

TRIPLICATE

ATTESTATION PAPER.

No. 2162312

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McKay
- 1a. What are your Christian names? Harry Clarence
- 1b. What is your present address? Nappan Station, Nova Scotia.
2. In what Town, Township or Parish, and in what Country were you born? Nappan Station, Nova Scotia.
3. What is the name of your next-of-kin? Clarence McKay
4. What is the address of your next-of-kin? Nappan Station, Nova Scotia
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? July 16th, 1897.
6. What is your Trade or Calling? Machinist
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date August 7th, 191 7 Harry C McKay (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Clarence McKay, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date August 7th 191 7 Harry C McKay (Signature of Recruit)
[Signature] (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 Shoreham this 7th day of August 191 7.
[Signature] (Signature of Justice)

Description of _____ on Enlistment,

Harry Clarence McKay

Apparent Age.....years.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Weight - 150 lb.

Height.....ft.....ins.

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

Complexion.....

Eyes.....

Hair.....

(Church of England.....

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....

(Denomination to be stated.)

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....for the Canadian Over-Seas Expeditionary Force.

Date.....191.....

Place.....

*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.

.....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.

.....
.....(Signature of Officer)

Date.....191.....O.C. Canadian Reserve Cyclist Company.

REGIMENTAL DOCUMENTS

NAME *McKAY* HARRY CHARENCE

REGT. NO. 2162312

UNIT G.B.C.C.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

4-3-1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

4 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

5-2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 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)

12 mis

1 Discharge

1 R 149

1 0491237

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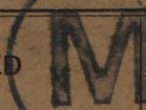
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DEATH

Category

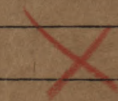
DISCHARGE

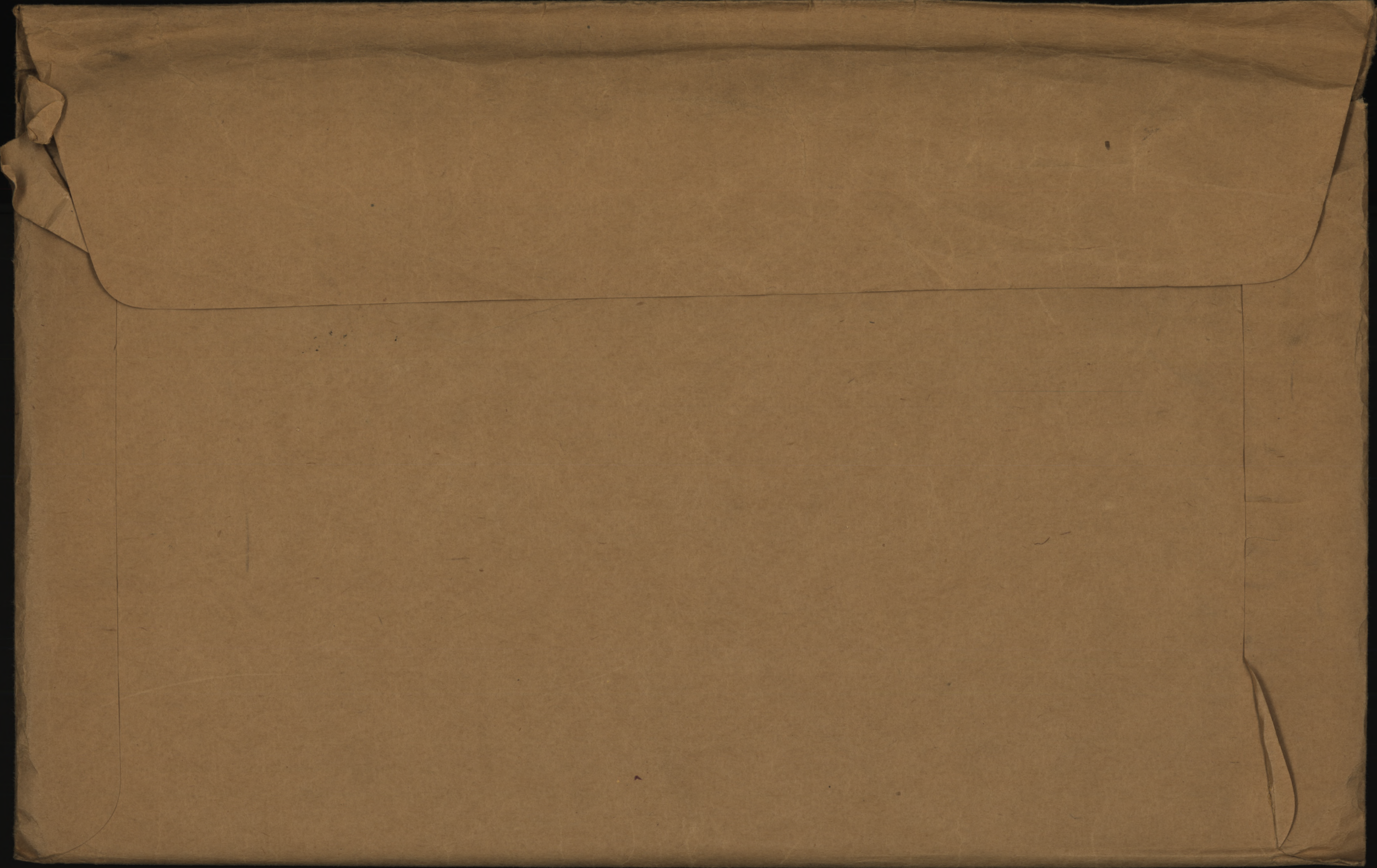
Category

Dermal

19740

DESERTION

3
1-21
1-21



Henry Clarence

Name

MCKAY

Rank

gtc

Reg. No. 2162312

Unit

CHSC. R. & D.D.

commg mico

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-18						
31-3	Can. 24. Etchingshill	Lynnise	N.Y.D. "Q"	C176		15326
27-4	accepted Diagnosis as:	(3-4-18)	N.Y.D. "S"	C199		1129
9-5	Discharged	THM. d.	d.	C210		4060
8-11-18	6 Car Clg Stn		Inj Radium	A390		39426
			R. (acc)			
13-11-18	22 Gen Bk.	Camier	Cost Radium	A307		5691-10
			R. acc.			
29-11	Horton Co. 1st Lon War H	E noon	do	B377		2161
22-1	mil (Con) H.	E noon.	do	B377		5480
24-2	Discharged			B445		2000
3-17	ball 100 Gen Wiley					2740

[illegible]

Reg. No. 2162312.

