

copy
no
25/4/16

Duplicate
No. 651882

ATTESTATION PAPER.

160th O. S. Battalion, C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... McKenzie
- 1a. What are your Christian names?..... Walter Beaton
- 1b. What is your present address?..... Glamis, Bruce Co., Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Kincardine Tp., Bruce Co., Ont.
- 3. What is the name of your next-of-kin?..... Murdock McKenzie
- 4. What is the address of your next-of-kin?..... Glamis, Bruce Co., Ont.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... Aug. 30th, Year 1897.
- 6. What is your Trade or Calling?..... Farmer.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,.....Walter Beaton McKenzie....., 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.

Walter Beaton McKenzie (Signature of Recruit)

Date..... Feb. 23rd 1916 . W. L. M. Raymond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,.....Walter Beaton McKenzie....., 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.

Walter Beaton McKenzie (Signature of Recruit)

Date..... Feb. 26th 1916 . W. L. M. Raymond (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.....Tiverton, Ont...... this 26th day of Feb...... 1916 .

A. Nelson (Signature of Justice)

Description of Walter Beaton McKenzie on Enlistment.

Apparent Age 19 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded..... 34 1/2 ins.
 Range of expansion..... 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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..... Feb. 26 th 191 6

Place..... Tiverton, Ont. *J. D. Struthers*
 Medical Officer.

*Insert here "fit" or "unfit."

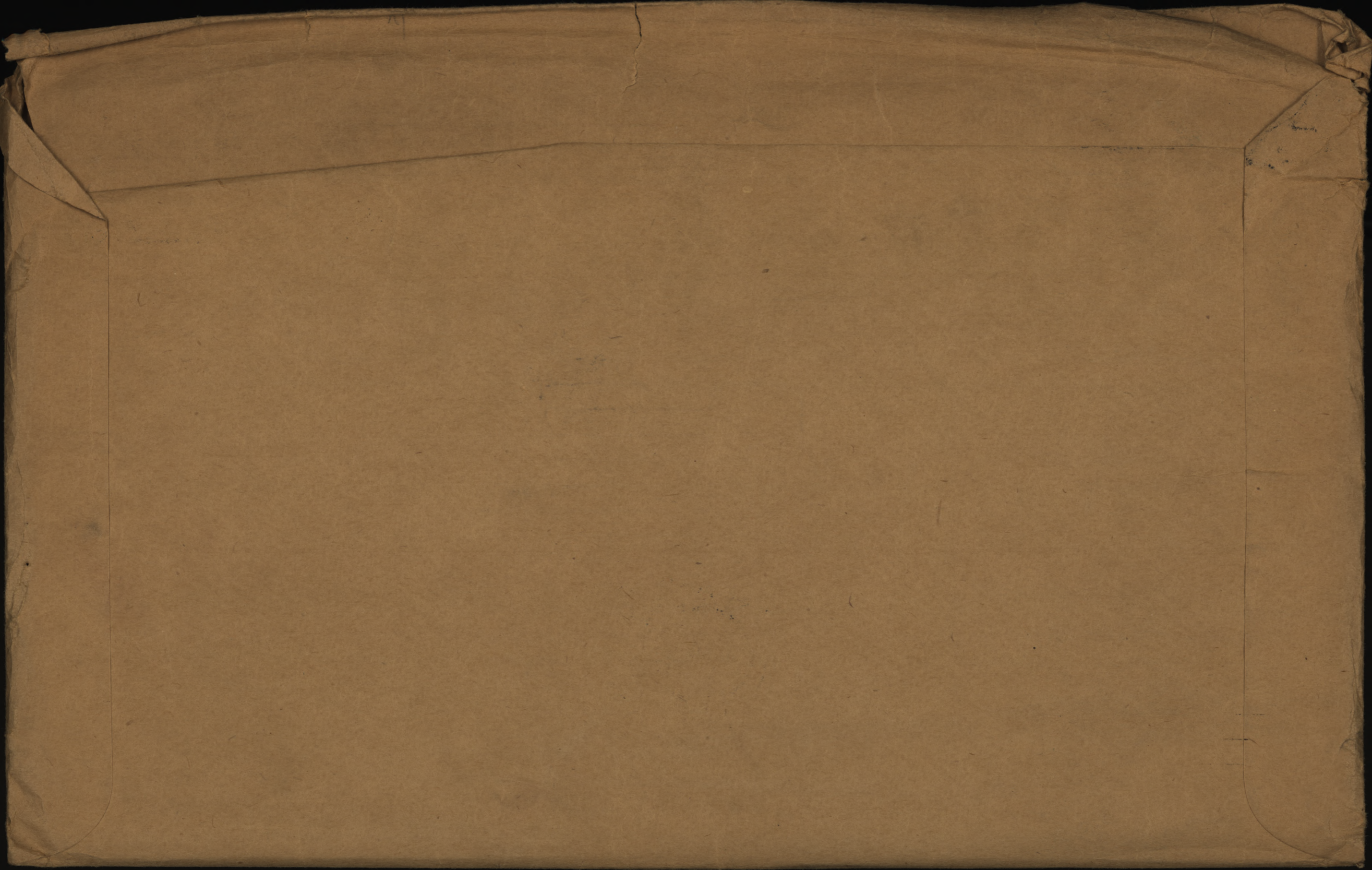
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Walter Beaton McKenzie.....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.

