

M. D. Depot Battalion Regiment
 Regtl. No. 3260180

PARTICULARS OF RECRUIT
 DRAFTED UNDER MILITARY SERVICE ACT, 1917 *Original.*

(Class.....)

1. Surname McNeil
 2. Christian name William Alexander
 3. Present address Sea Side, Rest Co NB
 4. Military Service Act letter and number 666425 FC
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
 5. Date of birth Aug. 15, 1897
 6. Place of birth Sea Sider NB
(town, township or county and country)
 7. Married, widower or single Single
 8. Religion Presbyterian
 9. Trade or calling Father Farmer
 10. Name of next-of-kin John McNeil
 11. Relationship of next-of-kin Sea Side, Rest Co NB
 12. Address of next-of-kin Father
 13. Whether at present a member of the Active Militia No
 14. Particulars of previous military or naval service, if any Nil
 15. Medical Examination under Military Service Act :—
 (a) Place St. John NB (b) Date 14-6-18 (c) Category B2

DECLARATION OF RECRUIT

I, William Alexander McNeil, do solemnly declare that the above particulars refer to me, and are true.

W A McNeil

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>20</u> yrs.	<u>10</u> mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height	<u>5</u> ft.	<u>7½</u> ins.	
Chest measurement	fully expanded	<u>33½</u> ins.	
	range of expansion	<u>2½</u> ins.	
Complexion	<u>Ruddy</u>	<u>Nil</u>	
Eyes	<u>Blue</u>		
Hair	<u>Red</u>		

D. D. McArthur Major
 for O. C. New Brunswick Depot Btln. Regt.

Place St. John NB Date June 14, 1918.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname LOVELL

2. Christian name William Alexander

3. Present address See Side, Regt 10

4. Military Service Act letter and number 68888 E

5. Date of birth Aug 10, 1897

6. Place of birth See Side, Regt 10

7. Married, widow or single Single

8. Religion Methodist

9. Trade or calling Water Carrier

10. Name of next-of-kin John Lovell

11. Relationship of next-of-kin See Side, Regt 10

12. Address of next-of-kin Factor

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act -
 (a) Force Dr. John W. (b) Date 1-18-18 (c) Category Nil

DECLARATION OF RECRUIT

I, William Alexander Lovell, do solemnly declare that the above particulars are true and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	20	10	in
Height	5	8	in
Weight	128	lb	
Complexion	Light		
Eyes	Blue		
Hair	Red		
Build	Slender		
Complexion	Light		
Eyes	Blue		
Hair	Red		
Build	Slender		
Complexion	Light		
Eyes	Blue		
Hair	Red		
Build	Slender		

REGIMENTAL DOCUMENTS

NAME

McNEIL Wm ALEXANDER

REGT. NO. 3260180 UNIT 1/h B. Regt. FILE NO.

5

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

32155

DISCHARGE

Category

Denial

DESERTION

H

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 hmd



NAME

McNeil William A.

REGIMENTAL NO.

3260180

RANK

P/E

ENLISTED AT

~~14/6/18~~ St. JohnPROMOTIONS, &c.
AND DATE

DATE

14/6/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

John McNeil

RELATIONSHIP

Father

ADDRESS OF

Sea Side Rest C.M.B.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE <small>E.G. ABSENCE, PROMOTION, &c.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &c.</small>
	No.	DATE	
<p><i>Demobilization</i> <i>S.S. On Return</i> <i>to Regstars</i> <i>Records.</i> <i>Auth 1438-P6.3051</i></p>	<p><i>232</i></p>	<p><i>20818</i></p>	

Casualty Form—Active Service.

Unit, Regiment or Corps

1st DEPOT BN. N. B. REG'T

Regimental No.

3260180

Rank

Pte.

Name

McNeil, Daniel

C. E. F.

Enlisted (a)

6/14/18

Terms of Service (a)

Duration of war

Service reckons from (a)

6/14/18


Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Fanner

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				
20-8-18	Ob 1st Dep Batt NBR.	Demobilization SAs, On Return to Registrar's Records. Auth 1438 P63057	St John WB	20-4-18	DD 232 Part 11 20-8-18 

G. K. Shields
Adjutant, 1st. Depot Battalion
New Brunswick Regiment. Lieut.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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 McNeel Christian name William Alexander
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... New Mills Res. Co. No. 3

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

5. Age as stated 20 Years 10 Months. 6. Apparent age 21 Years _____ Months
7. Height 5 Feet 7 1/2 Inches. 8. Weight 122 Pounds.
9. Chest measurement { Minimum 31 Ins. 10. Complexion Ruddish { Eyes Blue
Maximum 33 1/2 Ins. { Hair Red
11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks nil
13. Number of vaccination marks { Right arm nil 14. When vaccinated last nil
Left arm nil
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Dachycardia

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 B2

17. (a) Vision R. D 20/300 20/130
(b) Hearing. R. normal

J. J. Doulo Member. J. E. Leachman President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/18</u>		<u>Fabimithen M.O.</u>	<u>15/6/18</u>		<u>Fabimithen M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 14 day of June 1918 at St John NB

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3260180</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.

