

ATTESTATION PAPER.

No. 463337

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *McAlley Harry*
2. In what Town, Township or Parish, and in what Country were you born?..... *Ladysmith - Quebec*
3. What is the name of your next-of-kin?..... *Mrs John McAlley (mother)*
4. What is the address of your next-of-kin?..... *Ladysmith Quebec*
5. What is the date of your birth?..... *12 March 1888*
6. What is your Trade or Calling?..... *Bookman*
7. Are you married?..... *Single*
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?.. *5 mos 6th Dec 08*
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*

H. McAlley (Signature of Man).*J. M. Stansby* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harry McAlley*, 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.

Date *30 July* 191*5**H. McAlley* (Signature of Recruit)*J. M. Stansby* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harry McAlley*, 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.

Date *30 July* 191*5**H. McAlley* (Signature of Recruit)*J. M. Stansby* (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 *Quebec, P.Q.* this *30* day of *July* 191*5*.

J. M. Stansby (Signature of Justice)

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

H. McAlley (Approving Officer)

Description of McNally Harry on Enlistment.

Apparent Age 37 years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height.....5 ft. 8 ins.

1 Scar on L.A.

Chest measurement { Girth when fully expanded.....41 ins.
Range of expansion.....4 ins.

Complexion.....Dark

Eyes.....Grey

Hair.....Black

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

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.....30 May.....1915

J. W. Hammett Capl Camc

Place.....Vernon B.C.

J. W. Hammett Capl Camc
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry McNally.....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.

U. E. Baker.....(Signature of Officer)

Date.....AUG 28 1915.....1915

Major
62nd (OVERSEAS) BATT'N, C. E. F.

11-12-18

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

Attestation Papers.....

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.....

A 4 B-268-1

M 4 W 290-1

A 4 B 122-1

R 149-1

M 4 B 484-1

O A 1 C 5709-1

Med Case Sheet

DISCHARGE DOCUMENTS

Name **McNALLY, HARRY**

Regt. No. **463337** Rank **Sergeant**

Corps **48th Bn.**

Physically unfit
Sickness

Sw 13.2810
70

R. O. No.....

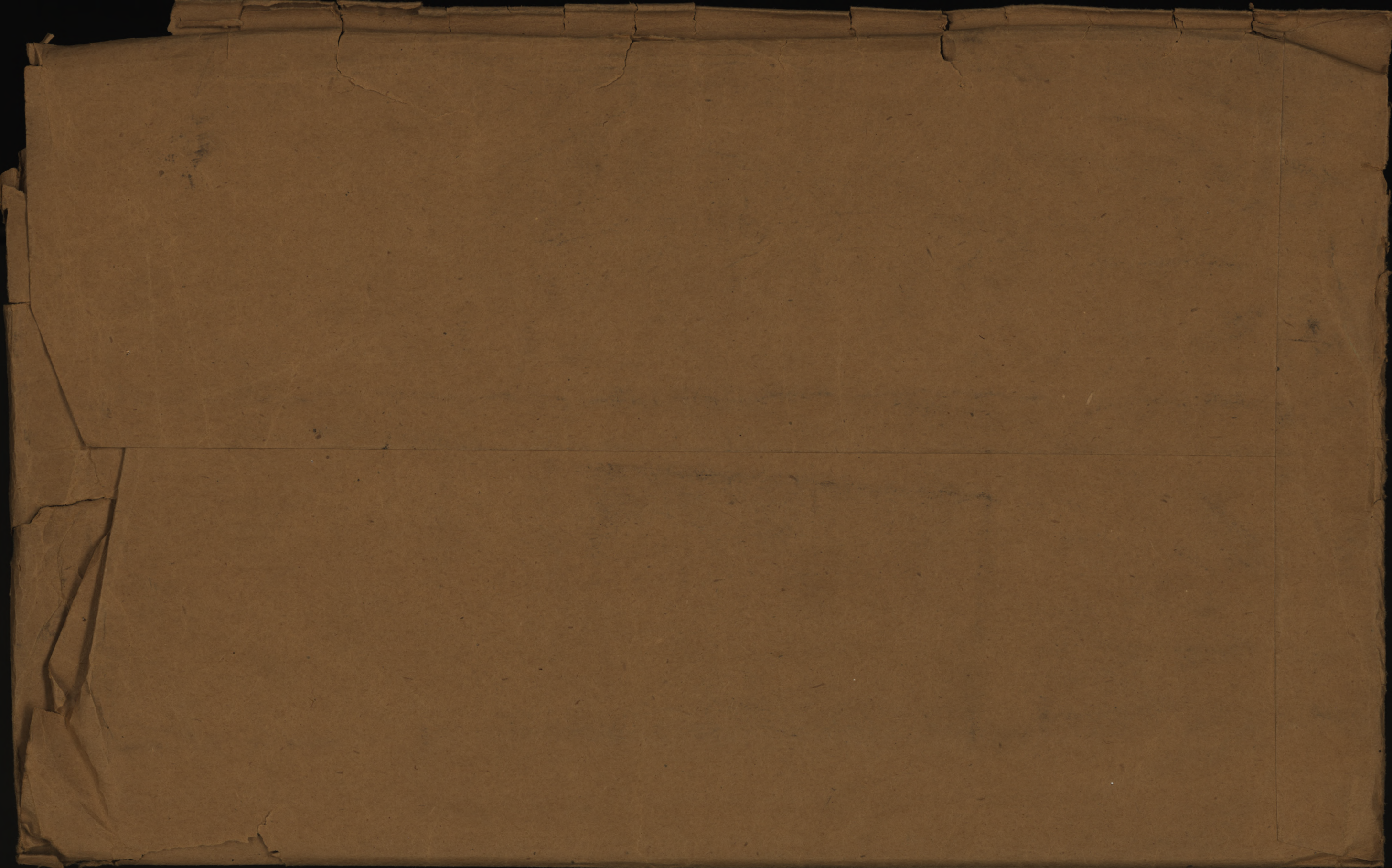
H. Q. No.....

31196



7-22
16-22
28-22
2

M. F. W. 62.
50M.-9-16.
H. Q. 1772-39-935.



REMEDIAL TREATMENT GYMNASIUM,

3rd C. Depot, Seaford.

Leave this
Blank.

Regt. No. 463337 Rank Sgt Name McNally. H
Unit 29th Age 30 Adm. 26.6.18.
Division B. Hut Date of Disch.

DISABILITY. 9 5' W Right Scapula

Date.

21.8.17.

CLASS

Hours of
Attendance,

MACHINES

Wall bar

amr.

pmr. Bm

(1)

Marius wheel

REMARKS.

Adherent scar 3" long

along vertebral border RH

scapulae extending into

the spine

Ep. am. Upward adduction 50°

other movements normal

G. C. Good

R. C. at. orington 3 months

P.T.O.

