pain in right side. Then to No 3 Gen Hospt: Boulogne Sept 2nd 17. To Kitchener War Hospt. Brighton Sept 26/17. Diagnosed "Phthisis"; with Sputum positive for T. B. 2.11.17. To No 16 Can. Gen. Hospt. Orpington 15.11.17. marked Phthisis.

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

General condition only fair Wt at Enlistment 130 Present wt 123 lbs
Thorax — funnel shaped. flattening above and below clavicles. Expansion limited on both sides
Rt lung — Impairment of note from 1st interspace & apex. There is tubular breathing with enfeebled Breath sounds over this area over [illegible] there is a definite friction rub.
Left lung — Impairment of note over apex. Enfeebled breath sounds. With Posterior Sputum and marked signs at apices advise boarding to Canada. (Lt. Col. Fetches)
Heart — sounds clear.
Nervous System normal. Sputum positive for T. B.
Alimentary System normal.

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what. —

(*iii*). Was one advised and declined? —

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(*ii.*) If so, describe. —

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? yes

(*d*) Discharge from the Service as permanently unfit? no

Date of Report Nov. 25 1917 Signed P. A. Keevil Capt CAMC
Officer in medical charge of case.

Station No 16 Can. Gen. Hospt Orpington.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Dr. McPherson COL. C.A.M.C.

O.C. ONTARIO MILITARY HOSPITAL. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT. Station, on 5 DEC 1917 191

* Delete if inapplicable.

PART II.

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

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

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

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

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

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

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

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

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

18. Remarks.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

A. Mackenzie
MAJOR,
HOSPITAL REPRESENTATIVE.
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON.

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission. 4

Date of Board: ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT, 5 DEC 1917

Signatures of the Board. W. W. Smith MAJOR, President.
A. Macalister Capt. C.A.M.C.
A. Kenwood Capt. C.A.M.C.

Station

Approved [signature] Captain C.A.M.C., For A.D.M.S., Canadians, London Area.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Dated at Station 8 DEC 1917 191

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

CAN C... H.
LIVERPOOL.

Forms I. 1237 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	108135-98	Spr.	McInnis.	Neil
Year 1917	Unit. pth Canadian Railway Troops. C.E.F.		Age. 37	Service. 1y 12

Station and Date.

Disease Phthisis? Bronchitis + Pleurisy —

Kitchener — Enlisted June 16 1916 - Orchan Ontario

Military Hpl — Admitted 13 Sept 1916 -

26/9/17. — Civilian Occupation Factory Hand. Metal Polisher + Foreman.
Left for Kiw Depot.
Hms address Queens Avenue London Ont.

Complaints — Reported Sick 21-9-17.
"Sent to 89 Field Ambulance as suffering from Pleurisy. Has been spitting for several months + has changed breath sounds at both apices"
Sent to 63 C.C.S. 21-9-17 -
3 Canadian General Hospital Sept 22 1917.
Fever - Cough - Copious muco purulent Sputum with blood staining + containing tubercle bacilli in fair quantity. Apex - lower - border ; middle !! front implicated areas. Trace of Albumen in urine - From Field Medical Card.

Present Condition - On admission temp was 101 2/5 - Pulse 96.
Looks very thin + tired.
Inspection of Chest. Practically no expansion abdominal type of breathing - Whole chest flattened - Percussion - Some lack of resonance over upper part of Chest on both sides + over clavicles. Otherwise normal negative - Left side in axillary line + behind marked dulness - the result of an old Pleurisy + fair Pleural thickening