Next of Kin

Unverified.

[illegible]

[illegible]

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

Form D M.S. 1317.25M-11430-17-3-17.
HOSPITAL.

A. D. No. 28328 Ward 18-21

Unit 18 Res Bn Sick or Wounded. yes

Regtl. No. 2162312 Pl. of Act'n _____

Rank Pte Name McKay Harry

Age 19 Religion meth.

Service Compl'd 4/12 Time with Field Force _____

Diagnosis Insilitis

Admitted June 9/17 Discharged 22.6.17 To Duty

Transferred _____

Record further remarks on back.

Halifax

no.

no

10³⁰



NAME

M^cKay

H.C.

REGT. NO.

2162312

RANK AND UNIT

Pte.

C. A. S. C.

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q. 380⁽¹⁾

6 C. C. S.

8-11-18

Inj. Radium Acc R.

Q. 381⁽²⁾

22 Gen. Caniers

13-11-18

Cont. R. u

B. 377⁽¹⁾

Hinton Co. of London War.

29-11-18

" u " "

B. 414⁽²⁾

Epsom.

to Mrs. Cow. W. Cote

22-1-19

" u " "

P.K. Epsom

B. H. H. 5⁽²⁾

Discharged

24-2-19

Cont. R. Radium acc.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L No.

H. Q. FILE NO. 649.

FOLLOWS

NO.

FOLLOWS

E

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

76 Moore Bks. Can. Thorn 10-6-17 Gonorrhea
 85 " " " " 22-6-17

a 176-2 Can. Etchinghill Pyrexia 31-3-18 V.D. S. upper limb "C 199"
 B 182 Milbourn Woodcote Ch. Groom Trench fever.
 Dis 24-4-18

C 210-1 Can. Etchinghill Pyrexia " V.D.S. (C.A.S.C.)
 Dis 9-5-18

No. 2162317 RANK Pte.

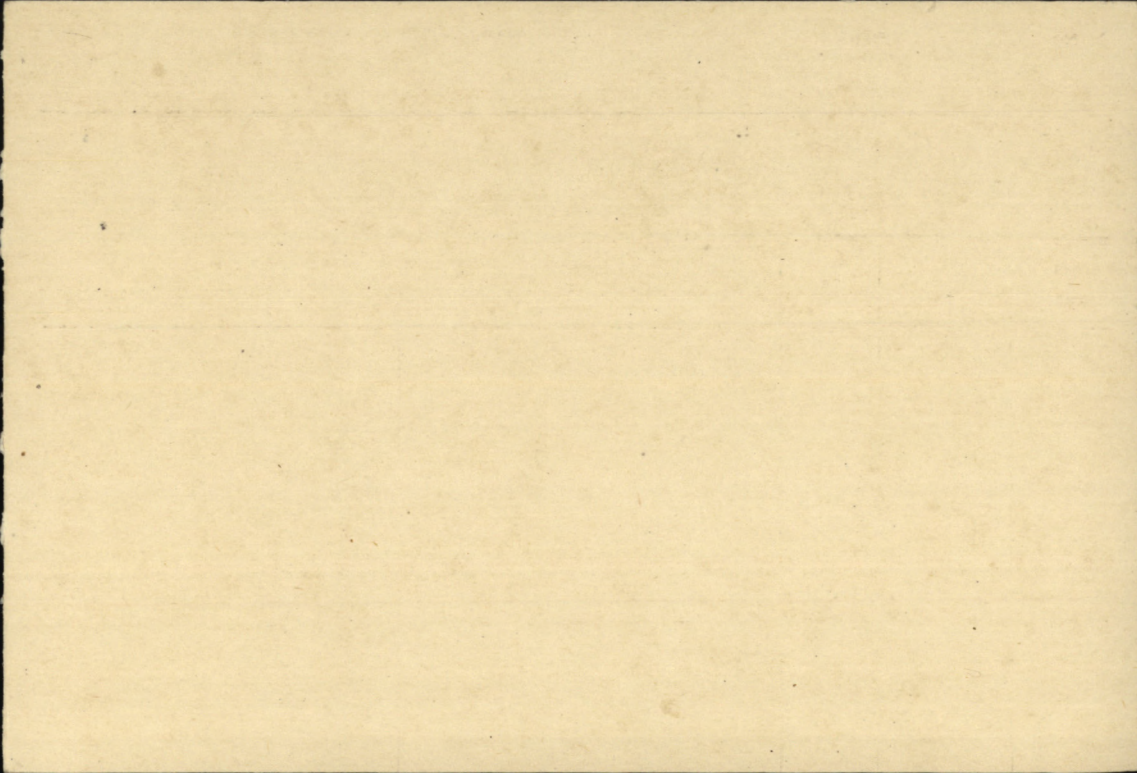
NAME McKay, Harry.

T. O. S.

UNIT Cyclist Platoon.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb 5 March	1917 Feb 28	 ✓ ✓		



No 216.2312

RANK

Plt.

NAME

Mc Kay,

H

T. O. S.

UNIT

Campaseta Battalion

M. D.

6

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1917
May 11917
May 15

n

cyclists, C E 7.
paid for pay 15-4-17
transferred unit 01515-5-17DO 126 of 28-5-17
H 127 of 29-5-17



MD
Number

2162312

Rank

Pte

Surname

McKAY

Christian Name

Harry Clarence

Units

C.A.S.C

Theatre of War

France

Date of Service

22/6/18

Remarks

Latest Address

Napier Station G.P.O.
N.S.W.