Leave this
Blank.

PROGRESS, Notes.

4/7/18 Improving Co gym

21-7-18 Slightly improved
Extension of arm limited
to right angle with trunk
Transfer Sans coty 400

DISPOSITION.

W. H. H. H. H.

Capt.

Officer 1 c Gymnasium.

Name **McNALLY, Harry** Rank **Sgt.**

Reg. No. **463337.**

Unit **29th. Bn.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
21-8.	No. 6. C.S.	GSW. Back & R. Arm.	A600.	M5946.	25-8	
27-8.	Ont. M.H. Orkington	"	"	B. 4/18	24-8.	
7-1-18	Still in H	3202				
25-8	Still at Orkington	9354				
14-6	Discharged		do	B. 4/1		2760
M.						

[illegible]

Reg. No. 463337	Rank. Sgt	Surname Mc Nally	Category. Biii		Dentally Unfit.
Christian Names (1) Harry		(2) 29th		(3)	
Date 7.0.18					
Place of Enlistment: Vancouver	Date of 26/2/15	Taken on from Orpington	Religion R.C.	Inoculations	Company
Province: B.C.	Age on 27	Date 2/24/6/18	Vaccination		
On Command	Hospital			Permanent Cadre	Employed as
				Date taken on	
Date Proceeding	Date Admitted				
Record of Overseas Service: 28/2/16 till 26/8/17				Profession or Trade (Civil) Farmer	
Reason for Return: 5570 R. Shoulder.				Transferred or Posted to Class V 5/7/18 Date 26/6/18	
Married or Single Single	LEAVE.				
Address of Next of Kin Mrs L. Mc Nally Baron P.O. Sask	No. of Pass Issued. 8/5/18	FROM. 14th	To. 24/6/18	Free Transportation. Grishman	
Country					

Part 2 Order Entries.

[illegible]

TRAINING.

Weeks of Training.

[illegible]

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

RANK

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

McNally M. M. 19/11/17 Auth. L.L. #30389

Harry Pte.

463337

62nd

(5 mos) D.C.O.R.

McNally, Mrs. John

Not Stated

~~Lady's Smith, P.Q.~~

Caron P.O. Sask.

54-21-38-1-9/7/17.

Canada, Lady's Smith, P.Q.

Vernon, B.C.

Mar. 12th 1888.

Aug 2nd 1915.

Os 1-10-15; 4

Os 7

303 Rio 23-11-18 M.H.

100218 of 21-4-18 #1266

Bn.

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

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L NO.

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 400	NO 6 bas leg Stat	21-8-17	G.S.W. Back. "R" Arm
B 418	Ont. Mil. Dispensing Co. Kent	27-8-17	" " " Back.
B 241-1	Discharged	14-6-18	G.L.W. Back & R Arm

Mem *Ham* *B*
Number *463337* Rank *Sgt*

Surname *McNALLY*

Christian Name *Harry*

Units *3rd Can. Par Bn.* Theatre of War *France*

Date of Service *9-3-16*

Remarks

Latest Address *Caron Sask*

Roll No *B. Page 6945*

OCT 11 1921

GD 40118 *S. f. sp.*

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

McNally

A.

463337.

RANK

UNIT

Co.

TROOP

BATTY.

Sgt
HOSPITAL

29th Batt

DATE OF ADMISSION

#6. Gas Clq. Station

21.8.14.

1. Ontario's Mill Orpington HOSP 27.8.17

2. HOSP

3. HOSP.

4. HOSP.

DIAGNOSIS

G.S.W. Back. R. Arm.
R

1

2-

3

DISPOSITION

C.L. 25.8.14. 2600

Dis. 14 L 18 DATE

REMARKS

30.8.17 2418.
17.6.18 2410

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name **McNally, Harry** Rank **Sgt.** Regtl. No. **463337**
 Original unit ... **48th.** ... Present unit ... **29th.** ... ~~Mex~~ S. Age **30** ... Religion **R.C.** ... Fyle Depot
 Port, ship, and date of arrival ... **Mother: Mrs. J. McNally, Caron, Sask.**
 Next of kin **Caron, Sask.**
 Address on leave
 Address on discharge
 Transportation issued ☒ Yes ☐ No Date Character on discharge **VERY GOOD?**
 Previous occupation ... **Farmer.** ... Date and place of enlistment ... **Vancouver, 5-2-15.**
 Diagnosis **Disposal.** ... Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
11-10-18	Posted. to Casualty Coy.	DDO 178/7 67.
21-11-18	Posted to Discharge Section.	218/953
22-11-18	Discharged M.U. "Sickness."	218/952

*—Name will be given in full; surname first.

(over)

Date.

Remarks.

Pt. 2 Order No.

O.M. Hospital.

Ward *One*

No. of Bed *56*

Date *Aug 27th 1917*

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
<i>463,337</i>	<i>Sgt McNally H.</i>	<i>2⁹th Can. Batt.</i>	<i>Back, right scapular region.</i>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Nationality, *Canadian*
 Brigade, *6th*
 Division, *2nd*
 Referred, *Gen. Hosp. Etaples*
 Wounded, *near Ally. 21/8/17*

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate *R. 6 10x8 A.P.*

*No apparent foreign body
 or injury to bone.*

Signature of M.O.

H.W. Martin Capt

Signature of Radiographer

*L. Gilchrist
 Capt*

Date *27/8/17*

Date *Aug 28/17*

C.A.D.C. 09-10M.

3404-30-8-17. 12

463387

Sgt. McHally, A.

B.B.D.

DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
August 3/18	<i>Nil</i>			<i>Wm Capt. B.A.D.C.</i>

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO.

DENTAL CERTIFICATE ON DISCHARGE.

M.F.B.484.

100m-2-18.

1772-39-1219.

To Officer i-c Dental Services at

Regina Sask.

Nov. 12th 1918

Name

McNally H.

Regimental Number

463337

has been given Dental examination previous to discharge and is entitled

to Dental treatment to the extent of:-

Complete

This certificate to be presented within two months of the date
on discharge papers.

E.W. Mounteer Capt
Officer i-c Dental Examination on Discharge.

Examined at

Regina Sask

Date

12/11/18

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

TO THE HONORABLE THE SECRETARY OF AGRICULTURE

FROM THE ASSISTANT SECRETARY

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

Very respectfully,
[Illegible Signature]

Assistant Secretary

Enclosure

1

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 463337 (Rank) Sergeant.

Name (in full) Harry McNally, enlisted in
the 48th. Battalion,

CANADIAN EXPEDITIONARY FORCE at Vernon, B.C. on the 30th.
day of July 1915.

HE served in France Seventeen (17) Months with the 48th. & 29th. Bn.
and is now discharged from the service by reason of b2ing Physically Unfit:-
"Sickness" although fit for employment in Civil Life.

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

Age 30 8/12 years.

Height 5 feet 9½ inches.

