ATTESTATION PAPER.

No. 916

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

2nd Battalion Park C.M.R.C.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John McLeod V
2. In what Town, Township or Parish, and in what Country were you born? ..... Dundee Scotland
3. What is the name of your next-of-kin? ..... (sister) Mrs. Susan Guthrie
4. What is the address of your next-of-kin? ..... 650 Chausse St Montreal Que
5. What is the date of your birth? ..... 23rd January 1889
6. What is your Trade or Calling? ..... Teamster
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... (yes) John McLeod (Signature of Man).

R B Smith (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John McLeod, do solemnly declare that the above answers made by me to the above questions 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.

J McLeod (Signature of Recruit)

Date March 17th 1915. R B Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John McLeod, 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.

J McLeod (Signature of Recruit)

Date March 17th 1915. R B Smith (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 Montreal Que this 17th day of March 1915

Robert Adler J.P. (Signature of Justice)

Justice of the Peace for the Province of Quebec

I certify that the above is a true copy of the Attestation of the above-named Recruit.

John O'Gara Lieut (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of John McLeod on Enlistment.

Apparent Age 26 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 38 ins.; Range of expansion 2 ins.

Complexion Pale

Eyes Brown

Hair Brown

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

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 marks. Left arm one
Mole neck back
Scar. Right leg lower

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 March 17th 1915 — W. S. Dalpe Capt A.M.C.

Place Montreal Que — Medical Officer.

RCD

*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.

John McLeod 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.

J. Stewart Major (Signature of Officer)

Date March 17th 1915 — O.C. 2nd Reserve Park

MC LEOD JOHN 916 C.A.S.C. 28278

DEMOB

ML

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

H

SURNAME. McLeod. B 6

CARD NO.

CHRISTIAN NAMES John

FOLL.

REGL. No. 916 RANK Pte.

UNIT 2nd. Reserve Park, C.A.S.C.

FORMER CORPS nil.

S.O.S. Dis (Demot) 5-6-19 6

Do 19 0 79-7-19 6 DD

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Guthrie, Mrs. Susan

RELATIONSHIP TO SOLDIER Sister.

ADDRESS 650 Chausse St., Montreal, P.Q.

COUNTRY OF BIRTH Scotland. Dundee. DATE Jan. 23rd, 1889.

PLACE OF ATTESTATION Montreal, P.Q. DATE Mar. 17th, 1915.

R/C. 29/5/19 337/19 Pte

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Montreal Per S.S. "Scandinavian" 13-5-15

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Seamster RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 26 YEARS 2 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 2 INCHES

COMPLEXION Pale EYES Brown HAIR Brown.

DISTINGUISHING MARKS Vacc. marks left arm, One mole neck back. Scar - rt. leg lower.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE May. 17th, 1915

Present address — Not stated.

NAME McLeod J.

REGT'L No. 916

H. Q. FILE No. 649.

RANK AND CORPS

CABLE		NATURE OF CASUALTY
No.	Date	

FOLLOWS

No.

FOLLOWS

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A43	7. Can. Cav Field Amb	19-10-17	V D G
A49.	#51 Gen. Etaples	21-10-17	" " "mild
A97-1	Disc. to duty	16-12-17	V. D. G.

FORM R. 149.
7106—250m—7/2/17.

John

Name McLEOD Rank Pte. Reg. No. 916

Unit C. A. S. C. Pool Hdqrs. Can. att. Cav. Bde HQ

Next of Kin Canada

E W

Date 1917.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
19.	10	No 7. Can. Cav. Fld. Amb		V. D. G.	A43			5854
21.	10	No 51. Gen. Hosp. Etaples		Do Mild	A49			HA 15485
16.	12	Discharged to Duty		Do	A97			HA 17558/2

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

No. 916 RANK Driver NAME McLeod. J

T.O.S. 17-3-15 UNIT 2nd Reserve Park. C.A.S.C
D094 of 18-3-15

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 17	Mar-31	✓		
apr		✓		
may.		✓.		

UNIT SAILED

MAY 13 1915

Number 916 Rank Pte B

Surname McLEOD

Christian Name John

Units C.A.S.C. Theatre of War France

Date of Service 30/12/15

Remarks

Latest Address Montreal G.P.O

Quebec

Roll No B

Page 7477

FORM D.M.S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mc LEOD.	J.	916.

RANK	UNIT	CO.	TROOP	BATTY
Pte.		C.A.S.C.	PDOL.	

HOSPITAL — DATE OF ADMISSION

7. Can. Cav. Fld. Amb. 19-10_17.

1. 51 Gen Etaples HOSP. 21. 10. 17

2. HOSP

3. HOSP.

4. HOSP.

DIAGNOSIS

V.D.G. Jt Mild

1.

2.

3.

