

Unit 58 How Battery Rank Lieut Name Mac Laren J. H. M.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

14th. HOWITZER BRIGADE, C. F. A.

Original

(A)

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Mac Laren
(b) What are your Christian Names? Jan Nicholson Murray
2. (a) Where were you born? (State place and country) St. John N. B.
(b) What is your present address? St. John N. B.
3. What is the date of your birth? Nov 6 1894
4. What is (a) the name of your next-of-kin? Col. Murray Mac Laren
(b) the address of your next-of-kin? Office D. D. M. S. London Eng.
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Student
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 3rd Reg. C. F. A.
9. State particulars of any former Military Service. Partridge Island Garrison
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Janell. MacLaren (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date May 23rd 1916

Place Fredericton N.B.

*Insert here "fit" or "unfit".

Stewart MacLaren
Medical Officer.

QUESTIONS TO BE ANSWERED BY PHYSICIAN

FOR ADULTS OVER 25 YEARS OF AGE

QUESTIONS TO BE ANSWERED BY PHYSICIAN

Name

Mr. James

Address

City

State

Age

Sex

Occupation

Chief Complaint

History

Physical Examination

Diagnosis

Prognosis

Treatment

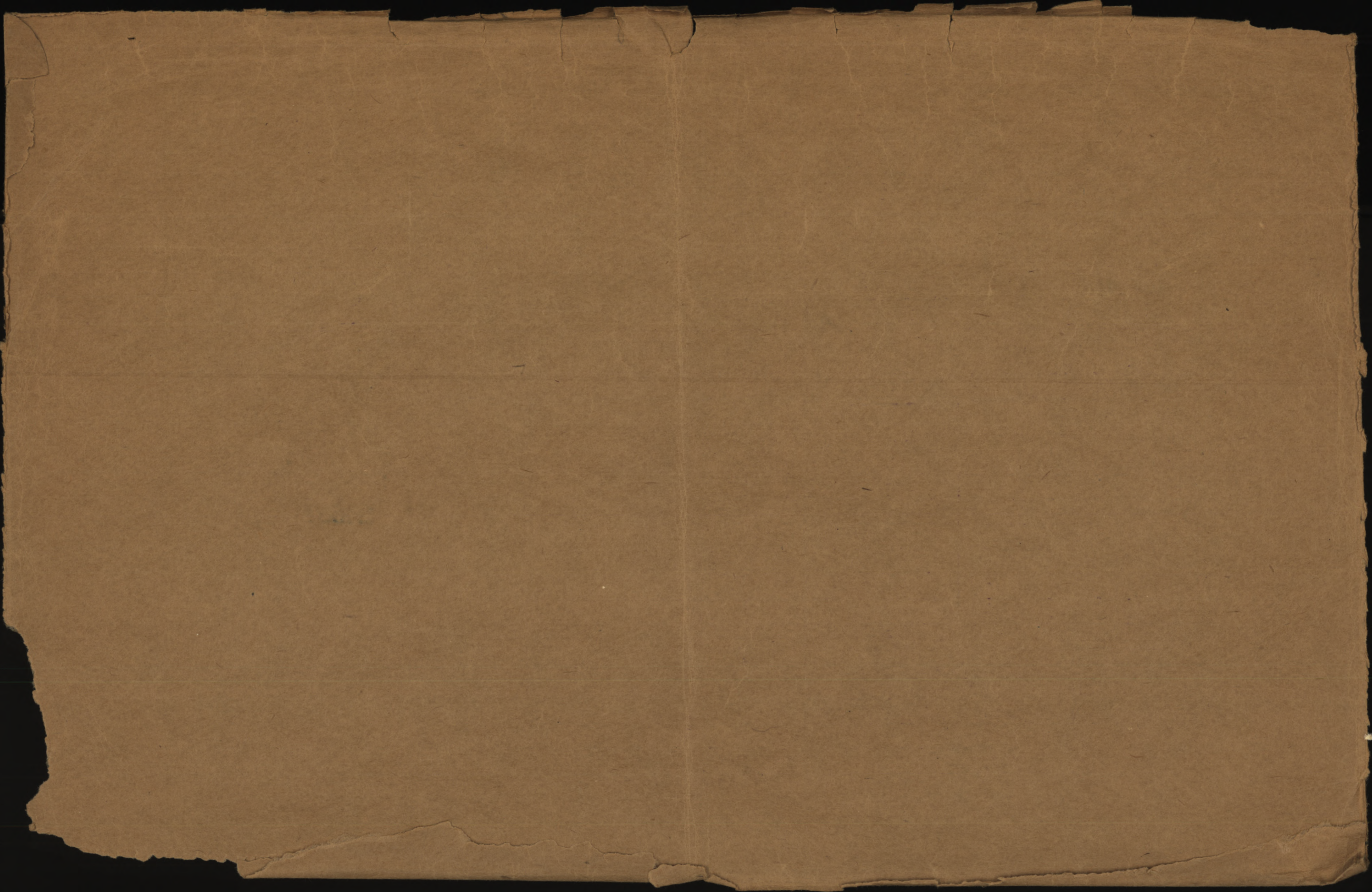
QUESTIONS TO BE ANSWERED BY PHYSICIAN

FOR ADULTS OVER 25 YEARS OF AGE

QUESTIONS TO BE ANSWERED BY PHYSICIAN

FOR ADULTS OVER 25 YEARS OF AGE

Handwritten notes at the bottom left corner.



Lieut.
I.D. number
No. d'identification

MACLAREN
Surname
Nom de famille

Lan Nicholas Murray
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

?

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



No.

RANK

Lieut.

NAME

McLaren, J. M.

T. O. S. 1-5-16.

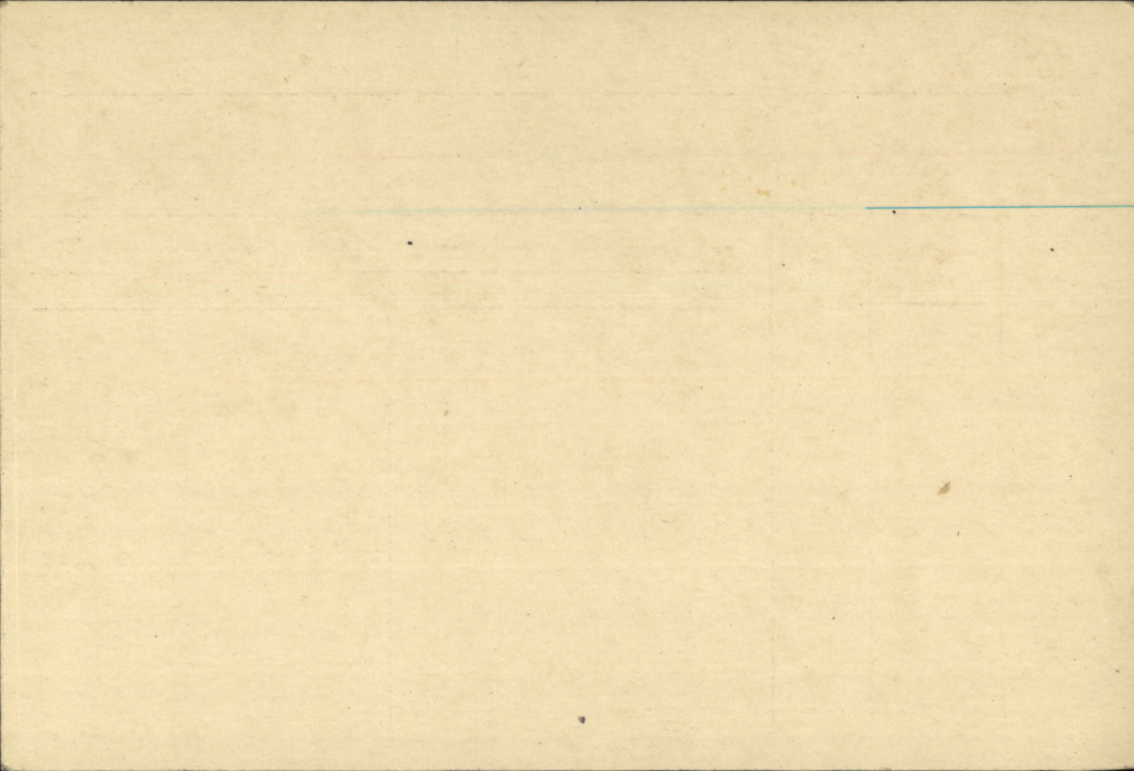
UNIT

58th Howitzer Battery (14th Bde.)

