MAY — 1916

503968

Draft 4th DIVISIONAL SIGNAL COMPANY

Original

ATTESTATION PAPER.

Div. Signal Coy.

No. 503968

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	M C K A Y
1a. What are your Christian names?	John Alexander
1b. What is your present address?	C. Y. M. C. A. College St. Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Blenheim, Ont. Can.
3. What is the name of your next-of kin?	John McKay
4. What is the address of your next-of-kin?	23 Lansdowne Ave. Chatham, Ont. Can.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	Feb. 5, 1896
6. What is your Trade or Calling?	Telegraph Operator
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.	Yes(24th Kent Rgt. 2 yrs. Sgt.
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, John Alexander 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.

J. A. McKay (Signature of Recruit)

Date 9th March 1916 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Alexander 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.

J. A. McKay (Signature of Recruit)

Date 9th March 1916 191 . (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 Toronto this 9th day of March 1916 191 .

(Signature of Justice)

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

Description of John Alexander McKay on Enlistment.

Copied for VB

Apparent Age 20 years ..... months.

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

Height ..... 5 ft. 6¾ ins.

Chest measurement: Girth when fully expanded ..... 35½ ins.

Range of expansion ..... 4 ins.

Complexion Fair

Eyes Grey

Hair Brown

Religious denominations:
- Church of England
- Presbyterian Pres.
- 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).

Scar over each eye.

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 9th March 1916 191 . [signature]

Place Toronto Capt

Medical Officer.

Toronto Recruiting Depot

*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.

John Alexander 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.

[signature] Capt RCE (Signature of Officer)

Date MAR 17 1916 191

O/C Signal Training Depot.

19-3-19
WB

Sapper

REGIMENTAL DOCUMENTS

NAME McKay John Alexander REGT. NO. 503968 UNIT Can Engr. Coast H. Q. FILE NO.

S

H

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
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				19927	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
MFW 192					
card					
M7 W67					
Med Case Sheets					
Cas card					
R122					
ind card					

PUBLIC ARCHIVES RECORDS CENTRE

M

H80647

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

No. S 03968 RANK Pte NAME Mc Kay J a.

T. O. S. 11-3-16 UNIT 4th Divisional Signal Training Depot
A061, 3-3-16.

M. D. 262

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 April	1916 Apr 30	C		

John & Alexander

FORM R. 149.
7106—250m—7/2/17.

Name McKAY Rank Sps. Reg. No. 503968

Unit C.E.T.D

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
2-1		11 C.G.H. (Shorncliffe)		Sps R Ankle	C102			9627
14	2	Discharged		do	C139			3141

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

SURNAME. McKay.

CHRISTIAN NAMES John Alexander.

REGL. No. 503.968. RANK Spr.

UNIT Signal Training Depot (5th Draft)

FORMER CORPS 2 Yrs. 24th Kent Regt.

CARD No.

IC

S.O.S. 22/1/19 M.U. #1 D.D.

FOLL.

DD 200 of 20/1/19.

NEXT OF KIN.

NAMES IN FULL McKay. John.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 23 Lansdowne Ave, Chatham Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Blenheim Ont. DATE Feb. 5th. 1896.

PLACE OF ATTESTATION Toronto Ont. DATE Mar. 9th. 1916.

O/S 20-5-16 439/4

R/C 20/12/18 244/10.

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

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

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Tel. Operator. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 20. YEARS 0. MONTHS

HEIGHT 5, FEET 6 3/4. INCHES

CHEST MEASUREMENT 35 1/2. INCHES EXPANSION 4 INCHES

COMPLEXION Fair. EYES Gray. HAIR Brown.

DISTINGUISHING MARKS Scar over each eye.

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Mar. 9th. 1916.

Present Address. C. Y. M. C. A. College
St. Toronto Ont.

REGT'L. No. 5-0 3968

H. Q. FILE No. 649

NAME McKay J. A.

RANK AND CORPS Pte Can. Eng.

CABLE	
No.	Date

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

Copied for VB

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
C102-1	No 11 Gen. Moore	2-1-18	Spr. R. ankle
C139-1	Discharged Pks.	14-2-18	Spr. R. Ankle

A.D.
Smt

Number 503968 Rank 6/6 Spr

B

Surname McKAY

Christian Name John Alexander

Units C.E. Theatre of War England

Date of Service 29-5-16

Remarks

Latest Address ~~23 Lansdown Ave~~
~~Chatham~~

Roll No a Page 1563 ~~Ont~~
1309 Elsmere Ave
Windsor
Ont

200m.-2-21.M.

28/5/27

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date

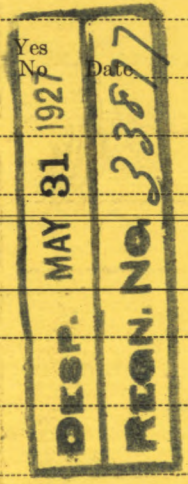
Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards



Date	Remarks

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

*Name MCKAY John Alexander Rank Spr. Regtl. No. 503968

Fyle Depot IDD 10-M-390

Original unit C.E. Present unit C.E. M. or S. Age 22 Religion Pres. Ref. H.Q. ID 30-M-1712

Port, ship and date of arrival Halifax Regina 2012-18

Next of kin John McKay, 23 Lansdowne Ave., Chatham, Ont.

