10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2383454

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

COPY

1. Surname: McKellar
2. Christian name: David Gibson
3. Present address: Keewatin P.O. Ontario Canada
4. Military Service Act letter and number: 693616 T.C.
5. Date of birth: May 18th 1893
6. Place of birth (town, township or county and country): Maybole Ayrshire Scotland.
7. Married, widower or single: Married
8. Religion: Presbyterian
9. Trade or calling: Teamster
10. Name of next-of-kin: Anne McKellar
11. Relationship of next-of-kin: Wife
12. Address of next-of-kin: Keewatin P.O. Ontario Canada
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None.
15. Medical Examination under Military Service Act:—
    (a) Place: Kenora Ontario Canada (b) Date: 10th Oct. 1917 (c) Category: A1

DECLARATION OF RECRUIT

I, David Gibson McKellar, do solemnly declare that the above particulars refer to me, and are true.

David Gibson McKellar (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 24 yrs. 5 mths.

Height: 5 ft. 8 ins.

Chest measurement: fully expanded 31 ins.; range of expansion 3 ins.

Complexion: Fair

Eyes: Blue

Hair: Brown

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

nil

H. A. Anthes Major

O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment.

O. C. 1st Depot Btln. Manitoba Regt.

Place: Port Arthur Ontario Canada Date: January 10th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

DP. 18/7/18.

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

Attestation Papers..... 5 6

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Doc 14-1
G.S.B 123-1
M.D. 2113
M.D. 267

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Corps

Name Mc. KELLAR. DAVID. GIBSON.

Regt. No. 2383454 Rank Pte.

Corps "H" Co. 1st Dep Bn. W.F.R.

Cat. "E."

20880

1. Part-II
Cards.— 1. Casualty

SURNAME. Mc Kellar

CHRISTIAN NAMES David Gibson

REGL. No. 2383454 RANK Pte.

UNIT Mon. Regt. 1st Upo. Bn.

FORMER CORPS Inf.

CARD NO. S.O.S. Dec. 7-5-18.

D.O. 123 of 3-8-18. / M.R. FOLL.

R.N.S.

NEXT OF KIN.

NAMES IN FULL Mc Kellar. Mrs. Anne

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Keewatin P.O. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Maybole. Ayr. DATE May 18th 1893

PLACE OF ATTESTATION Port Arthur, Ont. DATE Jan. 10th 1918

L. L 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME David Gibson McKellar

REGIMENTAL NO. 2383454 RANK Private

ENLISTED AT Port Arthur Ontario Canada. PROMOTIONS, &c. AND DATE

DATE January 10th 1918.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Anne McKellar RELATIONSHIP Wife

ADDRESS OF Keewatin P.O. Ontario Canada

ASSIGNMENT OF PAY $ 20 c. 00 TO Anne McKellar

ADDRESS Keewatin P.O. Ontario Canada

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	NO.	DATE	

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. 1 Depot Batt Manitoba

Regimental No. 238345 Rank Private Name Kellar David Gibson
C. E. F.

Enlisted (a) 10-1-18 Terms of Service (a) War Service reckons from (a) 10/1/18

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) Civil - Seaman Mil - Nil

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				
		Discharged. Vide C.O. 102. Para 2262, R.O. 215, Para 6. Effective 7-5-18			
		Certified J. D. Blanchard Capt. for Major O. C. "H" Coy. 1st. Depot. Battn, Manitoba Regiment.			

(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				

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname McLellan Christian name David G.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule T.b. 693616

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Keewatin

No. 6

Ckd. to Schedule by

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of Oct 1917, by the undersigned medical board sitting at Keewatin

5. Age as stated 21 Years 5 Months. 6. Apparent age — Years — Months

7. Height 5 Feet 8 Inches. 8. Weight 137 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 3 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

11. Physical development { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { ~~Rheumatism~~ / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

V R - 20/20
L - 20/20

A. McLeelan President.

W. McCarr. Capt. Member. Gw Brown Lt. Member.

Signature of Man David G. McLellan.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
2-2-18		Gw Brown	M.O.	12-1-18		Gw Brown	M.O.
			M.O.	19-1-18		Gw Brown	M.O.
			M.O.	26-1-18		Gw Brown	M.O.