A. W. Wain
 Lt.-Col. (Signature of Officer)

Date..... February 26 191 6.



SURNAME.

McKenzie

K-1 CARD NO.
200.12-7-19.
26198 FOLL
Demof 100.

CHRISTIAN NAMES

Walter Beaton

REGL. No. *65-1882*

RANK

Pte.

UNIT *160th.*

Bw.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McKenzie, Murdock

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*Glamis, Bruce Co.,
Ont.*

COUNTRY OF BIRTH

Canada, Incardine, Ont.

DATE

Aug 30th 1891

PLACE OF ATTESTATION

Quinton, Ont.

DATE

Feb. 26th 1916.

1916:11-7-19-368 Pte.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

19 YEARS

MONTHS

HEIGHT

5 FEET

6 1/4 INCHES

CHEST MEASUREMENT

34 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Quinton, Ont.

DATE

Feb. 26th 1916

No. *651882*. RANK *Pvt.*

NAME *Mc. Kenzie. W. B.*

T. O. S. *23-2-16.*
(8057-7-2-16)

UNIT *160th Battalion.*

M. D. *1.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb. 23.</i>	<i>1916</i> <i>Mar. 21.</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>n.</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>n.</i>		
<i>Oct.</i>		<i>n.</i>		

UNIT SAILED
OCT 17 1916

214

Walter Beaton.

Name MCKENZIE Rank Pte

Reg. No. 651882.

Unit 160 ~~ban~~ 18th Bn.

Next of Kin Banada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
9-1	12 ban Gen Bshott.	JC Y Pt-Neel		6106		10140
2-2	Discharge		ds	C127		2907
31-3-19	ban spec. Withy	eo				9302
16-6	Discharged	On leave from France		15330	2482	4291
17-6-19	to leave granted	Pte-ward				

NAME

Mc Kenzie

W.B.

REGT'L. No.

65-1882

H. Q. FILE NO 649

RANK AND CORPS

Pte

160th Bn (West Coast Regt.)

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C106-1	#12 Can. Gen Bramshott	9-1-18	J.C. F.R. Keel.
6127-	Discharged	2-2-18	" " " " "
B452-1	Can. Spec. Witley	31-3-19	L.D.
	(admitted whilst on leave from France.)		
B. 530	Disch.	11-6-19.	20

No 12 CAN. GENERAL HOSPITAL. HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. 211 PL. OF ACTION 651882

RANK Pte. UNIT 160 Bn W. Coy SICK OR WOUNDED

NAME Mc. Kenzie W.B. AGE 18 RELIGION Pres

PLACE IN HOSPITAL Wd. 19

DIAGNOSIS D. C. T. Rt. heel.

ADMITTED 8. 1. 18. FROM _____

DISCHARGED 2-2-18. TO Duty.

TRANSFERRED _____

SERVICE AT HOME $\frac{10}{12}$ IN FIELD

RESULTS $\frac{9}{12}$

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

REG. NO. 657882 NAME Mc Kenzie W. B.
(SURNAME FIRST)

RANK. Plt CORPS 160 Batt

AGE 18. SERVICE 6/12

NAME OF HOSPITAL Military PLACE London.

DATE OF ADMISSION 21-9-16

DISEASE Mumps

DISCHARGE 11-10-16

OPERATION

DISCHARGED TO DUTY Geo

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

McKenzie

W.B.

651882

RANK

UNIT

Co.

TROOP

BATTY.

Pfc

W.O. 160.

(18)

HOSPITAL

DATE OF ADMISSION

1. 12 Can Gen. B. Shott

9. 1. 18.

1.

HOSP.

2.

Can. Special Willey

HOSP.

31. 3. 19

3.

Mrs.

HOSP.

4.

HOSP.

DIAGNOSIS

D. C. I. R. Heel by
V. D. G. G.

1.

2.

3.

misc. 2. 2. 18.

DISPOSITION

" 11. 6. 19 DATE

REMARKS

Ch. 19. 1. 18 C106

B. 2. 18 6127.

8. 4. 19 B. 482-1 admitted whilst O.L. from France.

11. 6. 19 B. 530

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

23

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... 160th Os. Battalion. C. E. F.

(2) Regimental Number... 651882.

(3) Full Name of Soldier... MCKENZIE, Walter Beaton

(4) Place of Birth... Glamis, Bruce County, Ontario.

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

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

(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.....

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

If so, state name and address.....Murdock McKenzie, Glamis, Ont......

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

If so, state name and address.....Kate McKenzie, Glamis, Ont......

(11) If your Mother is a widow.....Nil......

Are you her sole support, or not?.....Nil.....

(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.

.....Nil.....

(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.

.....Nil.....

(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.

.....Nil.....

(15) Are you insured?.....Nil *no*.....

If so, in what Company?.....Nil.....

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

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

A. Weir Lt.Col.
Officer Commanding.

Date.....June 6th 1916......

160th Os. B'n. C.E.F.

