249th OVERSEAS BATTALION C. E. F.

TRIPLICATE

ATTESTATION PAPER.

No. 1069304

Folio. 3.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	MacKay.
1a. What are your Christian names?	Hughie John Alymer.
1b. What is your present address?	Assiniboia, Sask. Box 225 CBR
2. In what Town, Township or Parish, and in what Country were you born?	City of Owen Sound, Ontario.
3. What is the name of your next-of kin?	MacKay, George Murray.
4. What is the address of your next-of-kin?	Assiniboia, Sask. Box 225 CBR
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	22nd of July 1896.
6. What is your Trade or Calling?	Farmer.
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? If so, state particulars of former Service.	No.
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, Hughie John Aylmer MacKay, 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.

Hughie John Alymer McKay (Signature of Recruit)

Date January 3rd-1917. 191 , Urichogan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hughie John Aylmer MacKay, 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.

Hughie John Alymer McKay (Signature of Recruit)

Date January 3rd-1917. 191 . Urichogan (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 Weyburn, this 3rd day of January 1917.

Urichogan (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Justice of the Peace.

Description of Hughie John Aylmar McKay on Enlistment.

Apparent Age 20 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 3 ins.

Complexion Medium

Eyes Hazel

Hair Black

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

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

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

nil

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 Jany 3rd 1917.

Place Weyburn Sask

G. J. Whetham
D. W. Allen
H. E. Eaglesham
Medical Officer. Board

*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:—

[illegible]

CERTIFICATE OF OFFICER COMMANDING UNIT.

Hughie John Alymer 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.

C B Kennedy Lieutenant Colonel
OC 249th O.S. BATTALION C.E.F. (Signature of Officer)

Date January 4th 1917.

REGIMENTAL DOCUMENTS

Pte. NAME McKAY HUGH, JOHN, AYLMER REGT. NO. 1064304 UNIT 1st C'M R H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				12 2/43	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	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)				19790	
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	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)					
2	Misc					
1	Ed. Ab 5009					
1	Form CD3					
1	Card					
1	Cas card					

W 2589
100M-11-18

M64

Number 1069304 Rank Pte B

Surname McKay

Christian Name Hughie Aylmer X

Units 1st C.M.R. Theatre of War France

Date of Service 11-5-18

Remarks

Latest Address Box 225 Assiniboia Sask.

Roll No B

200m.-2-21.M. Page 9814

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

DESP. FEB 10 1922 J.N. NO. 111030

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

(649-M-37653)

SURNAME. McKay, (649-M-28906)

CARD NO. 13 R

Sos Dis. 25-3-19

Demob. # 12 Dn

Docs. Mfg. 3.218

FOLL.

CHRISTIAN NAMES Hughie John Alymer

REGL. No. 1069304. RANK Pte

UNIT 249th (Draft) Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL McKay, George Murray

RELATIONSHIP TO SOLDIER Father

ADDRESS Box 225 Assiniboia, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Owen Sound, Ont. DATE July 22nd 1896.

PLACE OF ATTESTATION Weyburn. Sask. DATE Jan. 3rd 1919

From Halifax per S.S. Megantic & Saxonia 21/2/18.

Rec. 20/3/19 - 286/79. Pte.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer, RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 20. YEARS 6 MONTHS

HEIGHT 5. FEET 4 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 3. INCHES

COMPLEXION Medium EYES Hazel HAIR Black

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Weyburn, Sask. DATE Jan. 3rd, 1917.

Present Address, Box 225 Assiniboia, Sask.

No. 1069304 RANK Pte. NAME McKay, Heughie, John Aylmer

T.O.S. 3-1-17. (O.O. 4 2/3-1-17) UNIT 249th Battalion

M.D. '2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan. 3.	1917 Jan. 31	"		
Feb.		"		
Mar.		"		
Apr.		"		
May		"		
June		"		
July		"		
Aug		"		
Sept		"	a.w.l. forfeits 2 days pay	Sept. paylist.
Oct		"		
Nov		"		
Dec		"		
1918	1918			(over)
Jan		"		

Feb 4

Form R. 149.