DISPOSITION

C.L. 24-10_17. A43

Dis. to Duty. 16.12.17
DATE

REMARKS

31. 10. 17 a49
28.12.17 a97(1)

A.M.D. 2 DEPT.
Rch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Veterans Affairs | Affaires des anciens combattants

OK

N/C

DEATH NOTIFICATION — *AVIS DE DÉCÈS*

FILE NO — *DOSSIER N°*: 0940627

NAME — *NOM*: Mc Leod John

SERVICE NO — *MATRICULE*: 916 army WWI ~~WWII~~

DATE OF DEATH — *DATE DU DÉCÈS*: 30/11/79

CPC NO — *CCP N°*: 2059293

WVA — *AAC. N°*: 208374

PLACE OF DEATH — *ENDROIT DU DÉCÈS*: Hopital Ste - anne de Bellevue PQ

INFORMATION RECEIVED FROM — *INFORMATION RECUE DE*:

déclaration de décès

Yvon Lapointe
FOR RECORDS MANAGER — *POUR LE GESTIONNAIRE DE POSSIERS*

3/3/80
DATE

DVA 24 (6-79)
7530-21-036-5730

2 — CFRC — *DAFC*

M. F. W. 54. (A. F. B. 193.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.S.C.

Regimental No. 916 Rank Pte C. E. F. Name Mc Leod John

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				
		21-5-19 T. O. S. No. 6 D. D. from C/S and posted			Disp. St. B 168
		5-6-19 S.O.S. on discharge			168
		Officer i/c Records No. 6 D.D. ..... Lieut.			

(*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				

Form R 122.
10287—65M—28-7-17.

Rank Name McLEOD. John. Reg'l No. 916

Unit 2d Res Park. C.A.S.C. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. Que 17th March 1915 Place of Birth Dundee Scotland.

Name and Address, Next-of-Kin Mrs Susan Guthrie 650 Chausse St Montreal. Can.

Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 1819
File R.L.
Categ. ORCan

Discharge, Date and Place Reason Character

1st Page of Record Sheet Filed in Envelope. AD

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.
	Acting Rank. Nil			Perm Grade. Pte.	
5-5-19.	C Wing C.C.C.	T.O.S. from Hqrs of C C Bde.	Pte Bishott.	15-4-19	Pt II.O. 16.
		66 ~ B ~ 7 Sailing 21 5/19			
24 7 19	HOs. F.	SOS to Canada	London	26 6 19	"

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.					

Rank | Name MC LEOD John. | Reg'l No. 916.

Unit 2nd Res: Park C.A.S.C. If in perm. Corps, What Unit? | Married or Single single.

Place and Date of Enlistment Montreal Que 17th March 1915. Place of Birth Dundee. Scotland.

Name and Address, Next-of-Kin Mrs Susan Guthrie 650 Chausse St Montreal Can:

Relationship Sister.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

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
					A.F.B. 103 CHECKED (N.R.) 3 JAN. 1917
		Emt for England SS Scandanavian		13.5.15	
16.6.15	OC. 2. RP	Present with Unit Newingreen		16.6.15	Muster Roll 10.8.15
7.10.15	% CASC. TD	Taken on Strength TD from 2 Res Park Shorncliffe		24.9.15	P II 104 TD
23.10.15	— Do —	Forfeits 2 days pay AWL — Do		21.10.15	" 113
14.11.15	— Do	Struck off Strength TO. Do Trans to Pool Base Depot		13.11.15	" " 134
15.1.16	% No 5 Coy 2nd DT.	Taken on Strength as Reinf from "Pool" In the Field		30.12.15	P II 3
7.4.16	O/C 3rd D.T.	Taken on Strength of Unit on Transfer from 2nd Div Train	" "	25 3/16	Park II. 10
31.5.16	3rd Div Train	Granted Leave from 14/6/16 to 22/5/16			P 2 # 14

