ORIGINAL 131803 A

ATTESTATION PAPER.

No. 2 ~~CONSTRUCTION, B'n.~~ C.E.F.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	McLain	
1a. What are your Christian names?	Walter	
1b. What is your present address?	Detroit, Mich. USA.	
2. In what Town, Township or Parish, and in what Country were you born?	Savannah Ga. USA.	
3. What is the name of your next-of kin?	Daisy Ellis	
4. What is the address of your next-of-kin?	Nashville Tenn. USA.	
4a. What is the relationship of your next-of-kin?	Sister	
5. What is the date of your birth?	July 27th	
6. What is your Trade or Calling?	Chauffuer	
7. Are you married?	Yes	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes	
9. Do you now belong to the Active Militia?	No	
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No	
11. Do you understand the nature and terms of your engagement?	Yes	
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes	
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No	
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?	No	
16. If so, what was the reason?		

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter McLain, 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 mclain (Signature of Recruit)

Date Febuary 8th 1917. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter McLain, 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 mclain (Signature of Recruit)

Date Febuary 8th 1917. [illegible] (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 Windsor, Ont. this 8th day of Febuary 1917.

James G. Simpson (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

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

Dr. 15/9/17 R.B.

A

Description of Walter McLain on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 3 ins.

Complexion Colored

Eyes Dark

Hair Dark

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist ~~or Congregationalist~~ Yes
- 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).

Both eyes 20/20

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 Febuary 8th 1917.

Place Windsor, Ont.

[illegible] Surgn

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 McLain 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.

D. G. Sutherland Lieut-Col. (Signature of Officer)
No. 2 Construction Batt'n. C. E. F.

Date Febuary 8th 1917.

REGIMENTAL DOCUMENTS

NAME Mc LAIN. WALTER. Pte REGT. NO. 931803 UNIT No 2 Const Battn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	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)					
2	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)					
	MEDICAL EXAMINATION (M.F.W. 129)					Med Unfit
	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
/	LAST PAY CERTIFICATE (M.F.W. 44)					
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	M F W 67					
/	" " " 60					

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

No. 931803. RANK Pte. NAME McLain Walter

T. O. S. 8.2.17. UNIT No 2 Construction Battalion.
D.O.40. 15.2.17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Feb 8	Feb 28	✓		
Mar 1	Mar 24	x.	Left in Hosp. Trend.	

649-M-163555

CARD NO.

SURNAME. McLain

CHRISTIAN NAMES Walter

FOLL.

REGL. No. 931803. RANK Pte.

S.O.S. Dis. 30-9-17.6

M.U. Auth discharged

UNIT No. 2 Constr. Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Ellis Daisy

RELATIONSHIP TO SOLDIER Sister

ADDRESS Nashville, Tenn., U.S.A.

COUNTRY OF BIRTH U.S.A. Savannah, Ga. DATE July 27th 1895.

PLACE OF ATTESTATION Windsor, Ont. DATE Feb. 8th 1917.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

M.M

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Chauffeur RELIGION Baptist

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5 FEET 7. INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3. INCHES

COMPLEXION Coloured. EYES Dark HAIR Dark.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Feb. 8th 1917.

Present address:- Detroit, Mich. U.S.A.

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 #2 Construction Battalion, C E F

Regimental No. 931803 Rank Private Name Walter McLain

Enlisted (a) 8/2/17 Terms of Service (a) Duration of War C. E. F. a Six mos Ther. Service reckons from (a) 8/2/17

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) Chauffeur

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				
	O.M.D.6.	SOS Medicufit 60-59-M-10 3d/8.3.18	Halifax	30.9.17	649M-1635 S. 7

Clyde A. Scott
for D.O.R.

(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				

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931803

(3) Full Name of Soldier Walter McLain

(4) Place of Birth Tennessee U.S.A.

(5) Are you married, or not? Single

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

(b) Present Postal Address ×

(7) Are you a widower? Yes

(8) Have you any children? ×

If so, give number of boys and girls ×

Also their names and ages ×

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? No

If so, state name and address. X

(11) If your Mother is a widow X

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.

X

X

(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.

None

(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.

