

10 M. D. FIRST Depot Battalion MANITOBA Regiment

Regtl. No. 2379819

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Jm

(Class ONE)

1. Surname..... **McLeod**
 2. Christian name..... **William**
 3. Present address..... **Winnipegosis P.O. Manitoba Canada**
 4. Military Service Act letter and number..... **25753 JC 48**
 5. Date of birth..... **15th May 1890**
 6. Place of birth..... **Oak Point Manitoba Canada**
(town, township or county and country)
 7. Married, widower or single..... **Married (17th October 1917)**
 8. Religion..... **Roman Catholic**
 9. Trade or calling..... **Fisherman**
 10. Name of next-of-kin..... **Mrs William Vernicke McLeod**
 11. Relationship of next-of-kin..... **Wife**
 12. Address of next-of-kin..... **Waterhead Lake. Winnipegosis P.O. Manitoba Canada**
 13. Whether at present a member of the Active Militia..... **No**
 14. Particulars of previous military or naval service, if any..... **No**
 15. Medical Examination under Military Service Act:—
 (a) Place..... **Dauphin, Man, Can.** (b) Date..... **14th Nov. 1917** (c) Category..... **A2**

DECLARATION OF RECRUIT

I, **WILLIAM McLeod**, do solemnly declare that the above particulars refer to me, and are true.

William McLeod (Signature of Recruit)

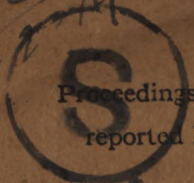
DESCRIPTION ON CALLING UP

Apparent age..... 27 yrs. 8 mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height..... 5 ft. 11 ins.		
Chest measurement } fully expanded..... 39 ins.		
} range of expansion..... 4 ins.		
Complexion..... Swarthy		Nil
Eyes..... Brown		
Hair..... Black		

W. Wood Major for
 Commanding, 1st Depot Battalion Manitoba Regiment
 O. C. Depot Btln.

Place..... **Winnipeg Canada** Date..... **January 11th 1918**

21
778
19



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 6

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

MSA 32

MFW 67-

MFW-161

MSA-28

MSA-28

M. F. W. 62.

50m.-9-16.

H. Q. 1772-33 935.

DISCHARGE DOCUMENTS



Name **MCLEOD WILLIAM,**

Regt. No. **2379819** Rank **Plc**

Corps **1st Depot Sw MR**

DEMO BIN

R. O. No.....

H. Q. No.....



28959



SURNAME.

McLeod

10.

CARD NO.

✓

CHRISTIAN NAMES

William

*SOS No 12-8-18 P. 617
HQ 225 of 22-10-18
FOLL.
1/7 SR*

REGL. NO.

2379819

RANK

Pte

UNIT

Man. Regt. 1st Dps. Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McLeod Mrs. William Vernicke

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Waterhead Lake, Winnipegosis, Man.

COUNTRY OF BIRTH

Canada, Oak Point, Man.

DATE

May 15th. 1890.

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Jan. 11th. 1918.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

13
48

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname McLeod Christian name William
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 25753
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) 48
- 4. Address (including street and number, if any) Winnipeg

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14 day of November 1917, by the undersigned medical board sitting at Winnipeg

- 5. Age as stated 27 Years 6 Months.
- 6. Apparent age 27 Years 6 Months
- 7. Height 5 Feet 11 Inches.
- 8. Weight 170 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 39 Ins.
- 10. Complexion Swartky { Eyes Brown Hair Blk
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks W
- 13. Number of vaccination marks { Right arm ✓ Left arm 1
- 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

Signature of Man
William McLeod

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
Winnipeg Member. McC. O'Brien Major President. R. Blusterson Member.

NR, 20-20
VL, 20-20
A Normal
Occup fisherman
Born Canada

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 11th day of January 1918 at Winnipeg Canada

CORPS	REG'TL NUMBER	HABITS	DATE
1st Depot Bat Man Regt	<u>2379819</u>		
Joined on enlistment	<u>2379819</u>		<u>11-1-18</u>
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

NOV 16 1917

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.

