C.A.D.C. Duplicate

2 29/1/18

ATTESTATION PAPER.

No. 539

C. A. D. C.

C.A.D.C. M.D.2

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	M C L E N N A N
1a. What are your Christian names?	James Alexander
1b. What is your present address?	Milton, Ont, Canada
2. In what Town, Township or Parish, and in what Country were you born?	Milton, Ont, Canada
3. What is the name of your next-of kin?	Clara McLennan
4. What is the address of your next-of-kin?	Milton, Ont, Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	Sept 6th, 1897
6. What is your Trade or Calling?	Munition Worker
7. Are you married?	Single
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

James Alexander McLennan

I, ..., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Jas. A. McLennan (Signature of Recruit)

November 30th, 1916

Date ..... 191 . J.H. Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Alexander McLennan, 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.

Jas. A. McLennan (Signature of Recruit)

November 30th, 1916

Date ..... 191 . J.H. Moore (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 Toronto, Canada this 30th day of November, 1916 191 Q. K

..... (Signature of Justice)

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

Description of James Alexander McLennan on Enlistment.

Apparent Age 19 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8¾ ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 4 ins.

Complexion Medium

Eyes Blue

Hair Black

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

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

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

Scar left knee, scar back of left thumb, scar left shin

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 November 30th 1916 191 . Robt. S. S. Sheard

Place Toronto, Canada Capt

Medical Officer.

*Insert here "fit" or "unfit."

Toronto Recruiting Depot

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.

James Alexander McLennan 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.

[illegible] Major (Signature of Officer)

Date March 1st 191[illegible].

C. A. D. C., M. D. 2

539 | McLENNAN | JAMES, ALEXANDER
SIN/NAS | Surname/Nom | Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

BOX # AO-274-7068

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT 7068 C.E.F.

Number 539 Rank Pte.

Surname McLENNAN

Christian Name James Alexander

Units C.A.D.C. Theatre of War England

Date of Service 4-3-18

Remarks G.P.O.

Latest Address Milton West

Ont.

Roll No a Page 1230

APR 30 1929
REGN. No: 43073

NAME Mc Lennan James Alexander REGT. No. 5-39.

RANK AND UNIT Pte. (A.S.) 6. A. D. 6.

NEXT OF KIN

CABLE No.	CABLE DATE	NATURE OF CASUALTY
6608 1-1 W.S.M.	2-3-19	Mil. Hosp. Ripon. suffering from Influenza.
C731 W.S.M. 1-3	5-3-19.	Disch. from Hosp. to 17. Reserve. Bn. Ripon. After suffering from Influenza
	Enq.	H. A. Mc Coll. M. D. Milton. Ont.
"S"	15 13.	27-2-19.

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.H.O.H-1	Mil. Ripon, Discharged	31-1-19.	Influenza. (Pneumonia)
C.H.99-1		7-2-19.	"

H. Q.

M. D. No. 2 9 Reg'd 5-7-19 1915 J-14779

Surname Mc Lennan

Christian names James Alexander

Regtl. No. 3-39 Rank Pte

Unit C. A. D. C.

T. O. S. Nov. 30th 1916

D. O. Pt. II 47 of 12.1.2.16

S. O. S. 11-2- 19 19

Reason Demob

S.O.S. (Demob) 15-1-20 2 Auth. 1899 8-7-19

D.O.S. 15-1-20 2 C.A.D.C. No 2210

Next of kin Mc Lennan Mrs Clara Relationship Mother

Address Milton, Ont

Also notify:

BORN—Place Canada Milton Ont Date Sept 6th 1897

ATTESTED—Place Toronto, Ont Date Nov 30th 1916

O/S 21-2-18 1146

Sgt.

R/C 2-7-19 360/52

W. 22—100M 7-18. 1772-39-839.

Form R. 149.

James Alexander.

Name McLENNAN Rank A/Sgt. Reg. No. 539

Unit C.A.D.C.

Next of Kin G Dep Canada.

