Hollerith purposes only

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... McKenzie
1a. What are your Christian names? ..... Kenneth George
1b. What is your present address? .....
2. In what Town, Township or Parish, and in what Country were you born? ..... Ontario
3. What is the name of your next-of kin? .....
4. What is the address of your next-of-kin? .....
4a. What is the relationship of your next-of-kin? .....
5. What is the date of your birth? 1891
6. What is your Trade or Calling? ..... Physician
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? .....
9. Do you now belong to the Active Militia? ..... A.M.C.
10. Have you ever served in any Military Force? .....
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? .....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? .....
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .....
14. If so, what was the nature of the disability? .....
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .....
16. If so, what was the reason? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,....., 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.

.....(Signature of Recruit)

Date.....191 . .....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,....., 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.

.....(Signature of Recruit)

Date.....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.....this.....day of.....191 .

.....(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of ..... on Enlistment.

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

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

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

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

Complexion .....

Eyes .....

Hair .....

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....191 . ...

Place..... ....

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....191 .

REGIMENTAL DOCUMENTS

NAME McKENZIE KENNETH GEORGE REGT. NO. Capt UNIT C A Mt 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
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.B.W. 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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)				22213	
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. ~~39~~ 2618A)					
Pay C					
[illegible]					

Bd # 6978

W. 2589
100M-11-19
1772-39-1377

Capt	McKENZIE	Kenneth George
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box : 6978

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

(372-4-45)

NAME McKenzie Kenneth George Over

SOS. 1/4/19 Gen. Demob.
R.O. 1875 #2 DD.
R. to Act. Mil.

RANK & No. Lieut

CORPS ~~A. M. C.~~ RAMC. ~~Civilian Practitioner~~

ENLISTMENT, PLACE Toronto DATE 5. 8. 14

DO 104/14/4/19.
#2 A.M.C.T.D.

FORMER CORPS

COUNTRY OF BIRTH (Canada)

NEXT OF KIN McKenzie Dr. a.a.

ADDRESS OF NEXT OF KIN Moncton Ont.

DISCHARGE, PLACE DATE

COPIED Archives

M. F. W. 22. 50 m.—1-15.
H. Q. 1772 39-839.
L. L. 72594—M. & D.—5342.

6-7-15

REMARKS: Trans R.A.M.C. 21-5-15 Auth R.O. Gen Jones Shorncliffe

No. RANK Lieut. NAME Mc Kenzie K. G.

T. O. S. UNIT Army Medical Corps. Stationary Hospital.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Jan. 14	Jan 31	~		
Feb. 1	Feb. 28	~		
Mar. 1	Mar. 31	~		
Apr.		~		
May 1	May 9.	~	Proceeded o/s with R.A.M.C. 9-5-15.	May payslist.

COPIED Archives COPIE

No. | Rank Lieut. | Name Mc Kenzie K. G.

T. O. S. | Unit A.M.C., 5th Field Ambulance

M. D. 2

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc. — Particulars	Authority
1914	1914			
Nov. 20	Nov. 30	"		
	Dec. 19 15	"		
Jan. 1	Jan. 13	O.S.		

COPIED Archives COPIE

CANADIAN EXPEDITIONARY FORCE

S.H.H. 2-29.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Kenneth George McKENZIE.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty Second day

of June 191 6

He SERVED in CANADA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the First day

of April 191 9 by reason of General Demobilization

Dated at Ottawa, this Twelfth day

of April 191 1920.

Active duty with the Army Medical Corps from 5-8-14 to 10-5-15.
Seconded for service with the R.A.M.C., 11-5-15.
Returned to Canada on completion of duty with the R.A.M.C., 7-7-17.
Active duty with the Army Medical Corps from 1-8-17 to date of absorbtion into the C.E.F.,

Major.

for

Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428

COPIED Archives

YOS Nov. 1914 #5 7.a.
Toronto

SOS. May 1915 to R.A.M.C

2nd Enl
YOS 22-6-18

SOS. April 1919. Demob

Service Canada

COPIED
Archives
COPIE

.....

Hour.....

To Central Registry

File No.....*respecting*.....

.....

has been passed to.....

.....

(*Signature of Offi*

S. C. R. FORM 50.—500M.-10-19.

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

APR -4 1919
CANADA

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

No. ..... Rank Captain Surname McKENZIE
(Given name in full) Kenneth George

Unit or Corps C.A.M.C. Birthplace Toronto, Ontario

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5 ft. 9 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries normal

Vision Rt. 120 Left 80

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Appendectomy scar (1912)

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System yes

Disturbance of mentality no Muscular System no Digestive System yes

Osseous and Joint System no Any other general condition no

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

Pneumonia broncho, as a child. Full recovery. Appendectomy 1912, Scar sound, no disability.