W.S.B. CLASS. "A"

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 160th O. S. Battalion, C. E. F.

Regimental No. 651882 Rank Pte. Name McKenzie, Walter Beaton

Enlisted (a) 23-2-16 Terms of Service (a) 6 8 7 Service reckons from (a) 23-2-16

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

Duration of War!

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

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				
		<u>Embarked - Canada</u>	<u>Halifax</u>	<u>17/10/16</u>	
		<u>Arrived - England</u>	<u>Liverpool</u>	<u>28/10/16</u>	
<u>23/2/18</u>	<u>160th Bn</u>	<u>S.O. on transfer to 4th Bn C.E.F. Bn</u>	<u>Witley</u>	<u>23/2/18</u>	<u>D.O. part 2 #28</u> <u>R.B. Whitehead</u> CAPTAIN, ADJUTANT, FOR O.Q. 180th CANADIAN INFANTRY BATTALION
<u>26-2-18</u>	<u>O.C. 4th Res. Bn</u>	<u>T.O.S. 4th Res. Battalion</u>	<u>Bremshott</u>	<u>24-2-18</u>	<u>Pt. 2 Order No. 48.</u>
<u>29-3-18</u>	<u>O.C. 4th Res. Bn</u>	<u>Having proceeded overseas to 18th Batta. is S.O.S. 4th Res. Batta.</u>	<u>Bramshott</u>	<u>29-3-18</u>	<u>Part 2 Order No. 75</u> <u>Job</u> <u>Barlow</u> Lieut. A/Adjt. 4th Canadian Res. Battalion.

CERTIFIED COPY REC
24 APR 1918
CAN. RECORDS LONDON

OVER

(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.]

A 22579 2.11

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				
29-3-18	2 Can I.B. Arr from 4 Can Res Bn Depot	Eng & T.O.S. of 18 Can Bn	2 Can IBD ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d=5.4.18
3-4-18	C.C.R.C.	Arr at Can. Corps Reinf. Camp		3,4,18	Nom Roll
17-8-18	18 Bn	Joined 18th Can Bn	In the Fld	13.8.18	AFB.213
22/3/19	18 Bn	Granted 14 day leave U.K.		13/3/19	B.213. Pt I 33/1919
4 AVR 1919	Cdn. Embkn. Camp	Proceeded To while on leave	England	28.3.19.	NR. Pt. II O. 33
5.4.19	H.O.A.D.	T.O.S. from 18 Bn.	Repton	30.3.19	Pt 20.77
9.4.19	"	T.O.S. from 4 Res.	"	31.3.19	"

water book
Lieut.
for Lt. Col., AAG.,
Canadian Section

FOR LT. COL. 1/6 RECORDS. C.O.

e L.

FORM OF WILL.

I, *Pte Walter Beaton McKenzie* (Name in full)

Regimental Number *651882* serving in *1600 S Bn*

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

I bequeath all my real estate unto

*Mr Murdoch McKenzie
Glammiss Ont*

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

absolutely, and my personal estate I bequeath to

*Mr Murdoch McKenzie
Glammiss Ont*

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

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this *22nd* day of *aug* A. D. 191*6*.

WB McKenzie Signature of Soldier.

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

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

Signature of First Witness *Pte D.A. Mc Dougall*

Address of Witness *Liverton Ont;*

Occupation of Witness *Farmer*

Signature of Second Witness *Stuart McPherson*

Address of Witness *Liverton Ont R.R. No 1*

Occupation of Witness *Farmer*

THE TWO WITNESSES MUST SIGN HERE

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McKenzie W.B.
 REGIMENT 1st Can. Inf. RANK Pvt. No. 651882
 Date of Examination in England 5/17/44 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

Bridge 9110.