Complexion Dark.

Eyes Grey.

Hair Black.

Marks or Scars

G.S.W. R. Shoulder.

Harry McNally
Signature of Soldier

[Signature]
Issuing Officer

Lt-Col.

Rank

Date of Discharge 23-11-18.

O.C. #12 District Depot.

Appointment

Signed at Regina, this 23rd. day of November 1918.

in Military District No. 12.

File Reference No. 79-Mc-12 D.D.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 463337 (Rank) Sergeant Name H. McNally,

Unit No. 12 District Depot.

Address on Discharge Caron, Sask.

Character and Conduct Very Good.

Former Occupation Farmer.

Special Qualifications of Value in Civil Life.....

Medals and Decorations **Military Medal 1917.**

Remarks ~~Entitled to wear One (1) Gold Casualty Stripes:- 21-8-17.~~

Signed at Regina, this 23rd. day of November 1918.

Name of Officer

Rank

0.C.#12 District Depot.
Appointment

Discharge Section

NOV 23 1918

NO. 12 DISTRICT DEPOT

Casualty Form—Active Service.

Regiment or Corps

48th BATTALION, C.E.F.

Regimental No. 463337

Rank

Name

Wally Harry

Enlisted (a)

30/7/15

Terms of Service (a)

Wan

Service reckons from (a)

30/7/15

Date of promotion to
present rank

8.3.16

Date of appointment
to lance rankNumerical 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				
		EMBARKED FOR FRANCE.		10/3/16	121/7542/SD.2
9.16.	O.C. 3rd C.P.Bn.	Appointed Lance Sergeant vice L/Sgt. Wadey.J.	Field	17.8.16.	B.213. Part II Orders No. 30 d/7.9.16.
10.16.	"	Promoted Sgt. vice Sgt. McMillan.J.L.	Field.	29.9.16.	B.213. Part II Ord.60. d/16.10.16.
		Transferred 29 th Bn.		8.5.17	XX. II Ord. 63 d/6.6.17.
5.17	29	29 th Bn	"	9.5.17	SD ho 47 d/4.76-17
7.17	"	arr. 29 th Bn	"	18.5.17	B.213
8.17	"	Granted 10 days leave	"	28.7.17	SD ho 64 d/4.8.17
8.17	"	Returned from leave	"	9-8-17	"
8-17	4 Gen	Wd in Action	"	21.8.17	" CR. 205
"	"	Wd Back arm to	on	—	W 3034
	"	Invalid as Wd & posted to	Antwerpen	26.8.17	SD ho 77 d/1-10-9-17
		ACR Depot, Seaford pa			Auth: W 3083 (3826)
					Major for Lt-Col. A.A.C.

(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.

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				
1-9-17	BCRD	T.O.S. from 29Br	Seaford	27-8-17	Pt. 175.
9-1-18	29Br	Awarded Military Medal	Field		Pt. 2
2.8.18					<i>D. B. Lurue</i> Lieut. for Lt. Col i/c Records, C.E.F.
.....DISCHARGED FROM 3 RD C.C.D. Seaford TO B.C.R.D. PART II D.O. No. 180. 2.8.18.					
20.6.18	BCRD	Command 3 rd C.C.D.	Seaford	14-6-18	Pt. 2.D.O. 187
2/8/18	B.C.R.D.	Seases to be on Command 3 rd C.C.D. on Command. C.D. Buxton (for Canada)	Seaford	2/8/18	Pt. 2.D.O. 187
For C.C. B.C. REG. DEPOT.					
- 3 AUG 1918		TAKEN ON STRENGTH C.D.D. BUXTON Pt. II ORDER No. 182			
SEP 22 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
<i>Lock. Lieut. for Lieut. Col.</i> <i>Commanding Canadian Disch.</i>					
22-9-18	178/767	Part II T.O.S. No. 12 DISTRICT DEPOT REGINA			
		From Clearing report 11-10-18			
21.11.18	Cas Coy	Discharged M. H. Lickman Lieut. & A/Adj.	Regina	22.11.18	DDO 218-952
No. 12 District Depot					

Rank

Name

McNally, Harry

Reg'l No. 463337

Unit

62nd Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Vernon 30th July 1915.

Place of Birth Ladysmith, Quebec

Name and Address, Next-of-Kin Mrs Jihn McNally,

Baron P.O. Sask. Ladysmith, Quebec.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

N/E. R.B. No.	11.333
File R.L.	
Category	Class 1st

Discharge, Date and Place

Reason

Character

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				
4. 11. 15	48th	Taken on Strength	W. Sandling	3-4. 15	pt 2 nd 194
		Arrived in England.		11	
				10-15	
8. 3. 16	3 rd Pion	To be Corporal	W. Sandling	8. 3. 16	Pl II 62.
		Embarked for France.			
7. 9. 16.	3 rd Pion	App'd Lt/Sgt	Field	17-8-16	Pl-II 0. 30.
16-10-16	do	Promoted Sgt.	do	29-9-16	Pl-II 0. 60
6. 6. 17.	do	S.O.S on transfer to 29th Bn	do	8. 5. 17	Pl II 0. 63 & 29th Bn Pl II 470. 16. 17
25. 8. 17.	29th Bn	Adm to 6 bas. b. str	Field Sq	21. 8. 17	Gsw. Rck R. Arm. Cl. A 600
30. 8. 17	" "	" Ontario Mil Hosp.	Orpington	27. 8. 17	Cl. B 418. Pl II 175
1. 9. 17.	BERD	T.O.S. from 29th Bn	Scaford	27. 8. 17	Pl II 175
9-11-18	29th Bn	Awarded mil medal	Field		Pl II 175

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				
17.6.18	BERD	SOS to 1 Res Bm	London	14.6.18	delete by Pt 2/20.18 Pr 144-11 Res Pt 145-4/17.18 + BCRDP Pt 147 Pr 144 4/20.6.18
18.6.18	SCCD	Attached for PT ceases to be attached to 3 rd C.C.D.	✓	✓ 14.6.18	Pr 144 4/20.6.18
2.8.18	B.C.M.D.	am Cond C.D.D. Buxton	✓	2.8.18	PC 184 43 C.C.D PC 180-2-8-18
8.10.18	BCCD	Leaves ofc to C.P.D. Buxton & S.O.S. to C.B.F. - Canada	✓	22.9.18	REGO-2411 (No suitable emp in England)

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Folio 11 A/C 19 Nov. LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1918).

regimental No 463337 Rank Sgt. Name McMullin, E.
Corps 912 District Depot. who was* Discharged
On 23-11-10 191...., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-10 191....
to 23-11-10 191...., the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	616	95
Advances } No.			Balance Cr. from prev. month	20	00
by } No.			Reg'tl. Pay <u>04</u> days at \$ <u>1</u> <u>35</u>	115	40
Cheques } No.	25	00	Field Allow. <u>04</u> days at \$ c. <u>15</u>	12	00
Assigned Pay and Sep'n Allee. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* <u>C.O. Allee.</u>	35	00
Payment on transfer or discharge No.	010	75	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	45	00
Total	045	75	Total	045	75

*Give particulars.