Joined 10 day of January 1918 at Port Arthur

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bat'n R	2383454		10-1-18
Transferred to.....	Discharged, Vide C.O. 104. Para. 2262 & R.O. 215. Para. 6. Effective 7-5-18			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Port Arthur Ont.	Boarded April 16th/18	V. D. H.	Discharged Category E

N. B.—This sheet is 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.

Surname..................... Christian Name.....................

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				

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 1st. Depot Battalion Manitoba Regiment

(2) Regimental Number 2383464

(3) Full Name of Soldier David Gibson McKellar

(4) Place of Birth Maybole Ayrshire Scotland

(5) Are you married, or not ? Yes.

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

(b) Present Postal Address Keewatin P.O. Ontario Canada

(7) Are you a widower ?

(8) Have you any children ? No.

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 .....

If so, state name and address ... Peter McKellar, Keewatin Ontario Canada

(10) Is your Mother alive ?..... Yes .....

If so, state name and address... Grace McKellar, Keewatin Ontario Canada.

.....

(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 ?..... Yes .....

If so, in what Company ?..... Noth American Life Insurrance Company .....

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

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

H H Antram ..... Major

O. C. "H" Coy. 1st. Depot. Battalion,

..... Manitoba Regiment.

Officer Commanding.

Date... January 10th 1918.

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 1st. Depot Battalion Mnitoba Regiment

(2) Regimental Number 2383454

(3) Full Name of Soldier David Gibson McKellar

(4) Place of Birth Maybole Ayrshire Scotland

(5) Are you married, or not ? Yes.

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

(b) Present Postal Address Keewatin P.O. Ontario Canada

(7) Are you a widower ?

(8) Have you any children ? No.

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.)

Dis. R.O. 2115 Para 6
to O.C. 100th 3-5-18
to O.C. 44th 3-5-18

(9) Is your Father alive ?..... Yes .....

If so, state name and address ... Peter McKellar, Keewatin Ontario Canada

(10) Is your Mother alive ?..... Yes .....

If so, state name and address... Grace McKellar, Keewatin Ontario Canada.

.....

(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 ?..... Yes .....

If so, in what Company ?.... North American Life Insurance Company .....

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

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

H D Arthur ..... Major

O. C. "H" Coy. 1st. Depot. Battalion,

..... Manitoba Regiment.....

Officer Commanding.

Date... January 10th 1918. .....

ORIGINAL

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 10

No. 29

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

Regimental No. 2383454 Rank Pte. Name McKellar, D.G.

Corps 1st. Depot Battn. Man. Regt. Who was* Discharged.

On 7-5-18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-5-18 191..., to 7-5-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques No.			Regt'l Pay 7 days at $ 1 c.	7	00
Advances by Cheques No.			Field Allow. 7 days at $ 10 c. 1-5- to 7-5-18		70
~~Assigned Pay and~~ Sep'n Allce. No.	6	00	Separation Allowances* (Monthly)	6	00
Other charges			Other Allowances*		
Payment on transfer or discharge No.	17	70	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	23	70	Total	23	70

*Give particulars.

A monthly stoppage of $ 20.00 (†) has ..... (‡) been paid on account of Assigned

{Pay for the month of April 1918 / and Sep'n Allce. for month of to 7-5-18 1918} (to) Assignee Mrs. Annan May McKellar

(Address) 316 Pearl St. Port Arthur, Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 10-1-18

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

(3) cause of discharge Vide C0104 3-5-18 authority BO 123

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 9-5-18

Place Winnipeg, Man. Capt.

1st. Depot Battn. Man Regt. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

10M.—1-18.
H. Q. 1772-39-903.

44-Mc-55-5

This space to be for numbers.

Proceedings on Discharge.