Address on leave

Address on discharge 23 Lansdowne Ave., Chatham, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Telegraph Operator Date and place of enlistment March 9th 1916, Toronto, Ont.

Diagnosis Valvular disease of heart Date of Medical Boards 16-1-19 London, Ont.

Date. T.O.S	Remarks.	Pt. 2 Order No.
12-12-18	No. 1 D.D.	
22-12-18	Posted to Cas. Coy.	254
14-1-19	Subsistence Allowance from 17-12-18 to 16-1-19	8
16-1-19	Amended to read, from 22-12-18 to 16-1-19	14

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

(over)

Date.	Remarks	Pt. 2 Order No.
22-1-19	Discharged frm H.M.S. Medically unfit. (P.D.P.)	20

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D M.S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
McKAY.	J.A.	503968.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	CE.Dep.			

HOSPITAL — DATE OF ADMISSION

11.Can,Gen,Moore Barracks. — 2.1.18.

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS Spr.R.Ankle.

1.

2.

3.

DISPOSITION — DATE

CL.5.1.18.CI02. — Dis. 14-2-18

19-2-18 6130

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

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

No. XI Canadian General Hospital, Moore Barracks, Shornoliffe.

..... 3/1/17 ..... 1918.

Requisition Urinalysis

Date 3/1/17

Reg.No. 503968

Name. McKay, J A

Unit. L E

Wrad. 3

Diagnosis.

Exam.Req.

Report

Colour. Amber

S.G. 1030

Reaction. Acid

Sugar Nil

Albumen. Nil

Microscopic.

..... Capt. C. .M.C., O. i/c Laboratory.

No. XI. Canadian General Hospital, Moore Barracks, Shornoliffe.

Recognition Hemorrhagic

Date

Reg. No.

Name

Unit.

Area.

Diagnosis.

Man. Reg.

Report

Colour.

S.G.

Reaction.

Sugar

Albumen.

Microscopic.

Capt. S. [illegible], C. 1/5 Laboratory.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 503968 (Rank) SAPPER

Name (in full) McKAY, John, Alexander enlisted in

the CANADIAN ENGINEERS, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at TORONTON ONTARIO on the NINTH

day of MARCH 19 16.

HE served in ENGLAND

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age	22 Years	Marks or Scars	
Height	5' 6½"		TATTOO HORSE'S HEAD
Complexion	FAIR		LEFT UPPER ARM.
Eyes	BLUE		
Hair	SANDY		

Signature of Soldier

DISCHARGE SECTION
JAN 22 1919
No. 1 District Depot

Issuing Officer Capt.

Rank O.C. Discharge Section, No. 1 D.D.

Appointment

Date of Discharge Twenty-second January 19

Signed at LONDON, ONT. (One) this day of 19

in Military District No. 1.DD.10-M-390.

File Reference No.

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

M. F. W. 39a.
250m—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

MAY — 1916

draft th. DIVISONAL SIGNAL COMPANY

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Signal Training Depot.

Copied for VB

Regimental No. 503968 Rank Sapper Name McKay, John Alexander

C. E. F.

Enlisted (a) 9. 3. 16. Terms of Service (a) D of W. Service reckons from (a) 9. 3. 16.

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

Extended Re-engaged Qualification (b) Teleg operator.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked.	Canada	21-5-16	
		Disembarked	England	30-5-16	
31/5/16	C.E.T.D.	Taken on the strength of the C.E.T.D.	Shrncl'fe	30-5-16	Pt. II, No. ~~138~~ 128.
27.10.16	CETD	On Command S'cliffe	Croboro.	25.10.16	Part II Order-254
29.4.18	CETD	off Command S'cliffe	Seaford	28.4.18	Part II Order-102
21.5.18	C.E.T.D	T.O.S. to 1st C.E.R.B.	Seaford	21.5.18	DOPt II #47 of 16.5.18 for O.C. CETD
22.5.18	1st CERB	T.O.S. from CETD	Seaford	21.5.18	DOPt II #1 of 21.5.18
~~2.12.18.~~	~~1st C.E.R.B.~~	~~On Cmd, Kimmel Park.~~	~~Seaford.~~	~~2.12.18.~~	~~Pt. 2 D.O. 169.~~
2.12.18.	1st C.E.R.B.	Det'd to H.Q. OMFC pending sailing instructions	Seaford.	2.12.18.	Pt 2 D.O. 169.

[signature] Capt. C.E.
Adjutant 1st C.E.R.B.

(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.

Copied for VB

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				
3/12/18	1st CER. B.	T.O.S. Kinmel Park	Kinmel Pk	7-12-18	D.O. 5
		S.O.S. O.M.F.C. Proceeding to Canada		12-12-18	D.O. 10
					T Barkshire Capt OC #7 Wing Concen Camp.
12.12.18		Sailed from Liverpool			W P Sully CAPT. ADJUTANT H.M.T. Regina
12.12.18	from HS	Taken on strength No. 1 District Depot	London	D.O. 254	
					F A Herman Lieut
					for OC NO. 1 DISTRICT DEPOT
LONDON, ONT.		JAN 22 1919 DISCHARGED			
		Medically unfit			[signature] O. C. Discharge Section, No. 1 D.D.