45⁰⁰ / 1⁰⁰ Payment P.D.P.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
Pay for the month of 191... }
and Sep'n Allee. for month of 191... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment
(2) if married and if a Separation Allowance Card has been submitted
(3) cause of discharge authority
(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 23-11-10
Place Regina, Sask. Geo. Hornsey Captain
912 District Depot. Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

B a

A139

CANADIAN

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT
3rd G.C.D. Bradford

G. 5W Back Category Confirmed	Invalid to Banatop as usual Capt B. III as usual B. III Josephine Drosky Major Galm
---	---

Surname.

James

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		26	8	17	14	6	18	G. M. Back.	191	gsw. back near upper inner part R scapula some damage to bone. seen first scapula to skin. some dist + great limitation of shoulder muscles. cannot raise arm to horizontal pos without pain. loss of power in arm. feeble grip thumb. drops anything at all heavy.	W. S. Ford

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.			
	463337	Sgt	McNally	H			
Year	Unit.	Age.	Service.				
	29th Cans.	29	36 12				
Station and Date.	Disease	G. S. W. Back					
19-1-18	Transferred from Isolation ward.						
23-1-18	Limited movement of arm at shoulder						
30-1-18	Movement at shoulder increasing. Scar healthy.						
6-2-18	Scar healthy, gripping power of hand improving movements at shoulder improving in all directions						
20-2-18	General improvement in condition						
30-3-18	Complaining of some pain in region of wound						
20-3-18	Complains of feeling weak and easily exhausted Put on Sys. Easton's, F. I. d. p. c.						
30-3-18	Improved. Pain gone						
2/4/18.	Lungs clear on P. & A. Heart not enlarged. Sounds clear - no murmurs. no complaint now except of inability to raise the arm to the level of the shoulder. - atrophy of muscles. Scar of wound is adherent to scapula. Category A. from medical point of view B. Q. M. Officer's Report.						
7.5.18	no change.						
23.5.18	Board papers made out.						
6.6.18.	adms. refused. board. to be re-estimated. B 3 (2)						
12.6.18	made B 3.						
	A. B. Jordan Capt						

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

463337

Sgt.

McNally

H.

Unit.

Age.

Service.

Year

29th Bns.

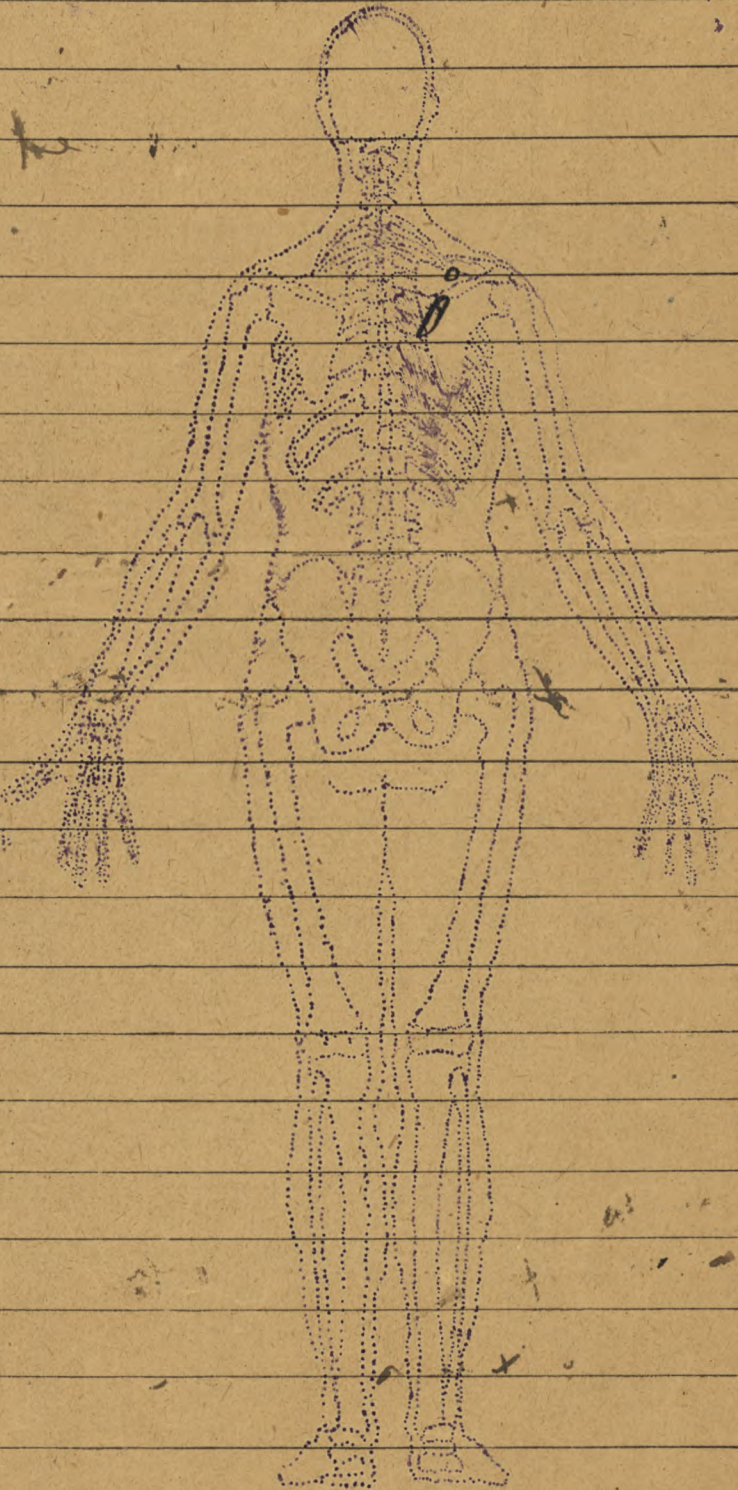
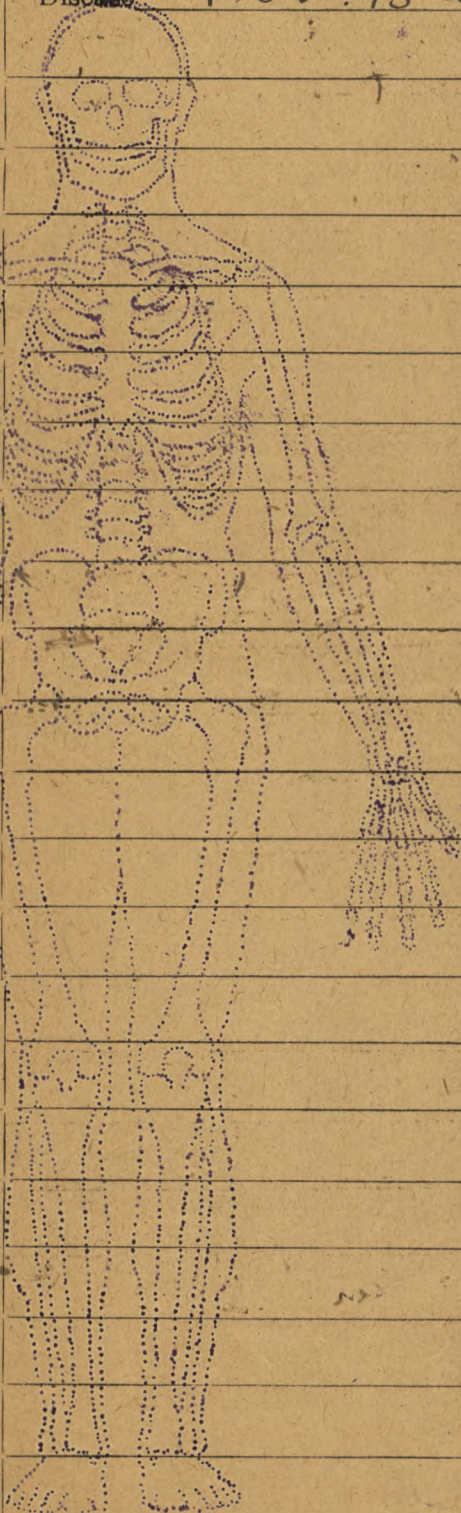
29