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-7-	Mil. Hos. Ripon.		Influenza	CL404		6314
5-8-19	To Cliff Hospital		Scarlatina			
7-2-19	Discharged		do	CH97		4034

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Surname	Christian Name or Names	Reg. No.
McLENNAN	J.A.	539
Rank	**Unit**	
A/Sgt.	Mis. CADC.	

Cas. List.	
	Mil. Ripon 31-1-19.
13-2-19C404	Influenza.
7-6-19.C 497	Dis as 7-2-19

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

539 S/Sgt.

THIS IS TO CERTIFY that No. (Rank)

Name (in full) C.A.D.C. enlisted in

the Toronto, Ont. 5th.,

CANADIAN EXPEDITIONARY FORCE at Camp on the

day of 19 Canada.

HE served in R.O. 1328

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

22 years.

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

Age	5 ft 9 Inches	Marks or Scars	
Height	Dark		
Complexion	Blue		
Eyes	Black		
Hair			

Signature of Soldier

Issuing Officer

Capt.

Rank

Date of Discharge

Jan. 15th/20

January 14th., 20

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.

T.B. 39A.
-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No 539 (Rank) Sgt

Name (in full) James Alexander McLennan enlisted in

the C. A. D. C.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 30th

day of Nov 1916

HE served in ~~His~~ England C. A. D. C.

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 21 Years.

Height 5'8 3/4"

Complexion Medium.

Eyes Blue.

Hair Black.

Marks or Scars Scar on left knee. Scar on back of left thumb. Scar on left shin.

J. A. McLennan

Signature of Soldier.

Date of Discharge

No. 2 DISTRICT DEPOT

JUL 4 1919

TORONTO

J. Lee Capt

Issuing Officer.

For

O.C. No. 2 District Depot.

Rank

JUL 4 1919

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.

M.F.B. 39A.

Form R 122.
2353—100M—9-12-16.

TLH

Rank | Name McLENNAN, James Alexander | Reg'l No. 539

Unit C A D C | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Toronto, Novr. 30th. 1916 | Place of Birth Milton, Ont. Canada

Name and Address, Next-of-Kin Clara McLennan,

Milton, Ont. Canada | Relationship Mother

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No 12700
File R.L.
Category C R Can

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
	L	Arrived in England	4 MAR 1918		S/S Megantic
12 3 18	C.A.D.C.	T O S on arrival from Canada	Pte Bramshott	5 3 18	Pte. SO 12
26 4 18	C.A.D.C.	To be A/Sgt with pay.	" —"—	5.3.18	—"— 20
15-2-19	C.A.D.C.	S.O.S. of Bshott to Ripon Area	A/Sgt Bshott	24-1-19	D.O. 8. C.A.D.C. Ripon Pte II 02 A/Sgt 4-2-19
16.5.19.	C.A.D.C.	S.O.S. to Gen. Dep. pending R.T.C.	A/Sgt. B Shott.	16.5.19.	D.O. 26. Rundep T 05 D.O. 109 d/19.5.19
16.5.19.	17th Res.	Ceases att. Posted. Gen. Dep. for R.T.C.	" Ripon	16.5.19	" 113.
28.5.19	Rem Dep	S.O.S. to O Wing Witley	" Witley	26.5.19	D.O. 114 "O" Wing D.O. 45. d/31.5.19.
		84-1-59 Sailing 25-6-19			
28.6.19.	O Wing	S.O.S. on proc to Canada	" Witley	25-6-19	D.O. 64
		SL 84 Da 9.			

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.				

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. C.A.D.C., M.D.No.2,

Regimental No. 539 Rank Private Name McLennan:- James Alexander
C. E. F.