Roll No

B Page 9633

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.

Surname **McKay.** Christian Name or Names **H.** Reg. No. **2162312.**

Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

Pte. 18th. Res. **C.A.S.C. depot.** Date of Admission _____
Hospital _____

Moore Dks. Transferred **Etchingham Can.** Hosp. **10-6-17.**
31.3.18

6 Cas. Clearing Station Hosp. **8-11-18.**

22 Gen. Hosp. Camiers Hosp. **13-11-18**

Horton Co. of Low. Epsom. Hosp. **29-11-18**

Diagnosis **Tonsillitis.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Ing. Radium Acc Rt. h.
(Cont.)

DISPOSITION

Date

C.L. 18-6-17. 76.

REMARKS

Dis 22.6.17
Arrest 9.5.18.
" 24-2-19

29.6.17 85,
3.4.18 C175(2)

30.4.18 6199,

13.5.18 6710-

Hsp note C.L. 176
now ascertained
to be O.D.S.

26-11-18 A3801

27-11-18 A381

6-12-18 B3770

24-1-19 B414²

1.3.19 B445²

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

Mrs Cn Woodcock

22-1-19

2.

3.

4.

5.

6.

7.

War Service Badge

CANADIAN EXPEDITIONARY FORCE

Class A, No. 179594

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2162312 (Rank) Pte

Name (in full) McKay, Harry Clarence enlisted in
the Can. Exp. Bde. Coy.

CANADIAN EXPEDITIONARY FORCE at Halifax on the 5th

day of February 1917

HE served in France (C.M.M.G.C.)

Canada, England & France.

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 21 Yrs.

Height 5' 6 1/2"

Complexion Dark

Eyes Brown

Hair Dark Brown

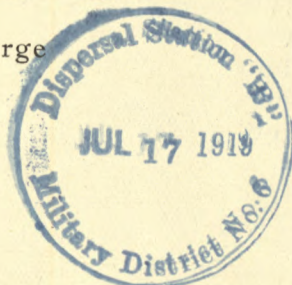
H C McKay

Signature of Soldier.

Marks or Scars

Nil

Date of Discharge



J. C. Bellway
J. C. Dispersal Station "B"
Issuing Officer.

Rank

HALIFAX, N.S. JUL 9 1919

Date 19.....

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.

AUTHORIZED TO WEAR

One

WOUNDED STRIPES

WOUNDED STRIPES

Secret

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge; or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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..... *Canadian Res. Cyclist Coy.*
~~CYCLIST PLATOON~~
C. E. F.

(2) Regimental Number..... *2162312*

(3) Full Name of Soldier..... *Harry McKay*

(4) Place of Birth..... *Nappan N.S.*

(5) Are you married, or not?..... *No*

(6) If married, state,
(a) Full name of your wife..... *No*

(b) Present Postal Address..... *Nappan Station, N.S.*
~~Nappan Station, N.S.~~

(7) Are you a widower?..... *No*

(8) Have you any children?..... *No*

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

Also their names and ages..... ✓

..... ✓

..... ✓

..... ✓

(9) Is your Father alive?.....*Yes*.....
If so, state name and address.....*Clarence McKay, Nappan Str NS*.....

(10) Is your Mother alive?.....*Yes*.....
If so, state name and address.....*Celia McKay, Nappan Str NS*.....

(11) If your Mother is a widow.....*Yes*.....
Are you her sole support, or not?.....*No*.....

(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.

Clarence McKay Nappan Str NS

(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?.....~~Yes~~ *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.....**FEB 16 1917**.....

.....
Officer Commanding.

X. J. Freeman

O. C. CYCLIST PLATOON C. E. F.

LIEUT

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Mc RAY Harry Clarence
 REGIMENT Wing 666 RANK Pte No. 2162312
 Date of Examination in England 20-6-19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

8, 9, 10, 11, 19

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada

(b) In England Yes

(c) In France

Signature of Dental Officer

J. Ross

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

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

No. 216231x Rank DVR Surname McKAY
(Given name in full)
HENRY CHARENCE
Unit or Corps CASC Birthplace NAPPAN N.S. CANADA

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

I. GENERAL DESCRIPTION:

Physique Good Weight 154 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition Good
Pulse Normal Regular
Condition of arteries Normal
Vision Rt. Normal Left Normal
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

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

Scar L shoulder.
L elbow, deformed.

Opinion as to general health and physical condition Fit

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System Yes Respiratory System No
Disturbance of Mentality No Muscular System No Digestive System No
Osseous and Joint System Yes Any other general condition No

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

Moose Barracks Hosp. Moncton N.B. 9-6-17 - 22-6-17 Diphtheria.
Canadian Hosp Ettinghell 30-3-18 - 8-5-18 Generalized Syphilis
Horton War Hosp Epsom 28-11-18 - 21-1-19 Fractured Radius
do (acc)
do (Comm)
M.C.H. Epsom 21-1-19
Fracture healed? heart & lungs negative
no evidence of disability fit for A.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at McKeesport (Overseas)

Date 17-2-19 Signed G. J. Lange M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature H. J. Lange

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

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

Fill 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. CANADIAN RESERVE CYCLIST COMPANY.

Regimental No. 2162312 Rank Pte. Name McKay, Harry Clarence.