36/12

Station
and Date.

Disease

G. S. W. Back.



Small wound above right scapula, point of entry, large gaping wound
3" X 2" at upper inner angle right scapula

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

No 463337

RANK

Plt.

NAME

Mc Nally H.

T. O. S. 27-7-15

UNIT

62nd B Battalion C. E. 21

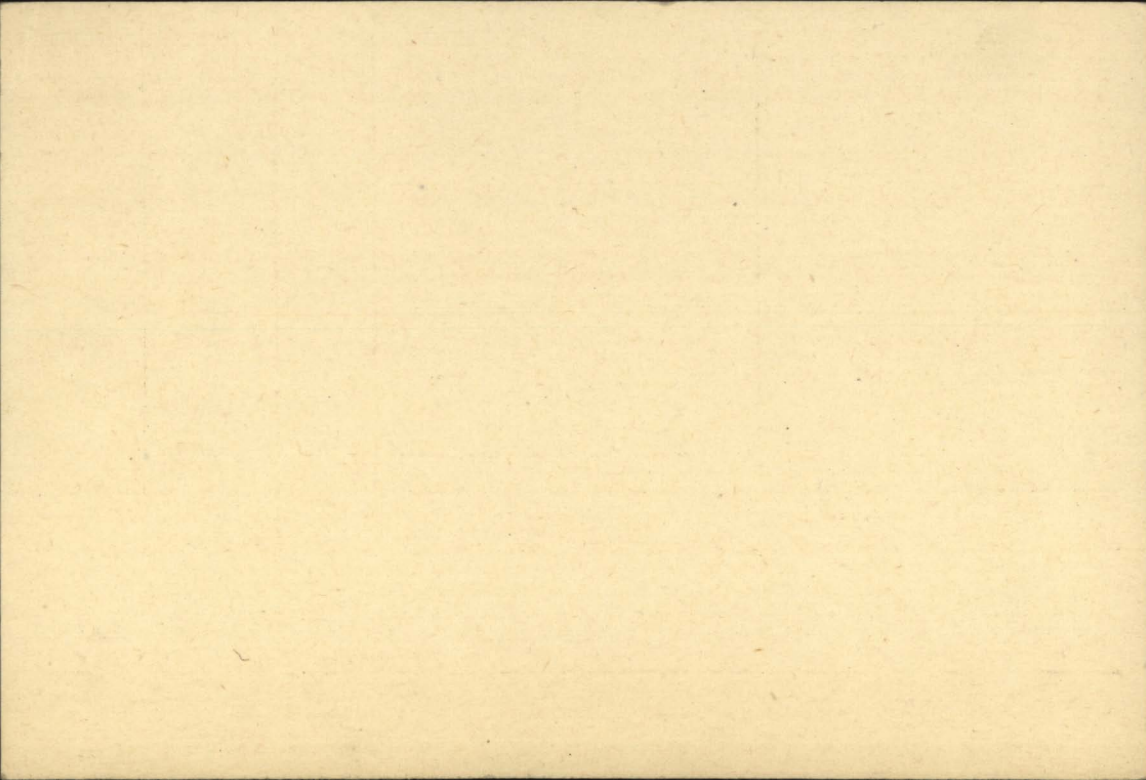
D.O. 15 of 31-7-15

M. D. 1,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 27 Aug. Sept. 1	1915 July 31 Oct. 15	✓ ✓ ✓	Overseas draft Prom. & 1 Cpl. 17-9-15	Sept. Pay list. D.O. 66 of 17-9-15.

UNIT SAILED

APR 22 1916



Army Form B. 181
ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

(To be attached to Case Sheet.)

Military Hospital.

Rank and Name Sgt. M^c Kally. H.

Age 29

Service 36 12

Disease G. S. W. Pick

Date of admission 26 AUG

Date of discharge

Result

[illegible]

Signature *J. Comerford jun*

In charge of case.

Result.

97

In charge of case.

Rank

Pte

Name

McNally, Harry

Reg'l No.

463337

P-56

Unit

*62nd Bn.*If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Vernon 30th July 1915.

Place of Birth

Ladysmith, Quebec

Name and Address, Next-of-Kin

*Mrs Jihn McNally,**Ladysmith, Quebec.*

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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						
16/10/15	30/11/15	46	1.00	46 00	46	1.00	46 00		5060	450 512	14 60 17 03			31 63	18 97	
1.12.15	31.12.15	31	1.00	31 00	31	1.00	31 00		3410	580	14 60			14 60	38 47	
1.1.16	31.1.16	31	"	31 00	31	"	31 00		3410	672 634 745	17 04 17 04 9 98			44 06	28 51	
1.2.16	29.2.16	29	"	29 00	29	"	29 00		3190	821	17 03		1 02	18 05	42 36	Lead McJ. Doc. 2258572.16
1-3-16	31-3-16	31	"	31 00	31	"	31 00		3410		9 98			9 98	66 48	
				168				16 80	184 80		117 30		1 02	118 32		

CANADIAN
ASSIGNED PAY AUDITED*Pid*

AUDIT CLERK

DATE *19-5-19*

BALANCE TRANSFERRED TO NEW LEDGER!

[illegible]

24

McNally, Harry

Address (in full) Caron, Sask.