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

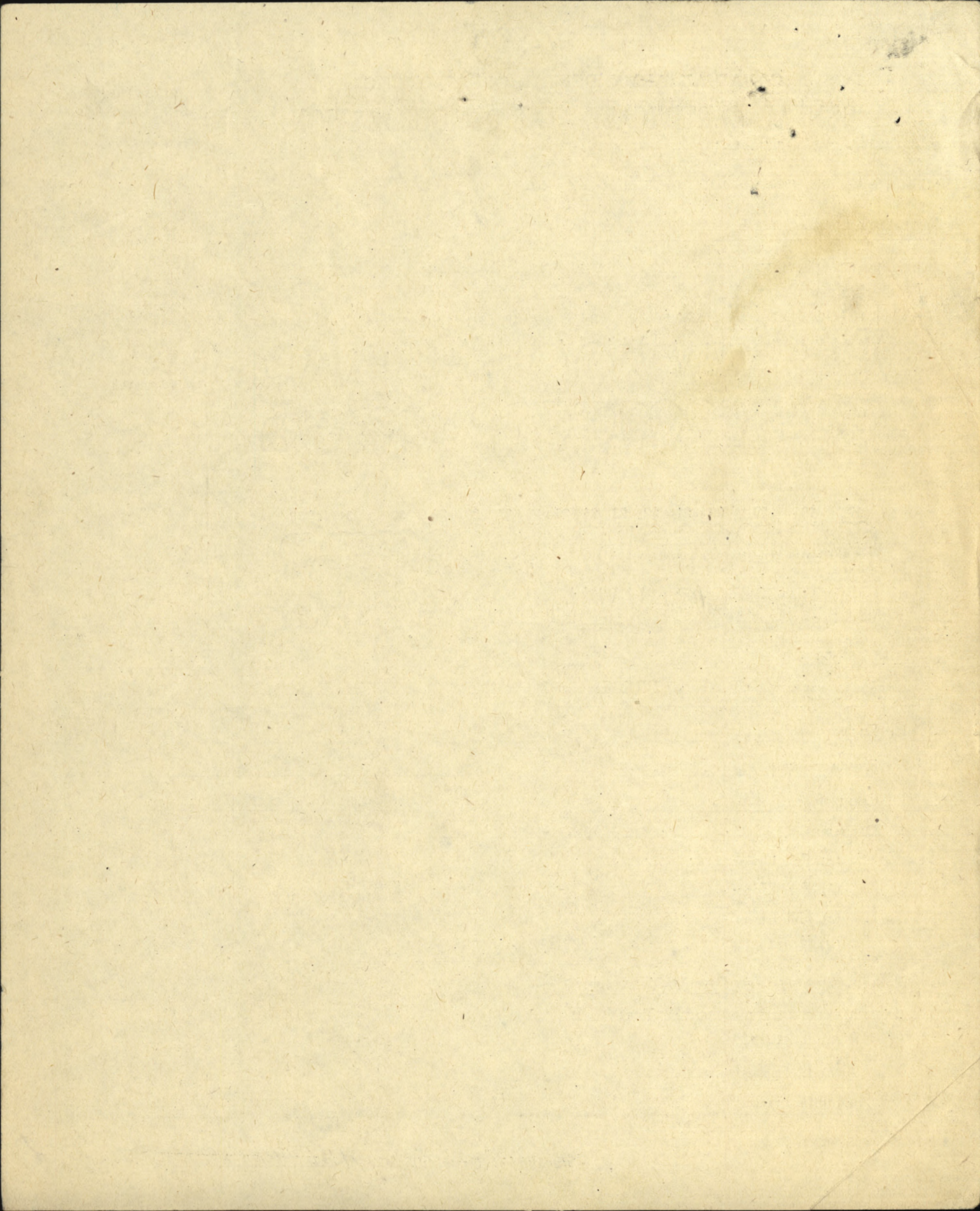
CONTENTS COPIED
 C.A.D.C., M.D. No. 1.

HAS HE EVER REFUSED DENTAL TREATMENT? —

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

- (a) In Canada yes
- (b) In England yes
- (c) In France yes

Signature of Dental Officer K. H. Harling



Temporary.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—E
Part I.

(1)*Substantive rank *Acting rank (To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname <i>Mc Kenzie</i>	<i>160 Bu</i>	<i>651882</i>
(5) Christian Names <i>Walter Beaton</i>		
(6) Army Form, number of, Attestation } Form or Record of Service paper }		
(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

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

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

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

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoening-smith, &c.

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

Nothing to be written in this margin.

Forms/B. 103/8
HWV(R1460)
3/19 HWV(R1460)
100,000 3/19
W10416—P2151
(6 28 19)

651882. Mc Kenzie, W. B.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
			Arrived in England 4/5. Metagama		28.10.16	
23.2.18	160 Bn	Pt II # 28	S.O.I. to 4. Res Bn	Wiley	23.2.18	
26.2.18.	4 Res.	✓ 48	T.O.S from 160 Bn	B'shott.	✓	
29.3.18	4 Res	✓ 75.	Posted to 18 Bn	O/S	✓	26.2.18
5.4.18	18 Bn	✓ 29	T.O.S Fld	Fld	u	4.
5.7.19.	W.O.R.D.	✓ 77	T.O.S. from 18 Bn	Ripon	30.3.19	
9.4.14	"	✓ 81	T.O.S from 4 Res.	"	31.3.19	
31.3.19	4 Res	✓ 76	S.O.S to W.O.R.D	"	"	
			Certified true	<i>J. J. J.</i>		
			for	LIEUT:		
				FOR LT: COL: I/O RECORDS, C.O.M.F.		
<p>3/7/19 proceeded to Canada I/O Records Capt</p> <p>TOS No 1 Dist. Depot Displ. Stn. K.-3,7-19 SOS Dispersed 12.7.19 D.O, No, 198</p> <p><i>W. B. Duttall</i> For O. C. Dispersal Area Sta. K.</p>						

Nothing to be written in this margin.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 65/1882 (Rank) PTD

Name (in full) McKenzie Walter B. enlisted in
the 160th Bn.