Hughie John Aylmer

Name McKay Rank Pte. Reg. No. 1069304

Unit 1st Bnd.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16.9.18	20 G.H. Canners Acc. W. L Hand			A326	H341	4245/1
5-11-18	Discharged to Reinf. Staples			A341.		5496/5
	Casualty now reported Self-Inflicted (Without Negligence) (AFW. 3428			A418		

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

REGT'L. No. 1069304

R.O. FILE No 649

NAME McKay Hughie John Aylmer

RANK AND CORPS Pte 1st Regt. C.M.R.

FOLLOWS

No.

FOLLOWS

CABLE

NO.	DATE	NATURE OF CASUALTY
		Form 249th Bn. Draft
N of K.		George Murray McKay (Father)
6-8.		Box 225, Assiniboia, Sask
#341	25-9-18	Adm. 20 Gen. H. Dannes Camiers
Also H.L. A 326 (2)		Sept. 16th, 1918 Wdd. Acc. Hand

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. 371. (1)	Disch. to Reinf. Etaples.	15-9-18 5-11-18	S I without negligence as per H.L. 24.1.18 Acc. Wd. L. Hand

Surname	Christian Name or Names	Reg. No.
MCKAY	H. J. A.	1069304
Rank	**Unit**	
Pte.	Sask. 1CMR	

Cas. List.	20 Gnl. Camiers 16-9-18
24-9-18 A326-2	Acc. Wd. L. Hand
15.11.18 A371	Mdis. to Reinf. 5.11.18.
15.1.18 A418	Note ref. above Diag. add:- "Self Inflicted, without negligence".

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

L.L. 19[illegible]—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs Amelia Mackay

Address Assiniboia Sask

Rate 15% JUN 1 1917

By Whom Assigned Mackay H. J. A.

Regtl. No. 1069304

Rank Pte

Corps 249 Battn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs Amelia Mackay
(Assignee)

Name of Soldier Mackay H J a
1069304 Pte 11th 249 Batn

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			15 JUN 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		M22176	15.	
July		H 23749	15	6
Aug.		T30699	15	
Sept.			45-	
Oct.				A/C closed payments to be taken over by Camp Paymaster Valcartier, as unit did not proceed o/s. File B2-249 JB 3/9/17.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

War Service Badge
Class "A" No. _____

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE Cl. 'A' No. 72923

THIS IS TO CERTIFY that No. 1069304 (Rank) Pte

Name (in full) McKay Hugh John Alymer enlisted in

the 249th Bn

CANADIAN EXPEDITIONARY FORCE at Weyburn on the 3rd

day of January 1917

HE served in 1st C M R Bn

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age	23 years	Marks or Scars	
Height	5' 7½"		Nil
Complexion	Medium		
Eyes	Hazel		
Hair	Black		

H J A McKay
Signature of Soldier

C Whillier
Issuing Officer

Date of Discharge

Dispersal Station "N"
MAR 25 1919
Military District No. 10

Major.
O. C. Dispersal Station "N"
Brandon
Rank

Date 23rd March 1919

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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.

~~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 249th OVERSEAS BATTALION C. E. F.

Regimental No. 1069304 ✓ Rank Private Name McKay, Hughie John Alymer ✓

Enlisted (a) 3/1/17 ✓ Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) 3/1/17 ✓