916. McLeod. J.

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
31.8.16	3rd Div Train	Trans to CASC Pool	Field		18.8.16	pt 2 #29
"	CASC Pool	T.O.S from 3 Div Train	"		19.8.16	" 34.
12-10-16	" "	Trans to H.Q. Cav Bde C.A.S.C.	"		1-10-16	Pt II O No 63.
14.10.16	O.C. CCB CASC H.Q.	T.O.S from 2nd Can Res Pte.	"		2-10-16	" 45
20/11/16	H.Q. C.C.B.	Attached to H.Q. C.C.B. from H.Q. C.C.B. CASC			3/11/16	" 59
8/2/17	H.Q. C.C.B. C.A.S.C.	Att as in W.E. to H.Q. C.C.B.	Field		27/1/17	" 12. & H.Q. CCB. Pt O #13 9/2/17
21.4.17	Do	Trans to CASC Pool & remains att'd as in Wb	Do		20.4.17	Pt II 18
21.4.17.	CASC Pool	T.O.S of Unit & Att'd to H.Q. Cav Bde	"		21.4.17.	" 24
23-10-17	CASC.	To #7 Gen. X Cav. T. Amb.	"	Pte.	19-10-17	C.L.A.43. V.D.G.
30-10-17		To #51 Gen. Hosp.	Etaples	"	21-10-17	" " 49 " mild
3-11-17	CASC Pool.	Cease att to Hqs. Can. Cav. Bde. as in W/E on adm. to hosp.	Field	"	21-10-17	" 75. (Hqrs. C.C.B. P.II 63) d/ 4-11-17
27.12.17	CASC	Disch to duty	Etaples	Pte	16-12-17	CLA 97. VDG
~~8-11-18~~	~~CASC Pool~~	~~Attached as in W.E. to Hqrs Can Cav. Bde.~~	~~Field~~	~~"~~	~~23-12-17~~	~~D.O. 195.~~ Cancelled.
13-11-18	CASC Pool	P II O 195 d/ 4-11-18 Cancelled	Field	"		D.O. 198
13-11-18	CASC Pool	S.P.S to H.Q. C.C. Bde.	—.—	"	7-10-18	—.— 198.
4-12-18	HQCC Bde	TOS for CASC Pool	Field		8-10-18	ob Pt O TOS 17-12-18 44
26-4-19	—do—	Proceeded to England	—do—	Rtr	16-4-19	Rt II O. 17

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 317770.

THIS IS TO CERTIFY that No. 916 (Rank) Pte

Name (in full) McLEOD John enlisted in

the 6th C.M.R.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 17th

day of March 1915

HE served in 6th C.M.R. England France

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 30

Height 5 ft. 6 in.

Complexion Pale

Eyes Brown

Hair Brown

Marks or Scars

Vaccination: Left arm

one mole on back

Scar right lower leg

J McLeod

Signature of Soldier.

J. P. Gunn Capt. Major

O. C. Dispersal Station "B"

Issuing Officer.

Date of Discharge

Dispersal Station "B"
JUN 5 1919
Military District No. 6

Rank

Date MAY 29 1919

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.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Rank | Name MC LEOD John. | Reg'l No. 916.

Unit 2nd Res: Park C.A.S.C. If in perm. Corps, What Unit? | Married or Single single.

Place and Date of Enlistment Montreal Que 17th March 1915. | Place of Birth Dundee. Scotland.

Name and Address, Next-of-Kin Mrs Susan Guthrie 650 Chausse St Montreal Can:

Relationship Sister.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
June 1	June 30	30	1.	30	30	10	3	15	48			35			35	13	Bal on Trs.
July 1	- 31	31	"	31	31	"	3 10	13	47 10			35			35	12 10	
								2 20									Diff. in Exchange.
Aug 1	Aug 31	31	1.00	31 00	31	10¢	3 10	14 30	48 40			29 20			29 20	19 20	
Sept. 1	Sept 23	23	1.00	23 00	23	10¢	2 30	19 20	44 50			14 60			14 60	29 90	Transferred to C.H.&L.C. T.D. Sept. 23 T.D. Order No 104.
Oct 24	30	7	.	7	7	.	70	29 90	37 60							37 60	From 2 R.F. 24 9th Lt 104 forfeit 2 days Pay Thereof Pt II 113
Oct 1	- 31	31	"	31	31	"	3 10	37 60	71 70			32 85			32 85	38 85	
Nov 1	- 30	30	.	30 .	30	.	3 .	38 85	71 85			2 43		2 20	4 63	67 22	Forfeit 2 days pay Pt II 113.
Dec 1	- 31	31	.	31 .	31	.	3 10	67 22	101 32							101 32	Exp 5th 2nd D.S. Pt II #3 2nd DS
Jany 1	31	31	"	31 .	31	.	3 10	101 32	135 42			5 24		5	5 24	130 18	
Feby 1	29	29	.	29	29	.	29	130 18	162 08			21 05			21 05	141 03	
Mch 1	31	31	1	31	31	10	3 10	141 03				767			767	174 51	Trans 3rd DT Order #15 7/4/16
								172 57	172 51			2 61			2 61	169 90	
				305 . .			30 50	17 20	352 70			180 60		2 20	182 80	169 90	

Checked Lalarmey

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

No. 46867 3rd Tun Co

BSD - B. M351/6/11. 12/15. 3000

Army Form B. 241.

DESCRIPTIVE RETURN of a Soldier at present stationed at Reid

who is desirous of being * { transferred / ~~posted~~ / attached } from the 2nd Can Div Train Regiment

at Reid to the 3rd Can Div Train Regiment

or Corps at Reid for the purpose of

Regiment and Battalion 2056 2nd Can Div Train

No. 916 Rank and Name Dvr McLeod J

Service towards engagement 1 years months.

Date of Attestation March 17 1915

Period for which attested Colours Reserve.

Age 28 years days. Height 5 feet 7 inches.

Chest Measurement { Girth when fully expanded 39 inches. / Range of expansion 4 inches.

