ORIGINAL

ATTESTATION PAPER.

No. 322946.

54th DEPOT BATTERY

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Neil
1a. What are your Christian names?	Lawrence Henry
1b. What is your present address?	57 St. Pauls Avenue, Brantford Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Township of Mariposa, Victoria County Ontario, Canada.
3. What is the name of your next-of kin?	Charles Neil
4. What is the address of your next-of-kin?	(Lindsay, Ontario. Adelaid St)
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	August 9th, 1897
6. What is your Trade or Calling?	Mechanic
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lawrence Henry Neil, do solemnly declare that the above are answers made by me to the above questions and that they 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.

L. H. Neil (Signature of Recruit)

Date February 3rd 1916. Laura McBusker (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lawrence Henry Neil, 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.

L. H. Neil (Signature of Recruit)

Date February 3rd 1916. Laura McBusker (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 Brantford this 3rd day of February 1916.

Norman Andrews J.P. (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Neil, Lawrence Henry on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6½ ins.
Chest measurement. Girth when fully expanded	35½ ins.
Chest measurement. Range of expansion	32 ins.
Complexion	fair
Eyes	grey
Hair	fair

Religious denominations.

- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist — Baptist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

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 February 3rd 191 6

Place Brantford, Ont. Canada.

C. A. Chapin Capt.
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.

Lawrence Henry Neil 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.

W. J. Henderson (Signature of Officer)

Date Feby 3rd 191 6

Captain
O.C. 54th Depot Battery

REGIMENTAL DOCUMENTS

NAME NEIL Lawrence Henry REGT. NO. 322946 UNIT 5th C.D.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	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)					DESERTION
	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)				C1871	
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					1
2	Misc					48 — 21
1	C.A.H.Q. 65-009					16 — 21
4	Enq. M.B.					1 — 21
1	Cab card					
	B12					
1	Pay book					
1	Misc					

W 2589
100M-11-18
1372-33-1377

SURNAME. Neil

CHRISTIAN NAMES Lawrence Henry

REGL. No. 322946 RANK Gnr

UNIT ~~54th Bty~~ 12th " Bde Amm. Col.

FORMER CORPS Ail

CARD NO. "H" 3.

S.O.S. Demob. 25-8-19. res. 240 of FOLL. OSH

28-8-19. 30.10.

NEXT OF KIN.

NAMES IN FULL Neil Charles

RELATIONSHIP TO SOLDIER Father

ADDRESS Adelaide St. Lindsay, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Township of Mariposa Victoria Co. Ont. DATE Augt 9th " 1897

PLACE OF ATTESTATION Brantford. Ont DATE Feb 3rd " 1916

Transf. from 54th " Bty to 12th " Bde Amm. Col RIC 23-8-19

Auth 12th Bde N. Roll 6/4/16. 398 83 Rt

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

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Mechanic RELIGION Baptist

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 6 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Fair EYES Grey HAIR Fair

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Brantford Ont DATE Feb 3rd 1916

Present Address. 57 St. Pauls Ave. Brantford. Ont.

No 322946. RANK Pte. NAME Neil Lawrence Henry.

T. O. S. 14-2-16. (A. O. 154 of 14-2-16) UNIT 54th Battery, (12th Brigade, C.F.A.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Feb. 14.	1916. Feb. 29.	✓	Trnsf'd. to 64th Batt'y 5-4-16	S.C. 64 of 5-4-16.
Mar.		✓		
Apr.		✓	now shown on Ammn Col. (12th Bde.)	
May		✓	a-w-l.	D.O. 40 of 10-5-16
June		✓		
July		✓	Org. date of Enl. 3-2-16	July payliot
Aug.		✓		

N.C.
Fmd

Number 322946 Rank Gnr

Surname N.E.I.L.

Christian Name Laureace Henry

Units C.F.A. Theatre of War France

Date of Service 22-5-17

Remarks

Latest Address 32 Victoria Ave.
Lindsay Ont.

Roll No B. Page 6745.

