TRIPLICATE

ATTESTATION PAPER.

No. 1082238

No. 1 CONSTRUCTION BATT.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Mc Kay
1a. What are your Christian names? — Elvary
1b. What is your present address? — 9 Spring St., Amherst, N.S.
2. In what Town, Township or Parish, and in what Country were you born? — Amherst, N.S.
3. What is the name of your next-of kin? — Walter Mc Kay
4. What is the address of your next-of-kin? — 5. Albion St., Amherst, N.S.
4a. What is the relationship of your next-of-kin? — Brother
5. What is the date of your birth? — Mar. 9th, 1875
6. What is your Trade or Calling? — Painter
7. Are you married? — Single
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? If so, state particulars of former Service. — 93rd Bn., #1 Co., Amherst, N.S. 10 yrs.
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, Elvary Mc Kay, 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.

Elvary Mc Kay (Signature of Recruit)

Date Aug. 12th, 1916. Earle Russell West (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elvary Mc Kay, 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.

Elvary McKay (Signature of Recruit)

Date Aug. 12th, 1916. Earle Russell West (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 Valcartier Camp this 12th day of August 1916.

Thos. S. Lowden Major (Signature of Justice)

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

M. F. W. 23
750M—8-16
H. Q. 1772-39-941

Description of Elsary McKay on Enlistment.

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

Height ..... 5 ft. 10 ins.

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

Complexion Ruddy

Eyes Brown

Hair Grey

Religious denominations
- ~~Church of England~~
- Presbyterian X X
- ~~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 Aug. 18th, 1916.

Place Valcartier Camp, Que.

Chas P. Emard Capt AMC
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.

Elsary McKay 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.

18 T.R.L.

(Signature of Officer)

Date Aug. 18th, 1916.

O.C. No. 1 Construction Battalion C.E.F. Lt.-Colonel

REGIMENTAL DOCUMENTS

16-4-19 m&w

Pte. NAME McKAY ELEARY REGT. NO. 1082238 UNIT #1 Const Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		HC			Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				19589	DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Misc					
1	M.F.W. 3189					
1	M.F.W. 697					
1	Envel					
1	Card					
1	R.I.P.					

W 2589
100M-11-18
1772-39-1377

3.

No 1092238 RANK Pte. NAME McKay, Ellery

T. O. S. 12-8-16 UNIT 1st Construction Battalion
DD 108-18-8-16

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 12	Aug 31	V		
Sept		"		

Form R. 149.

Name McKAY. Rank Pte ~~Sgt.~~ Reg. No. 1082238

Unit ~~1st~~ C.M.R. C.A.M.C. 5th Gen. Hosp.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-4.	19 Sick ... St.		Debility	221		1724
27-4	12 (W.S.A.) Stop.	Rouen	do	2204		1022
1-5	To M.B. Depot	-do-	-do-	2208		1075-13
1918						
8 9	5 Can Gen.	Liverpool	Bronchitis	C 313		26636
29-12-18	Invd (5 Canada		"	C 414		6119

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

LEDGER NO. 1263 - 856 SERIAL NO. A41069

REG. NUMBER 1082234 NAME Mc Kay E

RANK Pte CORPS 1 Inst Bn (C.R.T.R.D)

AGE — SERVICE —

NAME OF HOSPITAL Lyne Hill Military PLACE Halifax

DATE OF ADMISSION 25. 1. 19

DISEASE Bronchitis. Debility

TRANSFERRED TO OTHER HOSPITALS #6 DD 7.3.19

OPERATION

DISCHARGED TO Duty 4 3 19. IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
1082238	Pte.	McKay Christian Names (1) Gleaney (2) ..... (3) J.	B3 Date 22.7.18	

Place of Enlistment:	Date of	Taken on strength from	Religion	Inoculations	Company
Scotch	12.8.16	1 CRD	C of E	3/8/16 22/8/16 28/8/16	3
Province: Que.	Age on	Date 25-6-18 ~~20-5-18~~	Pres.	Vaccination 23.8.16	25-6-18
Valcartier Camp.	18				

On Command	Hospital	Permanent Cadre	Employed as
Sent to Ambulance Transport Thamesville on leave a 21 day casualty.	Can. Canadian General Hospital Kirkdale Pinewood "Parkeholme"	Date taken on	
Date Proceeding 1.10.18	Date Admitted 9.9.18		

Record of Overseas Service:	Profession or Trade (Civil)
26-10-16 to 18-5-18 19 mos	Painter
Reason for Return:	Transferred or Posted to ..... Date .....