Trade or Calling Teamster

Where born Dundee County Forfarshire Scotland

Married or single, if married, state if with leave. Single

Certificate of Education

Character

Good conduct badges

Musketry qualification and score

Schools or Courses of Instruction at which the soldier has attended and qualified. Nature of certificates obtained to be stated.

AGS OFFICE AT BASE CANADIAN SECT
2944/93.
27 MAR 1916
CENTRAL REGISTRY

To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier J McLeod

To be signed by a Soldier applying to be posted or attached.

I request to be + transferred as above.

Signature of Soldier J McLeod

I have examined the above man and find him medically fit for the branch of the service to which it is proposed to * { transfer / ~~post~~ / attach } him.

Signature of Medical Officer

I have no objection to this man being + transferred as above.

Signature of applicant's present Commanding Officer A E Massie Lieut. Colonel
Condg. 2nd Can Div Train

(Station) Field (Date) 24. 3. 16

I have no objection to this man being + transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion

(Station) Field Date 22/3/16

Lieut-Colonel
O.C., 3rd Canadian Divl. Train

Signature of competent authority for transfer

Lieut
for Sr Col A&Q

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.

+ Insert "transferred," "posted," or "attached," as the case may be.

[P.T.O.]

CERTIFICATE to be rendered in the case of a Non Commissioned Officer who

is to be { posted / transferred / attached } to the Regular Establishment of any arm of the

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that .....

.....

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the Territorial Force

to which I recommend he should be { posted / transferred / attached }

.....Officer Commanding,

.....

Place .....

Date .....

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	Copies of Regimental and Company Conduct Sheets.
In cases of Tradesmen	Certificate of Proficiency on Army Form B. 195 or 195 A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps ...	Specimen of handwriting and ciphering.
In case of Candidates for Military Police.	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps	Copy of Record of Service on Army Form B. 200.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) Mc Leod J.

REGIMENT C.A.S.C. RANK pte No. 916

Date of Examination in England 29/4/19 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.

Cavalry

PRESENT DENTAL REQUIREMENTS

1. FILLINGS /
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower /
   - (*d*) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES M. D. NO. 8 29 1919

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada /
- (*b*) In England
- (*c*) In France

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer C C Graham Capt

25M.—12-18.
H.Q. 1772-39-950

M.B.108 Canadian Corps Camp Brandhett.

TO: Officer Commanding C.A.S.C. att. B.H.Q.

The following is a special EYE report on the undermentioned Your M.O(s attention should be called to it and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to:-

The [redacted] LONG Board as there IS [redacted] a disability of the EYE.

NAME McLeod J. NUMBER 916 RANK Pte UNIT B.H.Q.

FORMER OCCUPATION Labourer

ORIGINAL DISEASE OR INJURY Cpd. hyperopic astigmatism R&L

DATE OF ORIGIN Childhood corneal opacities L.

CAUSE (1) congenital (2) infection

~~PRESENT DISABILITY~~

PRESENT ~~CONDITION~~ disability - Defective vision R&L

VISION ---RT:- 6/24 Rt:- 6/12

---Lt:- 6/24 WITH GLASSES Lt:- 6/24

CATEGORY RECOMMENDED A "Has always had poor eyesight."

HISTORY OF PRESENT CONDITION

DID THE DISABLING CONDITION HAVE ORIGIN BEFORE ENLISTMENT yes.

IF SO, HAS IT BEEN AGGRAVATED BY SERVICE? no.

HAS THE DISABILITY BEEN CAUSED OR AGGRAVATED BY INTEMPERANCE OR IMPROPER CONDUCT OR UNREASONABLE REFUSAL TO ACCEPT TREATMENT? no.

WHAT IS THE PROBABLE DURATION (IN MONTHS) OF THE DISABILITY? permanent.

CAN THE FORMER TRADE OR OCCUPATION BE RESUMED? yes.

FUNDI Old choroidal changes L.

convergence

=

J.H. McRae Capt

Officer in Charge Medical Board dept Eye & Ear Dept C.A.S.C. Brandhott.

DATE 6/5/19

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Dundee. Scot.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Susan Guthrie.
650. Chausse St. Montreal. Can.

RELATIONSHIP OF NEXT OF KIN: Sister.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 916 RANK Private NAME Mc Leod. John

IF IN PERMT. CORPS WHAT UNIT — UNIT 3rd Div Train TRANSFERRED TO C.A.S.C. T.D. DATE 1st Sept 1916 AUTHORITY 20.29. 31/8/16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 1st Can Cas Ass Hd Qrs DATE 1/12/16 AUTHORITY A.C.I. Army Order 15/11/16.

PLACE OF ATTESTATION Montreal Que. — TRANSFERRED TO D.S.T. DATE 16/1/17 AUTHORITY Minute C.S.M.