X

(15) Are you insured? X

If so, in what Company? X

Have you made arrangements for payment of your Insurance premium X

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

No. 2 CONSTRUCTION BATTALION C.E.F.
ORDERLY ROOM
MAR 19 1917

Date No.

F. Davis Capt. & A.A. Lieut-Col.
No. 2 Construction Battalion C.E.F.
Officer Commanding.

CLEARING DEPOT

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 931803 Rank Private Name H. McLain

Corps No. 2 Constr. Coy. C.E. Who was* Discharged

On Sept. 30th 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st 1917, to Sept. 30 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	nil	
Advances by Cheques } No.			Regt'l Pay 30 days at $ 1 c 00	30	-
Advances by Cheques } No.			Field Allow. 30 days at $ c 10	3	-
Assigned Pay No.			Other Allowances* Subsistence 30 @ 60¢	18	-
Other Charges*					
Payment on transfer or discharge No. 4435	51	00	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	51	00	Total	$51	00

*Give Particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of 191 to (Assignee)

(Address)

(†) 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.

ISSUED WITH CIVILIAN CLOTHES

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

REMARKS:—

State (1) date of enlistment

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

(3) cause of discharge and authority

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

CLEARING DEPOT JAN 21 1918 HALIFAX, N.S.

Date

Place HALIFAX, N.S.

A. R. Leach Capt.
Paymaster, Clearing Depot, Halifax.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

160M.—4-17.
H. Q. 1772-39-903.

931803 C

MEDICAL HISTORY SHEET.

Surname McLain *Christian Name* Walter

Examined { on 8th day of Feb. 1917 / at Windsor, Ont

Birthplace { City or Town Savannah Ga. / County USA.

Apparent age 22

Trade or occupation Chauffuer

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left. / Number .....

When Vaccinated last .....

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

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

Approved by .....

Rank ..... M.O.

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.
2/3/17	Neg	J.M. Murdoch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/2/17		E.E. Stephen M.O.
25/2/17	2nd	J.M. Murdoch M.O.
		M.O.

Enlisted on 8th *day of* Febuary 1917 *at* Windsor, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#2 Coast Br. C.E.F.	931803		8/2/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont.	FEB 9 1917	on enlistment	Fit
S.A. Cuthbertson Major, A.M.C.		W.B. Guyer Capt., A.M.C.	E.E. Stephen Capt. A.M.C.

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

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-439.

Surname McKenzie Christian Name Walter

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				

MD6

FORM OF WILL

I, Walter McLain (Name in full)

Regimental Number 931203 serving in No. 2 CONSTRUCTION, B'n. C.E.F.

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

I devise all my real estate unto

(Government)

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

absolutely, and my personal estate I bequeath to

(Government)

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 19th day of March A.D. 1917

W McLain 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness: Cecil Bennett

Address of Witness: Shelburne Ont.

Occupation of Witness: Labourer

Signature of Second Witness: E. L. Cross

Address of Witness: San Fdo Trinidad B.W.I.

Occupation of Witness: Journalist

M. F. W. 82.
300M.-12-16.
1772-39-983.

L. L. Job 4503.—M. & D. 6832.

D/E 8. 2. 17

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-813.

SEPARATION ALLOWANCE

Name Daisy E. McLain

Address 218 E Boundry St.
Savannah
Georgia. U. S. A

Relation to Soldier wife, child or mother } Wife

Name of Soldier McLain, Walter

Regtl. No. 931803

Rank Pte

Corps No 2 Const Batt

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Make envelope D.P.

CONSOLIDATED 6 ACCOUNT

ACCOUNT CLOSED
DATE ..... PER W

D/E 8. 2. 17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.-6-16.
1772—39—818.

Sheet No. 2.

L. L. Job 4503.-Req. 6832.

Daisy E. McLain Wife

PAYMENTS.