C. E. F.

Enlisted (a) 7-8-17 Terms of Service (a) Duration of War Service reckons from (a) 5/2/17. 7-8-17

Date of promotion to present rank } 5/2/17 Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Driver

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				
THIS MAN WAS ORIGINALLY ATTESTED AT HALIFAX, N. S. CANADA, BUT HIS DOCUMENTS BEING UNAVAILABLE HE WAS RE-ATTESTED ON AUGUST 7TH, 1917.					
30-6-17	O.C. CAN. RES. CYC. COMPANY.	Taken on Strength from 18th Can. Res. Battn.	Chiseldon	25/6/17	D.O. Part 2, No. 156 ✓
Aug 30/17	O.C. Chiff.	L.O.S. taken Depot Shorecliffe	Shoreham	24/8/17	D.O. Part 2 - 207 ✓
Aug 31/17	O.C. Chiff.	attached to Can. Res. Cyc. Coy. from Gen. Depot.	Shoreham	24/8/17	D.O. Part 2 - 208 ✓
Oct 30/17	O.C. Can Res. Cyc Coy	Closes to be attached to this unit	Seaford	30/10/17	D.O. Part II 23 ✓
H. Leadmillie CAPTAIN					
3.1.10.17	do	Rejoins Gen Depot	Shiff	30.10.17	PA II, No 200 31.10.17 ✓
6.11.17	Gen Depot	So Strains back duty depot		6.11.17	PA II, No 205 6.11.17 ✓
H. H. Brighton Lt Col Gen Depot Halifax					

(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				
7 NOV 1917	O.C., C.A.S.C.B.D.	Taken on strength of C.A.S.C.B.D. from Gen. Depot	Shorncliffe.	NOV 6 1917	PART II. ORDER No. 59 ✓
20-4-18	CASE R.D.D.	T.O.S to case Corp Depot	S. cliffs	20-4-18	Part II 93 ✓ Dr. in Barrow for case R.D.D.
22-4-18.	CASE. CD	T.O.S from CASE. R.D.D as a patient in Hospital	S. cliffs	20-4-18	PII N2 ✓
18-5-18	"	S.O.S to CASE. R.D.D on discharge from Hospital	"	9-5-18	PII 136 ✓ Allen Lorne for case CD
21.5.18	CASE R.D.D	TOS from CASE R.D.D	SHORNCIFFE.	9.5.18	Part II 110 ✓
21 JUL 1918	O.C., C.A.S.C.	On draft overseas to C.A.S.C.	Shorncliffe.	JUNE 23 1918	KH3094 PART II. ORDER No. 163 Wols Wilson Lt for O.C., C.A.S.C.
29-8-17	Gen. Depot.	T.O.S. from Res. Cyclists.	S. cliffs	24-8-17	PII - 148
30-8-17	"	on "Com. Reg. lists.	"	24-8-17	" " 149
Having arrived from England as Reinforcement is taken on the strength of C.M.M. & M.J. Coy			Field		
			FOR LT. COL. I/C RECORDS. C.O.M.F. 24/6/18 KH31394 KH(S) 290-286-1 PIO 25 d 1-9-18		

CORRECTED
 JUL 1918
 CAN. RECORDS LONDON

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—L
Part I.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/s

HWV(R1460)

3/19 100,000

P2151

W10416—

(1)*Substantive rank *Acting rank (To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper }		
(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended {	(23) Re-engaged {
(24) Miscellaneous entries:—	

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 4.0 of 1917). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Case

M'KAY, Harry Clarence

2162312

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
30.6.17	Res Cye		T.O.S from 18 Res Bn	Chickham	25.6.17	Plt 156
29.8.17	H. B. B. B.		T.O.S from Res Cye	S. Cliffe	24.8.17	148 + Res Cye 20.2.07 30.8.17
30.8.17	"		On Comm Res Cye	"	24.8.17	149 + 208 31.8.17 Res Cye
31.10.17	B. B. B.		Ceases to be att'd. Res Cye	"	30.10.17	200 + 232 31.10.17 Res Cye
6.11.17	"		S.O.S on transfer to Case S. Cliffe	"	6.11.17	205 + 20.5.17 7.11.17 Case B.D.
22.4.18	Case C.D.		T.O.S from Case R.D.D.	"	20.4.18	112 + 93 20.4.18 Case R.D.D.
10.5.18	"		T.O.S from Case C.D.	"	9.5.18	110 + 136 18.5.18 Case C.D.
15.7.18	Case		S.O.S on proceeding of case	"	22.6.18	163
1.9.18	Comm Bn		T.O.S on arrival from England	Field	24.6.18	25
5.12.18	"		Inv. S.O.S to Case C.D.	"	27.11.18	60 + 309 10.12.18 Case C.D.
11.4.19	Case C.D.		S.O.S to Case B.D.	Witley	10.4.19	87
S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada			Certified true copy.			
1919, D.O. No. 32						
for Officer Commanding						
EMBKD. SOUTHAMPTON 2.7.19						
ARR HALIFAX JULY 8 19						

Nothing to be written in this margin.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Can. Res. Cyclist Coy. Regimental Number 21623/2

*Substantive Rank _____ Surname M^e Hay Christian Names Harry Clarence

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
30.6.17	Res. Cyclists	PF 156	TOS from 18 Res. Bn.	Chiseldon	25.6.17	
29.8.17	H.Q. Gen. Dep.	- 148	TOS from Res. Cyclists	Stiff	24.8.17	
30.8.17	Res. Cyclists	- 207	SOS to H.Q. Gen. Dep.	"	24.8.17	
30.8.17	"	- 149	On com Res. Cyclists	"	24.8.17	
31.10.17	Gen. Dep.	- 205	Leave to Reatt. Coy.	"	30.10.17	
6.11.17	"	- 205	SOS to case Stiff	"	6.11.17	
7.11.17	Casced	- 59	TOS.	"	6.11.17	
22.4.18	Casced	- 112	TOS from Casced	"	20.4.18	
20.4.18	Casced	- 93	SOS to Casced.	"	20.4.18	
10.5.18	"	- 110	TOS from Casced.	"	9.5.18	
18.5.18	Casced	- 136	SOS to case Rydd	"	9.5.18	
15.7.18	Casced	- 163	SOS in proceed Deso.	"	27.6.18	
1.9.18	CMN MTCY	- 25	TOS on arrival from Eng. Field		24.6.18	
5.12.18	"	- 60	Inv. & SOS to Casced.		27.4.18	
10.12.18	Casced	- 309	TOS.	Riden	27.4.18	

For the Chief Record Officer

To be folded on this line.