MAY — 1916

draft 1 th. DIVISIONAL SIGNAL COMPANY 503968

503968

MEDICAL HISTORY SHEET.

Surname McKay *Christian Name* John Alexander

Copied for VB

Examined on 23rd day of February 1916 at Toronto

Birthplace City or Town Blenheim, Ont. Can. County

Apparent age 20 yrs.

Trade or occupation Telegraph operator

Height 5 Feet 6¾ Inches.

Weight 137½ Lbs.

Chest measurement Minimum 31½ inches. Maximum expansion 35½ inches.

Physical development Fair

Small-Pox Marks nil

Vaccination Marks Arm Right. Left. 1 Number 1

When Vaccinated last 1911

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

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

Approved by F. Hughes

Rank Capt M.O.

Toronto Recruiting Depot

Date.	Fit or Unfit.	Examined for Re-engagement.
7.12.17.	A 11	[illegible] M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
9/5/16		J.W.S. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
15-3-16		J.W.S. 29 APR 1918 [illegible] M.O.
24.3.16		J.W.S. M.O.
14/5/17		[illegible] M.O.

Enlisted on 9th *day of* March 1916 *191* *at* Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Div. Signal Coy.	503968		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Sunderland Ont	Jan 17/19	Valvular disease of heart	Cft C C Richardson Capt

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

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-439.

Surname McKay Christian Name John Alexander

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS SHORNCLIFFE		1	1	18	14	FEB	1918	Sp. B Ankle	45	Swelling & pain subsided Discharged to duty A	J F Adams Capt

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.

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(1) Name of Overseas Unit which Soldier joins.....

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draft — DIVISONAL SIGNAL COMPANY

(2) Regimental Number 503968

(3) Full Name of Soldier..... John Alexander McKay

(4) Place of Birth..... Blenheim, Ont.

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

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

(b) Present Postal Address..... —

(7) Are you a widower ? ..... —

(8) Have you any children ?..... —

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

Also their names and ages.....

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address John McKay, 23 Lansdowne Ave. Chatham, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Mrs. John McKay.

Same address.

(11) If your Mother is a widow No

Are you her sole support, or not? —

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

—

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

—

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

—

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

E Roberts Lt & adjt
for *Officer Commanding.*

Date MAY 9 1916

Signal Training Depot

LAST PAY CERTIFICATE

Regt. No. 503968 Rank Pte Name McKay. John Alex.

Corps C. E. who was Discharged

on 22 1/19 to

The following is a statement of the account of the above named

from 1 12/18 to 22 1/19

Bal Dr from mon. of from L.P.C. —	26	89	Bal Cr from mon. of from L.P.C.		
ASSIGNED PAY; 9475	14	50	Regt Pay 53 days at $1.00	53	
			F'ld All 53 days at $ 10	5	30
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Clothing Allowance	35	
			Subsistence, 22 12/18 to 16 1/19	20	80
PAYMENTS: 9476	72	96			
			Xmas allce		25
Bal Cr (to be paid)			Bal Dr (to be deducted)		
Overseas P.D.P.	114	35	(from soldier $ / " Dependant $)	114	35

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month has been to	at $20.00 per month has been paid to 22 1/19 & closed	Subscribed $ Paid by Other Units $ Paid by this Unit $

Dependant or Beneficiary; John McKay (Father)
Address; 23 Lansdown Ave Chatham Ont.

REMARKS; DO 20 Discharged

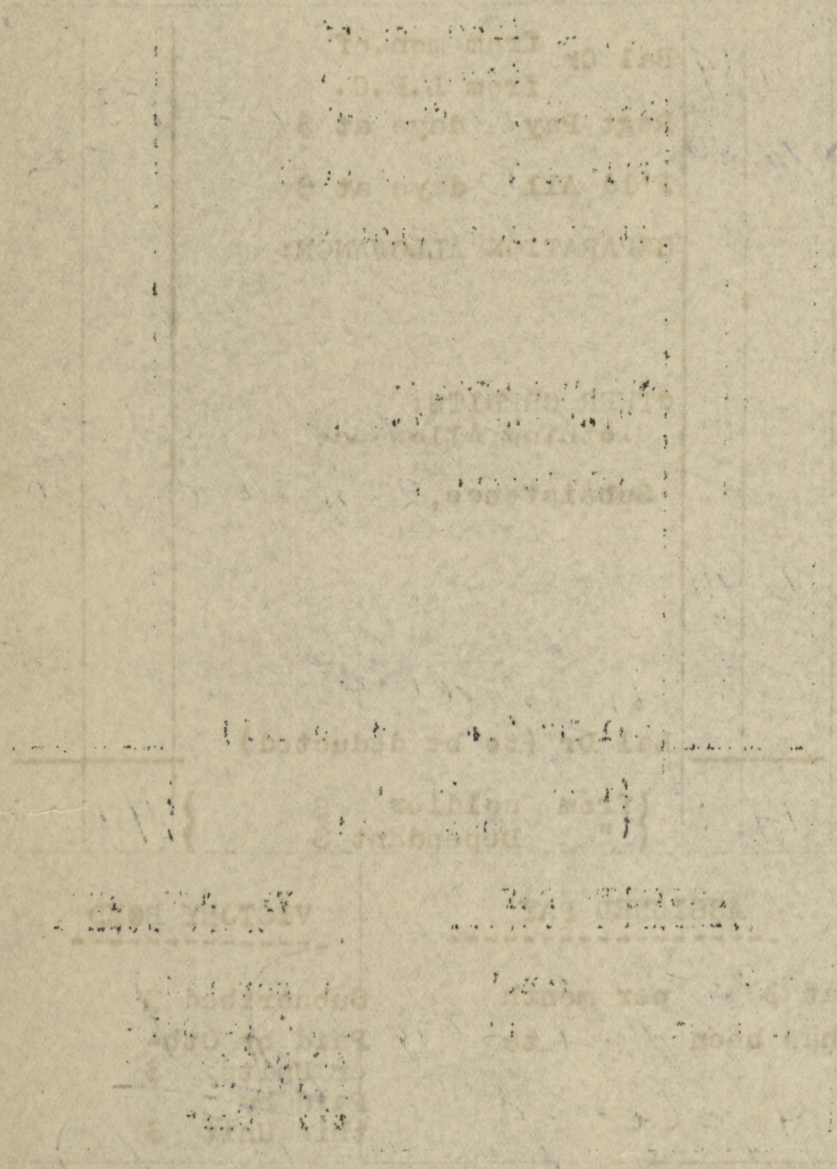
M. U.