Married or Single Single

Address Next of Kin Brother
Walter McKay
5 Albert Street
Country Amherst N.S.

Well made

LEAVE.

No. of Pass Issued	From	To	Free Transportation
	No Record		

A.G. 10435.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
120-1	21-5-18	8.J			
140	20-5-18	82			
145	23-6-18	5 U			
[illegible]					
177	26. 6.18	S.I.			
179	28.6.18	S2			
140	29.6.18	S1			
188	7.9.18	HA			
203	1.10.18	S2			

SURNAME. McKay.

CHRISTIAN NAMES Cleary.

REGL. No. 1082238. RANK Pte.

UNIT No. 1. Construction. Bn.

FORMER CORPS 93rd. Bn. (10 yrs.)

6 CARD NO. 4

Kobilio 15-3-19.

M.M. & 6 DD

DD 72 - FOLL. 13-3-19

NEXT OF KIN.

NAMES IN FULL McKay, Walter.

RELATIONSHIP TO SOLDIER Brother.

ADDRESS 5 Albion St. Amherst. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Amherst. N.S. DATE Mar. 9th, 1875.

PLACE OF ATTESTATION Valcartier. P.Q. DATE Aug. 18th. 1916.

O/S. 12/9/16 552 8 29.

R/C 10-1-19 250 20 40 06

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Painter. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 40. YEARS Not stated. MONTHS

HEIGHT 5. FEET 10. INCHES

CHEST MEASUREMENT Not stated. INCHES EXPANSION Not stated INCHES

COMPLEXION Not stated. EYES Not stated. HAIR Not stated.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Aug. 18th. 1916.

Present Address. 9 Spring St. Amherst. N.S.

NAME Mc Kay, E.

REGT'L. No. 1082238

RANK AND CORPS Pte.

H. Q. FILE No. 649

/

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 201-1	19 Cas. Clg. Stn.	19-4-18	Debility. C.R.T.
a 204-2	12 Gen. Rouen	27-4-18	" "
a 208-2	Disch. " "	1-5-18	Debility (" " ")
G 313	#5 Can Gen Kirkdale	8-9-18	Bronchitis
G 414 (21)	Invalided to Canada	29-12-18	"

Number 1082238 Rank spr

Surname McKAY

Christian Name Eleary

Units Can Rly Tps Theatre of War France

Date of Service 25-10-16

Remarks

122140

Latest Address Amherst. N.S.

Roll No B. Page 9686.

200m.-2-21.M.

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.

*Name McKay, Eleary Rank Pte. Regtl. No. 1082238

Original unit C.R.T.D. Present unit C.R.T.D. M. or S. Age 43 Religion Pres Ref. H.Q. 74-Mc-969

Port, ship and date of arrival Halifax, Araguaya, 10-1-19

Next of kin Walter McKay, brother.

Address on leave Amherst, N.S.

Address on discharge "

Transportation issued Yes / No Date Character on discharge

Previous occupation painter Date and place of enlistment Valcartier, Camp, Aug. 12-16.

Diagnosis Date of Medical Boards

Date.	Remarks.		Pt. 2 Order No.
29-12-18	T.O.S. No. 6 District Depot.	DD DO	15
10-1-19	T.O.S. Hospital Section, Pine Hill	HS DO	16
10-3-19	Transferred to Casualty Company, 8-3-19.	HS DO.	69.

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

(over)

Date.	Remarks	Pt. 2 Order No
15319	DISCHARGED at Halifax, N. S	80 72

F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mc KAY	E.	1082238.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	CRT.1.	6. a. M. 6. 5 2.		

HOSPITAL	DATE OF ADMISSION
19 C.C.S.	19-4-18.

1. 12 Gen. Rouen — Hosp. 27-4-18
   5 6. G. Kirkdale — 8-9-18
2. — Hosp.
3. — Hosp.
4. — Hosp.