Next of kin

Address on leave

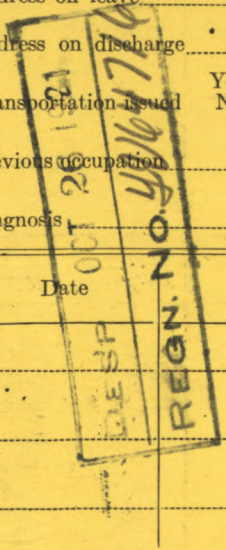
Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks



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

Form R. 149.

Lawrence Henry

Name NEIL Rank Dvr. Reg. No. 322946

Unit 5th D.A.C.

Next of Kin Canada

N/E

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6.6. 19	Can Spec Hosp	Witley	D.D.S.	6572		11154
	refer to 6572 14th ch'd to	do	42	6572		9323
9.7. 19	Disch'd	do	do	6572		4627

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

NAME Neil L. H REGT. No. 322946

RANK AND UNIT Div. 5th D.A.C.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C592 C595	Gen. Spec. Medley Disc	6/6/19 9-7-19	~~N.Y.D.Q.~~ 42 as per C584 42.

A.M.D.2 Dept. Branch of D.G.M.S. O.M.F.C., London.

Surname	Christian Name or Names	Reg. No.
NEIL.	L H	322946

Rank 1. Dvr. Unit 1. CA 5Dac
2. 2.
3. 3.
4. 4.

Cas. List.	Hospital and Diagnosis.	Date
14-6-19.C.572	C.S.Witley	6-6-19
	N.Y.D."O"	
28:6:19 C584.	Ref C572 report N.Y.D. is changed to	
	V.D.S.	
14-7-19 C.595.	Dis-	9.7.19

Cas. List.	Hospital and Diagnosis.	Date

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Chas Neil

Address Adelaide St
Lindsay Ont

Rate $15.00 SEP 1 1916

By Whom Assigned Neil L. H

Regtl. No. 322946

Rank Gr

Corps 12 am Col

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 3 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1172—39—819.

Sheet No. 2.

L. L. Job 4503. - Req. 6332.

Name of Soldier Neil L. H

Chas Neil 3232946 12 am Col

$1/15^{00}$

SEP 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		C17921	15	
Oct.		C.22588	15	
Nov.		A27714	15	
Dec.		V30960	15	
Jan.	1917	B40753	15	
Feb.		B46458	15	
March		S52439	15	15 E.
April		04425	15	15 Ch
May		01052[illegible]0	15	15 Bo
June		N17848	15	S.
July		024772	15	B.
Aug.		D31419	15	
Sept.		E 38626	15	D
Oct.		V43082	15	
Nov.		T51356	15	
Dec.		S60882	15	240
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

14-11- 1916.

No. 322946 Rank Dvr. Name Neil. L. H.

Local Unit 4th D.A.C. ~~Overseas Unit~~ Age 20

Examination held at Bramshott, Hants.

DISABILITY.

Varicose Veins.

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Slight condition on leftleg. Nothing higher up.

Board recommends:

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

Signatures:

C. E. Campbell Major C.A.M.C. Pres.

Members { G. A. Dickson Major
W. Thurgarton Capt.

Approved.

Bramshott 14-11- 1916. J. K. Stewart Maj

for A.D.M.S. C.A.M.C.
Canadian Troops, Bramshott.

C.A.D.C. 5009A

M Group

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) NEIL. L.H.

REGIMENT C.A.D.C. RANK Dvr. No. 322946.

Date of Examination in England 7-6-19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 13. 30
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

CAN. ARMY DENTAL CORPS M.D.3. ONT.

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer R C Crosby Capt

ORIGINAL

MEDICAL HISTORY SHEET.

322946

Surname Neil Christian Name Lawrence Henry

Examined on 3rd day of February 1916 at Brantford

Approved by C. D. Chafin

Rank Capt. M.O.

Birthplace City or Town Oakwood County Victoria, Ont. Canada

Apparent age 18

Trade or occupation spinner

Height 5 Feet 6½ Inches.

