

7

10th

NB

M. D.

Depot Battalion

Regiment

Regtl. No. 4060219

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class.....)

1. Surname..... *McCray*
2. Christian name..... *Hugh Alexander*
3. Present address..... *Calais, Me*
4. Military Service Act letter and number.....
(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..... *April 7th 1897*
6. Place of birth..... *De Wolfe Corner, Calais NB*
(town, township or county and country)
7. Married, widower or single..... *Married*
8. Religion..... *Presbyterian*
9. Trade or calling..... *Farmer & millwork.*
10. Name of next-of-kin..... *Mrs Lathen McCray*
11. Relationship of next-of-kin..... *Wife*
12. Address of next-of-kin..... *6 Beech St Calais Me.*
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..... *St John NB* (b) Date..... *27th Feb 1918* (c) Category..... *B2*

DECLARATION OF RECRUIT

I, *Hugh Alex McCray*, do solemnly declare that the above particulars refer to me, and are true.

Hugh A. McCray (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *34* yrs..... *7* mths.

Height..... *5* ft..... *6* ins.

Chest measurement { fully expanded..... *42* ins.
range of expansion..... *2* ins.

Complexion..... *Sandy*

Eyes..... *Blue*

Hair..... *Light*

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

Obesity

G. C. 1st Depot Battalion
G. C. 1st Depot Battalion
New Brunswick Regiment. Regt.

Place

St John NB

Date

26th Feb 1918

REGIMENTAL DOCUMENTS

NAME *Mc CRAY* *HUGH ALEXANDER* REGT. NO. *4060219* UNIT *109th CRT* H. Q. FILE NO. *15415*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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)

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)

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)

*Form R & B 6045.**CADC 5009a.**Form CD 3.**Q122**M & B 313 a**M & B 288*

DEATH

Category

DISCHARGE

Category

Heimob In

C5884

DESERTION

*35 - 14**17 - 14*
8 1 14

Surname

Christian names

Regtl. No.

Unit

Next of kin

Address

BORN—Place

ATTESTED—Place

O/S

H. Q.

M. D. No.

T. O. S.

D. O. Pt. II

S. O. S.

Reason

Auth.

Relationship

Also notify:

W. 22—100M-7-18. 1772-39-839

R/C

Mc Cray
Hugh Alexander
4060216
N B Regt 1st Dep Bn
(109th P. Co)
Pte
Disc 28/3/1919
Demit.
D.O. 72/2/4/19
#7500
Mrs Katherine
6 Bush St, Colma, Me.
U.S.A.
Wife
Canada
St John N.B.
April 7th 1883
Feb 26th 1918
3-8-18 1356
27/8/19 291
69 Apr.



MC

B

Number... 4060219... Rank... Sp

Surname... M.C.C.A. 4

Christian Name... Hugh Alexander

Units... 4 Can. Ry. Co. Theatre of War France

Date of Service... 2-9-10-18

Remarks...

Latest Address... 6 Beach St.

Calais... Me... U.S.A.

Roll No. B
Page 6118

DESP NOV 18 1921
REGN. No. 71325

W. S. B.

GLASS A. No.

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. Depot Bn., R.B. Regt. 10924 CRJ to CR40

Regimental No. 4060219 Rank Private Name McCray, Hugh Alexander

Enlisted (a) 26-2-18 Terms of Service (a) Duration of War Service reckons from (a) 26-2-18

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

Extended. Re-engaged. Qualification (b) Farmer & Mill-worker.

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
Embarked	Embarked	Halifax	2-8-18	
Disembarked	Disembarked	Liverpool	15-8-18	
18-8-18	C.R.T. Repot. Taken on strength on arrival from Canada.	Purfleet.	15-8-18	Part 2 D.O. 226.
23-10-18	C.R.T. Depot. S.O.S. on proceeding overseas to 45 Bn. CRT.	Purfleet	22-10-18	Pt. 11 D.O. 294
				Liout. for O.C. Canadian Railway Troops Depot.
24.10.18	CGRD. TOS 4. CRT from CRT Det	Purfleet	24.10.18	NY 801 D.O. 118 E. 11.18
27.10.18	Do Left for Unit	Field	27.10.18	NR 1441
3.10.18	4 CRT Joined Unit	"	29.10.18	B 213
16.1.19	C.B.D. Transf'd to England for demobilization and posted to C.R.T. Depot, Witley		17.1.19	Mon Rail
				LI. DE. #3 9/1919
				LI. DE. #3 9/1919