Enlisted (a) 30-11-16 Terms of Service (a) Duration of War Service reckons from (a) 29-11-16

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).. Munition Worker

Report: Date	Report: 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
~~12x3xxx~~		EMBARKED DISEMBARKED	HALIFAX LIVERPOOL	19-2-18 4-3-18	"S.S. MEGANTIC."
12-3-18	A.D.D.S.	TOS. C.A.D.C., Bramshott, on arrival from Canada.	Bramshott.	5-3-18	Part II Order. No. 12
26-4-18	A.D.D.S.	Appointed Acting Sergeant with Pay and Allowances of Rank.	Bramshott.	5-3-18	Part II Order No. 20.
5-2-19	A.D.D.S.	T.O.S. C.A.D.C. Bramshott. on posting to C.A.D.C. Ripon	Bramshott	27-1-19	Pt. II order No 1. 5/2/19
7-2-19	A.D.D.S.	T.O.S. C.A.D.C. Ripon Area on posting from C.A.D.C. Bshott.	Ripon	27-1-19	Pt. II Order No. 2 - 7-2-19
11-2-19.	A.D.D.S.	Admitted to Military Hospital	Ripon	31-1-19	Pt. II order No. 3 11-2-19
18-2-19	A.D.D.S	Discharged from — —	—	8-2-19	Pt. II order No 4 - 18-2-19.

(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				
15-5-19	A.D.D.S	S.O.S. C.A.D.C RIPON. AREA on posting to general Depot Seaford. for return to CANADA.	RIPON	16-5-19	G.C. II O. 26. d/16-5-19. Para 2. B. L. Nudelly Lt Col. 15-5-19
25/5/19	~~C.A.D.C~~ Gen Dep.	S.O.S. to O Wing	Seaford	23/5/19	
14/6/19	O Wing	T.O.S. from Gen. Dep.	Witley	24/5/19	P.II O.053
	"O" WING	S.O.S., O.M.F.C. ON PROCEEDING TO CANADA	WITLEY	18 JUN 1919	P.O. PT. 2 No. 56 Lieut. OFFICER I/C RECORDS, "O" Wing C.C.C.
JUN 25 1919	O.S.	T.O.S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II O.O. 189
JUL 4 1919	S.O.S.	(DISCHARGED FROM H.M.S.) No. 2. DIS. DEPOT,			PART II O.O. 189

Lieut.
For O. C. No. 2 District Depot

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 C.A.D.C., M.D.#2.

Regimental No. 539. Rank ~~Sgt.~~ Sig. C. E. F. Name McLENNAN, James Alexander

Enlisted (*a*) Toronto. Terms of Service (*a*) Service reckons from (*a*) 5-7-19.

Date of promotion to present rank ~~5-7-19.~~ 5-7-19. Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended. Re-engaged. Qualification (*b*) Dental Mechanic.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Discharged from CADC. MD #2 with effect from January 15th, 1920. on Demobilization, R.O. #1328. Our daily order #15 of January 15th, 1920.			

Captain
for A.D.D.S. M.D.#2

(*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				

C. A. D. C., M. D. 2

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.

---

(1) Name of Overseas Unit which Soldier joins..... C. A. D. C.

(2) Regimental Number 539

(3) Full Name of Soldier..... James Alexander McLennan

(4) Place of Birth..... Milton West Ontario Canada

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

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

(b) Present Postal Address..... Milton West Ontario Canada

(7) Are you a widower ? ..... No

(8) Have you any children ?.....

If so, give number of boys and girls..... /

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Mr. A. A. McLennan Milton Ontario Canada.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. A. A. McLennan
Milton West Ontario Canada

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

(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? No

If so, in what Company? No.

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.

W. L. Thompson Major
Officer Commanding.

Date March 1st/17

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. 539 Rank Staff Sergeant Surname Mc L E N N A N
(Given name in full) James Alexander

Unit or Corps C.A.D.C. Birthplace Milton, Ontario

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

1. GENERAL DESCRIPTION:

Physique Good Weight 162 lbs. Height 5 ft. 9 in. Colour of Eyes Blue

Nutrition Good

Pulse 76

Condition of arteries Normal

Vision Rt. Normal Left Normal

Hearing (conversational voice) Rt. 25 ft.

Left. 25 ft.

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

Burn scar back of left hand

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 Yes

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 No

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

Moderate left varicocoele, prior to enlistment, no aggravation

APPROVED
JAN 10 1920
.....CAPT.
D. M. S. M. D. 2

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at.....Toronto.....(Canada)

Date .....9th...January..1920..... Signed Geo Cooksey 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 James A. Thomson

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

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

[OVER]

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

REGIMENT.....RANK.....No.....