Weight 135 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number 1

When Vaccinated last 1908

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection slight hesitation in speech

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
Inoc.		M.O.
18/4/17	Fit.	Lt. Buchan M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1916. Mar 27		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916. Mar 15		M.O.
Mar 21		M.O.
Mar 28		M.O.
25/10/16		

Enlisted on 3rd day of February 1916 at Brantford

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	34th Battery	322946		3/2/16
Transferred to	Bipd a.c.			1/4/16
	12th Bde			
	4th D.A.C.			1/11/16
	R.O.S.			21-8-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Bramshott Camp, Hants.

Status.	Date.	Disease.	Result.
14 NOV. 1916 APPROVED.	14-11-16. F. L. Stewart Maj Toronto.	Varicose Veins.	fit. C.S. Cooper Col Inspecting
Wills Lt.	8/8/17	Had V.D.	MEDICAL BOARD, BRAMSHOTT. PRESIDENT.

N. B.—This sheet 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.

J. McG

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Reid Christian Name Laurence Sterling

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
PETAWAWA ONT. MAY 29 1916											
Milford Camp 27/9/16											
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		5	6	19	9	7	19	V.D.S.	35	Discharged as C.T. on Specific Treatment No Stoppage from 1-7-19 Held as out patient.	J Hoskins Capt RAMC

War Service Badge
Class A, No.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class A
No. 114146 Issued

THIS IS TO CERTIFY that No. 322446 (Rank) Driver
Name (in full) Laurence Henry Neil enlisted in
the 54th Battery C.F.A.
CANADIAN EXPEDITIONARY FORCE at Brantford on the 3rd
day of February 1916.
HE served in S.D.A. England & France.
and is now discharged from the service by reason of Demobilization. Medical Unfitness.

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

Age 20
Height 5 feet 6½ inches.
Complexion Fair
Eyes Grey
Hair Fair

L. H. Neil
Signature of Soldier.

Marks or Scars
nil.

P. E. Wyte for Captain
for O. C. Dispersal Area Station H
Issuing Officer.

Rank

Date 19

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. AUG 26 1919 NO. 3 DISTRICT DEPOT

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

R—122

TLH. Rank Gnr. Name NEIL, Lawrence Henry. Reg'l No. 322946.

Unit 16th 12th C.F.A. Bde. Ammn. If in perm. Corps, What Unit? Col. Married or Single Single.

Place and Date of Enlistment Brantford, Febry.3rd.1916. Place of Birth Township of Mariposa Victoria County, Ont. Canada

Name and Address, Next-of-Kin Charles Neil, Adelaid Street, Lindsay, Ont. Canada. Relationship Father,

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		ARRIVED IN ENGLAND S.S. CAMERONIA 22.9.16			
9-11-16.	16 Bde CFA	O.C. S.O.S. on trsf to 4th D.A.C.	Milford Camp	1/11/16	Part 2 D.O. No 154.
2 11 16	4th DAC	TAKEN on STR. WITLEY. 1 11 16. Pt2DO 148			A.F. 168 CHECKED 27 AUG 1917 913
		4.D.A.C. Will be Designated. 5 D.A.C. auth- A.G. 21-2-24. D. 29-8-17.			
21.8.17	5th DAC	Proceeded To	Witley	21.8.17	1st T 233
16-5-19	"	To Eng.	" Field	11-5-19	— 40
23-5-19	9 Wing CCC	T.O.S. Pending R.T.C	" Witley	12-5-19	— 19
4-6-19	C.S.H	In. to Canada	"	6-6-19	— B5-72
14-6-19	9 Wing CCC	S.O.S. to C.A.R.D.	" "	4-6-19	— 28
18-6-19	C.A.R.D.	C.S.H. Witley	" "	—	— 168

372946 Neil S H

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.				

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 54th. Battery, C.F.A.

Regimental No. 322946 Rank Gunner Name Neil, Lawrence Henry
C. E. F.