(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				
2/2/19	CRTD Taken On Strength CRTD s.o.s. to Kimmel Park, M.D. Wing, 7.	7.	KNOTTY ASH	Knotty ash 26/19 pr II 24	PART 2. 41
2/19	CRTD	Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. 48. Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No. 21	Commanding M.D. 7 Wing, Kimmel Park Camp,	for	Canadian Railway Troops
19	m 07	Struck off	Struck off	Struck off	Struck off
19	Eng.	TAKEN ON STRENGTH PART II. ORDER No. 92	District Depot No. 7	For O. C. District Depot No. 7.	Lieut. & Asst. Adj. For
79		STRUCK OFF STRENGTH PART II. ORDER No. 92	District Depot No. 7		

Rank **KR** Name **McCray, Hugh Alexander** Reg'l No. **4060219**
 Unit **108th Co. C R T to C-R TD** If in perm. Corps, }
 What Unit? }
 Married or Single **Married.**
 Place and Date of Enlistment **St. John^{NB} 26th Feby. 1918** Place of Birth **DeWolfe. Corner.**
 Name and Address, Next-of-Kin **Mrs Katherine McCray.** Char. Co. **N.B.**
6 Beech St. Calais Me. Relationship **Wife.**

Assigned Pay Monthly \$

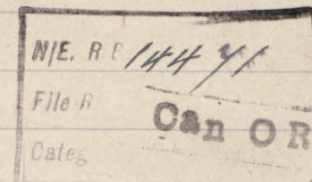
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



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.				
		Arrived in England		15-8-18	S/S IXTON
16.8.18	Depot CRY	LoS from Can		15.8.18	Pt 226
23.10.18	do	LoS to 4th CRY		22.10.18	— 294 Pnt 118 days 1/2
29.1.19	do	Posted from 4th CRY	L'pool	26.1.19	— 24
24.1.19	4th CRY	Posted to CRID	Field	15.1.19	— 3
16.2.19	CRYP	LoS to MD 470 7.	Knotty Ash	15.2.19	— 42* MD 7 Pnt 048 4/17.3.19
		27- C4-2		19.3.19	
19.3.19	MD 7	LoS to Canada	Rhyl	19.3.19	— 78

[illegible]

CASE HISTORY SHEET.

No. 4060219. Rank Private Name McGray, Hugh Al. Age 34.
Unit 1st Depot Bn. Completed years of service 3 1/2 Where and how long Canada
Date of admission March 21st, 1918. Date of discharge 8 - 4 - 18.
Diagnosis Bronchitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

T 99.5 P 84 Q 20
Complain of headache, cough & chills

FAMILY HISTORY

neg
(Tuberculosis, mental or nervous diseases.)

TREATMENT

usual
(Especially any specific or special form.)

CONDITION ON DISCHARGE

4 weeks pass recommended
(and disposal made of case.)

Date 8/4/18

B. L. Johnson
Medical Officer i/c case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st Depot Batt.

Hospital Station St. John N. B.

No. 4060219

Rank and Name Cpl. H. A. Vel² Cray

Age 34 yrs Service

Disease

Date of Admission March 2nd Date of Discharge

Result

Case Book

Folio

Dates of Observation	<u>March</u>																											
Days of Disease	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8									
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
107°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
106°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
105°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
104°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
103°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
102°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
101°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
100°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
99°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
98°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
97°	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6	8.6
Pulse per Minute	84	92	98	70	76	78	82	90	84	84	68	76	68	76	72	60	60	92	84									
Respirations per Minute	20	20	20	20	20	20	20	24	24	24	22	24	24	22	20	20	20	20	20									
Motions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0									

Signature

W. Johnson

In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Name _____ Rank and Name _____
 Disease _____ Date of Admission _____
 Hospital Station _____ Date of Discharge _____
 Age _____ Result _____
 Service _____ Case Book _____
 Folio _____