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	9 filling 22.32. 15.7.41 Extract 1.16																						

M.F.B. 465.
200M—6-18.
1772-39-950.

C. A. D. C., M. D. 2

DUPLICATE

MEDICAL HISTORY SHEET

Surname MacLennan Christian Name James Alexander

Examined on 30th day of Nov. 1916. 191
at Toronto, Canada.

Birthplace City or Town Milton, Ont.
County Canada.

Apparent age 19yrs 2mths

Trade or occupation Munition Worker

Height 5 feet 8¾ Inches

Weight 144½ lbs.

Chest measurement Minimum 31 inches
Maximum expansion 35 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left 1
Number 1

When Vaccinated last 1909

(a) Marks indicating congential peculiarities or previous disease

nil

(b) Slight defects but not sufficient to cause rejection

Varicocele

Approved by Lieut. A. S. Sheard (for board)

Toronto Recruiting Depot. Rank Capt. 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	
28/2/17		Lt Porter Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
21/2/17		Lt Porter Capt	M.O.
28/2/17			M.O.
7/3/17			M.O.

Enlisted on 30th day of November 1916. 191 at Roronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C. A. D. C.	539		30/11/16
Transferred to				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname McLennan Christian Name James Alexander

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				

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

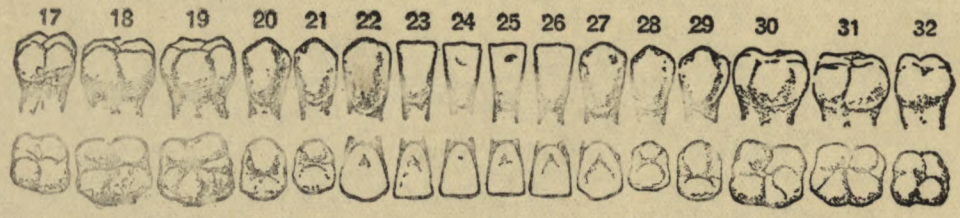
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McLENNAN J. A.

REGIMENT O. C. D. C. RANK Lt. No. 5-39

Date of Examination in England 29 MAY 1919 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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 Nil
2. EXTRACTIONS Nil
3. CROWNS Nil
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 yes
- (c) In France —

Signature of Dental Officer J. H. Rammell Capt.

1 Group
"C" Wing

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. 539 Rank Sgt. Surname McLENNAN
(Given name in full) Jas Alexander
Unit or Corps 6a D.C. Birthplace Milton, Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 176 lbs. Height 5 ft. 10½ in. Colour of Eyes blue

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar 1" long back of head fall 1912
Scar size of dime left knee fall in childhood
2 vaccination scars left 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 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 no

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Aldershot (Overseas)

Date 30/1/19 Signed [signature] 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 [signature] 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.)

[OVER]

FORM P. 559
6245-150M.-7/5/17

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Milton, Ontario.

NAME OF NEXT OF KIN: Clara McLennan RELATIONSHIP: Mother.

ADDRESS: Milton, Ontario.

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE DATE

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

NEW PAYBOOK ISSUED

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

NEW PAYBOOK ISSUED

REG'L. NO. 539 RANK Sgt. NAME McLennan, James Alexander.

PLACE OF ATTESTATION Toronto. DATE OF ATTESTATION 30/11/16. ORIGINAL UNIT 6 A.D.C., M.D.2.

PRESENT UNIT 6 A.D.C. Drumshed

ASSIGNED PAY

(1) PER MONTH $ 25.00 DATE EFFECTIVE 1/3/18 AUTHY.

PAYABLE TO Clara McLennan.

Milton, Ontario RELATIONSHIP Mother.