Original Unit

Date of Discharge 23-11-18

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46038—M. & D. 9245.

[illegible]

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened 23-12-18.

PARTICULARS OF RENDERING NON-EFFECTIVE:

Discharged to Canada 31/8/18 Mom Roll 19 1/8/18 Disposal

CANADIAN
ASSIGNED PAY ~~AUDITED~~
File
B. H. Rogers
AUDIT CLERK
DATE 13...5...19...

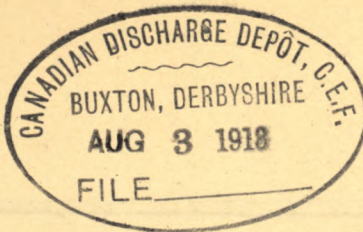
[illegible]

463337 Sgt McNally Harry

[illegible]

SEPT. 22 1913

This space to be left blank
for the Chelsea Number.



Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 463337 Army Rank Serg^t

Name McNally Harry
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps BCRD

Battalion, Battery, Company, Depot, &c. 48 Bataⁿ
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age <u>30</u> years <u>5</u> months	Descriptive marks. <u>G.S.W right scapula</u> <u>12</u>
Height <u>5</u> feet <u>9 1/2</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Farmer</u>	
Intended place of residence (To be given as fully as practicable) { <u>Hoosejaw</u> <u>Sask</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

{ France 18 mos
In possession of Mil Medal

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date)

Commanding Battn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place)

(Signature of Soldier.)

(Date)

(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 at 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 towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) ... " "

Total ... " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place)

Signature

(Date)

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

10
11
12

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136).
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

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

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

APPENDIX "B".

No. 463377 Sgt. McNally H. Name Ref. No. 22 Date 30-7-18

Recommended for Return to Canada.

In accordance with instructions under Paras 7 & 19, of A.G.5-1-22
of April 5th 1918.

Longfellow Major,
President, Travelling Board on Temporary Non-Effectives.

W-453.

175-147.

CONFIDENTIAL

TO: [illegible] NAME: [illegible] DATE: [illegible]

RECOMMENDED FOR: [illegible]

IN ACCORDANCE WITH INSTRUCTIONS UNDER PARAGRAPH 1-1-1-1 OF A.G. 1-1-1-1 OF APRIL 25, 1911.

RE: [illegible] AND ON [illegible] FOR [illegible]

Reserved for M.H.C. 2.

Regt. No. 463337 Rank. SGT. Surname. McNALLY Christian Name HARRY

Unit or Corps—(a) Overseas from United Kingdom. 48 CAN. (b) In United Kingdom. 62nd CAN.

Born at—Town. LADYSMITH County or Province. QUEBEC Country. CANADA

Date of Birth—Day. 12 Month. March Year. 1888 Age. 30 yrs. 2 months.

Joined at. Vernon BC Date. 30.7.15

Former Trade or Occupation. Brakesman

Permanent marks or peculiarities that will serve for future identification

Scar of wound

Height—feet. 5 inches. 8 Colour of eyes. Green blue.

Signature of Soldier (for identification purposes) Harry McNally

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

WEAKNESS & LIMITATION OF MOVEMENT R ARM.

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. BACK.	NUNS ALLEY	21.8.17
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(i.) As to Group (a) above?

If yes, has Active Service aggravated it?

(ii.) As to Group (b) above?

If yes, has Active Service aggravated it?

(iii.) As to Group (c) above?

If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i.) As to Group (a) above?

yes.

(ii.) As to Group (b) above?

(iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? *yes*

(ii.) While off duty? *no*

(iii.) Was a Court of Inquiry held

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Enlisted at Vancouver Feb. 15 5 C.O.R. came to England. 10/8/15 France 5/3/16. Wounded at Arras Aug 27.8.17. Three wound channels to 12th Gen Hospital. Wound to 16 Can Gen. Hospital - 26.8.17. (1) Small wound above R. scapula. point of entry. (2) Large gaping wound at upper inner angle of scapula. Right. with fracture. Wound septic. Number of pieces of dead bone came away at intervals 3.1.18. Attack of phlegmon isolated for 15 days.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

1) Healed scar 1" x 3/4" above spine of scapula near upper int angle.
2) Healed scar 3/2 x 1/2 on outer border of scapula attached to it. Scapula moves freely forward backwards, rhomboid muscles not affected. There is a small notch in scapula where dead bone was removed to which skin is attached. On raising arm to horizontal position there is great dropping of skin over the scar - this prevents the scapula from tilting. Shoulder elbow & wrist joints are normal but the musculature is poor & grip of hand very weak. On attempting to lift anything requiring any exertion he gets pain down his nerves & he drops the article. Cannot pick up small things. There is also pain over nerve distribution over shoulder.
other system normal. Progress - no improvement likely within months.

8. OPERATION. (i.) Was one performed? *yes.*

(ii.) If so, state what. *bone removed.*

(iii.) Was one advised and declined? *no.*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? *no.*

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada? *yes.*

(d) Discharge from the Service as permanently unfit?

Date of Report *17 May* 191*8*

Station *16 Can Gen Hosp. Weyington*

Signed *AB Gordon Capt CMc*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Edmund Pherson COL. C.A.M.C.

O.C. ONTARIO MILITARY HOSPITAL

{ Officer i/c Hospital } Strike out one
{ S.M.C. Brigade } of these.

Dated at *Weyington, Ont.*

Station, on *29 MAY 1918* 191*8*

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1) ?

If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2) ?

If not, indicate it.

Yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused ? No

Aggravated ? No

(b) Misconduct of the Soldier

Caused ? No

Aggravated ? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service ?
(Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent ?

(ii.) If not permanent, what is its probable minimum duration (in months) ?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable ?

18. Remarks.

The Board is of the opinion that this R.C.O.'s disability will decrease and that he should not be invalided to Canada.
— J. MacLachlan, Pres.

19. Recommendation :—(a) Fit for duty ? No

(b) Fit for base duty ? No

(c) Invalid to Canada ? Yes

(d) Discharge from service as permanently unfit ? No

Classification for the Military Hospitals Commission.

G

Date of Board

29 MAY 1918

Station **ONTARIO MILITARY HOSPITAL,**
ORPINGTON, KENT.

Signatures of the Board.

J. MacLachlan Capt. President
H. Davis Capt. Secy.
H. Martin Capt. 62nd

Approved

A. D. MacLachlan

A.D.M.S.

Dated at

for A.D.M.S., Canadians, London Area.

Station

7 JUN 1918

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at

this

day of

191

Signatures of
the Board

President.

PATHOLOGICAL REPORT.

Onatric Military Hospital.
Orpington Kent.

Examination required. *K. L.*

Date *2-1-18* Ward No. *One*

Name *McNally* Id. Rank *Sgt.*

Reg. No. *463337* Unit *29th Bn. Cam.*

Clinical diagnosis. *Tonsillitis.*

Brief history. *Inflam. Throat*
Enlarged Rt Tonsil
no membrane.