Regimental No. 2379819 Rank Pte Name William

C. E. F. C.E.F.

Enlisted (a) 11/11/18 Terms of Service (a) Service reckons from (a) 11/1/18

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

Extended Re-engaged Qualification CIVIL ~~MILITARY~~ Fisherman

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				
		Demobilization:—S.O.S. on return to Registrar's Records <u>29/5/18</u> Daily Order Discharged under Auth. PC 3015 of 11-12-18. Documents to H. Q.		<u>25/10/18</u>	
		<u>T. G. Cameron</u> 1st Depot Battalion, Manitoba Regiment			

(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.

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 1st Depot Battalion Manitoba Regiment

(2) Regimental Number ~~25753~~x 2379819

(3) Full Name of Soldier William McLeod

(4) Place of Birth Oak Point Manitoba Canada

(5) Are you married, or not? Married (17th October 1917)

(6) If married, state,
 (a) Full name of your wife Mrs William Vernicke McLeod
Canada
 (b) Present Postal Address Waterhead Lake Winnipegosis P.O. Manitoba Canada

(7) Are you a widower? No

(8) Have you any children? One
 If so, give number of boys and girls One Girl,
 Also their names and ages Alice Alvina. 2 Months

(9) Is your Father alive?..... **No**.....

If so, state name and address

(10) Is your Mother alive?..... **Yes, Mrs Jennie McLeod**.....

If so, state name and address. **Near Lundar
Minnaken, P.O. Manitoba Canada**.....

(11) If your Mother is a widow..... **Yes,**.....

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.

Mrs . William Vernicke McLeod. (Wife).....

Waterhead Lake P.O. Winnipegosis Manitoba Canada.....

(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.

No.....

15) Are you insured?..... **No**.....

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

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

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

W. R. Wood..... Major for
off. Commanding, 1st Depot Battalion Manitoba Regiment
Officer Commanding.

Date. **January 11th 1918**.....

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	2379819		
2. Rank.	Private		
3. Name.	McLeod, William		
4. Unit.	1st Depot Battalion M.R.		
5. Date of Discharge	12-8-18	Place	Winnipeg, Manitoba.
6. Reason for Discharge	"Demobilization:- Struck off strength on return to Registrar's Records, 12-8-18. Daily Order 295 /18 para. 4636 October 25/18.		
7. Authority.	P.C. 3051 of 11-12-18		
8. Proposed Residence after Discharge	Winnipegosis, Manitoba.		
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.? Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Winnipeg, Manitoba. Date December 27th, 1918. Signature <i>W. Wood</i> Major for Commanding, 1st Dep (O. C. Discharging Unit.) ment		

PROCEEDINGS ON DISCHARGE
SHEET FORM 100-10
1-1-41

1. Name of Soldier	
2. Grade	
3. Branch of Service	
4. Date of Discharge	
5. Reason for Discharge	
6. Name of Reporting Officer	
7. Signature of Reporting Officer	
8. Date of Report	
9. Remarks	
10. Signature of Soldier	
11. Date of Signature	

LIST OF DISCHARGE DOCUMENTS

Medical Form 100	Attendance Report
Medical Form 101	Statement of Service
Medical Form 102	Final Discharge Report
Medical Form 103	Summary Report
Medical Form 104	Final Discharge Summary
Medical Form 105	Statement of Discharge
Medical Form 106	Medical History Sheet
Medical Form 107	Psychology & Medical Board
Medical Form 108	Discharge Summary
Medical Form 109	Medical Report
Medical Form 110	Administrative Discharge Sheet
Medical Form 111	Company Discharge Sheet

These forms are prepared by the Medical Department and are used to record the medical history and service of the individual. They are used by the Medical Department and the Personnel Department to determine the fitness of the individual for discharge.

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

Man on Conditional Leave previous to order to return to Registrar's Records

Missing Documents unobtainable.