DIAGNOSIS

1. Debility. a.f.
2. Bronchitis a.f.
3.

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

DISPOSITION	DATE
CL. 30-4-18. A20L.	
3-5-18 a 204(2)	
8-5-18. a 208 r.	
10-9-18 b 313	
9.1.19 C 414 2	

REMARKS

Dis 1.5.18.

Invalided to Canada
29.12.18

J

EPITOME OF HOSPITAL TREATMENT

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

F[illegible]in only.—Unit, Number, Rank and Name.

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 1 CONSTRUCTION BATT.

Regimental No. 105777 Rank Pte Name ~~Kay~~ McKay C. E. F. Cleary

Enlisted (a) 12/8/16 Terms of Service (a) D.S.W. Service reckons from (a) 12/8/16

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) (Plumber)

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	12th Const Batt	Proceeded overseas		25/10/16.	Pt II D.O. 170 for O.C. J.H. Cross Capt. No. 1 CONSTRUCTION BN.
		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.			
24.11.17	1st CRT	Granted 14 days leave in U.K.		21.11.17	B213 Pt II D.O. 106 d/ 4.12.17
8.12.17	—	Rejd Unit	Field	6.12.17	B 213 Pt II D.O. 110-1917

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.

B2

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24.4.18	19 C.C.S.	Debility Adm	19 C.C.S.	19.4.18	A36/27010
27.4.18	~	~ To	41 A.T.	26.4.18	A36/27789
27.4.18	12 Gen. Hfl.	~ adm	12 Gen. Hfl.	27.4.18	W3034/27687
27.4.18	1 C.R.T.	~ To	19 C.C.S.	23.4.18	B 213
1.5.18	12 Gen. Hfl.	~ To	M.B. Rouen	1.5.18	W3034/28627
4.5.18	M.B. Depot Rouen	Arrived 1/5/18 B3 activity & chr. Rhm. To	Staples	4.5.18	3401/ R&R 210
6.5.18	C.G.B.D.	T.B. JOS	C.G.B.D.	5.5.18	NR 807
9.5.18	~	Aged. Myalgia. D.A.H. Classified U.S.F. by Med. Bd. ~		9.5.18	W3339/500 Pt II Do. 36 of 1918
18.5.18	~	Transferred to England "U.S.F." & posted to C.R.T. Depot, Purfleet, 18.5.18		18.5.18	NR 331/B.E. 1246 Pt II Do. 40 of 1918

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

WR2B2

21.5.18 Depot C.R.T. To Son 1059 from 1st C.R.T. Purfleet 20.5.18 Pt II 140.

for Lt.-Col. i/c Records. Lieut. O.M.F.C.

25.6.18 6 R.T.D. S.O.S. on transfer to C.A.M.C. Shorncliffe Purfleet 25.6.18 Pt II 145

Lieut. for

DEPOT CAN. RLY. TROOPS.

Army Form B. 103. Regimental Number 1082238

Casualty Form—Active Service.

Regiment or Corps CanadD

Rank Pte Surname McKay Christian Name Ebary

Religion C Age on Enlistment years months.

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)

or Corps Trade and Rate

Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			
26.6.18	CanadD.	Taken on Strength	Shiffe	20.6.18	Pay 177
29.6.18	" "	Left Base Liverpool	[illegible]	[illegible]	[illegible]
			[illegible]		[illegible] ADJUTANT.
			FOR OFFICER COMMANDING, C.A.M.C. DEPOT.		
29.6.18	No. 5 CANADIAN GENERAL HOSPITAL.	T.O.S. from C.A.M.C. Depot	Liverpool	28.6.18	PT. 2 DO. No. 140 29/6/1918
1.10.18	— do —	S.O.S. to C.A.M.C. Cas. Depot Shorncliffe on being 21 days Casualty	Liverpool	1.10.18	PT. 2 DO. No. 203 1/10/1918 MAJOR C.A.M.C. REGISTRAR, FOR O.C. No. 5 CANADIAN GENERAL HOSPITAL, LIVERPOOL.