Laboratory No. *1459.*

Report No. *to K. L.*

R MacK.

1808

D. A. C.

Wm. H. C.

PATHOLOGICAL REPORT.

No. 16 Canadian General Hospital.
Orpington, Kent.

Examination required *K.L.*

Date *15/1/18* Ward No. *100*

Name *McNally* Rank *2nd Lt.*

Regtl. No. *46337* Unit *29 Cus.*

Clinical Diagnosis

Brief History

Laboratory No. *2040*

Report:-

Negative & Kelsch's

GJ

PATHOLOGICAL REPORT.

No. 16 Canadian General Hospital.
Orpington, Kent.

Examination required *K L*

Date *17/1/18*

Ward No. *100*

Name *McNally*

Rank *Sgt*

Regtl. No. *46337*

Unit *29 Caus.*

Clinical Diagnosis

Brief History

Laboratory No. *2089*

Report:- *Neg to W.D.*

R. Mack,

200

11/11/11

PATHOLOGICAL REPORT.

No. 16 Canadian General Hospital.
Orpington, Kent.

Examination required *K. L.*

Date *8/1/18* Ward No. *1st*

Name *Mc Nulty* Rank *Sgt*

Regtl. No. *46337* Unit. *29 Cans*

Clinical Diagnosis

Brief History

Laboratory No. *1940*

Report:- *Pos to K. L.*

R Mack

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY ofSurname McNALLY Christian Name Harry**TABLE I.—GENERAL TABLE.**Birthplace ... Parish Ladysmith. County P.Q.Examined ... { on 30th day of July 1915,
at Vernon. B.C.Declared Age ... 27 years ... days.Trade or Occupation ... BrakemanHeight ... 5 feet 8 inches.

Weight ... lbs.

Chest { Girth when fully Expanded 41 inches.
Measurement { Range of Expansion 4 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) J.G.Shaw.
(Rank) Capt. C.A.M.C.*Medical Officer.*Enlisted ... { at Vernon. P.Q.
on 30th day of July 1915.Joined on Enlistment ... { Corps. Regtl. No.
62nd (Overseas) Bn.C.E.F.
Transferred to ... { 48th Battn. C.E.F.

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ... day of ... 191 ...

(Signature) [Signature]

(Rank)

Lieut.-Col.

works bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculation, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

I certify the foregoing to be a true copy of an original entry on the Medical History sheet of this man.

C.A.M.O.
for the Officer in Charge of Records
Canadian Contingents.

Date 14/6/18
MEDICAL CASE SHEET

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2DT 2849 Year 1918	463337	Sgt	McCally	H.
		Unit.	Age.	Service.
		296 Lns.	29	36/12
Station and Date. ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.	Disease.			
26 AUG 1917	Spinal Back.			
	Next of kin, - Mrs John M. Nally (mother) Canon P.O. Saskatchewan. Patient states he enlisted at Vancouver Feb? 1915 with D.C.O.R. came to England Aug 10th 1915 France 5/3/16. Wounded at Munn's Alley 21/8/17 bullet wound back of right shoulder. F.F.A. on field by one of men, taken to 5th F.A. A.D.S., sent by motor ambulance to C.B.S. at Berlin redressed & A.T.S. injected ^{Canal Saline treatment} 21/8/17. Sent to 4th General Hospital Etaples, wound dressed. Left for O.M.H. Orpington 26/8/17			
27/8/17	L.O.A.			
	Small wound above right scapula, point of entry, large gaping wound 3" long x 2" wide at upper inner angle of scapula (right), fracture, wound clean and healthy in appearance, tube in position. Very little inflammation around wound.			
29-8-17	A.T.S. injected 1000 units.			
1-9-17	Wounds looking healthy. considerable discharge, inflammation has subsided			
28-8-17	Xray Report, - No apparent foreign body or injury to bone.			
4/9-17	Abduction splint applied. wound improving.			
10-9-17	Out of bed, wound healthy & improving.			
26-9-17	Considerable discharge, wound granulating in			
3-10-17	Small splinter of bone removed from wound; considerable			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

discharge, but would granulating in

Considerable discharge coming away, movement at shoulder improved.

Several small pieces of bone came away three days ago
discharge decreasing, passive movement commenced

wound granulating in but slight discharge.
massage commenced.

wound discharging freely, movement at shoulder improving

Discharge from wound about same, granulating
in from periphery of wound.

appearance of wound similar to last report
movement of arm increasing (upwards)

Slight discharge from both wounds.

Discharge has stopped, dry crust over wound.
limited movement of shoulder upwards.

As the faded depth

I will undertake remedial hor. of
shoulder with massage & passive
movements in addition.

Ludwickson

Healed scars over left shoulder, back.

Wounds healed, movement of shoulder increasing

On 4 mar leave

Complained of headache and sore throat, cut swab
taken

Positive culture for KLF transferred to Isolation Ward

Recd 4000 Audubon: Norman's Exp
No umbrella offered on that. Evers
Audubon very satisfactory.

Swab vaccine B. L. Bacillus.

16.1.18 Frab. Neg. 17.1.18 Frab. Neg. 18.1.18 Abe. Rls. & end
in number by 1

NOV 18 1918

Military District No. 12
NOV 18 1918
25th - 411

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.

1. 1 (a) Unit 12th Lake 48th Regt (b) Regimental No. 463 337 (c) Rank Sgt
(d) Surname McHally (e) Christian name Harry
(f) Home address Baron Park
(g) Next of Kin Mrs J. McHally (h) Relationship Mother
(i) Address of Next of Kin Baron Park
2. Age last birthday 30 years Date of birth March 1888
3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver (b) Date Feb 1915
4. Personal description:
(a) Height 5 foot 9 1/2 (b) Weight 161 (c) Complexion Dark
(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. G.D.M. on Right Scapula
5. Former trade or occupation Hammer

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
		<u>2</u> $\frac{8}{12}$

	PERIODS	
	From	To
Canada	<u>Feb. 15 1915</u>	<u>Sep. 1915</u>
England	<u>Sep. 1915</u>	<u>10 / 3 / 16</u>
France or other theatres of War	<u>10 / 3 / 16</u>	<u>Aug. 28 / 17</u>

7. Original disease, or injury G. S. W. Back
(a) Date of origin 2 / 8 / 17 (b) Place of origin Muno Alley, France
(c) Cause G. S. W. explosive

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.)

Loss of function, partial, of right arm from shoulder, owing to fixing of scapula to skin by scar. Cannot raise to horizontal position without pain and tilting of scapula.

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.)