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Farmer

Report: 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 Halifax.	Canada	FEB 18 1918	H. M. T. Saxonia
		DISEMBARKED Liverpool	England	4-3-18	
MAR 6 1918		Taken on the Strength of the 15th Can Res Battn.	BRAMSHOTT.	4 MAR 1918	PART II. DAILY ORDERS No. 65 ✓
MAY 11 1918		U.C. 15th RES. BN. STRUCK OFF STRENGTH TO I C m R	BRAMSHOTT.	MAY 10 1918	PART II. DAILY ORDERS No. 131 ✓ D Campbell Lt a/ ADJUTANT 15th RESERVE BATTALION
11.5.18	C/BD	Landed & T.O.S. 1st Cmr	C/BD	11.5.18	NR 667 - Pt II 44
"	"	Desp. to C.C.R.c.		23.5.18	" 1233
23.5.18	CCRC	Arrived	CCRC.	23.5.18	NR a 721
2.8.18		Desp: to	Unit	6.8.18	" D1344
16.9.18	13 C FA	Injured - F.Sw Hand L. (acc)	to 4 Con CCs	15.9.18	K942
"	20 Gen	" " " (acc) adm	20 Gen	16.9.18	K1182
23.9.18	8th C/B	Repr. S.I.W. disciplinary action to be taken			W 3428 - File KD 18/20667
5.11.18	20 Gen	Despt to Reinft. Etaples		5.11.18	Tele: ADC 5188 - do -
6.11.18	C/BD	T.O.S. "A"	C/BD	6.11.18	NR - 500
15.11.18	ADD	Absent from M Board	"	15.11.18	W 3339 - 828
20.11.18	"	S.O.S. to Unit (Prisoner)	Fixed	20.11.18	NR 568

CERTIFIED CORRECT. 18 MAY 1918 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.

1069304 Pte McKay - Hughie John Aymer

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				
1-12-18	Unit	Rejoined ~~from~~	Unit	11-11-18	B213
7.11.19	"	~~accidental~~ injury of 14.9.18 is now classified self inflicting without negligence.	"	1.11.18 ~~23.9.18~~	W3428
~~12~~ 13.2.19.	O.C.Cdn. ~~S.O.S. for demobilisation to C.F.C.~~ ... Cmp. Le Havre	Proc to Eng. Depot		~~12~~ 13.2.19	N/R. Pt.2.O/S. 12/19
~~5.3.19~~ 8.3.19.	S.O.S	O.M.T.C. to C.E.F.	C A Hewett	Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q. ~~Pt II O.~~ No. 21	d/ 11/3/19 K E Purdy Lt

War Service Badge Class "A" No. 72923

Embarked, FMS BALTIC
Liverpool 12 March 1919
Discharged on Demobilization

MAR 25 1919

[signature] Major.
O. C. Dispersal Station 'N'
Brandon, Man.

[signature]
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
C. E. F.

Form R 122.
2353—100M—9-1-16

CR. Rank Name McKAY, Hughie John Aylmer. Reg'l No. 1069304.

Unit If in perm. Corps, What Unit? Married or Single Single.

Dft 249th Bn.
Place and Date of Enlistment Weyburn, Jan.3rd. 1917. Place of Birth Owen Sound, Ont.

Name and Address, Next-of-Kin George Murray McKay,

Box 225 Assiniboia, Sask., Canada. 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.

N/E. R.B. No 19,448
File R.L.
Category O.P. Can.

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.
C 6		Arrived in England		4-3-18	S/S SAXONIA
~~24~~. 3,18	15 Res	T.O.S FROM Canada	4 3.18	P I C 6	
11.5.18	15th Res	S.O.S to 1st C.M.R Bn	Pte Bskott	10.5.18	Pte 131 (103 ch'd 13.5.18 M) 1st C.M.R.P. II HH/16.5.18
16 2 19 1	C M R	PROC, TO ENGLAND		12.2-19, D O, 12	
11/3/19	"	Proc. to Canada. Sail 32. Disp N		12/3/19	DO 21

1069304 N J McKay H. J. A.

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.					

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 249 Th. Battn

Regimental No. 106 9304 Rank Private Name Mc Kay Hughie John Alymer

Enlisted (a) 3/1/17 Terms of Service (a) C.E.F. D of W Service reckons from (a) 3/1/17

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12-3-19	T.O.S. Dispersal Station	D.O. 92.2			
N 25-3-19	and Dispersed	D.O 92.3			
	2 Lieut for O. C. 10 District Depot.				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

249th OVERSEAS BATTALION C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

#1069303 304

Surname Mackay. Christian Name Hughie John Alymer

Examined on 3rd day of Jan. 1917 at Weyburn. Sask.