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official document
Date	From whom received				
8.10.18	Convd Coy	T.O.S from 6 C.G.H as 21 days Con	S/Copl		Ht.D.O. 29
	Coy				
					Copl
					Convd Coy
29.12.18	O.Seas.	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT + posted to Hosp Sect.		1.1.19	D.O. 15 A.M. Ferguson ASST. ADJT. No. 6 DISTRICT DEPOT
8-3-19		Trans to Con. Coy.	Halifax	8-3-19	H.L.D.O. 69. J.A. Buchanan, Major. O.C. HOSPITAL SECTION No. 6 DISTRICT DEPOT
15/3/19	DISCHARGED at Halifax, N.S.	80/72	for		R.H. Thurston LIEUT O.C. DISCHARGE SECTION No. 6 DISTRICT DEPOT

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1082238 (Rank) Private.

Name (in full) Cleary McKay. enlisted in

the 42nd 1st Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Valcartier Camp on the 12th.

day of Aug. 1916.

HE served in France.

and is now discharged from the service by reason of

Medically unfit.

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

Age 44 years

Height 5 ft 10 in.

Complexion medium.

Eyes Brown

Hair Grey.

Marks or Scars

Nil.

Signature of Soldier

C W MacAlaney CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Issuing Officer

Rank

Appointment

Date of Discharge March 15. 1919

Signed at Halifax this 13th day of March 19 19

in Military District No. 6.

File Reference No.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

Officials on the permanent staff of the C.E.F. are not to be entitled to this certificate until completed.

R—122

LTR

Rank Pte. Name McKAY, Eleary Reg'l No. 1082238

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

Place and Date of Enlistment Valcartier Camp, 12th, Aug, 1916 Place of Birth Amherst, N.S.

Name and Address, Next-of-Kin Walter McKay.

5 Albion St, Amherst, N.S. Canada. Relationship Brother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Pte Character

N/E. R.B. No 4642
File R.L.
Category 1a U Can

H. W. & V., Ld.—7165-16.

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.
		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.	
21-5-18	Depot CRT.	To Son 2059 from 1st CRT. USF.	Sp Purfleet	20.5.18 O.C.	Pte 140 · 1st CRT Pt II 140 25/5/18
25-6-18.	Do	Son trans to CAMC Depot Shiffe	" Do	25-6-18	— 175 + camcp # 177 of 26-6-18.
29-6-18	5 C.G.H.	205. from camcp	Pte Liverpool	28-6-18	— 140 + camcp # 179 of 28-6-18
1-10-18	5th C.G.H.	S.O.S. to camc c.d.	Pte Liverpool	1-10-18	Pte II 2034 + 129 = 45 10/18 of camc c.d.
9.1.19	Kaml.	Invalided to Canada	Pte S Hffp	29.12.18	C.L.C. 414 Bronchitis
9.6.19	Camb c.c.	S.O.S. To Canada	Pte N W Witley	29.12.18	Do. P34.

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

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.					

MEDICAL HISTORY SHEET.

Surname MacKay *Christian Name* Pte Eleanor

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right. Left. / Number .....

When Vaccinated last .....

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

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

Approved by .....

Rank ..... M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Pine Hill		28	1	19	7	3	19	Debility	38	Improved Boarded B & E Discharged G 6 DD	D Drury Lieut

CASE HISTORY SHEET.

Pine Hill Hospital. Halifax Station

No. 1082235 Rank Pte Name Gleary MacKay Age

Unit 6DD Completed years of service [Where and how long]

Date of admission 28-1-19. Date of discharge MAR 7 1919

Diagnosis Debility Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

28-1-19. Has cough for last six months 50 yrs old.
Specialist examination of eyes. Supplied with glasses.

27-2-19. Exam by Dr Birt. Probably myocardial insufficiency of slight degree. Some slight small rounded emphysema.

Board 1-3-19.

FAMILY HISTORY Nil

(Tuberculosis, mental or nervous diseases.)

TREATMENT General Consul. ~~Extra~~

(Especially any specific or special form.)

CONDITION ON DISCHARGE Improved. Boarded 1-3-19 Cat E

(and disposal made of case.) Discharged to 6DD

Date 7-3-19

D Drury Lieut
Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

A43699

To be made out in duplicate. H.Q. 54-21-23-53

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 ...1082728.

(3) Full Name of Soldier ...McKay Edgar.

(4) Place of Birth ...Amherst N. S.