(1) Healed stellate scar 1" in diameter, upper internal angle of T. scapula. (2) Healed scar, $3\frac{1}{2}$ " by $1\frac{1}{2}$ " on outer border of right scapula and attached to it, notch in scapula where dead bone was removed and adherent to skin. Raising arm to full horizontal position causes pain, dragging over scars & tilting of scapula. Unable to approximate right arm to back of neck, fully, without causing pain & a catch over site of scars. Abduction limited to 75% of normal. Loss of upward adduction of arm 25% owing locking of scapula to skin over site of scar. Grip of right hand weak, loss of power 30%. Unable to pick up & hold small articles. Loss of power in lifting heavy articles at least 50%. Unable to carry on heavy farm work at present. There is pain over nerve distribution around shoulder, aggravated by exertion or in cold weather. General condition good. Other systems normal.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? No

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

Loss of function partial of rhomboid muscles and musculature of shoulder joint.

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

Wounded at Munsalloy, France 21/8/17 Explosive bullet entered upper and outer border of scapula, right, inflicting the bone and leaving scar $3\frac{1}{2}$ " by $1\frac{1}{2}$ " attaching scapula to skin. No. 4 Gen. Hosp. Etaples, France 5 days, No. 15 Can. Gen. Hosp. Orpington from 26/8/17, there 190 days.

1. Small wound above right scapula, point of entry.
2. Large wound upper inner angle of border of scapula, right with injury to bone, dead bone removed.

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).)

*Dysentery at Can. Gen. Hosp. Dorrington - 3/1/18.
isolated for 15 days.*

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

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

No

(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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

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?

Indefinite, but partial loss of function right shoulder permanent

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

Hospital France & England

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?

(If not, briefly state why)

Not at present, loss of power, limitation of movement right shoulder & arm.

17. Recommendations.

E for discharge

John White, 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, 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

W. J. J. J.

Signature of invalid examined.

Rank.

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, see Diagrams attached showing limitation of movements at shoulder joint. Forward and backward movements are as shown. Circumduction limited at least to 75% of normal, only possible in a much smaller circle than shown in diagram, due to that limitation. Loss of power in hand fully 30% or more. And in arm 50%.

19. Is the invalid fit for

- (a) General service,
(b) Service abroad, not general service,
(c) Home service (Canada only),
(d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
(" B) (Yes or No.)
(" C) (Yes or No.)
(" D) (Yes or No.)
(" E) (Yes or No.)

E

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.)

- (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.)

Yes. Category E for discharge.

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.

PLACE

Regina, Sask

DATE

13/11/18

W. E. Beace Capt

President.

R. D. G. Capt

Members

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.

PLACE

DATE

APPROVED BY

APPROVED BY

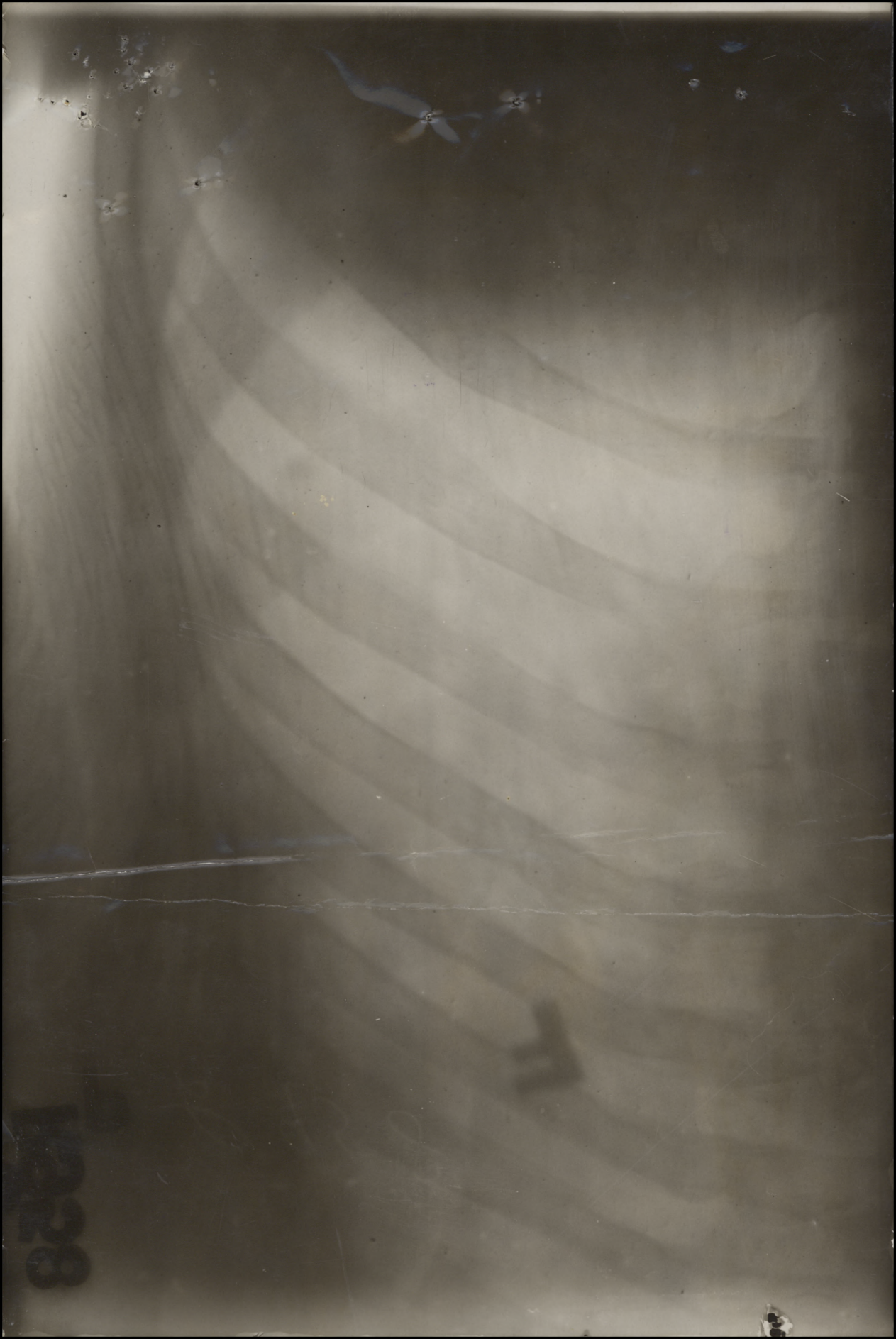
A. C. L. W. D. Capt
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

18-11-18

DATE



1328

McNally #1 ✓

ONTARIO MILITARY HOSPITAL

Ward No. 1

Plate No. R-C A.P.

958
Name McNally H. Sgt.

Reg't'l. No. 46337

Unit 29th. Can. Bn.

Brigade 6th.

Division 2nd.

Part Rt. Scapula

View Posterior

Date 28-8-17

Report -No apparent F.B. or injury to bone.

856 J