CANADIAN EXPEDITIONARY FORCE at Tiverton Ont. on the 26th
day of February 19 16

HE served in 18th Bn. France & Belgium

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

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

Age 22

Marks or Scars _____

Height 5' 6 1/4"

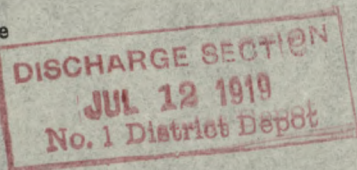
Complexion Fair

Eyes Blue

Hair Fair

W B McKenzie
Signature of Soldier

Date of Discharge



W. Nuttall
Issuing Officer

ht
For C. C. Dispersal Area Sta. K. Rank _____

JUL 1 21919

Date _____ 19 _____

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Name) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

on the _____ 19 _____

HE served in _____

and is now discharged from the service by reason of _____

Demobilization _____

Medical Officer _____

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

Age _____	Height _____
Complexion _____	Build _____
Eyes _____	Hair _____
Signature of Soldier _____	Date of Discharge _____
Signature of Officer _____	Place _____

N.B. - A full description of this Certificate will be found in the Handbook for the Soldier, which is available in the form of a booklet, and is also available to the Personnel Officer, Canadian Expeditionary Force.

M. 100-2-2
 100-2-2-2
 H. 100-2-2

J.P. Rank Name **McKENZIE, Walter Beaton** + Reg'l No. **651882.**
 Unit **160th Bn.** If in perm. Corps, }
 What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **Tiverton Ont. 23rd Feb. 1916.** Place of Birth **Kincardine. Tp. Bruce. Co. Ont.**
 Name and Address, Next-of-Kin **Murdock McKenzie. +**

WORD

Glenis Bruce Co. Ont. + Relationship **Father.**
 Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **9138**
 CAN. OR

Discharge, Date and Place Reason Character

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.				
C ARRIVED IN ENGLAND "S. S. METAGAMA 28-10-16"					
23. 2. 18	160th BN, S.O.S. TO 4th RES BN		WITLEY	23. 2. 18	PTII 28 4 RES 48
29. 3. 18	4th Res	Posted TO 18th. BN. O/S	B SHOTT	28. 3. 18	PTII 75 & ISH EN 27 1/5 18
5-4-19	WORD	70 S from 18th Bn	Ripon	30. 3. 19	- 77
9-4-19	"	70 S from 4 Res	Ripon	31. 7. 19	- 81 4 Res 76 & 3/3/19
16. 6. 19	S Wing	G. O.S. for R.A.C.	Witley	13. 6. 19	" 19. 4 WORD 129 9/17. 6. 19
20. 6. 19	S Wing	Sold to L. Wing	"	20. 6. 19	- 23 7 L. Wing 34 7 24 4/19
4. 7. 19.	L. Wing	Sold to Canada	"	3. 7. 19	184.
				96-K-84	3. 7. 19

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Murdoch McKenzie*
 Address *Glamis*
Ont.

By Whom Assigned *McKenzie Walter Beaton*
 Regtl. No. *651882.*
 Rank *Pte*
 Corps *160th Battalion.*

Rate *\$ 15⁰⁰ March 1/17.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M. 20/2/17 J.W.Pa. 30/3/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



0
1
2
3
4

4 3 2 1

11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Murdoch McKenzie
(Assignee)

Name of Soldier

McKenzie Walter Beaton
651882 Pte 160th Batta.

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>\$ 15⁰⁰/₁₀₀</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>D 54744</i>	<i>15</i>	<i>15-L</i>
April		<i>A 5126</i>	<i>15</i>	<i>15-B</i>
May		<i>Q 4396</i>	<i>15</i>	
June		<i>T 16183</i>	<i>15</i>	<i>S</i>
July		<i>U 22894</i>	<i>15</i>	<i>OB</i>
Aug.		<i>H 30571</i>	<i>15</i>	
Sept.		<i>E 37604</i>	<i>15</i>	<i>S</i>
Oct.		<i>L 43878</i>	<i>15</i>	
Nov.		<i>S 49895</i>	<i>15</i>	
Dec.		<i>W 57143</i>	<i>15</i>	
Jan.	1918			
Feb.			<i>150</i>	
March				
April				
May				
June				
July				

of the

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:- 1-3-17 1/7/19		EFFECTIVE DATE:-	
AMOUNT:- \$1500 Stopped		AMOUNT:-	

NAME: *McKENZIE, Walter Beaton*
 NUMBER:- *651882*

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.

*Murdock McKenzie (Father)
 Glasgow - Out*

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *160th Bn*
 DATE ACCOUNT FIRST OPENED *1-11-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
<i>24.</i>	<i>29.3.18</i>	<i>25.4.18</i>	<i>18th Bn</i>