(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.

Walter McKay

Amherst N. S.

.....

(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.

A. Pelkman

Officer Commanding.

Date 4/16

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

COPy.

CASE HISTORY SHEET.

No. 1082238 Rank Pte. Name Eleary MacKay. Age

Unit 6 D.D. Completed years of service (Where and how long)

Date of admission 28-1-19. Date of discharge 7-3-19.

Diagnosis Debility. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

28-1-19. Has cough for last six months 50 yrs. old. Specialist's examination of eyes. Supplied with glasses.

27-2-19. Exam. by Dr. Birt. Probably myocardial insufficiency of slight degree. Some slight small celled emphysema.

Boarded 1 - 3 -19.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil.

TREATMENT

(Especially any specific or special form) General Conval.

CONDITION ON DISCHARGE,

(and disposal made of case.) Improved. Boarded 1-3-19 Cat.E. Discharged to 6 D.D.

Date 7-3-19.

D. Drury, Lieut.
Medical Officer i/c case.

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

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Amherst, N.S.

NAME AND ADDRESS OF NEXT OF KIN: Walter McKay
5 Albion St. Amherst, N.S.

RELATIONSHIP OF NEXT OF KIN: Brother

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. 1082238 RANK Pte NAME McKay, Elcay

IF IN PERMT. CORPS / WHAT UNIT — UNIT 1/61 Construction — TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Valcartier Camp. P.Q. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 12/8/16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY. MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

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
															46 20															46 20				Balance from Canada
Oct. 31	31	1.00	31	.	31	0.10	3	10							34 10	7	29/9	43	11/10					19 44	7	30		-	-	26 44	53	53			
Nov.	1-30	30	-	30	.	30	-	3	-						33 -			137	6/11						3	48		-	-	3 48	83	05			
Dec	1-31	31	"	31	.	31	"	3	10						34 10	186	23/11							5 23				-	-	5 23	111	92		50 -	
Jany	1-31	31	1.00 0.10	9 20 34	10.										34 10.	251	13/12							13 08				-	-	13 08	132	94		60 -	
Feb.	1-28	28	"	30	80										30 80	380 292	31/1 15/1							4 36 4 36						8 72	155	02		75	
Mar	1-31	31	"	34 200	10 20										34 246 40	10 445	15/2	505	21/3					8 72 55 22		8 72 19 56				17 44 74 72	171	68		90	
Apr	1-30	30	"	33	.										33.																204	08		105	
May	1-31	31	"	34	10.										34 10	34	24/4							8 72						8 72	230	06		120	
June	1-30	30	"	33	.										33.	72	25/5							8 93						8 93	254	13		135	
July	1-31	31	"	34	10										34 10																288	28		150	
Aug	1-31	31	"	34	10										34 10	152	25-6							8 92						8 92	313	41		165	
Sept	1-30	30	"	33	.										33.	190	25/7	259	25/8					8 92	8 92					17 84	328	57		180	

1082238 - Spr. McKay, E

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
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.															
1917 Sept 30	Balance b/fwd																	328 57	180															
Oct	P.P.				34 10													362 67																
					34 10														710															
									CP 14622	24/11/17				58 40																					
Nov	"				33 -				MR 373	25/9/17	1 CRT			8 92																				
									" 376	25-10-17	"			8 03																				
Dec.	"				34 10				CP 20193	3-12-17				29 20				32522	325																
1918					67 10									104 55																				
Jan	"				34 10				MR 415	25-11-17	1 CRT.			1 78																				
									" 2176	20-11-17	"			9 73																				
									" "	"	"			87 60				260 21																
					34 10									99 11																				
Feb.	"				30 80				" 601	20-1-18	"			8 03				282 98	255																
					30 80									8 03																				
Mar	"				34 10				" 679	20-2-18	"			8 03																				
														8 03																				
									" 786	20-3-18	"			8 03				301 02	270																
					34 10									16 06				301 02																
														16 06																				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– McKAY, Eleary

NUMBER:– 1082238

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:– 1st Construction Bn.