Date of Enlistment 9-3-16
If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit

date;
London, Ont.

[signature] Captain,
Paymaster, District Depot No. 1



CLINICAL CHART.

(To be attached to Case Sheet.)

A+D. # 633

Army Form B. 181.

No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS SHORNCLIFFE

Corps C.E.

Military Hospital

No. 503968 Rank and Name Spr McKay J. A. Age 21 Service 20/12

Disease Sprained Ankle Rt. Date of admission 1-1-18 Date of discharge 14-2-18 Result

Dates of Observation	1	2	3	4	5	6	7	8	9
Days of Disease									
Temperature Fahrenheit (Time A.M. P.M.)	7 pm			4 pm	4 pm	5 p.m.	4 p.m.	4 pm	4 p.m.
Pulse per Minute	96	92	94	84	76	80	78	84	82
Respirations per Minute	20	20	20	20	20	20	20	20	20
Motions per 24 hours									

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature _____ In charge of case.

L. L. J. 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom John McKay

Address 23 Lansdowne Ave Chatham Ont

MAY 1 1916

Rate $20.00

By Whom Assigned McKay J A

Regtl. No. 503968

Rank Spr

Corps Div. Sig. Sect.

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 6 ACCOUNT

CANADIAN ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 11/6/16

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574

John Mc Kay

PAYMENTS.

Name of Soldier Mc Kay J A
#503968 Div. Sig. Sect.

#20.00

MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		K 7725	40	
July		A 11657	20	
Aug.		C 12249	20	
Sept.		Q 19216	20	
Oct.		Q 23976	20	
Nov.		M 26112	20	
Dec.		33768	20	
Jan.	1917	D 40369	20	
Feb.		D 45908	20	
March		V 49394	20	20 B.
April		53265	20	20. E.
May		B 9431	20	20
June		R 15776	20	Ba
July		S 24077	20	B.
Aug.		F 34645	20	
Sept.		C 37385	20	e
Oct.		K 43292	20	
Nov.		G 44962	20	
Dec.		V 57874	20	#400.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 11/6/19

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.				

MARRIED OR SINGLE Single

PLACE OF BIRTH Blenheim. Ont. Canada

NAME AND ADDRESS OF NEXT OF KIN John McKay 23 Lansdowne Ave. Chatham Ont. Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 503968 RANK Spr NAME McKay John Alexander

IF IN PERMT. CORPS WHAT UNIT | UNIT Ch. S.D. TRANSFERRED TO 6RBR DATE 1-2-18 AUTHORITY Request

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION March 9th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE

PAYABLE TO John McKay 23 Lansdowne Ave Chatham Ont Canada RELATIONSHIP Father

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) 455

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1-30														24 10	24 10																24 10				6m from Canada
June	30	1.00	30	-	3		3	-							33	-	1105	8/7/16						9 73				20	-	29 73	24 34				
July 1-31	31	-	31	-	31	-	3	10							34	10	1190	13/16	1283	3/8/16	1-28 C.F.B.			4 87	4 87				20	-	29 74	31 73				
Aug	31		31		31		3	10							34	10					1105				9 73				20		29 73	36 10				
Sept	30	-	30	-	30		3	-							33	-					1495			7 30					20	-	58 93	10 17				
Oct	31		31		31		3	10							34	10								9 73					20		39 46	4 81				
Nov	30	..	30	..	30		3	..							33	..								7 30					20	-	20	17 81				
Dec	31	..	31	..	31		3	10							34	10								2 43					20	-	37 03	14 88				
Jan	31		23	40			23	40							24	10								7 30					20		27 30	21 68				
Feb	28		30	80											30	80								7 30					20		27 30	38 18				
Mar	31		34	10											34	10								4 87					20		44 34	14 98				
Apr	30		33												33									7 30				20		20	27 94				
May	31		34	10											34	10													20		20	42 04				
			401	50										24 10	425	60								487	53	53	85 16		240		383 56	42 04				