DATE OF ATTESTATION 17th March 1915. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar			305				3050							17 20	352 70											180 60		2 20	182 80	169 90					
Apl.	30	1	30	-	30	10	3	-							33 -	319	14/4	449	29/4					2 62	2 61					5 23	197 67				
May	31	"	31		31	10	3	10							34 10	584 / 520	13/5 / 13/5			RK 137	13/5			2 55 / 2 56		97 34	-			102 45	129 32				
June	30	"	30		30	"	3								33			691	7/6						2 55					2 55	155 77				
July	31		31		31		3	10							34 10	775	28/6	868	11/7					2 55	2 61					5 16	188 71				
Aug	"	"	31	-	"	"	3	10							34 10			1064	13/8						2 61					2 61	220 20				
Sept	30		30	-	30		3	-							33 -	531 00													3 00 80	253 20				
Oct	31		31	-	31	-	3	10							34 10			27	16/10						3 49					3 49	283 81				
Nov	30		30	-	30	-	3	-							33 -															316 81		167 50	149 31		Transfd to C.A.S.C. T.D.
Dec	31	31	31 / 58		31		3	10 / 58 00							34 10	28	31.10.16			2 DH 146	25/6/16			3 49		3 49 / 87 21 / 3 49				6 98	323 93		183 50	160 43		
1917 Jan.	1-15	15	1/10	16 50 / 17 50											16 50					137 / 178	5.1.17 / 12.1.17									122 21	344 822	✓				Trans to C.A.S.C. T.D. 16/1/17 - Minute C.S.M.
16/31/1/17		16	1/10	17 60											17 60			1726	16/1/17	158					3 49	17 44					20 93	344 89				
1/28/2/17		28	1/10	30 80											30 80.	1773	29/1/17	OSB. 1639 / CSH 1624 / OSB 1265-7	31/- / 31/2 / 3/3	177	3/10			3 48		3 49 / 3 49 / 17 44					27 90	347 79				
				702 90										1720	720 10									1725 -	1736	154 90	180 60		2 20	3723 1	347 79	228 00			

Checked [illegible]

Checked [illegible]

916 Pte. McLeod John

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
Feb.			70	90										17 20	720 10
31/3/1	31	1 2/10	34	10											34 10
Apl.	30	1 00/10	33	.											33 .
May	31	1 2/10	34	10											34 10
June	30	1 00/10	33	—											33 —
July	31		34	10											34 10
aug	31		34	10											34 10
Sept	30		33												33

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
				1807	17/1/18		
				1854	28/7/16		
				1961	4/9/18		
				0038	28/7/16		
				1491	28/7/16		
				RCD	3/3/17		
7K	27/4/17						
3K	15/4/17						
				111	19/5/17	BP	26/9
				161	5/6/17		
				201	5/6/17	BP	22/9
				2341	6/7/17		

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
17 25	17 36	15 90	18 60		2 20	372 31	347 79		22 50		
3 49	3 49	3 49				24 42	357 47				
3 49	1 46										
	5 24					8 73	381 74				
	3 49										
3 48						6 97	408 87				
3 49											
							441 84				
							475 97				
		3 54	9 43				510 07		32 50		
		3 54									
		3 56				100 54	444 50		31 9 50		
		3 14	43								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
Oct		442 50							442 50	319 90	
	qr 25 Pay	34 10							476 60	355 00	
		34 10									
Nov	" "	33 —		450 3/9 L.S.H.							
						3 57					
Dec	" "	34 10		332 25/7 "							
						3 57					
				511 16.9 "							
						3 56			533 00		
		67 10				10 70					
1918				D.&R. 378 9/8 *							
				V.D. 22-10-17 to 16-12-17. 56 days							
Jan	" "	34 10		@ 60¢ card lost D.O. 96. 22/1/18.				33 60	529 93		
				D.&R. 489. 8/9 L.S.H.		3 57					
				" 1361 16/9 "		9 73					
				" " " "		87 60					
				" 565 11/10. "		3 57			425 46		
		34 10				168 04	33 60				
Feb	" "	30 80							456 26		
		30 80									
Mar	" "	34 10		58 29/12 E C B P		13 38					
				817 5/1 S.B.E.		3 57					
				652 13/2 R.B.P.		3 57					
				896 27/1 S.B.E.		3 57					
		34 10				24 09			10 00		
				983 27/2 "		5 35					
				1027 27/2 "		3 57			457 35		
		33 10				33 01					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		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.