Name of Soldier McLain, Walter Pte

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May		B6652	75	75 R	
June		M9093	20	20	
July		M12295	20	T.	Disch 30/9/17 HQ file 649-M-16355
Aug.		U14638	20	M	C.S. for to M. 16-10-17
Sept.		E19352	20	T	McL 16-10-17
Oct.					
Nov.					
Dec.					155 WDC
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

A/c Closed August 31st 1917
Authy File 124 79-W-38
Amt. Due $ 135 00
Amt. Paid $ 155 00
Overpaid $ 20 00
Amt. Due to Close $ nil
Remarks Disc 31-8-17
Refund req 17-9-17
Noted by Blunt 17/9/17

ACCOUNT CLOSED

DATE ..... PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

This space to be for numbers

Proceedings on Discharge.

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

No. 931803

Rank Private

Surname McLAIN

Christian Name Walter

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

Corps (Squadron, Battery or Company) No.2 Construction Battalion

Date of Discharge September 30th, 1917.

Place of Discharge Halifax, N. S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 1 months.

Height 5 feet 7 inches.

Complexion } -------Coloured
Eyes }
Hair }

Trade Chaffeur

Intended place of residence (To be given as fully as practicable.) 213 East Boundry Street, Savannah, Georgia, U.S.A.

Descriptive Marks

Scar on right eye brow

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

Being found no longer physically fit for War Service.

Auth. M. D. 6 59-M-1037

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.

----------GOOD----------

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

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

H.C.B.

23-1-20

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding .....

X

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) Savannah, Georgia X Sign Walter McSain (*Signature of Soldier.*)

(Date) 27th Feb. 1918. W. A. Brookfield Am's Consul (*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.

CONSULATE BRITISH EMPIRE SAVANNAH

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....

(Date).....

CLEARING DEPOT MAR 4 1918 HALIFAX, N. S.

(*Signature*) H. S. Adams Major OC 2 Bn

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.)

Nil. Sign:- Walter McGair

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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.

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
APR 21 1917
H.Q. CANADA

1. Station. Halifax, N.S.
2. Regiment or Corps. No 2 Construction Bn
3. Regimental No. and Rank. 803 Pte
4. Name. W.McLean
5. Age last Birthday. 22
6. Enlisted on Jan 1917 at Windsor Ont.
7. Former trade or occupation. Chauffeur

8. General remarks on his:—
(a) Conduct. Conduct
(b) Habits. Sheets
(c) Temperance. Not Available

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 8.4.17

9. Service.

	Years.	Days.	Periods From	Periods To
No. 2 Construction Bn			Jan 1917	

10. (a) Disease or disability. Effects of cut lt. forearm
(b) Date of origin. Mar 2 1917
(c) Place of origin. Windsor Ont
(d) Cause. Had a fight with anoth soldier in Bks. and was cut by razor in back of lt. forearm.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Transvere scar on dorsum of lt. forearm about 3" above lt. wrist. Holds hand with wrist drop Tendons of extensor Communis Digitorum have been severed and he is unable to extend hand or fingers. Hand partially flexed. No loss of sensation in dorsum of hand or fingers. Weakness of power of flexor muscles of left hand to extent of ½. Pronation & supination of lt. hand diminished to the extent of ¼.

12. (a) Is the disability the result of service or climate? No- was "Off duty"
(b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.
200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Transverse depressed scar of cut about 3" long just abo lt. wrist on dorsum of forearm

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Wound was sustained off duty Court of Inquiry was held in Truro NS

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment.

Wound sutured. Internal splint applied, so he says Refuses operation for secondary suture of tendons involved

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

½

18. State if for discharge on account of unfitness for Service.

Yes

V. R. Miller, Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

D

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations: That he be discharged as medically unfit under class ONE

Signatures :—

A Lamey President.

J. Stanley Chatterton
Capt AMC
Members.

Station. Halifax, N.S.

Date. 6.4.17

Date. APR 13 1917

APPROVED

Asst. Director of Medical Services.

Approved.

Date.

5/4/17 Oscar A Cameron Capt

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date.....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

Date of Enlistment

8-2-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

20			

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 931803.

Rank Pte Promoted Reverted Discharge

Soldier's Name Walter McLain.

Battalion No 2. Const Battn.

Beneficiary Mrs Daisy E. McLain.

Relationship Wife.

Address 218. E. Boundry st Savannah Georgia U.S.A.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec		155 -		155 -	As a/c closed last ok Sept. 17 & paid 20.00 Refunded Nov 17 9/17

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7993.