DATE ACCOUNT FIRST OPENED:–

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1 C.R.I.
D.O.M.G. 20/4/18	1/7/18	23/7/18	C.a.m.C.D.G.
		28/7/19	Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~29/11~~	~~4135~~	~~h'Pool £3.0.0~~	~~9/3~~			Ledger bal	4 ~~88~~ 97
						W.C. "	~~419~~ 21
							483 11

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10	– –	– –

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canada 1/1/19 auth. Kirkcaldy 29/11 21/9/81

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									301 02	270 –	
Mch 31	Balce Fwd										
Apl	P.P.	33		81 9CRT. 17/4	4 46						
				113 " 20/4	3 57				325 99		
		33			8 03						
May	"	34 10		1885 CSBD. 12/5 2	5 35						
				299 CRT.D. 29/5 10	7 30				344 44	300	
		34 10			17 65				380 14 60		
June	PP	33		475 " 8/6 2	9 73						
				1271 Camc D. 28/6 20	4 87				365 87	315	
		33			14 60				8		
July	PP	34 10							399 94		
				AR 8444. 15.7.18 S Clst mr 3.	4 86				351 27		
				9944. 29.7.18 do 11	9 73				341 54	330	
					58 40				37 S64		
Aug	P.P.	34 10							36 59 1		
		34 10		AR 1114 15.8.18 S Clst mS	9 73						
				1317 29.8.18 do 10	14 60				351 31	345	
					24 33				36 431		
Sep	P.P.	34 10									
		33 –		AR 1444. 16.9.18 S Clst mr 3	9 73				374 58	360	
					9 73				408 68		
Oct	PP	33									
		34 10		AR 1675 15.10.18 S Clst 15	4 87				403 81	375	
		34 10			4 87				436 81	390 –	
Nov	PP	33 –							458 74		
	Int on deferred Pay	1 93							49 364		
	Dec	34 10									
				AR 4135 29/11 " 29	9 73				483 11		
				4960 13/12 " End 59	4 87				478 24		
		89 03			14 60						

NUMBER 1082238 RANK NAME McKAY F LEARY.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

This space to be for numbers.

War Service Badge Issued
Class. A. No. 233852
a nw C 61563

M

Proceedings on Discharge.

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

MEDICAL DOCUMENTS FORWARDED TO
~~S. C. R.~~
B. P. C.
ON 8-4-19

No.	1082238
Rank	Private.
Surname	Mc Kay. Eleary.
Christian name	Eleary.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	No 1 Construction Bn.
Date of discharge	March 15. 1919.
Place of discharge	Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	44 years — months.
Height	5 feet 10 inches.
Complexion	Medium.
Eyes	Brown.
Hair	Grey.
Trade	Wood finisher.
Intended place of residence (To be given as fully as practicable.)	Amherst N.S.

Descriptive marks

Nil.

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

Medically unfit.

Authority for discharge.....

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.

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.)

K.C.D.
9-2-20 A.D.

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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. .....*(Signature of Soldier.)*

(Date) March 13th 1919 .....*(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) Halifax N.S

(Date) March 15. 1919

(Signature) .....

LIEUT. COL.

No. 6 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.)

Nil — Smoke

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Pine Hill Hfx. DATE Feb 28-19

1. 1 (a) Unit 6 DD (b) Regimental No. 1058238 (c) Rank Pte

(d) Surname Mc Kay (e) Christian name Eleany

(f) Home address Amherst

(g) Next of Kin Walter Mc Kay (h) Relationship Brother

(i) Address of Next of Kin Amherst, N. S.

2. Age last birthday 50 yrs Date of birth Mar 9th 1869

3. Enlistment, or Appointment (if an Officer) (a) Place Amherst (b) Date Aug 18-1916

4. Personal description:

(a) Height 5 ft 10. (b) Weight 136½ (stripped) (c) Complexion Medium

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

5. Former trade or occupation Hard Wood Finisher

MILITARY DISTRICT No. 6 HALIFAX, N. S. MAR 3 1919 Assistant Director Medical Services 57 M-32935

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days	Periods From	Periods To
			6 DD	
Canada	1st L.R.Y.		7-1-19	Date
			Aug 18-1916	Sept 16-1916
			June 1915	Dec 1915
England	1st L.R.Y.		Sept 1916	Oct 25-1916
France or other theatres of War	1st L.R.Y.		Oct 25-1916	June 1918.