(2) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ c.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	BALANCE CARRIED FORWARD DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS									DR.1	DR.2	DR.3	DR.4	BALANCE								
1918																									
Feb. 28th		BALANCE FROM CANADA.															Nil.								
Mar. 1	31.	Sgt Pay	46 50						Can A.P.	Mch.		25	21 50												
			46 50									25													

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	NO. OF DAYS	RATE	$ C.	NO. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 320
12474—37 SH—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	~~1-2-18~~ 1-4-19	EFFECTIVE DATE:-	
AMOUNT:-	~~25.00~~ 15.00	AMOUNT:-	

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.

~~Mrs Clara McLennan~~ (~~Mother~~) Deceased
~~Milton, Ont.~~ N/R.
Mrs Alberta McLennan
Milton West K
1/4/19 Ont Father

Stopped 1.7.19

NAME:- McLENNAN James Alexander
NUMBER:- 539

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can L.G.C.		Sgt

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.A.D.C. M.D.#2
DATE ACCOUNT FIRST OPENED:- March 1st 1918

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.A.D.C. Bramshott
		24/7/19	Canada

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
a/c Feb + Mar should be #15 instead of #25 Credit note			Cred 20.00			Left bal	58 85
1/6	5763	Whitley	~~99.75~~			R/C "	44 70
4/6	6797	"	~~21.55~~				1406
			~~34.06~~ 30				
			1406				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can L.G.C.	1 35	15		

Mdr living O.

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dvs to Can 1.7.19 nR G10795 Whitley 11/6/19 Whitley

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31.	Bal. Ford								21 50		
Apl				a/f.				25			
		12		Rnoos #1 3/4/18 ms	53				40 97		
	SP	33							40 97		
				a/c 159. 11/4/18. Dets Bishott mr	487				361 0		
				A.R. 1522. 7/3/18. " " mr	487				31 23		
				A.R. 113. 15/3/18 " " mr	1460				16 63		
May	S.P.	45 46 50			2487			25 -	63 13		
				a/f.				25	38 13		
				a/c 697. 15.5.18. Dets Bishott mr.	487				33 26		
				Dua R. 364. 25.4.18. " mr 10	730				25 96		
				a/c 829. 26.5.18 Dets Bishott mr 16	730				18 66		
June	S. Pay.	46 50 45 00			19 47			25 -	63 66		
				a/f.				25	38 66		
				a/c 967. 14.6.18 Dets Bishott mr 3	973				28 93		
				a/c 1095 27.6.18 " " " mr 11	973				19 20		agreed 1/8/18
July	S.P.	45 00 46 50			19 46			25 -	65 10		
				a/f.				25	40 10		
				a/c 1214. 18/7/18. Dets Bishott mr 1	730				33 49		
				1767. 26.7.18 " " 10	730				26 10		
Aug	S.P.	46 50 46 50			1460			25 -	1 60		
				a/f.				25 -	41 60		
				a/c 1387. 13.8.18 Dets Bishott mr 2	973				31 87		
				1510 29.8.18 " " 10	1103				20 84		
Sep	S.P.	46 50 45			26 76			25	65 84		
				a/f.				25	40 84		
				a/c 1633 17.9.18. Dets Bishott mr 1	973				31 11		
				1955 26.9.18 " " 17	973				21 38		agreed 13/11/18
		45			19 46			25			

COMPILED BY.....

CHECKED BY.....