Birthplace City or Town Owen Sound. County Ontario.

Apparent age 20 yrs. 6 mos.

Trade or occupation Farmer.

Height 5 feet 7½ Inches

Weight 0 to lbs.

Chest measurement Minimum 32½ inches Maximum expansion 35½ inches

Physical development Good.

Small-pox Marks nil

Vaccination Marks Arm ~~Right~~ ~~Left~~ Number nil

When Vaccinated last nil

(a) Marks indicating congential peculiarities or previous disease nil.

(b) Slight defects but not sufficient to cause rejection nil

Approved by G. J. Whettemore, H. Bamesgt, H. Weybrham

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.

Date	Result	Vaccinations
21/4/17.		HBB M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
9517		HBB M.O.
5617		HBB M.O.
14617		HBB M.O.

Enlisted on 3rd day of January 1917 at Weyburn Sask.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	249th O.S. Batt C.E.F.	1069304		Jan. 3. 1917.
Transferred to	15th Canadian Res. Battn. 1st C.M.R.			4 MAR 1918 MAY 10 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Bromshott	18-2-19	Frac 3 left ~~metatarsal~~ Metacarpal	B. II. R. J. O'Dwyer Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname McKay Christian Name Hughie John Alyman

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

ORIGINAL

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 249th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 1069304

(3) Full Name of Soldier McKay Hughie John Alymer.

(4) Place of Birth Owen Sound Ontario.

(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? None

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes George Murray MacKay

If so, state name and address Assiniboia Sask

(10) Is your Mother alive? Yes Amelia MacKay

If so, state name and address Assiniboia Sask

(11) If your Mother is a widow No

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.

(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.

No

(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.

C B Kennedy
Lieutenant Colonel
O.C. 249th O.S. BATTALION C.E.F.
Officer Commanding.

Date April 20/17

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT Valcartier

NAME OF SOLDIER McKay H.J.A.

REGIMENT 249th Battn

RANK Pte

No. 1069 ~~472~~304

INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
1917	July 9	1/12									4/10.19.20.30									B. Washburn Rivet	V.C.	Exc. 3.7. Cavities 5.8.9.
July	11			3/5.8.9.							7/7.3.										VC	Discharged 7-11-17 Completed.

M.F.B. 46
2 0M 1-17
1772-20-950

SPECIMEN

FORM OF WILL

I, Hughse John Alymer MacKay (Name in full)

Regimental Number 1069304 serving in 249th Bn

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

I devise all my real estate unto

Mrs Amelia MacKay Mother
Box 225 Assiniboia
Sask

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

absolutely, and my personal estate I bequeath to

as above

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

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

this 20 day of April A.D. 1917

H A McKay Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J B McCurdy

Address of Witness Regina

Occupation of Witness Capt Records

Signature of Second Witness M D Forrest

Address of Witness Regina

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

FORM P. 559
8245-150M.-7/9/17

MARRIED OR SINGLE: Single

PLACE OF BIRTH: City of Owen Sound, Ont.

NAME OF NEXT OF KIN: George Murray McKay RELATIONSHIP: Father

ADDRESS: Assiniboia, Sask. Box 225.

NAME OF NEXT OF KIN: RELATIONSHIP:

ADDRESS:

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE DATE STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

NEW PAYBOOK ISSUED NEW PAYBOOK ISSUED

REG'L. No. 106304 RANK Pte. NAME McKay, Hughie, John, Alymer.

PLACE OF ATTESTATION Weyburn, Sask. DATE OF ATTESTATION 3/1/17 ORIGINAL UNIT 249th Batt'n

PRESENT UNIT 15th Can. Res.