7. Original disease, or injury General Debility

(a) Date of origin June 1918 (b) Place of origin France

(c) Cause General Service Conditions

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Moderate weakness and moderate dyspnoea on exertion.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Is almost 51 yrs old and looks older. Is anaemic. Muscle flabby. Chest Exam. Epiration seems prolonged over right apex. No rales or dullness.

Heart: apex in fifth interspace inside nipple line ½ inch. Pulse 88 at rest. 120 on body bend 10 times returning to 96 in five minutes. Moderate dyspnoea.

B.P. 128 S. 104 D. Sounds are weak.

Exam by Dr Bat 27-2-19

Probably myocardial insufficiency of slight degree. Some small celled Emphysema. Board E.

Complains of general weakness and shortness of breath. Can walk three miles without difficulty. Gets short of breath on going upstairs or on climbing hill at an ordinary rate.

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

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses Yes. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

Eyes. See specialists report attached.

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

Was in good health previous to enlistement. Had Scarlet Fever previous to enlistment. No complications. No history of T.B. in family. Was in France 19 mos.

In March 1918 was in hospital in France for two weeks. Returned to duty and carried on until Sept 9/18. when he was admitted to hospital with Bronchitis and debility. Was boarded on Nov 22-18. and had not improved much at that time. Was invalided to Canada arriving Jan 7-19. Admitted to Pine Hill Jan 28-19. Has improved constantly since returning to Canada. Has worked slightly ~~enough~~ more.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Scarlet Fever 20 years ago. about 8 weeks ill
No complications

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

nil

11.—(*a*) Did the disabling condition have its origin before enlistment? No

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

N.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 12 mos

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital in England & Canada

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

No.

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

17. Recommendations

Cat E

D.D. Surg Lieut a m c
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, [illegible] have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

[illegible]

[illegible] Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

8. Orbicularis of moderate degree with moderate dyspnoea on exertion
9. Pulse Sitting 96 after body bending 16 times in half minute 132 pf recovered to former rate in ~~3~~ three minutes. Exercise caused slight dyspnoea. Breath sounds extend to 1/2 inch inside nipple line. Can walk at a good pace for 2 or 3 miles without discomfort. Walking up hill causes dyspnoea. There is slight impairment of resonance at right apex with prolonged expiration & bronchial character. Has a slight cough in the morning with scanty expectoration. Has good appetite. States he feels fairly well. Weight 161 lbs undressed. BP 116 - 64. axilla Temp 99-5° 4.30 pm.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

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

A A Schaffner Lt Col AMC — President.
R F O'Brien Capt AMC — Members

PLACE Halifax NS
DATE 1-3-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....
DATE..... } Members

APPROVED BY — *Assistant Director of Medical Services.*
DATE 5-3-19

APPROVED BY — *Director-General of Medical Services.*
DATE.....

P.878. Extract D.O. No. 69. Unit. ~~C.R.T.R.D~~ Date.

Reg. No.	Rank	Name
1082238	PTE.	MCKAY E. Canada

Struck off Strength of O.M.E. of C. on transfer to C.E.F. Canada 7.2.26

29-12-18 Acted on

Ledger Ck.

Copied by_____ Checked_____ Date_____

Dis P. H. AUDITOR PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 1082238 RANK Pte NAME (IN FULL) Mc Kay C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S		Do 15

ORIGINAL UNIT C.E.F. C. R. T. D. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Amherst N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Ft. N.S. DATE 15.3.19 REASON Med unfit AUTHORITY Do 42 IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
					423	24											123/85	31/1/19																	Gen. Bal. L.P.C.
Jan.	31	1.10	34	10	11	20			468	54							468	49							05						468	54					Subs 13/1/19 to 25/1/19 Do 73
Feb.	28	1.10	30	80					30	80							16993 30	80													30	80					
Mar	15	1.10	16	50	35				51	50							18962 51	50													51	50					Clothing Allce
																	18963 70														70		70			War Gratuity
	133 days				WSG 350	00	Sa nil		350	00	War Service Gratuity						WSG 70	00	Sa												350	00					Soldier Dependent 19
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									350	00							350	00													350	00					

All payments made

H.C. Allum Lt

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	