NUMBER 539 RANK Lgt NAME McLENNAN. JAMES. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				fwd					21 38		
Oct	Pay	46 50		a/c				25	42 88		
				ak 7467 15/10/18 Auto Bk 77	14 60				28 28		
				7307 29.10.18 " " 41	7 30				20 98		
Nov	Pay	46 50		a/c	21 93			25	40 98		
		45 -									
				ak 7419 14/11 " " 9	12 17				28 81		
				7461 28/11 " " 29	9 73				19 08		
Dec	Pay	46 50		a/c.	21 90			25 -	40 58		
				ak 7891 19.12 " 66	17 03				23 55		
Jan	"	46 50		a/c	38 93			25	45 05		
Feb	"	1350 0 47		a/c	38 98			15 25	62 03		
				ak 3700 13.1. " 20	9 73 -				52 30		
				3416 23.1 " 47	9 73 -				42 59		
				3596 12.2. " Rip 83	14 60 -				27 99		
Mar	"	46 50		a/c.				25	49 49		
				4053 26.2 " 119	7 30 -				42 19		
		88 50		4316 17.3 " 149	29 30 -				12 99		
Apl	"	45		a/c.	7 056			15	42 99		
	Clerk's pay 14/2 - 31/3. 46 days @ 20/- auth A.A.G. nR 185 4.4.19	9 20							52 19		
				ak 4720 24.3 " 6	4 87 -				47 32		
				3411 14.4 " 27	9 73 -				37 59		
				7324 28.4 " 51	12 17 -				25 42		
	Clerk's pay. 1/4 - 30/4 30 days @ 20d auth A.A.G. nR 479 2/5/19	6 00			36 87				31 42		
				1773 15.5 " 81	19 47 -				11 95		
				3917 17.5 Clk " 81	14 60 -				765		
		60 20			60 84			15			
June	Pay. May	46 50		a/c. May.				15	7885		
	June Pay	45		a/c June				15	5885		
	Cash at for Feb + mar charged as 20/- paid 15/- on No 1780		20						7885		
	Clerical pay 1/5 - 16/5. 16 days @ 20d auth A.A.G. Rupin nR 681 May	3 20							8765 Paid 2/7		
				ak 5763 1/6 Occc 13	9 73				7232		
				6797 4/6 " 16	24 33				47 99		
				9831 23/6 " 88	9 73				38 26 End		
		94 70	20 00		43 79			30			

S.O.S. 25/6/19 No 84

This space to be for numbers.

Me - 2149

Proceedings on Discharge.

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

No. 539

Rank S/Sergt.

Surname MCLENNAN

Christian name James Alexander

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

Corps (Squadron, Battery or Company) C.A.D.C. M.D. #2

Date of discharge January 15th, 1920

Place of discharge Toronto, Ont. Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years 3 months.
Height	5 feet 9 inches.
Complexion	Dark
Eyes	Blue
Hair	Black
Trade	Dental Mechanic
Intended place of residence (To be given as fully as practicable.)	Milton, Ont.

Descriptive marks

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

Authority for discharge "Demobilization" R.O. #1328

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.

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.)

M. F. B. 218.

200M.—5-18.
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) Toronto, Ont. Can. .....Captain

(Date) January 15th, 1920 for O. *Commanding* C.A.D.C. M.D.#2

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, and that I have received my permanent discharge certificate.

(Place) Toronto, Ont. ..... *(Signature of Soldier.)*

(Date) January 15th, 1920 ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ont. .....

(Signature) .....

(Date) January 15, 1920 ..... for A.D.D.S. M.D.#2

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations

J. A. McLennan

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

C. A. D. C., M. D. 2 ORIGINAL

MEDICAL HISTORY SHEET

Surname Mc Lennan Christian Name James Alexander

Examined on 30th day of Nov. 1916. 191
at Toronto, Canada.

Birthplace City or Town Milton, Ont.
County Canada.

Apparent age 19yrs 2mths

Trade or occupation Munition Worker

Height 5 feet 8¾ Inches

Weight 144½ lbs.

Chest measurement Minimum 31 inches
Maximum expansion 35 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left 1
Number 1

When Vaccinated last 1909

(a) Marks indicating congential peculiarities or previous disease

nil

(b) Slight defects but not sufficient to cause rejection

Varicocele

Approved by Lt. A. Sheard for board
Capt.
Toronto Recruiting Depot. 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.
			M.O.

Date	Result	Vaccinations	
28/2/17		Ga Porter Capt	M.O.
			M.O.
			M.O.

6.3.18. Rptd
14.3.18.

Date	Result	Anti-Typhoid Inoculations, Etc.	
21/2/17		Gp Porter Capt	M.O.
28/2/17			M.O.
7/3/17			M.O.