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
<i>20/7/19</i>	<i>1785</i>	<i>2516y</i>	<i>2.43</i>				
<i>1/6/19</i>	<i>2608</i>		<i>38.93</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Draws to ban 1/7/19 NR 10928 B. Bickell to 2516y 5th Aug 19/19 MD 1 K.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>31 March</i>	<i>Bal Forward</i>								<i>61.63</i>		<i>57.50</i>
<i>April</i>	<i>Plt. Pay</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>A.R. 95 4/4/18 2nd C.C.R.C.</i>	<i>4.46</i>						
				<i>A.R. 210 22/4/18 "</i>	<i>3.57</i>						
				<i>A.R. 208 25/4/18 4th Bn</i>	<i>32</i>				<i>71.28</i>		<i>ba</i>
<i>May</i>	<i>Plt. Pay</i>	<i>33</i>	<i>34.10</i>	<i>Can. A.P.</i>	<i>8.35</i>			<i>15.00</i>			
				<i>A.R. 331 4/5/18 C.C.R.C.</i>	<i>4.46</i>						<i>ba</i>
				<i>A.R. 55 23/5/18 6th Bn</i>	<i>3.57</i>				<i>82.35</i>		
<i>June</i>	<i>Plt. Pay</i>	<i>33</i>	<i>34.10</i>	<i>Can. A.P.</i>	<i>8.03</i>			<i>15.15</i>			
				<i>A.R. 729 10/6/18 2nd Bn</i>	<i>3.57</i>						
				<i>A.R. 823 19/6/18 ✓</i>	<i>4.46</i>				<i>92.32</i>		<i>ba</i>
<i>July</i>	<i>Plt. Pay</i>	<i>33</i>	<i>34.10</i>	<i>Can. A.P.</i>	<i>8.03</i>			<i>15.15</i>			
				<i>A.R. 1054 4/7/18 ✓</i>	<i>4.46</i>						
				<i>A.R. 1291 16/7/18 ✓</i>	<i>3.57</i>				<i>102.39</i>		<i>ba</i>
<i>Aug.</i>	<i>Plt. Pay</i>	<i>33</i>	<i>34.10</i>	<i>Can. A.P.</i>	<i>8.03</i>			<i>15.15</i>			
				<i>A.R. 1544 3-8-18 ✓</i>	<i>3.57</i>						
				<i>✓ 647 19-8-18 ✓</i>	<i>3.57</i>				<i>115.35</i>		<i>ba</i>
					<i>7.14</i>			<i>15</i>			
<i>Sept.</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>A.R. 724 6.9.18 18th Bn</i>	<i>3.57</i>				<i>129.18</i>		<i>ba</i>
				<i>✓ 859 26.9.18 ✓</i>	<i>3.57</i>				<i>126.21</i>		
<i>Oct</i>	<i>"</i>	<i>33</i>	<i>34.10</i>	<i>C.A.P.</i>	<i>7.14</i>			<i>15.15</i>	<i>160.31</i>		<i>1850 20/11</i>
				<i>A.R. 978 14-10-18 ✓</i>	<i>3.73</i>						
				<i>1184 26/10 "</i>	<i>3.73</i>				<i>137.85</i>		<i>ba</i>
					<i>7.46</i>			<i>15</i>	<i>204.95</i>		
<i>Nov.</i>	<i>"</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>437 14/11 "</i>	<i>3.73</i>						
<i>Dec</i>	<i>"</i>	<i>33</i>	<i>34.10</i>	<i>A.P. 910 23/11 "</i>	<i>13.06</i>			<i>15</i>	<i>158.16</i>		<i>Frid</i>

NUMBER 651892

RANK Pte

NAME MCKENZIE

Walter Beaton

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		67 10			16 79			30	158 16		
Jan	P.P.	34 10		Cap.				15	177 26		
		101 20			16 79			45			
Feb		30 80		1474 16/12 1832	6 49			15			
				1724 26/12	1 30						
				25 35 12/1	3 77						
				ATW. 10R. 20/12/18 1156	6 7						
				3201 26/1	3 73						
				3654 10.2.19 18/25.96	3 73						
Mar		34 10		Cap	19 69			15			
				4144 24.2.19 ✓ 22	3 73						
				ARW. 369-4.2.19 20R. ✓ 28	10						
				AR 4750-7.3.19 ✓ 29	3 65						
				/ 5171-12.3.19 ✓ 34	3 65						
				LC 1161-13.3.19 ✓ 34	97 33				84 01		
		64 90			12 81 5			30			
Apr		33		Cap				15			
May		34 10		Cap				15			
				667 18.4 ?	3 24 3				118 68		
		67 10			2 43			30			
June		33		Cap				15			
	Instr on Deftay to 307619	7 31								57 50	
				AR 1785-21.5.19 CHWIT ✓ 2 43							
				✓ 2608-17.6.19 Swins ✓ 4	38 98				102 63		
		40 81			41 36			15			

S.O.S. Canada 3/7/19
 S.L. 96, M.D. 1.

K Group

L. King
31-8-39

WB
Leath
OES
[unclear]

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)

War Service Badge
Class A No. 196046 Issued

1. No. 651882
2. Rank. Private
3. Name. McKenzie, Walter Beattor
4. Unit. W.O.R.O. } orig. 160th Bu. } France 18th An
5. Date of Discharge } Place London, Ont

JUL 1 21912

6 Reason for Discharge Demobilisation.
Next of Kin Father
Occupation Farmer, Group
Service in France 12 mos Group
Category. a
Rel. Prot.

DEMobilIZATION

B.O. 1892

7. Authority.
8. Proposed Residence after Discharge Glamis, Ontario

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

Received
18-2-60

Pt. W B McKenzie

Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place LONDON, ONT.
Date JUL 1 21912

Signature [unclear]
(O. C. Discharging Unit.)

E. R. J.

RIGHT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. Name of Soldier: [Faint handwritten name]

2. Service Number: [Faint handwritten number]

3. Date of Discharge: [Faint handwritten date]

4. Reason for Discharge: [Faint handwritten text]

5. Authority: [Faint handwritten signature]

6. Proposed Residence after Discharge: [Faint handwritten address]

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that all the information given and data received by the above authority is true and correct.