Temperature, Fahrenheit	Pulse, Per Minute	Respiration, Per Minute	Weight, Pounds	Height, Inches	Time
102	100	20	150	68	10:00
102	100	20	150	68	10:30
102	100	20	150	68	11:00
102	100	20	150	68	11:30
102	100	20	150	68	12:00
102	100	20	150	68	12:30
102	100	20	150	68	13:00
102	100	20	150	68	13:30
102	100	20	150	68	14:00
102	100	20	150	68	14:30
102	100	20	150	68	15:00
102	100	20	150	68	15:30
102	100	20	150	68	16:00
102	100	20	150	68	16:30
102	100	20	150	68	17:00
102	100	20	150	68	17:30
102	100	20	150	68	18:00
102	100	20	150	68	18:30
102	100	20	150	68	19:00
102	100	20	150	68	19:30
102	100	20	150	68	20:00
102	100	20	150	68	20:30
102	100	20	150	68	21:00
102	100	20	150	68	21:30
102	100	20	150	68	22:00
102	100	20	150	68	22:30
102	100	20	150	68	23:00
102	100	20	150	68	23:30
102	100	20	150	68	24:00
102	100	20	150	68	24:30
102	100	20	150	68	25:00
102	100	20	150	68	25:30
102	100	20	150	68	26:00
102	100	20	150	68	26:30
102	100	20	150	68	27:00
102	100	20	150	68	27:30
102	100	20	150	68	28:00
102	100	20	150	68	28:30
102	100	20	150	68	29:00
102	100	20	150	68	29:30
102	100	20	150	68	30:00
102	100	20	150	68	30:30
102	100	20	150	68	31:00
102	100	20	150	68	31:30
102	100	20	150	68	32:00
102	100	20	150	68	32:30
102	100	20	150	68	33:00
102	100	20	150	68	33:30
102	100	20	150	68	34:00
102	100	20	150	68	34:30
102	100	20	150	68	35:00
102	100	20	150	68	35:30
102	100	20	150	68	36:00
102	100	20	150	68	36:30
102	100	20	150	68	37:00
102	100	20	150	68	37:30
102	100	20	150	68	38:00
102	100	20	150	68	38:30
102	100	20	150	68	39:00
102	100	20	150	68	39:30
102	100	20	150	68	40:00
102	100	20	150	68	40:30
102	100	20	150	68	41:00
102	100	20	150	68	41:30
102	100	20	150	68	42:00
102	100	20	150	68	42:30
102	100	20	150	68	43:00
102	100	20	150	68	43:30
102	100	20	150	68	44:00
102	100	20	150	68	44:30
102	100	20	150	68	45:00
102	100	20	150	68	45:30
102	100	20	150	68	46:00
102	100	20	150	68	46:30
102	100	20	150	68	47:00
102	100	20	150	68	47:30
102	100	20	150	68	48:00
102	100	20	150	68	48:30
102	100	20	150	68	49:00
102	100	20	150	68	49:30
102	100	20	150	68	50:00
102	100	20	150	68	50:30
102	100	20	150	68	51:00
102	100	20	150	68	51:30
102	100	20	150	68	52:00
102	100	20	150	68	52:30
102	100	20	150	68	53:00
102	100	20	150	68	53:30
102	100	20	150	68	54:00
102	100	20	150	68	54:30
102	100	20	150	68	55:00
102	100	20	150	68	55:30
102	100	20	150	68	56:00
102	100	20	150	68	56:30
102	100	20	150	68	57:00
102	100	20	150	68	57:30
102	100	20	150	68	58:00
102	100	20	150	68	58:30
102	100	20	150	68	59:00
102	100	20	150	68	59:30
102	100	20	150	68	60:00
102	100	20	150	68	60:30
102	100	20	150	68	61:00
102	100	20	150	68	61:30
102	100	20	150	68	62:00
102	100	20	150	68	62:30
102	100	20	150	68	63:00
102	100	20	150	68	63:30
102	100	20	150	68	64:00
102	100	20	150	68	64:30
102	100	20	150	68	65:00
102	100	20	150	68	65:30
102	100	20	150	68	66:00