Enlisted on 30th day of November 1916. 191 at Roronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C. A. D. C.	539		30/11/16.
Transferred to				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname McLennan Christian Name James Alexander

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				
Riponhurst		30	7	19	7	2	19	Influenza	9	Recovered.	Arbuthnot Adelaide

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area I
Occupational Group 1

HM T. CARONIA
SAILING No 84
Embarked 25.6.19.

1. No. 539

2 Rank. Sgt.

3. Name. McLennan James Alexander

4. Unit. C. A. D-C

5 Date of Discharge | JUL 4 1919 | Place TORONTO, ONT.

6 Reason for Discharge DEMOBILIZATION

DEMOBILIZATION

7. Authority. No. 2, D.D., Part II, D.O.No. 189

8. Proposed Residence after Discharge

Milton West 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.?

J. A. McLennan

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

No. 2 DISTRICT DEPOT
JUL 4 1919
TORONTO

Place

Date

for
O.C. No. 2 District Depot.

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M.F.W. 23). or
   Particulars of Recruit (M.F.W. 133).
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. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). A. Daf.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 9

Date 17 JUN 1919

W"CARONIA" 2-7-19

DISPERSAL "I"

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 539 | RANK Sgt | NAME (IN FULL) McLENNAN, J. 178191.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Bank of Hamilton Milton West. | DATE | AUTHORITY

DATE OF ATTESTATION 30/11/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 31/7/19 Closed by Ottawa

PAYABLE TO Albert A. McLennan Father | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Milton West. Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE DATE

DISCHARGED PLACE Toronto | 4-7-19 | REASON Demob | AUTHORITY Do 189 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.
BALANCE FROM PREVIOUS ACCOUNT									44	79																									44	79
30/6/19																																			
16/7/19	10	1.30 ~~1.40~~	13	50	35	00																													
					70	00																													
																	9	73	Endorsed on P.C.																
																									15	00									
																	4	87	5	00															
											C.K.						128	69																	
									118	50																							163	29		
		W.S.G.																									W.S.G.								
																											70	00							
																											9	00							
																											~~10~~								
		1	50																																
153 days		350	00						351	50							July	4													79	00	272	50	
																	July	30	AR	100	10	3344	61	60									140	00	211	50	
																	Aug	2			14	05	60		AR	124	41	50					211	50	40	00	
																	Sept	30			14	16	35		AR	151	70						281	50	70		
																	Oct	31			14	50	6		AR	177	70						351	50	WRT		
		351	50						351	50																	272	50			79	00	351	50		

T.O.S. 95.6.9 D.O. 189

PARTICULARS OR REMARKS

SUBS. TO D.O.

Pay & Allce Engd. P.C.

Pd to 4/7/19 to 7/7/19 Gratuity Calculated

1st payment R.S.C.

July 1919. Fare

Boots & Clothing Money

W.S.G. as paid above

F.A. Allowance 6 days @ 1.50

Pay & Allce 10 days @ 1.50

W.S.G. Paid by #2 O.D.

W.S.G. PAID IN FULL

Lieut. 7-11-19.

PAYMASTER WAR SERVICE CAPTAIN

AMOUNT DUE SOLDIER DEPENDENT

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENT 8993

Date of Assignment

Mar. 1-18.

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. A.R.

RATE OF ASSIGNMENT

~~25.00~~	15.00		

1-4-19.

9L18 M c8 S.F.

PARTICULARS OF SEPARATION ALLOWANCE

No. 639.

Rank Sgt. Promoted Reverted Discharge

Soldier's Name McLennan. J.A.

Battalion C.A.D.C.-M.D-No 2.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name ~~Mrs. Clara Lavina McLennan~~

Address Milton. Brat. Ont.