D.O.B. of 5-5-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 1	1916 May 31	✓		
	June:	✓		
	July:	✓		
	Aug:	✓		



8
Number..... Rank *Lieut.*

Surname..... *MacLAREN*

Christian Names..... *Ian Nicholson Murray*

Unit..... Theatre of War *France*

Dates of Service..... *11.9.16 - 20.8.17 - 25.6.19*

Remarks.....

Latest Address..... *75 Coburg St*

St John N.S.

Roll No.

Page 3194

B
V

ga

17247 Scrap

JUN 2 1901

[Faint, illegible handwriting, possibly bleed-through from the reverse side of the page]

CARD NO.

SURNAME.

CHRISTIAN NAMES

REGL. NO.

RANK

UNIT

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

Trac Laren M.C. 2-12-18
d. 8. #3104/3

Nicholson Tom Murray

S.O.S. 3-7-19.
see FOLL
R.O. 204189-74
also d. 1950 of 47-19
168.D.

5-8th Howitzer Bty (14th Bde).

3rd Reg C.Y.C. Partridge P. Har. duty

Trac Laren Col. Murray

Father

Office N.O.M.S. London. Eng.

Canada, St John N.B. Nov. 6th 1894

St John N.B.

Nov. 6th 1894

Nov. 6th 1894

D



MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Fredericton N. B.

DATE

May 2nd 1916

Present Address.

St John. N. B.

649-m-22820

NAME

Maclaren

REGT. NO.

RANK AND UNIT

Jan

S.O.S. (Dem. A) 27-10-1911

NEXT OF KIN

E. A. M. C. (J.D.)

Hon. Lieut & Q.M. also P.O. 265-2697
27/10/19 - 11 came 120

CABLE

NATURE OF CASUALTY

also P.O. 284-288 715/11/19.
c.a. med. 11 Dep.

No.

DATE

Maclaren, Mrs. Emily Wife

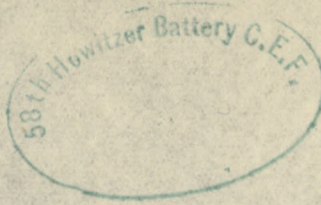
703 Broughton St.,
Victoria, B.C.

England, London.
Victoria, B.C.

th April 25 1873
Feb. 21st 1919

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... *58th Howitzer Battery*
14th Brigade *C.E.F.*

(2) Regimental Number *Lieutenant* *C.26.2*

(3) Full Name of Soldier *Mac Laren*
Reichelson Ian Murray

(4) Place of Birth *St John*
St John C. No. 3

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

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

 (b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

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

If so, state name and address.....

Yes
Lab. M. MacLellan Office Q. D. M. S. London Eng.

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

If so, state name and address.....

Yes
Olivia M. MacLellan
75 Coburg Street St John N.B.

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

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?.....

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.

Chas. Fisher Ingersoll
O. C. 58th Howitzer Battery C. E. F.
Officer Commanding.

Date.....

APR 1916

CANADIAN EXPEDITIONARY FORCE

J.B.C.-6-35.

Certificate of Service

H.C.

ISSUED TO OFFICERS AND NURSING SISTERS

← (F)

This is to Certify that (Rank)..... Lieutenant

(Name in full)..... Ian Nicholson Murray MacLAREN H.C.

Enlisted in..... 58th Howitzer Battery, C.C.I.

CANADIAN EXPEDITIONARY FORCE, on the.....~~.....~~.....

day of.....~~.....~~..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 58th Howitzer Battery, C.C.I.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty-Ninth

of..... April

191...6..

He SERVED in CANADA, England and France with the 58th

Howitzer Battery, C.C.I., and 14th Brigade, C.P.I.

and was STRUCK OFF THE STRENGTH on the..... Third

of..... July

191...9..

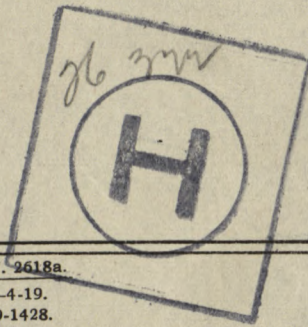
by reason of..... General Disabilitation

Dated at Ottawa, this..... Ninth

of..... December

191...9..