ASSIGNED PAY

(1) PER MONTH $15.00 DATE EFFECTIVE 1/2/18. AUTHY. ✓

PAYABLE TO Amelia McKay, Assiniboia Sask. RELATIONSHIP Mother.

(2) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE CAUSE DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE CAUSE DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE CAUSE DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE CAUSE DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ C.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ C.	SEPARATION ALLOWANCE $ C.	ASSIGNED PAY CREDITS $ C.	ANY OTHER CREDITS $ C.	TOTAL CREDITS $ C.	SEPARATION ALLOWANCE $ C.	CASH PAYMENTS DURING THE MONTH 1 $ C.	2 $ C.	3 $ C.	4 $ C.	ASSIGNED PAY $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE CARRIED FORWARD CREDIT $ C.	BALANCE CARRIED FORWARD DEBIT $ C.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
28 FEB 1918.		BALANCE FROM CANADA.															$10.80								
Mch 1	Mch 31	31	1.0																						A.D.S. Pay for the month of February has been deducted on Pay List for that month.
										9 73															
										4 87															
		31	1.0							14 60			15 15 30												
													15												

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ C.	No. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/2/18	EFFECTIVE DATE:-
AMOUNT:- 15⁰⁰	AMOUNT:-

NAME:- Mc KAY Hughie John Alymer

NUMBER:- 1069304

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 Amelia Mc Kay (Mother)
~~Assiniboid~~ Sask Canada
Assiniboia

Stopped off 1-3-19

S 3363. 19 to draw to date

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 249th Bn

DATE ACCOUNT FIRST OPENED:- 12th Mar 1918

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			S.R.D
H4	1.6.15	19.6.15	10th CMR
			Can Sect

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
19/2/19	268	B wing Fd	43				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 —	10		
28/2/19	2 16 Bal 63		29 52	

Discharge to Canada MR 3363 Bskett 20/2/19 Bskett MD 12 28/2/19 Ledger Bal 102 52

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fwd								15 30		
apr.	Ste pay	33						15			
				AR 36 15/4 15 Rs	1 9 4						
				✓ 331 30/4 ✓	7 30				6 53		
		33			26 77			15			
May	Ste pay	34 10		C.A.P.				15			
				AR 464 15/5 15 Rs	15 09						
				AR. 562. 18/5. C.D.D.	4 46				6 08		
		34 10			19 55			15			
June	" "	33		C.A.P.				15			
				AR 736 3rd Bn 14/6/18	3 57						
				✓ 810 24/6 ✓	4 46				16 05		
		33			8 03			15			
July	" "	34 10		A.P.				15			
				AR 939 9/7 ✓	3 57						
				1255 26/7	4 46				27 12		
		34 10			8 03			15			
Aug	✓ ✓	34 10		C.A.P.				15			
				AR 651 14/8 8 CMR	4 46				41 76		
		34 10			4 46			15			
Sept	" "	33		C.A.P.				15			
				AR 983 1/9. ✓	3 57				56 19		a/c agreed
		33			3 57			15			
Oct	✓	34 10		C.A.P.	✓			15	75 29		
		34 10						15			
Nov	✓	33		C A P				15			
				✓ 386 17/11 16 CMR	16 19						
Dec	✓	34 10		C A P.				15			
		67	10		16 19			30			

A Alymer
CHECKED BY

NUMBER 1069304 RANK Pte NAME McKAY HUGHIE, [redacted] ALYMER

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Fwd					75 29		
Dec	Bk Fine	67 10			16 79			30			
				aR3641 28/11 16mR	3 73				91 87		
				✓4277 8/12 ✓	3 73				88 14		
Jan	R.P.	34 10		Car				15	107 24		
		101 20			24 25			45			
				✓4447 24/12 ✓	9 33						
Feb	✓	30 80		Car				15			
				✓5351 16/1 ✓	1 46						
				✓5901 26/1 ✓	3 73				102 52		
				✓268. 18/2. BWmg	93 00				29 52		
		30 80			93 52			15			

102.52

SOS Canada 12/3/19. 1232 Sault

5.12.