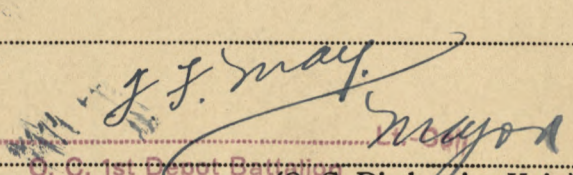
By military authority

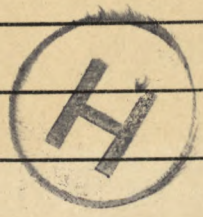
Signature of Man

3260180

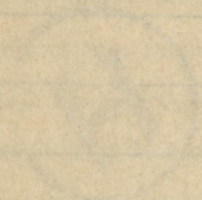
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SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	3260180		
2. Rank	Private.		
3. Name	MCNEIL William Alex.		
4. Unit	1st Depot Battalion N.B.Regt.		
5. Date of Discharge	20-9-18	Place	St. John N.B.
6. Reason for Discharge.....	Demobilization		
	Struck off strength on return to Registrar's Records 20-9-18		
	D.O.232 20-8-18		
7. Authority	R.O.1438 P.C. 3651		
8. Proposed Residence after Discharge.....	Sea.Side Rest.Co. N.B.		
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.....	St. John N.B.		
Date.....	March 15 th/19		
Signature.....	 J. J. May (O. C. Discharging Unit.) New Brunswick Regiment		



PROVISIONAL ORDER



Attest

Notary Public

My Comm. Expires

WITNESSETH

I hereby certify that the above named person is duly qualified

Notary Public

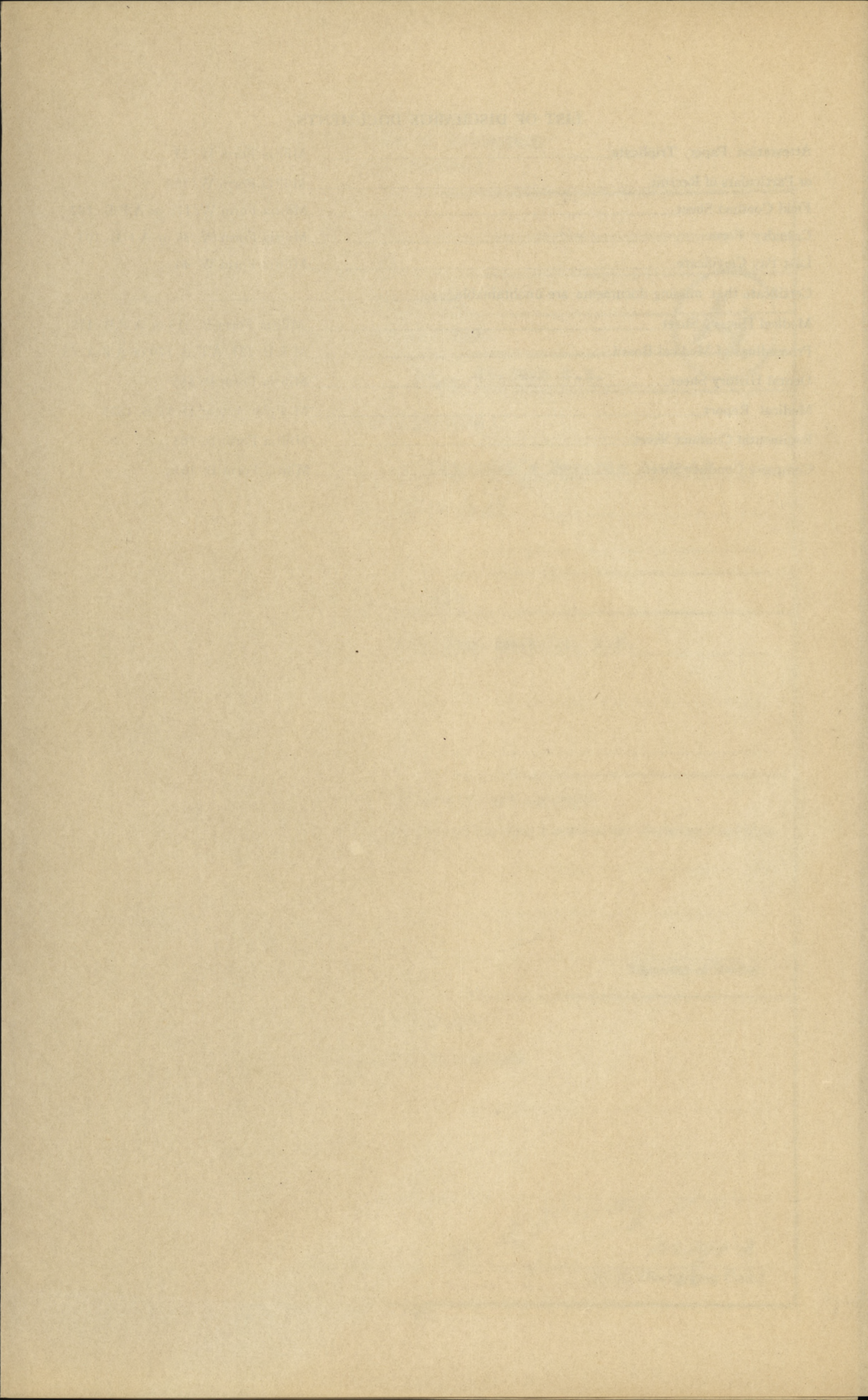
CONFIRMATION

The findings of the above named notary are hereby confirmed

Attest

Notary Public

Notary Public



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