102	100	20	150	68	66:30
102	100	20	150	68	67:00
102	100	20	150	68	67:30
102	100	20	150	68	68:00
102	100	20	150	68	68:30
102	100	20	150	68	69:00
102	100	20	150	68	69:30
102	100	20	150	68	70:00
102	100	20	150	68	70:30
102	100	20	150	68	71:00
102	100	20	150	68	71:30
102	100	20	150	68	72:00
102	100	20	150	68	72:30
102	100	20	150	68	73:00
102	100	20	150	68	73:30
102	100	20	150	68	74:00
102	100	20	150	68	74:30
102	100	20	150	68	75:00
102	100	20	150	68	75:30
102	100	20	150	68	76:00
102	100	20	150	68	76:30
102	100	20	150	68	77:00
102	100	20	150	68	77:30
102	100	20	150	68	78:00
102	100	20	150	68	78:30
102	100	20	150	68	79:00
102	100	20	150	68	79:30
102	100	20	150	68	80:00
102	100	20	150	68	80:30
102	100	20	150	68	81:00
102	100	20	150	68	81:30
102	100	20	150	68	82:00
102	100	20	150	68	82:30
102	100	20	150	68	83:00
102	100	20	150	68	83:30
102	100	20	150	68	84:00
102	100	20	150	68	84:30
102	100	20	150	68	85:00
102	100	20	150	68	85:30
102	100	20	150	68	86:00
102	100	20	150	68	86:30
102	100	20	150	68	87:00
102	100	20	150	68	87:30
102	100	20	150	68	88:00
102	100	20	150	68	88:30
102	100	20	150	68	89:00
102	100	20	150	68	89:30
102	100	20	150	68	90:00
102	100	20	150	68	90:30
102	100	20	150	68	91:00
102	100	20	150	68	91:30
102	100	20	150	68	92:00
102	100	20	150	68	92:30
102	100	20	150	68	93:00
102	100	20	150	68	93:30
102	100	20	150	68	94:00
102	100	20	150	68	94:30
102	100	20	150	68	95:00
102	100	20	150	68	95:30
102	100	20	150	68	96:00
102	100	20	150	68	96:30
102	100	20	150	68	97:00
102	100	20	150	68	97:30
102	100	20	150	68	98:00
102	100	20	150	68	98:30
102	100	20	150	68	99:00
102	100	20	150	68	99:30
102	100	20	150	68	100:00
102	100	20	150	68	100:30
102	100	20	150	68	101:00
102	100	20	150	68	101:30
102	100	20	150	68	102:00
102	100	20	150	68	102:30
102	100	20	150	68	103:00
102	100	20	150	68	103:30
102	100	20	150	68	104:00
102	100	20	150	68	104:30
102	100	20	150	68	105:00
102	100	20	150	68	105:30
102	100	20	150	68	106:00
102	100	20	150	68	106:30
102	100	20	150	68	107:00
102	100	20	150	68	107:30
102	100	20	150	68	108:00
102	100	20	150	68	108:30
102	100	20	150	68	109:00
102	100	20	150	68	109:30
102	100	20	150	68	110:00
102	100	20	150	68	110:30
102	100	20	150	68	111:00
102	100	20	150	68	111:30
102	100	20	150	68	112:00
102	100	20	150	68	112:30
102	100	20	150	68	113:00
102	100	20	150	68	113:30
102	100	20	150	68	114:00
102	100	20	150	68	114:30
102	100	20	150	68	115:00
102	100	20	150	68	115:30
102	100	20	150	68	116:00
102	100	20	150	68	116:30
102	100	20	150	68	117:00
102	100	20	150	68	117:30
102	100	20	150	68	118:00
102	100	20	150	68	118:30
102	100	20	150	68	119:00
102	100	20	150	68	119:30
102	100	20	150	68	120:00
102	100	20	150	68	120:30
102	100	20	150	68	121:00
102	100	20	150	68	121:30
102	100	20	150	68	122:00
102	100	20	150	68	122:30
102	100	20	150	68	123:00
102	100	20	150		