Awarded Military Cross, 29-11-18 I.C., No 31043.



J. Kearney
..... Lieut.

for

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND MEN OF THE

This is to certify that

Name of Soldier
Rank
AND WAS APPOINTED COMMISSIONED BARRACK

CANADIAN EXPEDITIONARY FORCE
on the

at
and was STRUCK OFF THE STRENGTH on the

191
by reason of

and was followed by

Secretary of Personal Services

CERTIFIED CORRECT

29 AUG 1917

CANADIAN RECORD OFFICE

Battery C.E.F.

W. S. B. CLASS. A *MacLaren Ian Nicholson Murray*

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

A14

M. F. W. 54. (A. F. B. 102.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *58th. Bourke Battery, C.E.F. 14th Brigade*

Regimental No. _____ Rank *Leutnant* Name *MacLaren Ian Nicholson Murray (M.C.)*

Enlisted (a) *25/4/16* Terms of Service (a) *1st War* Service reckons from (a) *25/4/16 11/9/16*

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) *Partidge's Garrison Duty (Student)*

Date	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.
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Embarked Canada Halifax. 11/9/16.

Disembarked England Liverpool. 22/9/16.

30.1.17 H.C.O.A.

Transferred to new 58th Bde. 14th Bde upon re-organisation. Milford 22.1.17 D.O. II #30.

23.1.17 OC., 14th Bde, C.F.A.

Taken on strength of 14th. Brigade, C.F.A.

Witley 23.1.17 Pt. 2, #22., 22.1.17

*A. J. ... & Adjutant, for O.C. 14th F.A. Brigade. C.E.F.:
G. Greene Major, Adj. 14th Bde, C.F.A.*

20.8.17 OC. 14th Bde, C.F.A.

Proceeded Overseas on service.

Witley Camp. 20.8.17

*Part 2 order No. 232
J. H. Gillespie Capt. For Adj. 14th Bde, C.F.A.*

28.8.17 LR

LANDED IN FRANCE

Haure 22.8.17

8854

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

6

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				
22.12.17	Unit	On Command to Can Gas School.	Field	16.12.17	B 213
29.12.17		Rejoined Unit	"	22.12.17	B 213
9.3.18	14 Bde CFA	Granted 14 days leave to England	"	4.3.18	B 213 Part II 18 d/15.3.18.
30.3.18	"	Rejoined from leave	"	22.3.18	B 213.
1.11.18	"	Granted 14 days leave	UK.	28.10.18	" Part II 96 d/11.11.18
15.11.18	"	Rejoined from leave	Field	13.11.18	"
23.12.18	"	Awarded the "m.c." for conspicuous gallantry & devotion to duty.	Field	29.11.18	3 rd Supp. # 31043 d/2.12.18 to Lon Gaz d/29.11.18. Part II 112 d/23.12.18
7.3.19	"	On Command YMCA. HQ Concert Party	mons	2.3.19	B 213
11.4.19	"	Rejoined from YMCAB	Field	8.4.19	"

PROCEEDED TO ENGLAND

11 MAR 1919

Robertson

Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.

8. O. S. "J" Wing, Canadian Corps Camp, Wittey, on proceeding to Canada 18.6.19 1919, D.O. No. 29

H. Davidson
for Officer Commanding.

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-970.

Casualty Form—Active Service.

6

Unit, Regiment or Corps *Co. 7a*

Regimental No. Rank *Lieut.* Name *McLaren J. In N*
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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

Extended. Re-engaged. Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>9-7-19</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 6</i>	<i>25/6/19</i>	<i>C.E.F. R.O. No. 2071-19</i>
<i>9-7-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 6</i>	<i>3-7-19</i>	<i>C.E.F. R.O. No. 2071-19</i>

W. Hunter
 for Director Personal Services

(1) 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.
 (2) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form Active Service

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				

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) MACLAREN, I.N.M.

REGIMENT 14th Bde CAA J. Wing RANK Lieut. No. _____

Date of Examination in England _____ 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 P. 9, 10, 17, 18, 32

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

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

HAS HE EVER REFUSED DENTAL TREATMENT? no

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 "
- (c) In France "

Signature of Dental Officer J. Glavinie Capt

W. H. C. F. M. S. C. P. M.

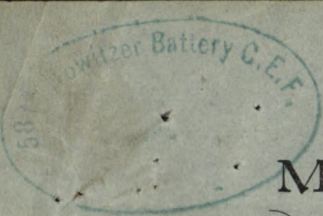
W. H. C. F. M. S. C. P. M.