Nothing to be written in this margin.

At 1834 W. 6425—P1600 500, 00 10.18 G.W.P. Co. 3973.

[illegible]

Casualty Form - Active Service.

Regimental Number.....

Regiment or Corps *C.A.S.C.*Rank *Pte.* Surname *McKay* Christian Name *H.C.*

Religion..... 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.....

Occupation..... Signature of Officer.....

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 documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
9-11-18	1 st C.M. 46 Bde	To F.A. sick (sprained wrist)		9-11-18	B213
12-11-18	6 C.C.S.	Contusion Arm L. (accid) admission	To 10 P.T.	12-11-18	
13-11-18	22 Gen. Hosp.	Acc. Contusion R. Wrist M. admitted		9-11-18	A36 A2133
16-11-18	Wrist	Sick to hospital		13-11-18	W3034 W2000
10-11-18	13 C.F.A.	Inj. Radius R. Frac. admtd & stld to 6 C.C.S.		9-11-18	B213a
10-11-18	6 C.C.S.	Inj. acc Radius R. admitted		9-11-18	A1893, W5910
27.11.18	22 Gen. Hosp.	Contusion R. Wrist M. (accid) "6 Hosp. ship		9-11-18	A2140-19 6587
27.11.18	do.	Invalided (accid. injured) per A.T. St. Denis		27.11.18	W3419 198011
		& posted to C.A.S.C. Corp.			W3083-6550
		Depot Borden			P. 11. O. 60 5.12.18.
		Chas. R. Maxwell		27.11.18	

(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.

W. 8635 - M2733 200010 917 (3561) C. P. & S. Ltd., Form B. 103, E/1897.

Canadian Section, G. H. Q. 3rd Echelon, B. E. P.

Report		Place of Casualty	Date of Casualty	Remarks
Date	From whom received			
10.12.18	Casces	Ino. & T.O.S. from CM. mgmt Co	Borden 27.11.18	D.O. 309
11.4.19	Casce CD	To O from Casce Borden	Wiley 11.4.19	#87
11.4.19	"	Sold to D Depot	" 10.4.19	II 87
14.7.19	C/S	T. O. S. No. 6 D. D. from and posted	Disch Sta 'B' 2.7.19	185
14.7.19		Sold on Discharge	14.7.19	" 185

I.D. Rank Name McKAY, Harry Clarence. Reg'l No. 2162312.
Unit Can. Res. Cyclist Coy. If in perm. Corps, }
What Unit? } Married or Single Single.
Place and Date of Enlistment Shoreham, August 7th 1917. Place of Birth Nappan Station
Nova Scotia.
Name and Address, Next-of-Kin Clarence McKay,
Nappan Station, Nova Scotia. Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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.				
30.6.17	Res Cyclists TOS from 18th Res Bn	Pte	Chisleton	25.6.17	Pt D 156
29.8.17	Gen Depot TOS from Res Cyclists	"	S'cliffe	24.8.17	— 148 Res Cye 207 d/30/17
30.8.17	" on Com Res Cyclists	"	"	24.8.17	— 149
31.8.17	Res Cyclists Att for Gen Depot	"	S'ham	24.8.17	— 208
31.10.17	Gen Depot Cases to be att/Res Cye	"	S'cliffe	30.10.17	— 200 Res Cye P. 2232/31/17
6-11-17	" " S.O.S. on transfer Case, S'cliffe	"	"	6-11-17	— 205 case 307 P. 594/7/17
22-4-18	casecd. TOS from case R & D	"	"	20-4-18	— 112
20.4.18	casecd. S.O.S. to casecd.	"	"	20.4.18	— 93
10.5.18	" " TOS from casecd	"	"	9.5.18	— 110
18.5.18	C.A.S.C. S.O.S. to C.A.S.C. R & D. depot	"	"	9.5.18	— 136

March 11

Mckay H.C. 2162312

APR 13 1918
30 JUL 1918

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.
15-7-18	C ASC.	SO S on proceed Peas	Schiffe Pt.	22-6-18	6463.
26-8-18	" "	It is 163 amended to read after date 22-6-18.			- 198.
1-9-18	C. M. W. T. G.	T. O. S. on arrival from Eng	Field	24-6-18	- 25
5-12-18	Immunization Invt. and So to Case CD.			27-11-18	R.D. 60480.309 d/10/12/18 ¹⁰⁵¹⁰⁸ Rider
11-4-19	CASC. CH	Los to CASC. D. W. W. W. W. W.	Witley	10-4-19	" 87
6-6-19	CASCCD	TOS.		4-6-19	50135.
9-6-19	" "	Los to "g" Wing To Canada.		6-6-19	50137, 50264/10/19 J. W. W. W.
5-7-19	J. W. W. W.	S.O.S. to Canada		2-7-19	97- B-35.
				2-7-19	0032.

MEDICAL CASE SHEET.

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

Station
and Date.

Station
and Date.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Aug 13th 1917

No. 167312 Rank. Capt Name. McKay - H C

Local Unit. Capt. Platoon Overseas Unit. Age. 34

Examination held at Shoreham

DISABILITY.
Overseas—Local
(scratch one out).

OLD INJURY to left Arm.

PRESENT CONDITION.

This man has been injured one year ago, previous to enlistment. There is now marked deformity of the arm. Cannot handle a rifle. General condition otherwise fair.

BOARD RECOMMENDS:—

B II

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

Signatures:—

Members

W. J. Whelan Capt President.
H. C. McKay Capt

APPROVED

Dated SHOREHAM 24 AUG 1917 1917.