COPIE Archives COPY

(If space is insufficient, continue on back of form.)

[OVER]

-4- 4 19

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Toronto ..... (Canada)

Date March 31- 1919 ..... Signed C. A. Temple ..... M.O.

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

Signature K. G. McKenzie

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

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

APPROVED
APR 2 1919
J. R. Christian Capt.
A. D. M. S., M. D. 2.

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M. F. W. 41
100M-1-18.
1772-39-889.

Name Capt. K. G. McKenzie

Regimental No. M.O.

Unit N. Toronto Orthopaedic Hospital

Date of enlistment

Place of "

Married (yes or no) Yes S.A.$40 per month

Amount of pay assigned monthly $

To whom payable Mrs. K. McKenzie

Subsistence $1.70 per day 241 Jarvis St. Toronto.

Name and address of next-of-kin

Date and place discharged Transferred to a m c for payment 30/6/18

Reason for discharge

Character on discharge

Date From 1918	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Apr. 1			3.00	and		.75	per day	40 - 51 -	203 50	72236		163 50	40 -		203 50	72237 a P L.
May 1st		31	3 00	93 -	31	75	23 25	40 - 52 70	208 95	78152		168 95	40 -		208 95	78153 m P L.
June 1st		30	3 00	90 -	30	75	22 50	40 - 51 -	203 50	82688		163 50	40 -		203 50	82688 J P L.

M. F. W. 41
100M-1-18.
1772-39-889.

Name

Regimental No. | Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no) | Date and place discharged

Amount of pay assigned monthly $ | Reason for discharge

To whom payable | Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

AUDITOR | PAYMASTER

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

M. OR S. Married | REGT. No. | RANK Captain | NAME (IN FULL) McKENZIE K.G. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs.K.McKenzie — RELATIONSHIP: Wife.
ADDRESS: 241 Jarvis St.Toronto,Ont.

IS SEPARATION ALLOWANCE PAID? Yes. ($40) — DATE EFFECTIVE
TO WHOM PAID: Next of Kin. — RELATIONSHIP
ADDRESS

8 Wpl To

PARTICULARS	EFFECTIVE DATE	AUTHORITY
DOM. ORP. HOSP.		D.O.85.
A.M.C.Tor.2	1-4-19.	

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — TRANSFERRED TO 241 Jarvis St. Toronto — DATE — AUTHORITY
PLACE OF ATTESTATION — DATE OF ATTESTATION Oct 1914 — TRANSFERRED TO — DATE — AUTHORITY
5/8/14 O.K
ASSIGNED PAY $ NIL. — DATE EFFECTIVE 5/5/14 to 10/5/15 C.R.M.C. Canada
PAYABLE TO 10/5/15 to July 1917 R.A.M.C. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS 1/8/17 to 1-4-19 C.A.M.C. Canada
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED — PLACE — DATE 1-4-19 — REASON Gen Demob. — AUTHORITY D.O.104 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					P.O.H.
MAR 31		5.00				70																													70		Subs 21-3-19 to 1-4-19.
After.																																					
Apr 1	1	5.00	5		20 40 70		1		27	10					1206						26	10	1									27	10			-		1206
~~Subs~~	~~1~~		~~915~~		~~2440~~				~~1155~~	-					17.R.125.		Sep.25.		1049027.		1049028.		610		160		770	-	305	-	80				
															Co. 147		22/1/19 to 8/1/19						150		40		960		155		40				Bonus 3120 - 1 year 1/1/19 to 31/12/19 C.
~~61 days~~	~~5.00~~																																		Acct adjusted for arrears with Bond.
61 days	5.00		305	-	90	-	385	-																							960	-	Dr. Bal.	575	-		
122 days (83)	5.00		610	-	160	-	1155	-																							960	-	Cr. Bal.			195	7
																															584	-					Acct adjusted for overpaid leave less Imperial Bonus $120.00 ($584.00 - $464.00) Acct. Cr. $60.00 (M.S.) $76.00 Sal. to adjust to 182 days. Gaz. letters from Ottawa dt 8-4-20 X 23-4-20. on file Mch-1848.
																															1544	-	Dr. Bal.	389	7		

Refund Request sent 10.6.20
Sarnia file 01nt36 K 20
— R.W.

ASST. PAYMASTER, C.A.M.C., M.D. 2.

160M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

K. A. McKenzie.