W. H. C. F. M. S. C. P. M.

W. H. C. F. M. S. C. P. M.

W. H. C. F. M. S. C. P. M.

W. H. C. F. M. S. C. P. M.



14th. ORIGINAL

Original
A14

MEDICAL HISTORY SHEET.

Surname McLaren Christian Name Jan Nicholas

Examined { on 23rd day of May 1916
at Fredrickton N.B.
Birthplace { City or Town St John
County N.B.

Approved by D. F. Wainwright
Rank Major M.C. M.O.

Apparent age 22 yrs 6 mos.
Trade or occupation Student
Height 5 Feet 8 1/2 Inches.
Weight 157 Lbs.
Chest measurement { Minimum 32 inches
Maximum expansion 36 2 inches
Physical development good
Small-Pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,	
<u>8.8.16</u>	<u>Fit</u>	<u>C.P. Dittie</u>	M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right nil Left X
Number 3
When Vaccinated last 1908

Date	Result	VACCINATIONS.	
<u>8.8.16</u>		<u>C.P. Dittie</u>	M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease nil
(b) Slight defects but not sufficient to cause rejection nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>17.4.16</u>	<u>no</u>	<u>J.M.D. Morden</u>	M.O.
<u>27.4.16</u>	<u>no</u>	<u>J.M.D. Morden</u>	M.O.
<u>9-7-17</u>		<u>J.M.D. Morden</u>	M.O.

Enlisted on 1st day of May 1916 at Fredrickton N.B.

	CORPS	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>31st C. G. A. Garrison.</u>	<u>1st Lieutenant</u>	<u>good</u>	<u>Nov. 12/15</u>
Transferred to..	<u>58 How Battery</u>			<u>May 1/16</u>
	<u>14th Brigade C. F. A.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

J. M. D.

A14

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

(E)

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 Lieut Surname MACLAREN
 (Given name in full) J. N. M.
 Unit or Corps 14th Bede Coy A.I.M.C. Birthplace St John, N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 152 ^{est} lbs. Height 5 5/8 ^{est} ft. in. Colour of Eyes Brown
 Nutrition Good
 Pulse 80 Regular
 Condition of arteries Soft
 Vision Rt. 6/12 + Left 6/12 +
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
3 Vaccination marks on left arm. Pre enlistment.

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 no 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.

Scarlet fever at age of 5 years
Chicken pox, mumps measles in childhood.
Had an injury to left ankle, 7 years ago, ankle joint slightly enlarged.

EXAMINATIONS

E

THIS SECTION FOR USE OVERSEAS—

Examined at Witte (Overseas)

Date 31 May 19 Signed Jad Puller 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 Jad Puller Capt

(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.)

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EXTRACT FROM LETTER REGARDING
ADDRESS OF NEXT OF KIN OF THE UNDERMENTIONED OFFICER.

The address of the next-of-kin of

Lieut. I. N. M. MacLaren, Can. Art.

is changed to:-

Colonel Murray MacLaren, Granville Canadian Special
Hospital, Buxton.

Authority letter dated,

26th September 1918.

From.

Colonel Murray MacLaren.

On file R.L.

9-M-1953.

Extracted by.

D.H.T.

ASSIGNED PAY.

UNIT.

Rates pd.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

14 A.B.

Pay \$ 2.⁰⁰

Yr .60[¢]

mess 1.⁰⁰

Lieut

24⁹/₁₆

Fr Can. BAO.

302, CTD, 26⁷/₁₆

Name MacLaren

Initials N. J. M.

Bank of Montreal.