NAME:- McLEOD, John

NUMBER:- 916

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 23rd Div Train

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			BBTB269

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 - -	10 - -	- -	

LLB 5/688 1/6 42

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
~~29/4/18~~	~~80~~	~~L.S.H.~~	~~70~~ ~~3 9 8~~				
18/3/19	1838	Field	407 7 4 6				
24/3/19	1955	Do	207 ~~3 4 9~~				
10/4/19	134	Field	207 ~~3 4 5~~				
19/4/19	358	C Wing	~~79~~ 8 7 8 4				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dist to Can 30/4/19 NR 4476 Bram 22/4/19 Bram MD 4 LRB 600 42

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bf Forward								25735	21000	
Apl	P P	33		929 Do 1526	3 57				26678		
May	P P	33 10		36. 7/21 do	3 57						
				80. 27/21 do	3 57				51372		
		33 10			7 14						
June	P P	33		118 11/6. 1526	3 57						
				136. 27/6 do	3 57						25500
				181. 11/6 do	3 57						
				238 27/6 do	3 57						
		33			10 71				53246		
					10 71				56656		
July	P P	33 10		299. 9/7. do	3 57						
				388. 21/7. "	7 14				55585		
		33 10			10 71						
Aug	"	33 10		512 7/8 "	3 57				58995	18500	
				581. 26/8 "	7 14				57921		
		33 10			10 71				61920		
Sept	"	33		AR522 L.S.H 10.9.18	3 57						
				593 " 25-9-18	3 57				60510	5000	
		33			7 14				63924		
Oct	"	33 10		677 L.S.H. 16.10.18	4 46				63174	515	Capsd.
		33 10			7 46						
Nov	"	33		80 L. 20/10/18	3 93						
				68778 London 13/11/18	3 93						
				950 LSH 15/11/18	9 33						
				3878 Del Boulogne 22/11/18	4 66						
				6t 8676 London 20/12/18	4 87						
				" F 1 88 2 6 8 " 21/12/18	4 87						
				AR 80. 15.11.18 L.L.H.	97 83						
	Fwd	101 20		Fwd	16372						

COMPILED BY ... AWBall
CHECKED BY ... AH

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NUMBER 916 RANK Gte NAME McLEOD .J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	B. Fwd.	101 20		B. Fwd.	163 72						
				C.P. 89102. 23 12/18.	2 43						
		101 20			166 15				566 79	5530 560	
Feb	C.R.	30 80		C.R. 1313 12-1-19 Ch. Stb.	3 73						
				D.h. C.R. 1376 16-1-19 "	3 73						
				" 1459 30-1-19 "	9 33						
				" 1459 30-1-19 "	3 73						
Mch	"	34 10		C.R. 1359 14-2-19 Rest	3 73						
				D.h. C.R. 1560 28-2-19 "	3 73				603 91		
		64 90			29 98				688 26		
Apl.		33		1838. 16/3. 2 Sqn.	7 46				636 ~~71~~		
	Int on Def Pay to 30/4/19	51 55		2226. 28/6 Engrd. 6 Wing	9 73				~~688 36~~	605	
		84 55			17 19				671 07		
				C.R. 3253. 15/5/19. C.C.C. ✓	24 33	Ewd.					
				D.N. C.R. 1955 27/3/19 "	3 73						
				" 134 11/4/19 "	3 65						
				" 358 19/4/19 "	73 00				566 36		
					104 71						

Sold to Can 21/5/19 £166 mde

6994

War Service Badge
Class "A" No. 317770

6994

28-10-31

O. G. 7
Da. B

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

205929

1. No. 916

2 Rank. Pte.

3. Name. McLEOD John

4. Unit. Cas C.

5 Date of Discharge 5/6/19 Place Halifax

6 Reason for Discharge D'mob

7. Authority. R.O. 1420

8. Proposed Residence after Discharge

Montreal, Que.

GPO.

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 McLeod
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date HALIFAX, N.S. MAY 29 1919

Signature J D Gunn Capt Major
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Star 18-12-19 H.G.

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). + Dup.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B.

Checked by No. 15

Date 20/5/19

990 (2178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1. No. 5. Co.

Army Form B. 103.

25.

Casualty Form—Active Service.

Regiment or Corps 2nd Reserve Park Casc

Regimental No. 916 Rank Dr Name McLeod

Enlisted (a) Mar 17/15 Terms of Service (a) Duration of war Service reckons from (a) Mar 17/15

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) ____

W.S.B. CLASS. A

CERTIFIED CORRECT. Canadian Record Office, Westminster House, 7, Millbank, S.W.

File KH-101-683 6-1-17

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.
		Transferred to C. A. S. C. TD	Shorncliffe	13.9.15	
		On draft to France		13/11/15	E. A. Hudson ..... Capt. Adjutant, C.A.S.C., T.D.
		CASC Base Details			
	24/12/15 O.C. B.H.2D.	To ~~[illegible]~~ Co. 2 Can. Div. Train	En Route	23/12/15	B.H.2D. Cashier Deps 24/12/15.
31/12/15.	O.C. 2. Div Train.	Taken on strength of No 5 Co. 2. Div Train	Field.	30/12/15.	B. 213 31/12/15.
28/2/16.	O.C. 2nd Div Train.	When on active service absent from sick parade. Sentenced to 7 days C.C.	Field.	14/2/15.	A.F.B. 2069.