CANADIAN
ASSIGNED PAY AUDITED
OK Fairhellows
AUDIT CLERK
DATE 11 Sept 16

503968 McKay Jno. Alex.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Forward			#01	50										24 10	425 60					116	30/4			4 87	53 53	85 16		240		383 56	42 04				
June	30	10⅔ 10	33												33					32	13/4					7 30		20		32 19	42 87				
																										4 87				56 97				
July	31	"	34	10											34 10					17	4th Res Br							20		20					
																				295	30-5					7 30									
Aug	31	"	34	10											34 10					187	15-5					7 30		20		84 60	56 47				
																				532	30/6					4 87									
Sept	30		33												33					360	6/6					4 87		20		29 74	59 73				
			335	70										24 10	359 80									4 87	53 15	24 67		340		100 07					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE.	ENG.
Oct 1		33 33							59 73			
31	Pay	34 10		a/c Pay			20					
				665 2nd 6 Res. Bar Reg	2 43							
				655 1/45 " " "	9 70							
				402 2nd 6 12th Res. Bn.	7 30							
Nov	Pay	34 10		bal	19 46		20		54 37			
		33										
				D/Wal 741 6 R&R " 9/17	4 87							
Dec	Pay	34 10		528 - 12th Res - " 7/17	7 30							
				2 v 61 6 & 7 A 17 9/17	05							
				bal			20		69 75			
1918		67 10			12 22		40					
Jan	Pay	34 10		bal			20					
				D/V 840 6 R&R 26 9/17	7 30							
				" 932 " 26 10/17	7 30							
				" 875 " 11 10/17	7 30							
				" 990 " 13 11/17	4 87							
		34 10		" 1054 " 28 11/17	34 07		20		49 28			
Feb	Pay	30 80		bal			20					
				D/R&R 1141 " 16.12.17	9 73							
				" 1098 " 6.12.17	4 87							
		30 80			14 60		20		45 48			
Mar		34 10		a/c 1773 " 26-2-18	7 30							
				a/c 1943 " 12-3-18	7 30							
				a/c 1687 " 18-2-18	17 03							
							20					
		34 10			31 63		20					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE.	ENG.
Forward		34 10			31 63		20		45 48			
				Mar 2056 6 R&R 25-3-18	7 30							
				" 2056	7 30							
		34 10			38 93		20		20 65			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-6-16	EFFECTIVE DATE:-
AMOUNT:- 20 00	AMOUNT:-

NAME:- McKAY John Alexander
NUMBER:- 503968

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

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.

John McKay (Father) 23 Lansdowne Ave Chatham Ont.	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6 E T D

DATE ACCOUNT FIRST OPENED:- 1-6-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 R 6 R
N.R.	1-7-18		6 E T D

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
4/4/18	2368	1 6 E - R B Posted ~~4 87~~ ✓	~~4 87~~				
26/11/18	2705	—	~~4 87~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- 6 B R D Trans. to Canada: 1/12/18. NR 5 " 30/11/18. L.P.C. Cr. Bal. 22 98

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal. Frd.								20 65		
Apr	P P	33 00						20	33 65		
		33						20			
May	P P	34 10		A.P.				20 -			
				DNAR 108. CRCR 12-4-18.	4 87						
				AR 204 CRCR Sculfe. 26-4-18	7 30						
				DNAR 954 CETD 14-5-18	4 87				30 71		
		34 10			17 04			20 20			
		33		" 48 " 30.5.18	9 73						
				" 197 " 13.6.18	4 87						
				" 426 1 6 E R B 27.6.18	9 73				1938		
		33			24 33 / 24 33			20			
July Pay.		34 10		C.A.P.				20			
				" 644 1 6 E R B 12/7/18	4 87						
				" 865 " 27/7/18	4 87				23 74		
		34 10			9 74			20			
Aug.	S. P.	34 10		C.A.P.				20			
				A.R 1069. " 13 8/18	9 73						
				" 1314 " 27 8/18	4 87				23 24		
		34 10			14 60			20	56 24		
Sep.		33 -		C.A.P.				20	36 00		
				Q 400 5/63 1248 26 8/18. 1 Cap. Badge	9 1 42						
				1528 12 9/18 1 C.E.R.B.	15 4 87						Agree 22/10/18
				1666 25 9/18 —	32 9 73				20 22		
		33			16 02			20 20			
OCT		34 10		C.A.P.							
				1884 15 10/18 —	2 9 73						
				2105 29 10/18 —	6 4 87				19 72		
		34 10			14 60			20			

CANADIAN ASSIGNED PAY AUDITEE
OK Hawkins
AUDIT CLERK
DATE 1/6/19

NUMBER 503968 RANK Spr NAME Mc KAY. J.A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Fwd.					19 72		
Nov	S.P.	33		C.A.P.				20			
				2368 13 1/8 1 GE RB 2	4 87						
				2705 26 1/8 - 4	4 87				22 98		
		33 -			9 74			20 -			
				Sos Can 1 x. 1 x. 18							
				1 GE RB Do 3 - J. 1. 19							

This space to be for numbers

M

Proceedings on Discharge.