Add'l. Outfit Allee. 1⁸/₁₈

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 18	Pay		108					
22	Bank	1173		108				
May 6	Pay		111 60					
22	Bank	2612		111 60				
June 7	Pay		108					
24	Bank	4126		108				
July 9	Pay		111 60					
26	Bank	5625		111 60				
Aug 3	Pay		111 60					
24	Bank	7235		111 60				
Sep 3	Pay		108					
25	Bank	9129		108				
Oct 3	Pay		111 60					
22	Bank	10393		111 60				
28	Add'l. Outfit Allee. 1 ⁸ / ₁₈		100					
	Bank	10853		100				
Nov 20	B & A 12 ⁹ / ₁₅ - 31 ¹⁰ / ₁₈		20					
21	Pay		120					
27	Bank	12605		120				
Dec 12	Pay		124					
14	Bank	13759		124				
1919 Jan 19	Pay		124					
24	Bank	15504		124				
Feb 14	Pay		112					
25	Bank	17136		112				

ASSIGNED PAY.	UNIT.			RANK.		NAME.
	NAME OF	DATE	AUTHORITY	DATE	AUTHORITY	
Beneficiary Address	14 H B.	Pay 2 7 a 7 Messg!		Leut		Name Macfaren Initials U.S.M. Bank of Montreal,
Amount. \$						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
March	Pay R		124					
22	Bank	18893		124				
Apr 26	Pay R.		120					
26	Bank			120				
May 17	A de May & June P & A			244				
	Pay R		124			Dr 120		
June 20	Pay R.		120					
July 23	Unpaid Chq U 251 4 51							
	12 ¹ / ₄ Refun \$ 5							
	Dist 47 July To 517			24 33				
24	A.R. 193 23 ¹ / ₄ \$ 10							
	Dist 30 July To 2.87			48 67				
31	Chgd to Can		4867			Dr 2433		
Aug 30	Charged to Canada			24 33				

RETURNED TO CANADA
P.C. TO 30. 6. 19. 3 shott
TRANSFER TO N.E. LEDGER

Trans to 1919
20¹/₄ Adv. note to 24³³
30. AUG 1919

Handwritten signature

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

14th How. Bde.

Lieut.

24/9/16 For Canada B.R.O.

Name MacLaren.

Address

#302.630. d/26/16.

Initials M.S.M.

Bank of Montreal

Amount. \$

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialled by P.M. in every case.	INITIALS
1917		1917-18						
April 26	April Pay	Bank 2941	✓	108 -		108 -		
May 24	Pay.	Bank 6022	✓	111 60		111 60		
June 23	Pay.	Bank 7998	✓	108 -		108 -		
July 23	Pay.	Bank 12984	✓	111 60		111 60		
Aug 11	Pay. Rations 5-6 7/17.	Bank 17361	✓	111 60		111 60	2/8 ✓	
29	Rations 11-15 6/17	4175					11-0-0 ✓	
Sep 13	Rations 5-6 7/17 remitted to your Cr. 15/9/17 should have been pd to officers mess 2 days @ 1/4 - 7/8	19806				66		
14	Rations 1-6 7/17.	4775					8/-	
✓	" 25-30 6/17	4775					8/-	
✓	Pay	Bank 21876		108 -		107 34		
Oct 23	Pay.	Bank 26277		111 60		111 60		
Nov 13	Pay.	Bank 30681		108		108		
Dec 15	Pay	Bank 35096		111 60		111 60		

Cont. In 9.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

14 Nov Bde

Pay \$ 2.00
Dd .60
mess 1.00

Lieut

Name MacFaren,

Initials N.J.M.

Bank of Montreal.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1918

Jan 14

Pay

Bgt. Srd

111 60

25

Bank

39441

111 60

Feb 7

Pay

100 80

21

Bank

41013

100 80

Mar 7

Pay

111 60

25

Bank

42610

111 60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess. DATE AUTHORITY

Beneficiary

14th How Bde

Lieut

~~24.9.16~~ From Canada

Name

MacLaren
McLaren

Address

24.9.16 Ro. 302 CTD.
B'skott. 426.9.16

Initials

MSM

Bank of Montreal

Amount. \$

Separation Allowance issued. Yes or No

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Oct 5	for Bal Fwd '60 Pst 1-30/16 Mess 24-30/16 Bank			85 60				
20	Do		85 60					
	Oct. Pay		111 60					
26	Bank			111 60				
Nov 18	Nov Pay		108					
27	Bank			108				
Dec 13	Dec Pay		111 60					
19	Bank			111 60				
Jan 19	Jan Pay		111 60					
26	Bank 19283			111 60				
Feb 21	February Pay		100 80					
	Bank 21.913			100 80				
mar 20	march Pay		111 60					
23	Bank 20.822			111 60				



Proceedings of an Officer or Nursing Sister
 Struck off Strength
 OF THE
 Canadian Expeditionary Force.