(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				
27/3/16.	a a G. Can Sect.	Trans to. 3rd Can. Divl. Train.	Field.	24/3/16.	File CR. 29/4/93. Pt II ods. 15. dy 7/4/16. 3rd Cn. Train Pt. 2 Orders No. 10. 7/4/16
20/5/16	O.C. Unit	Granted leave of absence to	England	14/5/16 to 23/5/16	B213 A. Pt II Orders No. 17. dy 31/5/16
24/6/16	-	Rejoined unit off leave	Field.	23/5/16	Letter dy 24/6/16 Ref File K G 115/70 DCR No:- 31
14.8.16	A.P.M. Can Section	Trans to C.A.S.C. Pool Surplus to Establishment	do	18.8.16	K.R. 1-12. dy 14.8.16 Part II Orders No 29 dy 31.8.16
14.8.16	do	Taken on Strength C.A.S.C. Pool on Transfer from 3rd Can Divl Train	do	19.8.16	K.R. 1-12 dy 14.8.16 Part II Orders No 34 dy 31.8.16
29/9/16.	do.	Trans to H.Q. Can. Cav. Bde. C.A.S.C. as Reinforcement	do	1/10/16.	B213A. K.R. 6-267/2. Part III Orders No. 63. dy 12-10-16
7-10-16	O.C. Hdqrs CA.S.C. Cav Bde	Taken on the strength of Unit on trfr from C.A.S.C. Pool	do	2/10/16	B213A K.R. 6-267/2 Pt II Orders No. 45 dy 14-10-16
4-11-16	O.C. Unit	attached to Hdqrs Can Cav Bde. for rations only	do.	3-11-16.	B213a Pt II Orders NO:- 52 dy - 14-11-16.
28-1-17	O.C. Hdqrs CCBde	attached to Hdqrs CCB. as in War Establishment	do	27-1-17	B213. Pt II Ord 12 dy 29-1-17
20-4-17	D.A.A.G.	Trans to C.A.S.C. Pool	do	20-4-17	file 8351 Pt II Ord. 18 dy 21-4-17.
	D.A.A.G. Cavalry	Gon. to C.A.S.C. Pool from Hdqrs CC Bde C.A.S.C. and remains attached as in WE to Hdqrs C. Cavalry Bde		21.4.17	file 8351 Pt II O 24 dy 21.4.17
22.9.17.	O/C C.C Bde.	Granted leave of absence from 17.9.17 - 27.9.17.	Field	17.9.17.	B213. Pt 20. 66 dy 9.10.

AUDITOR | PAYMASTER

Canada 29-5-19

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

M. OR S. | REGT. No. 916 | RANK Ste | NAME (IN FULL) McLeod John
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

2P6

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S	21-5-19	20-168

ORIGINAL UNIT C.E.F. 66 B H 2 | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Montreal Montreal P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax | DATE 5-6-19 | REASON Demob. | AUTHORITY 20-140 | IF ENTITLED TO POST DISCHARGE PAY

adj to

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.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30-4-19							60	42																											4077
1-5-19 to 5-6-19	36	1 10	39	60	35 00		70	00	74	02							487	50	70	09							34	06		74	02					By Leave to Hospital Granville Nov 1st to 2nd Dec Boat Leith to Liverpool 6151. C.R. advance Pay.
W.S.G. S.A.															WAR SERVICE GRATUITY W.S.G. S.A.																				
182 days	1		420	00	420	00											70	00												350	00				12 Pay in Regt
																	70	00												280	00				884688 15/7/19.
																	70	00												210	00				898598 2/8/19.
																	70	00												140	00				1135559 4/9/19.
																	70	00												70	00				1506040 4/10/19.
																	70	00														420	00	Nil	1769083 1/11/19.
			420		420												420													420					

Certified that all payments due on this acct. have been paid.

Capt.
For Senior Officer Pay Services, M. D. 6.

JUL 10 1919

200M-3-19.—L. L. 58785-1. & D. 9985.
M. F. W. 2596.
1772-39-1390.

Army Form B. 103.

Regimental Number 416

Casualty Form—Active Service.

Regiment or Corps 6th Cav. Bde Pool

Rank Pte Surname McLeod Christian Name J.

Religion ..... Age on Enlistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... W. S. B. CLASS A ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
20-10-17	7th Cdn. Cav. F.A.	Gonorrhoea adm	7th Cdn Cav F.A.	19-10-17	}
		To	59 C.C.S.	20-10-17	} a36/a7104
21.10.17	No 51 Gen Hosp	V.D.S. adm	Field	21.10.17	W3034/28101
"	"	Ceases to be att to Hdqrs Cdn Cav Bde as w/E on admn to Hosp.	"	21.10.17	" "
					Pte O75 d/3.11.17
3.11.17	OC. 6th Cav Bde	Reported from Leave.	"	30.9.17	Letter KH 16/28220
16.12.17	OC. No 51 Gen Hosp	Forfeits field allowance & is			Pte O76 d/5.11.17
		placed under stoppage of pay	"	16.12.17	O1643/8123
		at the rate of 50c per diem whilst			Pte Og6 d/22.12.17
		in Hosp from 22.10.17 to 16.12.17 (56 days)			