H

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

No.	503968
Rank	SAPPER
Surname	McKAY
Christian Name	JOHN, ALEXANDER

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

Corps (Squadron, Battery or Company)	CANADIAN ENGINEERS, C.O.M.F.
Date of Discharge	JAN 22 1919 D.O. #20. dy. 20. 1. 19.
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	22 years ..... months.	
Height	5 feet 6½ inches.	
Complexion	FAIR	
Eyes	BLUE	
Hair	SANDY	
Trade	TELEGRAPH OPERATOR	TATTOO HORSE'S HEAd LEFT UPPER ARM.
Intended place of residence (To be given as fully as practicable.)	23 LANSDOWN AVENUE CHATHAM, ONTARIO	

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

MEDICALLY UNFIT

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

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

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

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

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

Ham

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

GD. 21.7.65

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

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

6. Medals and Decorations.....

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

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

(Place)..... .....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

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

LONDON, ONT. J. A. McKay

(Place)..... *(Signature of Soldier.)*

JAN 22 1919 J. G. Reddon C.S.M.

(Date)..... *(Signature of Witness.)*

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

LONDON, ONT.

(Place).....

(Signature) G. W. Helm

(Date) JAN 22 1919

C. C. Discharge Section, No. 1 D.D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None. J. A. McKay

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

R—122

KF

Rank — Name: McKAY. John Alexander — Reg'l No. 503968

Unit 13TH DFT SIG.C.E. — If in perm. Corps, What Unit? — ~~Married or~~ Single

Place and Date of Enlistment Toronto. Ont. 9.3.16 — Place of Birth Canada.

Name and Address, Next-of-Kin John. Mc. Kay. 23 Lansdowne Ave. Chatham. Ont. Can — Relationship Father

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. No 4836
File R.L.
Category
CAN.C.R.

Copied for VB

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.
E.		Arrived in England. S.S.	Baltic	29 MAY 1916	
31.5.16	C.E.T.D.	Taken on strength.	S'cliffe	30 MAY 1916	Proceed 128
24.10.16	- do -	On Command Shorncliffe for duty	Crowboro' S/a	25.10.16.	—"— 254
21.5.18		1st CERB T.O.S. From CETD	Seaford	21.5.18	D.O.1 CETD.D-O.117
4-1-19.		—"— SOS to Canada MD1.	—"—	—"— 12-12-18.3.	

503968 ~~503968~~ McKay 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.				

10 - McK. - 23

AUDITOR | PAYMASTER

3626

M. OR S. S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 503968 — RANK Pte. — NAME (IN FULL) McKAY, John Alexander — 45

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID Nil — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6.E. — IF IN P.F. WHAT UNIT? 23 Lansdowne Ave

PLACE OF ATTESTATION — TRANSFERRED TO — DATE Chatham Ont — AUTHORITY

DATE OF ATTESTATION 9-3-16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 20 — DATE EFFECTIVE on paid to 31-12-18

PAYABLE TO John McKay — RELATIONSHIP Father — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 23 Lansdowne Ave., Chatham Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London — DATE 22/5/19 — REASON Medically Unfit — AUTHORITY D.O. 30 — IF ENTITLED TO POST DISCHARGE PAY yes

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account 30-11-18 Engl. Pd.							22	98													20				4 87 5 20								
17/18 22/1/19	23.	1 10	58	30	00 80 25 35	00	114	35					9476	26/1/19					72	96	94 75 14	50			26	89	114	35			26	89	Bal.
22/1/19		70					70	—	4886	22/1/19									70	—							70	—					
22/2/19		70					70		4894	22/2/19									70	—							70	—					
		WSG																	WSG														
22/3/19		210					210												70	—							70	—	140				
22/4/19.		140					140												70	—							70	—	70				
		70					70												70	—							70	—	0				
							350	—											70	—	280						350	—	R. Feiant Capt.				

WAR SERVICE GRATUITY

Onboat A.P. Dec.

Subsc 17/18 6 16 2 008 Subsc 22/23 11
to 16 1/2 Awarded Dy H 25 Christmas
allce 35 Clothing

War service Gratuity
2 years $ 350

A.R. Mortimer Major

30/8/15

72776.

22/5/19. 875 21

60m.-11-18 L. L. 51777. M. & D. 9585.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment May 1/16

RATE OF SEPARATION ALLOWANCE

m 6481

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 503968

Rank Spr Promoted Reverted Discharge

Soldier's Name J. A. McKay

Battalion Div. Sig. Sect Dft

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name John McKay

Address 23 Lansdowne Ave. Chatham Change of Address Ont

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec. 31	—		400	400	
Jan 18	J 66222		20	20	Fm
Feb "	H 72517		20	20	
mar	M 90851		20	20	
apr	E 4493		20	20	✓
may	N 19421		20	20	✓
June	J 23897		20	20	✓
July	L 30638		20	20	✓
Aug	L 41376		20	20	✓
Sept	2 46296		20	20	✓
Oct	T 53563		20	20	✓
Nov	P 59036		20	20	✓
Dec	S 68281 ✓		20	20	✓
~~Jan~~			~~20~~	~~20~~	
			640	640	

REMARKS K-12406-J-138

A/c Closed

MD

Ret'd per Regaia

Date 20/12/18 F.X. 28-12-18

MRO 36485

Clerk G N Burdon

CANADIAN ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 11/6/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7193.