War Service Badge
Class "A" No.
72923

SHORT FORM. Dis a O. Occ G. 1.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

H

1. No. 1069304

2 Rank. Private

3. Name. McKay Hugh John Aylmer

4. Unit. 1st C.M.R. Bn.

5 Date of Discharge MAR 25 1919 Place Regina Sask.

6 Reason for Discharge Demobilization

7. Authority. D.O. 92

8. Proposed Residence after Discharge Re Assiniboia Sask.

MEDICAL DOCUMENTS FORWARDED TO S. C. R. or P. B. C. on MAY 2 1919

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.? 39

H J A McKay
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Brandon Man

Date MAR 25 1919

Signature C Whillier
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

12-12-47

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. 129)
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 (260M)).
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), + Duplicate
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 10

PW

Date 11.3.19

Date of Enlistment

MILITIA AND DEFENCE Enlisted 3-1-17.

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-2-18

5 L10 Mc22 S.K.

RATE OF SEPARATION ALLOWANCE

6448

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1069304

Rank Pte. Promoted Reverted Discharge

Soldier's Name Mac Kay, H. J. A.

Battalion 249th o/s Btn C.E.F.

Beneficiary

Relationship Mother

Address

PARTICULARS OF ASSIGNMENT

Name Amelia Mc Kay.

Address Box 225 Assiniboia, Sask.

Change of Address

1 AMELIA MC KAY,
BOX 225 ASSINIBOIA,
SASK. 15 15.00

2 % 1069304 PTE H.J.A.MAC KAY

3 FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						K12405-H-28.
Mar 1918	M 75278		30	30	R	
apr	E 4463		15	15	✓	
may	N 19391		15	15	✓	
June	J 23869		15	15	✓	
July	L 30610		15	15	✓	
Aug	L 41348		15	15	✓	
Sept	2 46267		15	15	✓	
Oct.	T 53536		15	15	✓	
Nov	P 59010		15	15	✓	
Dec	A 68264 ✓		15	15	✓	
Jan	A 75308		15	15	✓	
Feb	Q 79862		15	15	✓	
Mar.	K 82818		15	15		
			210	210		

AUTHORITY FOR NEW ACC'T. } Clerk

Expires 6-3-18

MD 10

A/c Closed 31-3-19

Ret'd per Bolte

Date 20/3/19 M.F.W.187 26-3-19

Clerk Reedons

Discharg 7 1974

M. F. W. 128.
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment June 1/17

5 L 10 M c 22 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1069304

Rank Pte Promoted Reverted Discharge

Soldier's Name H. J. A. Mackay

Battalion 249 Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Amelia Mackay

Address Assiniboia Sask.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug 3	—		45	45	Acct closed 31/8/17. payments to be taken over by Camp Paymaster as unit did not proceed o/s. File B2-249.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7493.

Baltic

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

AUDITOR | PAYMASTER

M. OR S.

REGT. No. 106 930 RANK Pte NAME (IN FULL) McKay H.J.A. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID No | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2 Ng Batt | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Dio Stn N | DATE MAR 12 1919 | AUTHORITY Dog2

DATE OF ATTESTATION 3.1.17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.4.19

PAYABLE TO ~~Mrs Amelia McKay (Mother)~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box 225 Assiniboia Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE MAR 25 1919

DISCHARGED | PLACE MD 10 | DATE | REASON D | AUTHORITY Dog2 | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
22/2/19							29	52	29	52																									29	52	BAL. ENG. L. P. C. 29 52
					35	-											4	87																			Clothing Allce. 1st payment W.S.G.
					70	-	29	52			74	68					5	00	144	85																	Advances - Boat - Train
3/19 4/19	32	1.10	35	20					169	72																	15	-			169	72					A.P. chgd. on Eng. L. P. C. to Mch 15.00
					W.S.G.		Sd.				War Service Gratuity,												W.S.G.		Sd.								Soldier Dependent				
153 days at minimum					350	-			350														70	-									280	-			1st Payment W. S. G. as above
																											-	87					271	43			Dr 87 4 K/S on 25/3/19
																											7	70									Dr 7.70 7 days a/p Dr A
Apr. 25																			555007				70	-									201	43			70 - 2nd Pmt. W.S.G.
May 20																			571361				70	00									131	43			70.00 3rd - -
June 20																			768538				70	-									61	43			70 4th - -
July 21																			794085				61	43													61.43 Final - -
									350														341	43			8	57			350						