Enlisted (a) 3/2/16 Terms of Service (a) war & 6 Mos. Service reckons from (a) 3/2/16

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

W. S. B. CLASS A

Extended Re-engaged Qualification (b) Mechanic

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
1/4/16	C.O.12th Bde.C.F.A.	Transferred to 12th.B.A.C.	Toronto	1/4/16	D.O. Part 2 #1 Wellesley Lieut for Captain O.C. 54th Battery, C.F.A., C.E.F.
		Embarked Canada	Halifax	13/9/16	
		Disembarked England	Liverpool	22/9/16	
1/11/16	6 Bde	Transferred to 4th D.A.C.	Milford	1/11/16	D.O. Part 2 #54 A.B. Evans Captain O.C. 12th Brigade Ammunition Column C.E.F.
~~12-11-16~~	4th D.A.C.	TAKEN ON STRENGTH	WITLEY	1-11-16	Part II - No. 144 A.S. Macdonald Lieut CAPT O/C 4TH SECTION 4TH D.A.C.
Apl. 6/17	Authy A.G. 21-2-24 29/3/17	Nomenclature changed to 5th C.D.A.C.	Witley	Apl. 6/17	D.C. Pt. II. No 96 Apl. 6/17

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Embark S.S. BELGIC

Liverpool 16.8.19

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				
AUG 21 1917	C. O. 5th. C.D.A.C. C.F.A.	Proceeded Overseas On Service	Witley Camp	AUG 21 1917	Pt. D.O. # 233 (Sgd) Wm Lovesay Lieut. & Adjt. 5th. C.D.A.C. C.F.A.
28.8.17	Lk	Landed in France	Havre	22.8.17	AR 8846-8855
19/10/18	OC 8th Coac	Granted 14 days leave to	U.K.	3/10/18	B213 Pt No. 69 dy 4/11/18
2/11/18	do	Returned from leave	Field	4/10/18	B213

PROCEEDED TO ENGLAND 11 MAR. 1919

S. G. Cuson Capt.

for Lt.-Col., A. A. G.

Canadian Section, G. H. Q. 3rd Echelon B. E. F.

S.O.S. "J" Wing, Canadian Corps Camp, Witley

on proceeding to Canada 1919, P.O. No.

S. O. S. ON PROCEEDING TO CANADA

FOR OFFICER COMMANDING

Pt 4 No. 129 16/8/19

16.8.19 T. O. S. 2010 Discharged 16.8.19 Kingston Ont. Pt. 2 Order 240.

O. C. Dispersal Area Station

(23)

CANADIAN GENERAL LABORATORY.

CANADIAN SPECIAL HOSPITAL,
Witley, Surrey.

Particulars of case for which Wassermann Test is required.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the Tests will not be carried out.

Name Neil L. H. Reg. No 322946 Rank Pte.

Unit M. Wing Date of first sore June 19 if S. Pallidym found Secondaries if any Other Symptons

Treatment if any Seven shots Arsenical Mercury

Previous Wassermann Date June 19 Result Pos. + +

Statice and date July 30 17

Result of Wassermann (Original) Quarterly System.

Date Serial No Resylu

WASSERMANN NEGATIVE

Witley, Surrey. Lt.Col.
Officer Commanding,
Canadian General Laboratory.

1919.

Canadian General Laboratory
-1 AUG 1919
WITLEY

PH 634

Hut 24 G. Group

23

Canadian Special Hospital,
Witley Camp, Surrey.

Date. 4...8...18.....

To:- B.B. Muing
Witley.....

322946 DVR
NEIL L.H.
6 F.A.

The marginally named soldier has received sufficient intensive treatment for syphilis at the present time. He has no infectious lesions and may be discharged to Canada forthwith.

He should report for further observation to the nearest special Hospital or clinic about .....

CAN. SPC. HOSP.
WITLEY.

Major, C.A.M.C.
Officer i/c Syphilis Clinic....