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. 7668.

Forms
I. 1237
12

"Bed 18"

Army Form I. 1237.

No. XI CANADIAN
GENERAL HOSPITAL,
MOORE BARRACKS,
SHORNCLIFFE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
633	503968	Spr.	McKay.	Jack A.

Year	Unit.	Age.	Service.
1918	Can. Sig details Shorncliffe	21	20/12

Station and Date.

2-1-18

Disease Sprained Ankle Rt.

Fell from motor cycle injuring ankle - Flexion & extension limited but no pain Abduction & adduction - pain region of malleoli.

Tenderness over Tibia 2" above ankle.

Tenderness over malleoli especially internal

[signature]
Capt

~~Tr. C.H.~~ Discharged to lines

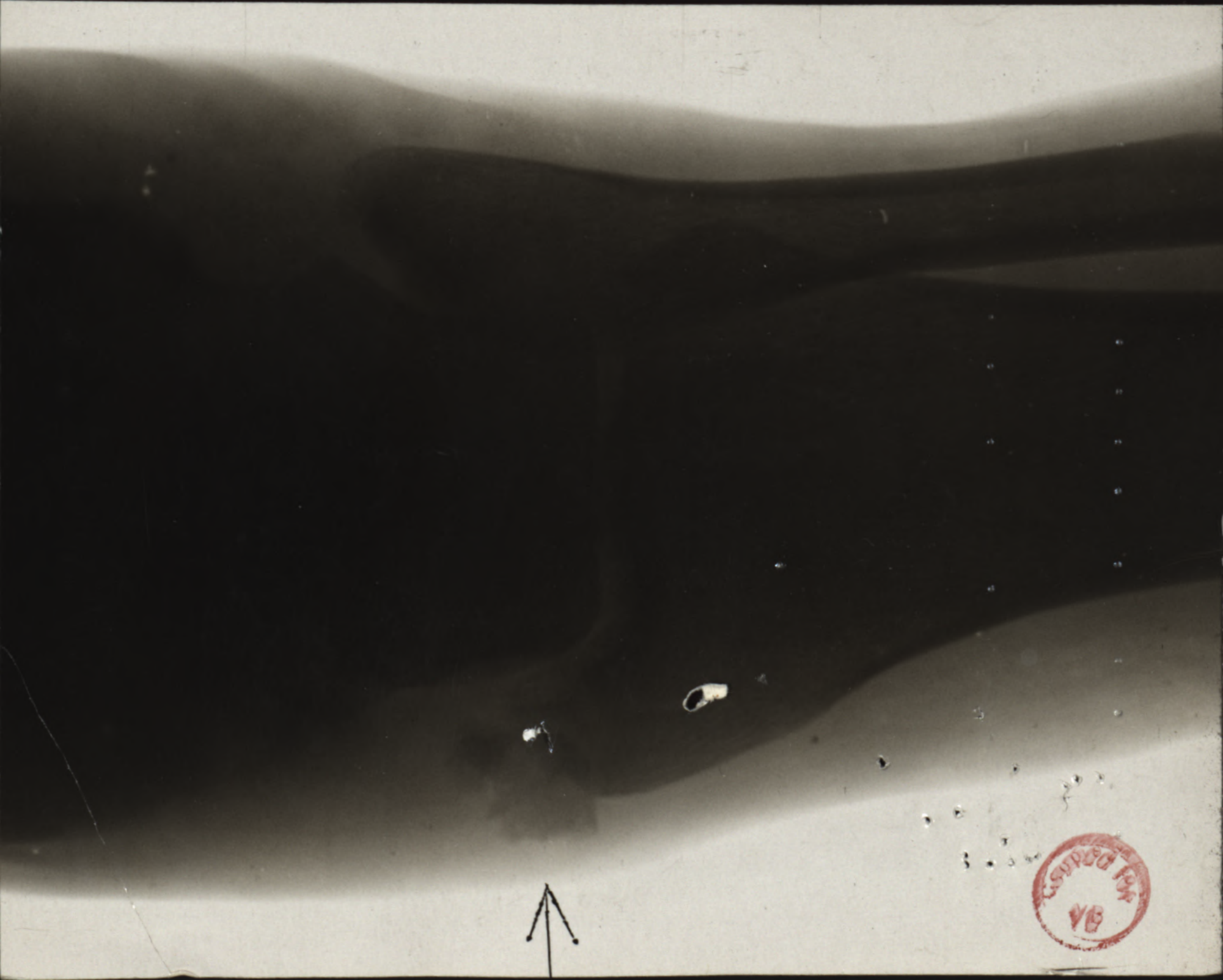
J.F. Adams
Capt

14 FEB 1918
DISCHARGED TO DUTY

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

(44502) Wt. 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

Station and Date.	



M.O. wd. 3. No. XI. C.G.H. 4.1.18.