a/c Closed

153

AUDITED JUL 31 1919 Audit Clerk M.D. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

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 Bramshott DATE 14/2/19

1. 1 (a) Unit 1st CMRBn (b) Regimental No. 1069304 (c) Rank Pte

(d) Surname McKAY (e) Christian name Hugh John Alymer

(f) Home address Assiniboia Sask. Canada

(g) Next of Kin George Murray McKay (h) Relationship Father

(i) Address of Next of Kin Box 225, Assiniboia, Sask, Can.

2. Age last birthday 22 Date of birth 22nd July 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Fort Weyburn (b) Date 3/1/17.

4. Personal description:

(a) Height 5 ft 4 (b) Weight ~~[illegible]~~ 145 lb (stripped) (c) Complexion Ruddy

(d) Colour of hair dark (e) Colour of eyes hazel (f) Identification marks, Scars, etc. Cactus back of 3rd Metacarpal left hand.

5. Former trade or occupation Farmer

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
	1	45

	Periods From	Periods To
Canada	3/1/17.	18/2/18
England	4/3/18	10/5/18
France or other theatres of War	11/5/18.	13/2/19

7. Original disease, or injury ~~G.S.W.~~ LEFT HAND COMPOUND FRACTURE 3RD METACARPAL BONE

(a) Date of origin 14th Sept 1918 (b) Place of origin Canal du NORD

(c) Cause accidental Injury G.S.W.

M. F. B. 227.

400M.—11-18.
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.)

OLD FRACTURE 1 3rd METACARPAL BONE LEFT HAND

a weakness marked (b) Loss function partial of hand (c) no necessity for rest

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.)

Obj. Left Hand purple in colour fading on pressure large prominent mass of Callus over middle of dorsal aspect of 3rd Meta Carpal bone Small depressed scar adherent to underlying tissues situated between metacarpo-phalangeal joints of 2nd & 3rd fingers on the dorsum of hand.

The power of flexing fingers from Meta carpo phalangeal joints into the palm is practically lost some slight limitation of movement at Phalangeal joints probably due to disease. no disability of the thumb

Hand almost useless for gripping purposes Loss of Sensation practically over 4th & 5th fingers on palmar asp

Subj. Hand feels cold & has lost power of gripping objects over 4 & 5th fingers

(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 No 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

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

Was standing on firing step of a trench fixing bayonet. On stepping down his gun went off. bullet going through his hand. — to No 4 CCS — to 20th Gen Camiers 16/9/18 — 5/11/18 returned Duties for discipline charged with self inflicted wound. Charge dismissed as Self inflicted without negligence 7-11-18

vide Casualty Form

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*).)

Mumps in Childhood

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

see Par 9 sect a.

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.)

na

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a+b 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? permanent

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

no reports available

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

Thos Lyon Maj

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 H S a McKay 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

H S a McKay 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.

Yes. except that ques 13 should be answered "Twelve months" since movements of flexion should become much better.

19. Is the invalid fit for

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

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.)

R. T. C. auth a.g. tel 9083 of 11-11-18

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.

[signature] Hyttenrauch Capt. President.

PLACE Bramshott

DATE 18-2-19

[signature] J. O. Dwyer Capt. } Members

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

[signature] G. S. Mulhurill Lt Col Cfmc for Assistant Director of Medical Services.

DATE 18-2-19

APPROVED BY

Director-General of Medical Services.

DATE.....