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

KNOTTY ASH CAMP,
LIVERPOOL

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 4060219 Rank SAPPER Surname MC GRAY
(Given name in full)

HUGH ALEXANDER

Unit or Corps C.R.T.D. Birthplace DE WOLFE CORNER N.B. CAN

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs.

Height 5'10" ft. in.

Colour of Eyes Gray

Nutrition Good

Pulse 75

Condition of arteries None

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2' ft.

Left 2' ft.

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

dentist Pharynx
& thumb of R Hand

Opinion as to general health and physical condition.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

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

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

Had Bronchitis 3/21-18
No disability

EXAMINATIONS.

THIS SECTION FOR USE, OVERSEAS—

Examined at LIVERPOOL (Overseas)

Date 11-2-19

Signed [Signature] M.O.

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

Signature X. Hugh A. Mc Gray

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

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

Signature

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

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

[OVER]

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 Gray Christian name Hugh W

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).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25 day of February, 1917, by the undersigned medical board sitting at St. John, N.B.

5. Age as stated 34 Years 7 Months. 6. Apparent age 34 Years - Months

7. Height 5 Feet 6 Inches. 8. Weight 155 Pounds.

9. Chest measurement { Minimum 40 Ins. Maximum 42 Ins. 10. Complexion Sandy { Eyes Blue Hair Light

11. Physical development Good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm nil 14. When vaccinated last nil

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

16. Slight defects but not sufficient to cause rejection Obesity

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

B2

Signature of Man

J. D. MacFarlane President. W. MacFarlane Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28/2/18</u>	<u>Comman aff</u>	<u>M.O.</u>	<u>28/2/18</u>	<u>Comman aff</u>	<u>M.O.</u>
<u>1/4/18</u>	<u>Tuberculin aff</u>	<u>M.O.</u>	<u>8/4/18</u>	<u>Tuberculin aff</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>10/4/18</u>	<u>T.A.S.</u>	<u>M.O.</u>

Joined 26 day of February 1918 at St. John, N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>	<u>4060219</u>		<u>26/2/18</u>
Transferred to.....	<u>1st DEPOT BATTALION, N. B. REGIMENT.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Sussex N.B.</u>	<u>8/7/18</u>	<u>Obesity & Chronic bronchitis right lung of at.</u>	<u>B2 WA Readman</u>

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 certificate being noted on next page.

KNOTTY ASH CAMP, LIVERPOOL

Chronic Bronchitis Bone S. J. Downes

Hugh Alexander

Christian Name.

Surname McCray

[illegible]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MR CRAP. H. A.
 REGIMENT 4th C.R.T. RANK PTE. No. 4060219.

Date of Examination in England 30/1/19. Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

(a) Full Upper

(b) Part Upper 2 3 4. 8 9 10 12 13 14.

(c) Full Lower

(d) Part Lower 18 to 20 22 29 to 31.

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 No

(c) 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.

**KNOTTY ASH CAMP,
LIVERPOOL**

Signature of Dental Officer

W. Kennedy M.

Mr. C. R. J. LEE
McKAY H. A.
HOLLOID
30/1/14

RECEIVED
JAN 30 1914

5 24 8 10 13 14
18 20 22 24 26

1/10

LIVERPOOL
KNOTT ASH CAMP

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

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

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

x x x x



x x x x

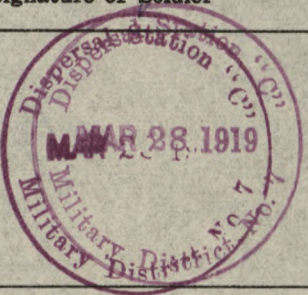
x x x x

x x x x

x x x x



CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. <u>4060219</u> (Rank) <u>Sapper</u>	
Name (in full) <u>Hugh Alexander Mc Gray</u> enlisted in	
the <u>1st New Brunswick Depot Batten</u>	
CANADIAN EXPEDITIONARY FORCE at <u>St John NB</u> on the <u>26th</u>	
day of <u>February</u> 19 <u>18</u>	
HE served in <u>4th Can Ry. Troops</u>	
and is now discharged from the service by reason of <u>Demobilization.</u> <u>Medical Unfitness.</u>	
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:	
Age <u>35 1/2 years</u>	Marks or Scars <u>Thumb right hand amputated</u>
Height <u>5'4 6 in</u>	<u>first joint</u>
Complexion <u>Sandy</u>	
Eyes <u>Blue</u>	
Hair <u>Light</u>	
<u>31 a Mc Gray</u> Signature of Soldier	<u>R. Mc Gray</u> Issuing Officer
Date of Discharge	DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7
	Rank
	Date <u>MAR 28 1919</u> 19 <u>19</u>

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.