Des. No - B

HM T. CARONIA
 SAILING, No 84
 Embarked 25, 6, 19.

1. RANK *Lieut*
 2. NAME *MAC LAREN Ian Nicholson Murray*
 3. UNIT *14th BRIGADE C.F.A.*
 4. DATE STRUCK OFF STRENGTH PLACE
 5. REASON *SOS 3-7-19 RO 2071-1*

6. AUTHORITY
 7. PROPOSED RESIDENCE
*75 Colburn St
 St John N.B.*

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41) *in Dup*
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.
10. *Dup Cert*

Group..... *B*

Checked by No. *20*

Date..... *12/6/19*

Barron 25.6.19
2.4.19
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *6* PAYMASTER *111*

M. OR S. *Baron* REGT. No. *1st Bde 64.0* RANK *Leut* NAME (IN FULL) *Marjorie J. U. N.*
 NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT C.E.F. _____ IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____ DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 TO WHOM PAID *Nil* RELATIONSHIP _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____
 ADDRESS _____ PAYABLE TO *Nil* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE *622* DATE *3/7/19* REASON *Demob* AUTHORITY *200 186* IF ENTITLED TO POST DISCHARGE PAY _____

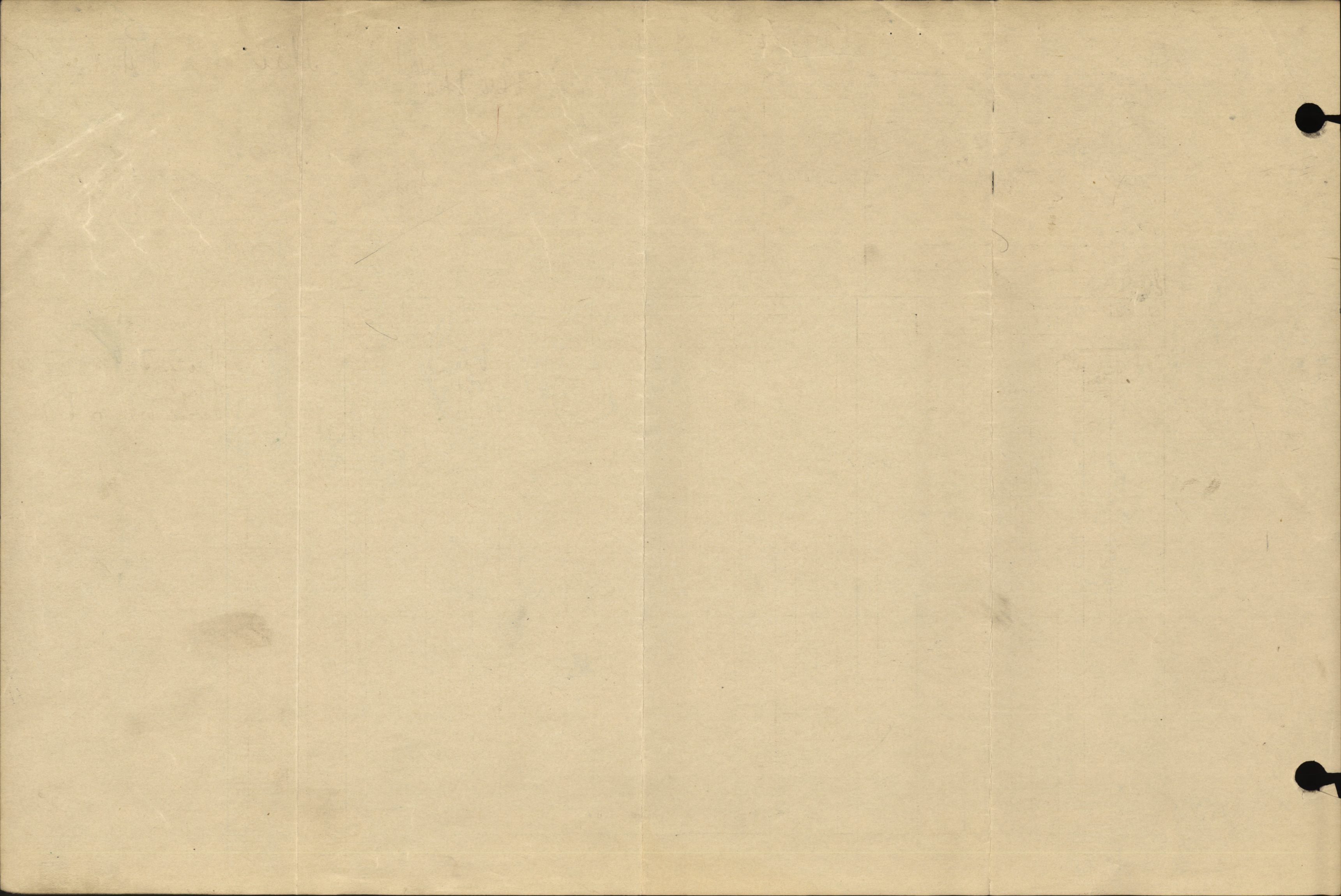
ADJUSTED MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>30.6.19</i>		<i>300</i>												<i>6 00</i>				<i>Hearing on boat 25 to 20.6.19</i>
														<i>48 67</i>				<i>Witley</i>
														<i>93 00</i>				<i>Advance wtd. on boat</i>
<i>1/11/19 to 31/19</i>	<i>3</i>	<i>300</i>	<i>900</i>		<i>900</i>										<i>147 67</i>	<i>147 67</i>	<i>138 67</i>	
<i>1/8/19</i>				<i>549 00</i>	<i>549 00</i>									<i>90 00</i>				<i>1st payment wtd. as above</i>
														<i>48 67</i>				<i>Amount repaid</i>
														<i>44 33</i>				<i>1122 803 16/8/19.</i>
														<i>90 00</i>	<i>24 33</i>			<i>1109 499 3/9/19.</i>
														<i>68 67</i>				<i>unpaid Chqr. 2 25/145/</i>
														<i>93 00</i>				<i>12/6/19. B. of m.</i>
														<i>90 00</i>				<i>5-5 24.33 incl 2787.</i>
														<i>47 00</i>				<i>1497 485 2/10/19.</i>
														<i>47 00</i>				<i>1769 062 1/11/19.</i>
														<i>47 00</i>				<i>1777 350 1-12-19</i>
				<i>549</i>	<i>549</i>									<i>47 00</i>				