Copied for VB

503968., Pte. McKay., J.A.G.S.D.,

Fracture of lower end of tibia, (tip of internal malleolus.)

Capt. C.A.M.C.
O. i/c X. Ray Department,
No. XI Canadian General
Hospital.

7532

X. Ray Department,
No. XI Canadian General Hospital.
Record No. 7532.

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 London, Ont. DATE Jan. 16/1919

1. 1 (a) Unit #1. D.D. (b) Regimental No. 503968 (c) Rank Spr.

(d) Surname McKay (e) Christian name John Alexander.

(f) Home address 23 Lansdowne Ave., Chatham, Ont.

(g) Next of Kin Mr. John McKay (h) Relationship Father

(i) Address of Next of Kin 23 Lansdowne Ave., Chatham, Ont.

2. Age last birthday 22 Date of birth Feb. 5 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date 9-3-16

4. Personal description:

(a) Height 5' 6 1/2" (b) Weight 142 ½ (stripped) (c) Complexion Fair

(d) Colour of hair Sandy (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo horses head left upper arm

5. Former trade or occupation Telegraph operator.

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
	2	~~134~~ 314

	Periods	
	From	To
Canada	9-3-16, 12-12-18	21-5-16 date
England	21-5-16	12-12-18
France or other theatres of War	Nil.	

7. Original disease, or injury Valvular disease of the heart.

8. Indefinite, probably prior to enlistment.

(a) Date of origin (b) Place of origin Not known.

(c) Cause Indefinite - see History Sect. 10 (a).

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Necessity for rest of the body because of V.D.H. aggravated on service.

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.)

Objective:- Presystolic murmur heard best to the left of the sternum on the level of or slightly below the nipple, propogated to the apex and brought out more distinctly on exercise. No enlargement of heart Slight thrill felt over the area of the murmur. Pulse sitting 96 Standing 100. After touching toes ten times 120, returning to 100 in 3 minutes. Moderate dyspnoea after touching toes 10 times. B.P. 150 - 95. Urinalysis - Negative. No swelling of ankles.

Subjective:- Complains of shortness of breath on moderate exertion. States he has weak spells when he has to sit down and has the sensation of breath leaving. That he does not sleep well. Complains of palpitation.

Urine Report. 17-1-19

Straw clear; Sp. Gr., 1.023; Reaction, slightly alkaline; Albumin, neg. Glucose, neg. Phosphates few squamous epithelial cells, Occasional lincocyte . W.H.M. Johnson, Capt.

(*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..Genito-Urinary System..No..
(If pulse rate is abnormal, B. P. will be taken.) (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*).)

States had inflammatory rheumatism when 10 years of age. Does not remember any heart trouble after. While undergoing training at Seaford in May 1918 dropped when running a 100 yards race. Ever since then he has been short of breath. Was never in hospital for this trouble Was never in France and prior to going to Seaford was doing office work.

Copied for Vo

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*).)

Sprained ankle, England 1-1-18 . 6 weeks in hospital. Completely recovered. No disability.
Influenza June 1918 to S.D.H. for 4 days. Recovered.

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

None.

11.—(*a*) Did the disabling condition have its origin before enlistment? Indefinite but probable.

(*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.)

Yes

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

The regimental documents will be referred to.

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

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

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

Nil

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

No

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

17. Recommendations Category C 111.

G.G. Clegg Capt
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 J.R. 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

J. A. McKay Rank.
Signature of invalid examined.

66

Copied for VB

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.

Board agrees.

#8. in view of the fact that this bruit is at times absent. That it is never pronounced in lying down and pre systolic in and not transmitted. Board feels that bruit is functional

Blood pressure high.

#17 Category C 11.

19. Is the invalid fit for

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

Placed in category C 11.

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.

C C Richardson Capt. President.

F. C. Edkins Capt.

P. A. Scollick Capt. Members

PLACE London, Ont.

DATE Jan. 17th-1919

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

A F Lairoleaux for Assistant Director of Medical Services.

DATE 17.1.19

APPROVED BY

Director-General of Medical Services.

DATE.....

7532

M.O.wd.3. 4.1.18.
No. XI. Can. Gen. Hospital.

Spr. McKay., J. A., 503968.,
C.S.D.

Fractured lower end of tibia,
tip of internal malleolus.

H Summer
for.

Department,
Moore Barracks Canadian Hospital.

.....

.....

for more definite history

f lesion, please.

Capt. C.A.M.C.
O. i/c X-Ray Dept.,
Moore Barracks C.H.

No XI Canadian General Hospital.

No. 503965 Rank. Pte. Name. [illegible] Unit. [illegible]

I have examined the above named man and find him dentally fit.

Date. 22/1/18 J.M. Rogers. Captain. C.A.D.C.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER McKay John Alexander DISTRICT

REGIMENT Can Eng RANK Spr No. 503968

M.F.B. 465.
150M.—6-18.
1772-39-950.

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.

No. 1 District Depot
1919

	Date 1914		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 District	REMARKS
Condition on first Examination	Jan	16	11 / 2.4.12. 13.14.18.19. 27.29														3 / 8.9.10				J. D. Campbell Capt.	1.	Can. 18.19.

DENTAL HISTORY SHEET