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when only 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)

enlisted in

on the

19

day of

HE served in

Demobilization

and is now discharged from the service by reason of

Medical Unfitness

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

Mark or Scar

Height

Complexion

Eyes

Hair

CLASS

A

WAR SERVICE BADGE

NO. 232960

Issued

Date of Discharge



Date

It is the duty of this Certificate to be issued, and person named herein is required to forward it to the appropriate division in the Secretary, Ministry of National Defence, Ottawa, Canada.

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME:-

Mc. CRAY

Hugh
Alexander

EFFECTIVE
DATE:-

1.8.18

EFFECTIVE
DATE:-

NUMBER:-

4060219

AMOUNT:-

20⁰⁰

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Katherine Mc Cray (Wife)
6, Beach St.,
Calais Maine.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

L.P.C. Canada

1-8-18

SPR

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DR 109. BRT Depot

DATE ACCOUNT FIRST OPENED:-

1-8-18

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S'D

UNIT TRANSFERRED TO

BRT Depot

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
1/1	1643	20 Trade	3 75				
1/2	5126	24/1-	19 47				
			23 20				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS. CE. ALL CE.
L.P.C. Canada	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

Discharged & Canada 28/2/14. 2619-1 (unit) and to (unit) 28/2/14
Leads Bal 364 L.P.C. in Bal 12 51

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-7-18	Bal from Can								15 27		
Aug.	PP	34 10		cab				20	29 37		
		34 10						20			
Sept	PP	33		cab				20			
				1704 CRTD. 11/9. 1	19 47						
				2814 " 24/9 10	2 43				20 47		
		33			21 90			20			
Oct.	PP	34 10		cab				20	34 57		
				2760 " 14/10. 17	7 30				27 27		
		34 10			7 30			20			
Nov.	PP	33		cab				20	40 27		
				1487 " 15/11 5	7 46				32 81		
Dec	PP	34 10		cab				20	46 91		
				1587 " 1/12 44	13 06				33 85		
				1687 " 27/12 18 17	22 44				11 41		
Jan 19	PP	34 10		cab				20	25 51		
				K.407 SoR. Can. 72.	- 30				25 21		
Feb	PP	101 24		cab				60			
		20 80			43 26			20	36 01		
				1694 4 CRT 1/1 11	373				32 28		
				5146 CR 20 1/2 64	19 47				12 81		
				13069 1854 1/2 56	146				11 35		
				1737 K Park	1487				6 48		
				2404 " 17/3 116	973				325		
		30 80			39 26			20			

101 16.27

COMPILED BY
CHECKED BY

[illegible]

W. S. B. CLASS A No.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

CLASS A
WAR SERVICE BADGE
NO. 232960 Issued

B

1. No.	<u>4060219</u>	Category	<u>B2</u>
2. Rank.	<u>Sapper</u>		
3. Name.	<u>McCAY McCAY Hugh. Alex.</u>		
4. Unit.	<u>109 C.R.T.</u>		<u>D.D.</u>
5. Date of Discharge	<u>MAR 28 1919</u>	Place	<u>ST. JOHN N. B.</u>
6. Reason for Discharge	<u>Demob.</u>		
	<u>H.M.T. MINNEKAHDA</u>		
	<u>EMBARKED 19 MARCH 19</u>		
	<u>DISSEMBARKED 28 MARCH 19</u>		
	<u>4/12</u>		
	<u>Service in France</u>		
	<u>Next of Kin</u>		<u>wife</u>
7. Authority.	<u>R.O. (1420) (C)</u>		
8. Proposed Residence after Discharge.	<u>St John</u>		
	<u>Lawyer</u>		
Occupation			