Douglas H. Gray
For A.D.M.S.
D.A.D.M.S. CANADIANS,
SHOREHAM-BY-SEA

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

Name _____

Local Unit _____

Examination held at _____

DISABILITY
Overseas-Local

PRESIDENT'S CONDITION

BOARD RECOMMENDS

1. Fit for Duty
2. Fit for duty after _____ weeks physical training
3. Fit for Temporary Base Duty _____ Weeks
4. Fit for Permanent Base Duty
5. Discharged

Signatures

President

Members

APPROVED

Dated _____ 1917

For A.D.M.S.

(To be attached to Case Sheet.)

Military Hospital MOORE BARRACKS.

CANADIAN H

SHORNLIFFE

No.

Rank and Name

Age 17

Service

Result

Disease

Date of admission

Date of discharge

Dates of
Observation

Days of Disease

Temperature
Fahrenheit

107°

106°

105^c

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per minute

Respirations per Minute

Motions per 24
Hours

(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181. (373)

Signature

—In charge of case.

Canadian Hospital,
Etchinghill,
Lyminge.

May 7th 1918.

To:- Officer Commanding,

C. G. S. C.

No. 2162312

Name. McKAY

Dates. _____

May 13th

May 20th

June 3rd

June 10th

Blood Test June 17th

The marginally named is at present not infectious. To complete his cure, it is essential that he report here for further treatment on the marginally noted dates.

To efficiently and safely give the remaining (606 treatment), the patient should have 24 hours light duty after each injection. If reaction is severe 48 hours. If 7 days after his blood test, he is not recalled by us, his Wassermann can be marked Negative.

In case the marginally named reports to another Hospital for the completion of his treatment A.F.I. 1238 will be forwarded on application to this Hospital.

W. H. H. H.

Captain, C.A.M.C.,
for Officer Cmdg.,
Canadian Hospital,
Etchinghill.

Canadian Hospital,
St. John's,
Nfld.

1918.

To: Officer Commanding.

The marginally named is at present not
infectious. To complete his cure, it is essential
that he report here for further treatment in the
marginally noted cases.
To officially and safely give the
remaining (600 treatment), the patient should
be kept light duty after each injection. If
reaction is severe 48 hours. If 7 days after the
blood test, he is not recalled by us, his
treatment can be marked negative.
In case the marginally named reports to
another Hospital for the completion of his
treatment A.T. 1.1238 will be forwarded as
application to this Hospital.

Captain, C.A.M.C.,
For Officer Commanding,
Canadian Hospital,
St. John's.

No. _____
Name _____
Dates _____

Blood Test _____

Hospital. *Exeter*Ward. *J.*No. of Bed *16*Date *27.11.18*

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<i>2162312</i>	<i>Dr. Lt. Col. H. B.</i>	<i>1st Gen. Hosp. Lt. Col. H. B.</i>	<i>R. Fore. Arm.</i>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

? f? Radius.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate *10868*

The lower end of Radius
has been fractured
in the epiphyseal line
fragments hardly
disturbed

D.F.

Signature of M.O. _____

Date _____

Signature of Radiographer _____

Date *20.11.18*

Special Venereal Form.

C.A.S.C. Medical Office
Shorncliffe, / /
Ref. File.

Unit.			
Sect.			
Reg. No. 2162012	Where Exposed. <i>Folkestone</i>	Date. <i>Mar. 14/17</i>	Preventive. <i>Yes Salomettubes</i>
Rank. <i>Pte.</i>	General Remarks.		
Name. <i>McKay H.C.</i>	<i>Machine Folkestone N.Y.D. 4404 J.W.K. Falls.</i>		
Age. <i>20.</i>			
Service. <i>12/12.</i>			
Religion. <i>Method.</i>			
Category. <i>B+</i>			
Diag. <i>NYP</i>			

ECG. 31/5/17.
L.A.B.

Capt. C.A.M.C.
H.O. C.A.S.C. .D.

1850

1850

1850

1850

1850

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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CTIONS. &c.

EFFECTIVE DATE	AUTHORITY

REG'L. No. 2162312 RANK

NAME

McKay Harry Clarence

IF IN PERMT. CORPS }
WHAT UNIT

UNIT

C Res.

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Shoreham

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

7 Aug 1917

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

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)

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

2	3	4			
No.	DATE	No.	DATE	No.	DATE

1

2

3

4

293 29/5
18 Res

2 43 ✓
12 17 ✓
12 17 ✓

9 85 ✓

12 28 62 52

26 34 71 18

T.O.S. 25/7 80156 30/7 40/70 pay
25/7 16 31 77
Balance from
Canada

BALANCE

DEFER- SER.
RED. ALLCE.
PAY ENG.

71 18

44 65

22 56

67 31

14 90

Clear

#

2162312

De

McKay H.B.

PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS							
DATE	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO. OF DAYS	RATE	AMOUNT		1		2		3		4		1	2	3	4
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED. ALLGE. ENG.	MONTH		PARTICULARS		CR. 1	CR. 2								
	Jan		144 65				13 38																				
			144 65			Q4005-4550 ¹⁴ / ₉	1 52				152 31																
	Jan 18	P.P.	34 10								186 41 90																
	Feb	P.P.	30 80								217 21 105																
	March	P.P.	34 10			5 days P.P. No 2 B.O. 88 CASE B.D. ^{11/2} / ₁₁		5 60																			
						Char 1791 outshum 12.10.17	9 73																				
						✓ 1166 CASE B.D. 30.11.17	9 73																				
						✓ 1330 ✓ 22.12.17	9 73																				
						✓ 1398 ✓ 13.1.18	4 87																				
						✓ 1255 ✓ 10.12.17	4 87																				
						✓ 1342 ✓ 28.12.17	9 73																				
						✓ 1582 ✓ 28.1.18	9 73																				
						✓ 1867 ✓ 11.2.18	4 87																				
						✓ 2204 ✓ 24.2.18	9 73																				
						✓ 2457 ✓ 9/3	4 87																				
						✓ 2938 ✓ 20/3	9 73				158 22 120																
							87 59	5 50																			
			34 10																								