DATE: [Faint handwritten date]

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Signature

OFFICE OF THE ADJUTANT GENERAL

LIST OF DISCHARGE DOCUMENTS

Attention Paper, Triplicate	Medical Form W. 23
or Examinations of Patients	Medical Form W. 133
with Conduct Sheet	Medical Form W. 133 or A. R. 133
Casualty Form	Medical Form W. 23 or A. R. 133
Last Day Certificate	Medical Form W. 23
Certificate that missing documents are being made	
Medical History Sheet	Medical Form H. 133 or A. R. 133
Proceedings of Medical Board	M. F. B. Form A. R. 133 or A. R. 133
Special History Sheet	Medical Form H. 433
Medical Report	M. F. B. Form W. 133 or D. M. R. 133
Regimental Conduct Sheet	Medical Form H. 333
Company Conduct Sheet	Medical Form H. 233

LIST OF DISCHARGE DOCUMENTS.

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

*Jim
Haw*

B
Y

Number *651882* Rank *Otc*

Surname *MC KENZIE*

Christian Name *Walter Beaton*

Units *18th Bn CAN 2nd* Theatre of War *France*

Date of Service *28-3-18*

Remarks

Latest Address *4 PO*

Glamis Out

Roll No.

'B' Page 7302

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks

DESP NOV 18 1921
REGN. N. 57897

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

ORIGINAL MEDICAL HISTORY SHEET.

Surname McKenzie Christian Name Walter Beaton

Examined { on 26th day of Feb. 1916
at Twerdon, Ont.

Approved by

[Signature]

Birthplace { City or Town Kincardine Twp.
County Bruce, Ont.

Rank Capt M.O.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 6 1/4 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 31 1/2 inches.
Maximum expansion 34 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { A r m Right Left
Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>16/6/16</u>	<u>Pop neg</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/4/16</u>		<u>[Signature]</u> M.O.
<u>30/8/16</u>		<u>[Signature]</u> M.O.
<u>7/9/16</u>		<u>[Signature]</u> M.O.
<u>24/9/16</u>		<u>[Signature]</u> M.O.

Enlisted on 23rd day of Feb. 1916 at Twerdon, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>160th O. S. Battalion, C. E. F.</u>	<u>651882</u>		
Transferred to	<u>4th Res. Bn</u> <u>18th Bn</u>			<u>FEB 23 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Linda, Ont.</u>	<u>Oct 11/16</u>		<u>Fit</u>
<u>SS Camp, Bn</u>	<u>5.7.19</u>	<u>nil</u>	<u>[Signature]</u> <u>[Signature]</u>

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.

CANADIAN

Surname *McKenzie* Christian Name *Walter* *W. Boston*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Branchitt</i>		<i>8</i>	<i>1</i>	<i>18</i>	<i>2</i>	<i>2</i>	<i>18</i>	<i>J.C.T.R. heel.</i>	<i>23</i>	<i>had chapped place on R heel for 3 weeks before admission. Became infected. In admission small area of inflammation about abrasion. now healed due to duty.</i>	
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		<i>30</i>	<i>3</i>	<i>19</i>	<i>11</i>	<i>6</i>	<i>19</i>	<i>Gonorrhoea</i>	<i>74</i>	APPARENTLY CURED. IRRIGATIONS, LOCAL TREATMENT AND MEDICINES. STOPPAGES AS PER DATES.	<i>F. P. McNeil</i> CAPT. REGISTRAR.

2108 K.

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

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

No. 1057884 Rank Plt Surname McKenzie
 (Given name in full) W.P.

Unit or Corps 160 Bn Birthplace _____

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

I. GENERAL DESCRIPTION:

Physique good Weight 167 lbs. Height 5 ft. 7 in. Colour of Eyes grey

Nutrition good

Pulse 68

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Small vaccination scar left upper arm.

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 System yes Cardio-Vascular System no
- Special Senses no Integumentary System no Respiratory System no
- Disturbance of Mentality no Muscular System no Digestive System no
- Osseous and Joint System no Any other general condition yes

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.

Genito-urinary system - Admitted 30-3-19 to Special Hosp. Withly. Discharged 11-6-19 apparently cured. no symptoms at present.

General condition - Infected heel in hospital 8-1-18 to 2-2-18. discharged cured. no disability at present

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

H.M.T. Empire of Britain
Examined at(Overseas)

Date *5/7/19* Signed *W.B. Herington Capt* 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 *W.B. Herington*