5485

BALANCE FROM PREVIOUS ACCOUNT

HALIFAX N.S.
JUL 24 1919
PAYMASTER
No. 6 DISTRICT DEPOT

Certified that all payments due on this acct. have been paid.
W. J. M. D. 6
 For Senior Officer Pay Services, M. D. 6



ET

Rank and Name **MacLAREN, Ian Nicholson Murray.** Lieut.

Regimental No. Name and Address of Next-of-Kin **Father.**

Unit **14th Brigade, 58th Battery, C.F.A.** Col., Murray MacLaren. *encl.*

Date of enlistment Office **D.D.M.S.** *38ms*

Place of birth **St. John. New Brunswick.** *17 Lougham. Street* **London, England.** *Granville Can Spec. Hosp. Boston*

Married (Yes or No) Date and place of discharge *WI* *25-9-16*

If in Permanent Force Reason for discharge

Character on discharge

Promotions or appointments **SAILED 11 9 16 HQ 593 8 I** *25-9-16*

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				
31-1-17	14 th Bde C.F.A.	Transferred to new 58 th Batty. 14 th Bde. E.T.O.		22-1-17	Placed 31 Pt. II of 22. A.F.B. 103-13d. 67d
		<i>pl of new 14th Bde</i>		21.8.17	— 232 / 28 AUG. 1917
15.3.18	14 th Bde C.F.A.	Granted 14 days leave of abs.		4.3.18	Madis.
11.11.18	do-	Granted 14 days leave to U.K.		28.10.18	Pt. II of 96.
2.12.18	W.O.	Awarded the Military Cross			L. G. 31043
14.5.19	14 Bde C.F.A.	Proceeded to England		11.5.19	Pt. II of 51.
23.5.19	<i>J. Wing</i> C.C.C. Witley	S.O.S. pending R.T.C.		12.5.19	Pt. II of 19.
30.6.19	"	S.O.S. of O.M.F.C. to C.E.F. in Canada		25.6.19	Pt. II of 31.
		Sailed for Canada		25.6.19	L. L. 84.

ARTILLERY

B 4

1975