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

Station and Date.	
	Auscultation.
	Pleural Breath sounds much diminished in this same area - No adventitious sounds.
after expectoration over right apex - which mostly disappears on coughing	A very few muco purulent discharge (Tubercle)
	Has gained in weight steadily - has had practically no fever since after the first week or two - Is no longer sweating at night
	Weight on Sept 26th 8 stone 11 lbs.
	Oct 31 8 stone 13 1/2 lbs.
	Sputum Examination.
Bac pl	Impregnated Centrimes.
15.11.17	Transferred to No 16 Canadian Gen Hospital Orpington from Imperial Military Hospital Cairo
Thurs 4/18	Adm. to 3rd C.G. Hosp. Kirkdale from Orpington - ort. mil. Hosp.
	Patient thin & run down -
	Throat pharynx & tonsils & flattened ant. & post. Expansion limited.
	Rt Lung. Impairment & note from 1st Interspace to apex. Breath Sounds suppressed & slight tubular breathing - Friction rub at Base
	Left Lung. almost same signs as right apex.
	Sputum positive to TB.
9/11.4/18	Transferred to Convalescent
	J. P. Bildeau Capt RAMC

1644—15-6

y Form B. 18. 1.

CLINICAL CHART.

(To be pasted into Case Book opposite patient's case.)

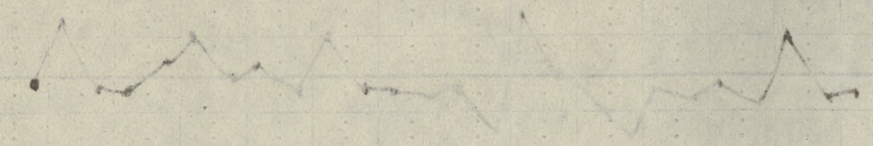
Corps C. E. F. Hospital Station Kilchenne Hosp

No. 108 1598 Rank and Name Spr. Mc Innis. N Age 37. Service 15/12.

Disease Date of Admission 26/9/17. Date of Discharge Result Case Book Folio

Dates of Observation	23	24	25	26	27	28.	29.	30	31.	1.	2.	3	4.	5.	6.	7	8.	9.	10.	11	12.	13.	14.	15	16.	17.	18.	19.	20	21.	22.
Days of Disease										Mar.																					
Temperature Fahrenheit — Time a.m. p.m.																															
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	90	92	90	90	96		94	92	96	90	90	90	88	94	90	86	92	92	90	86	92	92	94	96	86	92	96	92	90	92	92	96	96	84	96	92	95	96	92	100	90
Respirations per Minute	18.	20.	22.	20.	20		20.	18.	20	20	20.	20.	20.	20.	20.	20.	20.	18.	20	20.	20.	18.	22	18.	20	18.	22	18.	20	20.	20.	20.	20.	20.	20.	20.	20	20.	20.	24	20.
Motions																															

Signature Jimmie Sleight Capt In cha



1644—15-6

Army Form B. 18. 1.

CLINICAL CHART.

(To be pasted into Case Book opposite patient's case.)

Corps C. E. F. Hospital Station Kitchener Brighton

No. 10815 98 Rank and Name Spr. McInnis N. Age 37 Service 1 5/12

Disease Date of Admission 26/9/17 Date of Discharge Result Case Book Folio

Dates of Observation	26		27		28			29 Sept.	30	1 Oct.	2	3	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15	16	17.	18.	19.	20.	21.	22.
Days of Disease	Hosp. 6 p.m.	10 p.m. 6 a.m.	10 a.m. 2 p.m.	6 p.m. 10 p.m.	6 a.m. 10 a.m.	2 p.m.																								
Temperature Fahrenheit	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.	Time a.m. p.m.
107°																														
106°																														
105°																														
104°	admitted																													
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	96 104		110.	104	108.	100	88	90 108	92 80	92 96	96 92	92		100 116.	90. 108.	94. 92.	90. 100.	96	96	98	96. 100	98.	96	98	96	92	92	90	94. 96	92	80
Respirations per Minute	20		20	20	20	20	20											22	20.	20	22.	20.	20.	20.	20.	24.	20.	20.	20.	20.	20.
Motions																														

Pulse per Minute	90	82	90	90	90	74	94	92	90																					
Respirations per Minute	20	23	18.	18	20.	20	20																							

Signature J. Mounsel Skyler Ints Capt. In charge of case.