[illegible]

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

Mrs. C. McKay mother
Nappan Station.
Cumberland, N.S.

stopped office 1/7/19

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
28/5	1766	Cash	973				
2/6	1837	2	973				
8/6	8976	10	1000				
			6813				

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS
1918 Feb 31	Balance forward			
apr	P.O.	33		204. 17/4. 6' 1/2
May	P.P.	33 34 10		Can a Pay V B Chap 20 3/4 8 5/8 40 3/4 0 60 60 734 case 13.5.18 948 " 24.5.1
June	P.O.	34 10 33		Le a P 1111 case 18 11 6/11 8423 540 1/2 18 6/11
JULY		33 34 10		
				A.R. 1011 HQ CEMENT Co. L " 1183 "
Aug		34 10 34 10		" 1384 "
				" 608 "
Sep		34 10 33		" 683 1 CMMG Bde " 798 "
Oct		33 34 10		" 82 CMMG MTC
		34 10		

COMPILED BY

CHECKED BY

NUMBER 2162312

RANK Pte

NAME McKay H.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BA
Oct	Bal Fwd.	3410			373			15	21
				AR 31H CMMGMT 16/10 26	373				21
		3410			746			15	
Nov	Do a	33						15	22
				264. Epson 5/12. 43.	973				21
	Dec	3410			973			15	22
Jan	"	3410						15	23
		10120			973			45	
Feb		3080						15	17
				2516. " 3/1. 8.	487				16
				4077 " 4/2. 60	487				16
				1147 " 24/2. 101	4867				11
Mar		3410						15	13
	24-2-8-2-19. 120.			20K 2479 21/2. 112.	116				13
	Do 50 20 27. 2-19	876			5957				14
				20K 280 winter 21/2. 133.	13				24
		7346			5970			30	24
Apr		33						15	25
				6357 bpa 26/3. 4	487				21
				91. " 4/4. 12	5353				20
				560 " 2/5. 53.	973				19
				442. " 28/4. 58	344				19
				1386 " 16/5. 87	973				17
May		3410						15	19
		6710			8135			30	
June		33						15	19
	mt on def pay	875							22
				1766 trial bpa 28/5. 3.	973				21
				8976. 8/6. Junj. 18.	4867				16
				5815 13/3 Rn Anti. 31	5353				11
				10406 23/2 bettery 43	973				19
		4175			12166			15	
				1873. 2-6-19 cash	973				9
					973				

8.8.16 - 2/7/19 List 97.

NAME MCKAY H.C.

2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		373			15	214 15		
AR 31H CMMGMT	16/10 26	373				210 92		
		746			15			
					15	228 92		
264. Epsom 5/12	43.	973				219 19		
		973			15	238 29		
					15	257 39 120		
		973			45			
					15	173 19 x		
2516.	" 3/1 8	487				168 32		
4077	" 4/12 60	487				163 45		
1147	" 24/2 101	4867				114 78		
					15	133 88		
20R. 2479. 21/2	112.	116				13 27 2		
		5957				141 48		
20R 280. winter 23/2	133.	13				241 32		
		5970			30	241 35		
					15	259 35		
6357 bpa 26/3	4	487				254 48		
91.	" 4/4 12	5353				200 95		
560	" 2/5 53.	973				191 22		
442.	" 28/4 58	344				187 73		
1386	" 16/5 87	973				178 00		
					15	197 10		
		8135			30			
					15	215 10		
						223 85		
1766	liab 28/5 3.	973				214 12		
8976.	8/6. Janj.	18.	4867			165 45		
5815	13/3 Rn lth.	31	5353			111 92		
10406	23/6 lthly	43	973			102 19		
		121 66			15			
1873. 2-6-19 cash		973				92 46		
		973						

8.11.1906 - 2/7/1907 List 97.

War Service Badge

Class A, No.

129594

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization)

19/5/34
Occupation Group

Dispersal Area

13.

B.

1. No.

2162312

2. Rank.

PTD

3. Name.

McKAY Harry Clarence

4. Unit.

C. 91. 711 G. 6

5. Date of Discharge

17-7-19

Place

Halifax N.S.

6. Reason for Discharge

DEMOBILISATION.

7. Authority.

R.O. 1420

8. Proposed Residence after Discharge

G.P.O. Zappan Station N.S.

9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

H C McKay

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. JUL 9 1919

Place

Date

Signature

O. C. Dispersal Station "B"

(O. C. Discharging Unit.)

PROCEEDINGS OF THE
COMMISSIONERS OF THE
LAND OFFICE



TESTIMONY TO BE GIVEN BY WITNESSES

I hereby certify that the above is a true and correct copy of the original as the same is now on file in the office of the

W. B. W.

Witness my hand and seal at the City of New York

COMMISSIONER

The undersigned of the above named office is hereby certified

that the above is a true and correct copy of the original as the same is now on file in the office of the

W. B. W.

W. B. W.

W. B. W.

LIST OF DISMISSED DOCUMENTS

1. ...	1. ...
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99. ...	99. ...
100. ...	100. ...

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 179).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (263M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *and Pays*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 11

Date 28 JUN 1919

ORIGINAL MEDICAL HISTORY SHEET.