Wpg-M-31482

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

DEPT. OF MILITIA & DEFENCE
JUL 15 1918
CANADA

No.	2383454
Rank	Private.
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	McKellar, David Gibson
Corps (Squadron, Battery or Company)	"H" Coy. 1st. Depot Battalion Manitoba Regiment.
Date of Discharge	May 7th. 1918
Place of Discharge	Port Arthur, Ontario, Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	24 years 5 months.	
Height	5 feet 8 inches.	
Complexion	Fair.	
Eyes	Blue	
Hair	Brown	
Trade	Teamster	NIL.
Intended place of residence (To be given as fully as practicable.)	Keewatin P.O. Ontario, Canada.	

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

Contingent order 104. Para. 2262. and Routine order 215. Para. 6.

Effective 7-5-18. (Category E.)

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.

"Very Good"

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

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

"Teamster"

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

3-5-18

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

NIL.

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

6. Medals and Decorations.....

Nil.

Nil.

Nil.

Nil.

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) Port Arthur, Ontario.....

H P Arthur Major

O. C. "H" Coy. 1st. Depot. Battalion, Manitoba Regiment.

(Date) May 7th. 1918.....

Commanding .....

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

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

(Place) Port Arthur, Ontario. David Filson McKellar *(Signature of Soldier.)*

(Date) May 7th. 1918. A. R. Bingham *(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~~ 118 .....days.

Total.....~~years~~ 118 x...days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg, Canada

(Date) May 10th 1918

(Signature) .....Major for

Commanding, 1st Depot Battalion Manitoba Regiment

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.)

No Reservations.

David Gibson McKellar.

Witness; A R Bingham

(OVER)

486-15-7-18

List of Discharge Documents.

Reg. Conduct Sheet,	1	Militia form B. 263.	
Squadron / Battery / Company Conduct Sheet,	1	"	B. 263a.
Copies of Convictions, by C. P.			in MS.
Med. Hist. Sheet,	2	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,	5	Militia Form B. 233.	
Proceedings on Discharge	1	"	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.

B.P.C. ORIGINAL

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Port Arthur. Ont. DATE April 16th. 1918.

1. (a) Unit 1st. Depot Batt. M.R. Regimental No. 2383454 (c) Rank Pte.

(d) Surname McKellar. (e) Christian name David Gibson.

2. Age last birthday 24. Date of birth May 18th. 1893.

3. Enlisted at Port Arthur. Ont. on Jan. 10th. 1918.

4. Personal description :—

(a) Height 5ft. 9½ins. (b) Weight 137. (stripped) (c) Complexion Med.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks None.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Keewatin Ontario. Canada.

6. Former trade or occupation Teamster.

7. (a) Service

	Periods		Years	Days
	From	To		
1st. Depot Batt. M.R.	Jan. 10th. 1918.	Apr. 16th. 1918.		

(b) Has he been overseas ? No.

8. Present disease or disability (use authorized nomenclature if possible)

Effort Syndrome. Hyperthyroidism

(a) Date of origin A Year ago. (b) Place of origin Keewatin.

(c) Cause* Overstrain.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

Pulse rate 150. Apex beat in nipple line, impulse soft and diffuse.
Soldier cannot do drill
Heart sounds normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

RECEIVED. APR 18 1918 A.D.M.S.M.D. 10

DEPT. OF MILITIA & DEFENCE MAY 14 1918 H.Q. CANADA

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty ?

13. Was a Court of Inquiry held ?

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ?

(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.)

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

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

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

19. Can the former trade or occupation be resumed ?

20. Recommendations

J. T. Brett Lieut

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

David Gilson McKellar

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

22. Is the soldier fit for

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

23. It is certified that the soldier

(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).

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

G. S. Brown Major *President*

J. A. Cowper Major }
J. D. Craik Lieut. } Members.

STATION

APPROVED

DATE APR 10 1918

APPROVED BY

DATE *Assistant Director of Medical Services.*

WINNIPEG, MAN.

APPROVED BY

DATE *Director-General of Medical Services.*

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.