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

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

Signature

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

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

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

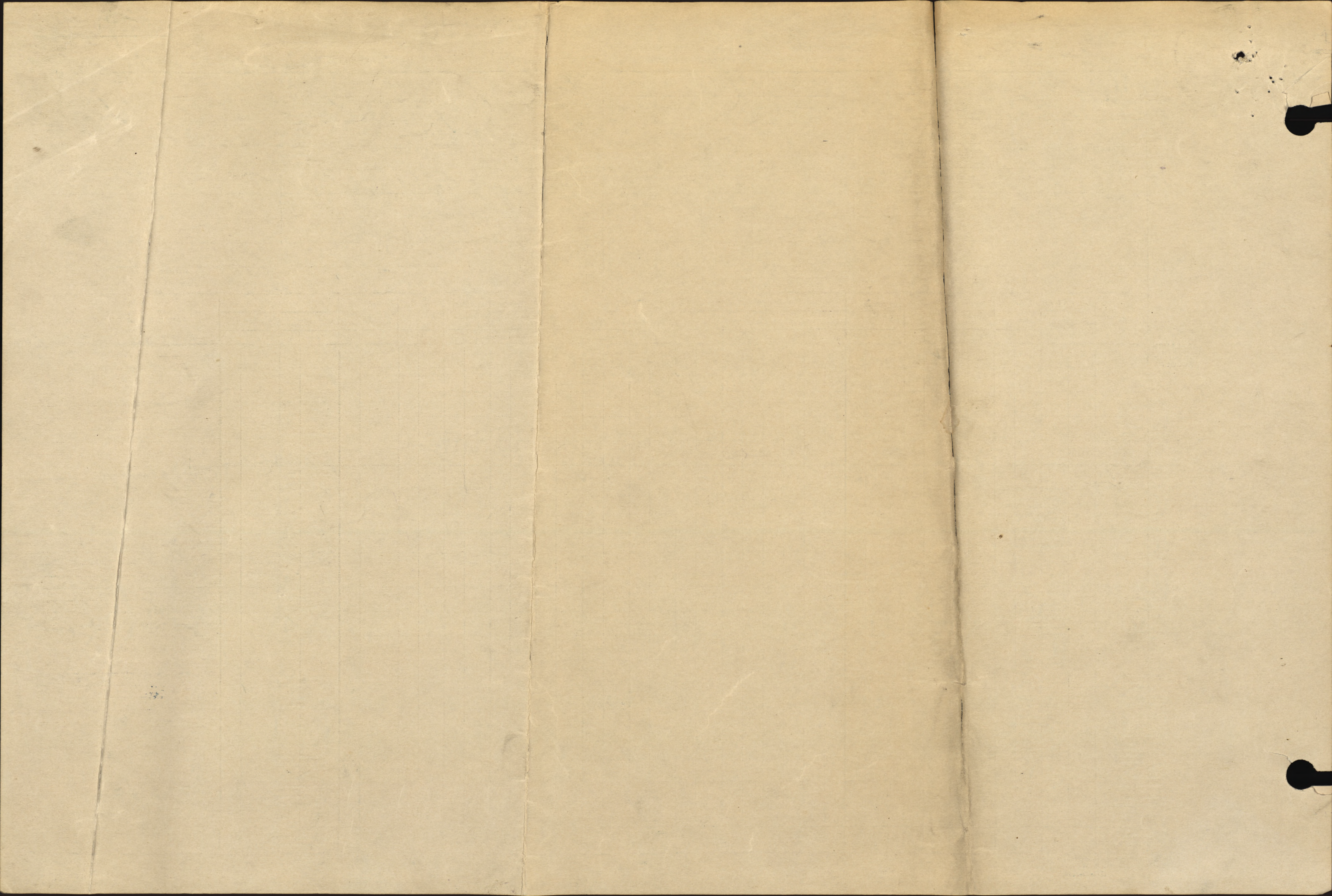
Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature _____ In charge of case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
211	651882	Pte.	McKenzie	W.B.
Year 1918	Unit. 106 Co. C.		Age. 18	Service. 10/12.
Station and Date.	Disease J. E. T. R. Heel.			
8.1.18 horr. on Gen susp.	Complaint - Swelling & redness R. Heel			
	Had small chafed spot on R. Heel about three weeks ago - Carried on light duty until admission when there was an area of inflammation about the back of R. Heel.			
	Treatment moist Eusol dressings			
18.1.18	Improving			
23.1.18	Almost healed.			
31.1.18	Completely healed. For dis today 22.18			
	S. Maclean Capt Camp			

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



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

m 7337 *March 1919*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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*10/4 Mc 1K
51K*

PARTICULARS OF SEPARATION ALLOWANCE

No. *651882*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Walter Beaton Mc Kenzie*
 Battalion *160th Battrn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Murdoch Mc Kenzie*
 Address *Edam's tent.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>150 -</i>	<i>150 -</i>	
<i>Jan 1918</i>	<i>M 66423</i>		<i>15</i>	<i>15</i>	<i>F</i>
<i>Feb 18</i>	<i>R 74303</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>M 91665</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>F 188</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>P 12398</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>L 24725</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>L 31460</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>M 34973</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>P 47182</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>S 54435</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>P 59906</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>S 68892</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan</i>	<i>S 76127</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>Q 80632</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>T 83245</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>L 4778</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>C 8675</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>T 9087</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>E 1260</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>435</i>	<i>435</i>	

012439-W-104

Micro LP 116275 to Dec 25/19

3-7-19
 A/c Closed
 Ret'd per...
 Date *11/7/19* M.F.W. 181
 Clerk...
W.D. 1

Mailed 24-2-19

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 1983.