(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) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
16.12.17	OC 51 Gen Hosp	V.D.G. To Duty	Field	16.12.17	W3034/C2602
22.12.17	OC CGBD	To Cdn Cav Bde Hdqts	"	22.12.17	NR841
16.12.17	"	From 51 Gen Hosp "A"	"	16.12.17	NR467
29-12-17	Hq. Cdn. Corps. Cav. Bde.	Attached ~~as in W.E.~~ to Hqrs. Cdn. Cav. Bde	Hold	23-12-17	B213 ~~[illegible]~~
29.12.17	do.	Attd. as in W.E. to HQ Cdn. Cav. Bde Cancelled P/II O. 197 d/1918		23.12.17	B213. P/II O. 194 d/1918
	AAG.	Posted to HQ Cdn. Cav. Bde		7.10.18.	[illegible]/15. P/II O. 197 d/1918.
	AAG	T.O.S. HQ CCB as dvr on posting from case		8.10.18	B044
16.11.18	HQCCB	Granted 14 days leave	Eng	20.11.18	B213 B044
28.12.18	HQCCB	Rejoined from leave	unit	27.12.18	B213
		Proceeded to Englan		16.4.19	
		Embkd LIVERPOOL 21-5-19			
	S.O.S.	PROCEEDED TO CANADA	Part II No 20	20/5/19	
		Wm Ferguson Lieut. Capt. ADJUTANT "C" WING, C.C.C.			

G.J. Skelton
Lieut.
for Lt. Col., AAG.,
Canadian Section

C Wing
Can Cav Bde
H.Q.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 7-5-19

1. 1 (a) Unit CASC. (b) Regimental No. 916 (c) Rank Pte.

(d) Surname McLEOD (e) Christian name John.

(f) Home address G.P.O. Montreal P.Q.

(g) Next of Kin Mrs R. Guthrie (h) Relationship Sister

(i) Address of Next of Kin 50 Desirables St Montreal P.Q.

2. Age last birthday 30 Date of birth 23-1-1889.

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 17-3-15

4. Personal description: Estimated

(a) Height 5' 5" (b) Weight 140 (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Hazel. (f) Identification marks, Scars, etc.

Mole back of neck.

5. Former trade or occupation Millwright

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	51

	Periods From	Periods To
Canada	17-3-15	12-4-15
England	12-4-15	13-11-15
France or other theatres of War	13-11-15	Date.

7. Original disease, or injury Cpd Hyperopic Astigmatism R & L.

(a) Date of origin Childhood (b) Place of origin Scotland

(c) Cause Congenital

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Vision R & L.
(Compound hyperopic astigmatism)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Special Eye Report - 6-5-19

Vision Rt 6/24 with glasses 6/12
Lt 6/24 6/24

Fundi Old Choroidal Changes R.
Convergence

Sgd J H McRae Capt

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No ..... Cardio-Vascular System No ..... Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses No ..... Respiratory System No ..... Integumentary System No

Disturbances of Mentality No ..... Digestive System No ..... Muscular System Yes

Osseous and Joint Systems No ..... Any other general condition No

States he has occasional attacks of impalgia.
No disability

10. (a) History (of the condition referred to in Section 9 (a).)

Has always had poor eyesight. Never worn glasses. Able to carry on at all times

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

V.D. 9. 19-10-17 - 16-12-17 No recurrance.
States had Neuralgia - Spring 1916 - Recovery.

(*c*) (Here give a description of wounds, scars and deformities.

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a & b No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Special Eye report 7-6-19 Sgd H.M. Ral Capt attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations Nil

H Blevens capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned J. McLeod have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

John McLeod Rank.
Signature of invalid examined.

E.H.M.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) Yes Cat A
(b) Service abroad, not general service,	(" B)	(~~Yes or No.~~)
(c) Home service (Canada only),	(" C)	(~~Yes or No.~~)
(d) Temporarily unfit.	(" D)	(~~Yes or No.~~)
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)

20. It is certified that the invalid
(~~a) Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

Does not require treatment
~~(b) Does not require treatment.~~
~~(c) Should pass under his own control.~~
~~(d) Should not pass under his own control.~~
(Strike out condition not applicable.)

~~21. It is recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

Auth Tel A.G. 90830 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

D. Nathan Capt. ..... *President.*

PLACE Bramshott ..... } Members

DATE 7-5-19 ..... E. N. Macdonald Capt.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... *President*

PLACE ..... } Members

DATE .....

APPROVED BY

I. H. McKenzie Capt.
for *Assistant Director of Medical Services.*

DATE 7/5/19

APPROVED BY

Director-General of Medical Services.

DATE .....