Change of Address

1 Albert A. McLennan. A2M 24-2-19.

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						M12476-J-44.
Mar 1918	M 78809		25	25	R	A.P. chg to above assignee eff. 1-2-19.
Apr	H. 1798		25	25		an adj chg $50.00 xx. paying Feb. + Mar. Issued
May	P. 14036		25	25		to A.C.O. #7654 Issued. 19-3-19. M.R.O. Re-Issued. 75416=19 3/19
June	J. 26320		25	25		A.P. chg. to $15.00 xx. 1-4-19. A2M on file.
July	L. 33086		25	25		
Aug	N. 36414		25	25		MRO LP 163686 to Dec 14/7/19
Sept	Q 48923		25	25		RW
Oct	J 56163		25	25	✓	
Nov	P. 61648		25	25	✓	
Dec	Y 60732		25	25	✓	
Jan	V 70467		25	25	✓	
Feb.	~~J. 76359.~~		~~25~~	~~25~~	✓	J 76359 Retd + Canc 6 3/19 per transfer # 101 XD. L
Mar.	~~K 84617.~~		~~25~~	~~25~~	✓	Canc 22-3-19 "Assignee deceased" O.C.C. #5780. Issued. 18-3-19.
Mar.	P. 1791		50.	50.	✓	Mailed 24 3/19. M.R.O. Suspend. #75413. Issued. 18-3-19.
apr.	N 1066		15	15	✓	
May	E 5626		15	15	✓	
June	F 9646		15	15	✓	
July	E 12960		15	15	✓	
			$385	$385		

31-7-'19

A/c Closed

Ret'd per Caronia

Date 2/7/19 M.F.W.187 14/7/19

Clerk A.P. Draper

MD 2

28-2-18

Subject

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 223.20—M. & D. 7698.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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. 22320—M. & D. 7993.

C.A.D.C., M.D. 2

ORIGINAL

C.A.D.C., M.D. 2

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 539. RANK P. Sgt. Sto. NAME (IN FULL) McLENNAN, Jas. Allen. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prov. Sgt.	5/7/19	D.O. 195
Prov. Sgt. Tasse'd Pay Class 3	5/7/19	D.O. 307 N.B. 394 $1.23 - 138

ORIGINAL UNIT C.E.F. Can. M.D. #2.

PLACE OF ATTESTATION Toronto Ont.

DATE OF ATTESTATION 5/7/19

ASSIGNED PAY $

IF IN P.F. WHAT UNIT?

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 15/1/20 REASON Demobelization AUTHORITY D.O. 15 IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 5/7/19.											203	8/9																							
31/7/19.	27	1.50	40	50	21	60			62	10	39	29/7					52	10													52	10			10	-	D.O. 195 TOS 5/7/19. D.O. 195 Sgt. from 5/7/19.
Aug.	31	1.50	46	50	24 10	80 -			81	30	203 4/9 115 12/8	4/9 4/46 50 28/8	5204 5/4	28/8			30	-	41	30											71	30			10	-	
Sept.	30	1.50	45	-	24 10	- -			79	-	5204 4/37 56 9/9		5205 6/3 61 26/9				30	-	39	-											69	-			10	-	Meals supplied Address
					10.	-			10.	-																									10.	-	
Oct.	31	1.50	46	50	24	80			71.	30	5205 8/9 47 9/10		5206 11/1 74 27/10				30.	-	36	90									4	40	71.	30			10	-	
Nov.	30.	2.10	63.	-	24	-			158	40	5206 313 87 10/11		5206 450 81 19/11		5206 5864 91 5/12		71	40	30.	-	56	-							1.	-	155	40			10.	-	11.40 Diff. in P.A. under Table
Dec. 1-15	31	2.10	65	10	24 23	80			89	90	5205 825 100 11/12 0101 6/8		5206 505 106 19/12				30.	-	53.	50									4. 2.	40 -	89.	90			10.	-	5.00 Fur mats supplied Andrews 4.40 22 meals @ 20 Sydney Andrews 35.00 Xmas Leave 35.00 Clothing J.A. McLennan J.W. Farmer Capt. PAYMASTER, C.A.D.C., M.D. 2
Jan 1920	15	2.10	31.	50	12.	-					113 13/1 101 6/8						30.	-									25									
					35.	-			78.	50	114 14/1								58.	50											88.	50			Nil.		
			206.	10	302	25			408.	35							161.	40	178.	90	56.	-			.25		11	80			408.	35					

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.