Surname **McKay** Christian Name **Harry Clarence**

Examined on 9 day of Aug 191 7	Approved by <i>J. P. Brannen</i>	
at SHOREHAM CAMP, Sussex, England.	Rank <i>Capt</i> Came M.O.	
Birthplace City or Town Nappan Station,		
County Nova Scotia.		
Apparent age 20 years	Date 27-5-18	EXAMINED FOR RE-ENGAGEMENT, 3-DEC 1918
Trade or occupation Machinist	Fit or Unfit A	<i>F. H. K. Tallent</i> M.O.
Height 5 Feet 6 1/2 Inches.	3/19	<i>Go Ireland</i> M.O.
Weight 150 Lbs.		M.O.
Chest measurement { Minimum 33 inches.		M.O.
{ Maximum expansion 37 inches.		M.O.
Physical development Good score for elbow		M.O.
Small-Pox Marks no		M.O.
Vaccination Marks { Arm Right 1 Left 0	Date	Result
{ Number one		VACCINATIONS.
When Vaccinated last July 1917	20/4/17	- Date claimed by <i>McKay</i> M.O.
(a) Marks indicating congenital peculiarities or previous disease none	18/5/18	TAB <i>J. O. Gough</i> M.O.
(b) Slight defects but not sufficient to cause rejection mark on left arm. tattoo on elbow	20/4/17	TAB <i>Go Ireland</i> M.O.
Deficiency left elbow from malunion	20/4/17	TAB Date claimed by <i>McKay</i> M.O.
	26/4/17	TAB <i>Go Ireland</i> M.O.

Enlisted on **5th** day of **February** 191**7** at **Halifax, Nova Scotia**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	Cyclist Platoon	2162312		5th Feb. 1917.
Transferred to.....	<i>Gen Depot Shorncliffe</i>	2162312		24. 8. 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Shorncliffe</i>	<i>Aug. 23/17</i>	<i>old injury left arm</i>	<i>Bt</i> <i>Wm. Robb Capt</i>
<i>General Depot Shorncliffe</i>	<i>Feb. 25/18</i>	<i>old injury to left arm</i>	<i>Bt</i> <i>Wm. Robb Capt</i>

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.

THIS MEDICAL HISTORY SHEET REPLACES PREVIOUS ONE — SAME BEING UNAVAILABLE — THIS MAN WAS ORIGINALLY ATTESTED AT HALIFAX, N.S., ON FEB. 5th 1917.

CANADIAN

Surname.....McKay.....Christian Name.....Harry Clarence.....

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
CANADIAN HOSPITAL, ETCHINGHILL, LYNNCE		30	3	18	8	5	18	Generalized Syphilis	H.O.	Admitted with multiple erosive sores on Penis. Typical macular syphilitic rash, body suppurating, ulcerated tonsils, injected throat Inguinal & Cervical Adenitis. Buboes L. groin aspirated. Treatment prescribed F.C. 606 & Tg. Three injections of each given. Discharged as O.P. No open lesions.	W.B. Honey, M.D. Capt. Carey
Horton War Hospital Epsom		28	11	18	21	1	19	fractured Radius Rt (acc)		X Rays. fracture thro: epiphyseal line. Jan 16th 19. Recovered. Good union & movement of wrist joint. Transfer to Woodside	H. Wharton Capt. Ramey
W.B.H. Epsom		21	1	19	10 FEB 1919			Gono.	21 35	Trac. healed. Heart things negative. No evidence of disability Has done PT ² Fit for D.A. Agmt.	G.D. H. Carey
					24 FEB 1919						

MEDICAL HISTORY OF

McKay

Harry

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature.
T.B. 25-7-17 1022	Vaccination O.K. A

TABLE IV.—Service Table.

[illegible]

TABLE II.—Only for Admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

[illegible]

Date of Enlistment *not given*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

6441

15

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
Rank Promoted Reverted Discharge
Soldier's Name
Battalion *Cyclist Platoon (Hal Dft.)*
Beneficiary
Relationship
Address

Name
Address
Change of Address
1 MRS. C. MC KAY,
NAPPAN STA.,
2 CUMB. CO., N.S. 15 15.00
% 2162312 PTE H.C. MC KAY
3 FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
May	J 2579		15	15	✓ Mailed 29-5-18
June	J 23863		15	15	✓
July	Z 30603		15	15	✓
Aug	Z 41342		15	15	✓
Sept	Z 46260		15	15	✓
Oct	T 533-30		15	15	✓
Nov	P 59005		15	15	✓
Dec	A 68261		15	15	✓
Jan	S 75303		15	15	✓
Feb	Q 79857		15	15	✓
Mar	K 828-13		15	15	✓
Apr	L 41216		15	15	✓
May	G 8214		15	15	✓
June	P 10935		15	15	✓
July	E 12454		15	15	✓
			225	225	

A/c Closed 31-7-19

Ret'd per. *Olympic*

M.D. 6

Date 7/7/19

Clerk *J. P. 116799*

AUTHORITY } 2761-4-18
FOR
NEW ACC'T. } 20 Brown 28-5-18

Case A1

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man.

2162312 PG

Date of Casualty.

8-11-18

MOLYAR H.C. 1 Cdn. Pictor MG Bde M.T. Sec.

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)

Injury (? Fract Radius)

Accid.

H.R. Toward Camp

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

Crashing an automobile when it back fired

4. Commanding officer's opinion as to whether the man was:—

- (a) In the performance of military duty.
(b) To blame.
(c) Whether any other person was to blame.

Yes
No
No

Date

Nov 12 1918

Commanding

H.R. Toward Camp

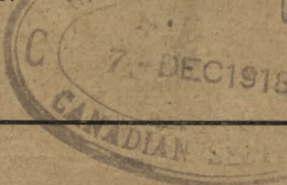
O.C., Cdn. Corps Tps.

5. (a) Opinion of O.C. Brigade
(b) Disciplinary action taken or proposed, whether against injured man or another.

NIL

Date

2-12-18.



Lieut. Colonel,
Camp Commandant,
O.C., Canadian Corps Troops.

[Continued Overleaf.

6. To _____ Army "A."

Forwarded with reference to my Casualty Wire No. _____ dated _____

Date _____ Division. _____

7. To D. A. G.,

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as

"INJURED (ACC.)"

Date _____

Major S' Capt
for Major General
Deputy Adjt General
Army.

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.