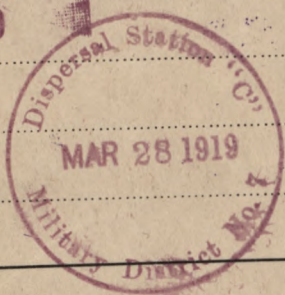
9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

39



H A McCray
Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

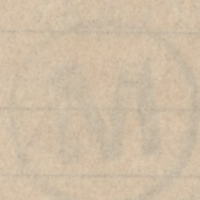


Signature

R. W. J. Capt. O. C.
DISPERSAL STATION ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT ST.
(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

(Registration)



14

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 of Medical Board (M.F.B. 227).
8. Discharge Certificate (M.F.W. 44).
(Enclosed in envelope M.F.W. 44)
9. Copy of Discharge Certificate (M.F.W. 44).
10. Dispersal Certificate (M.F.W. 133).
11. Equipment Statement O.M.C. Form (Form 2).
12. Last Pay Certificate (M.F.W. 44).
13. Pay Book (M.F.W. 44).
14. War Service Gratuity (Form M.F.W. 259).
15. Sundry Documents

Group A
 Checked by No. 25
18/3/19

M.D. No. 7

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

REGT. No.

4060219

RANK

Spr

NAME (IN FULL)

McCrae

(BLOCK LETTERS SURNAME FIRST)

AUDITO

PAYMASTER

TER 4

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					109th C. R. T.V.		
					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

[illegible]

Date of Enlistment *26 February 1918*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M-25569

1st August 1918

RATE OF SEPARATION ALLOWANCE

<i>2500</i>	<i>30</i>	<i>1-9-18</i>		
-------------	-----------	---------------	--	--

Effective 1st August 1918
34233

RATE OF ASSIGNMENT

<i>2000</i>			
-------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *4060219*
Rank *Pte* Promoted Reverted Discharge
Soldier's Name *Hugh. A. McCray*
Battalion *1st Depot Batt. H.B. Reg. Dft 109*
Beneficiary *Catherine McCray*
Relationship *Wife*
Address *Calais, Maine, U.S.A.*

PARTICULARS OF ASSIGNMENT

Name
Address
Change of Address
1
2
3
4
CATHERINE MC CRAY,
CALAIS,
MAINE, U.S.A. 20 25 45.00
% 4060219 PTE HUGH A. MC CRAY
FORTY FIVE DOLLARS

McCray B.List

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>Aug 1918</i>	<i>X 40552</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Sept</i>	<i>Z 50202</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Oct</i>	<i>Z 64979</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Nov</i>	<i>Z 79546</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Dec</i>	<i>Z 90430</i>	<i>45</i>	<i>20</i>	<i>65</i>	<i>✓</i>
<i>Jan</i>	<i>Z 110216</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓</i>
<i>Feb</i>	<i>Z 123531</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓</i>
<i>Mar</i>	<i>Z 135586</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓</i>

235
160
395
MDY
MDRO 74423
.....A/c Closed 31-3-19
Ret'd per Winni Bahda
Date 28-3-19 F.X. 2-4-19
Clerk B. Blackwell

AUTHORITY
FOR
NEW ACC'T.
M.D. 7 B. 2
Yote 24/8/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128.
400m. 17-1772-1141
L. L. 22220-M. & D. 7863.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at

1916.

No.

Rank.

Name.

Local Unit.

Overseas Unit.

Age

Examination held at.

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

General cond not good very fat
and flabby
Heart. Sounds not clear at apex
second deficient with slight
murmur.
Lungs. Show no fine coarse rales
in midchest.
He is able to march at least five miles.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

President.

APPROVED

Dated at.

1916.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Dated at

Name

Rank

No.

Overseas Unit

Local Unit

Examination held at

DISABILITY
Overseas Unit
(Section 10 only)

PRESENT CONDITION

BOARD RECOMMENDS

1. Fit for Duty
2. Fit for duty after weeks physical training
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

President

Members

APPROVED

1918

Dated at