P. 559.
MARRIED OR SINGLE: S.
PLACE OF BIRTH: Victoria County Can Ont.
NAME AND ADDRESS OF NEXT OF KIN: Chas Neil. Adelaide St Lindsay Ont Can.
RELATIONSHIP OF NEXT OF KIN: Father
NAME AND ADDRESS OF NEXT OF KIN:
RELATIONSHIP OF NEXT OF KIN:
SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c

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

REG'L. NO. 322946 RANK Gunner NAME Neil. Lawrence. H.
IF IN PERMT. CORPS WHAT UNIT | UNIT 16th Bde A.C. TRANSFERRED TO 5th A.A.C. DATE Nov 1st AUTHORITY P.C. 154 A.H.Q. 1296-6-447
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION Barriefield Can. TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION Feb. 3rd 1916. TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY $ 15. DATE EFFECTIVE SEP 1 - 1916
PAYABLE TO Mr Charles Neil. Adelaide St Lindsay Ont Can. RELATIONSHIP Father
ASSIGNED PAY MONTHLY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Sept	30	1.00	30	00	30	.10	3	00							33	00	5	29/9/16							14	60			15	00		29	60	3	40				
Oct	31	1.00	31	00	31	.10	3	10							34	10	60	17/10/16	78	31/10/16					4	87	7	30	15	00		27	17	10	33				
Nov.	30	1.00	30	00	30	.10	3	00							33	00	118	15/11/16	157	30/11/16					2	44	9	73	15	00		27	17	16	16		15	00	1	16
Dec.	31	1.00	31	00	31	.10	3	10							34	10			199	22/12/16							17	03	15	00		32	03	18	23		15	00	3	23
1917 Jan.	31	1.00	31	00	31	.10	3	10							34	10	239	15/1/17	285	31/1/17					9	73	9	74	15	00		34	47	17	86		15	00	2	86
Feb	28	1.00	15 30	30	80										30	80	331	15/2/17	382	28/2/17					7	30	7	30	15	00		29	60	19	06					
Mch	31	1.00	34	10											34	10	464	25/3/17	431	15/3/17					9	73	9	73	15	·		34	46	18	70					
Apl	30	1.00	33	00											33	00													15	·		15	·	36	70					
May	31	"	34	10											34	10	83	25/4/17							9	73													
																	34	9/4/17							7	30			15	·	1 10	33	13	34	67				P.20141 Farling to pallet 1 days to P2 1.00 28/5/17.
June	30	"	33	·											33	·	119	15/5/17							9	73			15	·		24	73	45	94				
July	31	"	34	10											34	10													15	·		15	·	65	04				
Aug	31	"	34	10											34	10	242	31/6/17							7	30													
																	204	15/6/17							17	03			15	·		39	33	59	81			
			401	50											401	50									99	96	60	83	180	·	1 10	341	69	59	81			

322946. Gr. Neil. L. H.

$15.00

DATE 1914	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	Assigned Pay Credits	Other Credits	Total Credits	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	Assigned Pay	Other Charges	Total Debits	BALANCE Credit	BALANCE Debit	Pay Withheld or Deferred	Pay Available for Issue	REMARKS
Fwd.			401	50											401.50	278	14/11/17	384	1/11/17					99.96	60 83			180 ·	1.10	341.69	59.81				
Sept.	30	1/9	33	·											33 ·	309	30/11/17	346	13/11/17					9.74	2.68										
																								9.74	9.73			15 ·		46.89	45.92			
			434	50											434.50									119.24	93.24			195 ·	1.10	388.58	45.92			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLOE. END
1917 Oct		~~45 92~~							45 92	Nil.	
"	P+A 1-31	34 10		A P. Oct.			15				
				#1124. 14/9/17 50 Bal	2.68						
				AR 444. 5 Bal 28/9/17	3.54				58 77	"	
		34 10			6 25		15				
Nov.	Gr pay	33 ·		A. P.			15				
Dec	" "	34 10		AR. 515 " 15/10/17	3.54						
				" 564 " 26/10/17	4.46						
				A. P.			15				
				AR 924 " 9/11/17	12.49				45.35	"	
					20 52						
1918		67 10			20 52		30				
Jan	" "	34 10		A. P.			15				
				AR 671 " 23/11/17	4 46						
				" 762 " 1/12/17	4 46						
				" 1686 " 24/1/18	3 57				81 96		
		34 10			12 49		15				
Feb	" "	30 80		A.P.			15				
				AR 811 " 10-1-18	3 57						
				" 1891 3 Rj Inoc 25-1-18	4 46				89 73		
					8 03						
		30 80			8 03		15				
Mch	" "	34 10		A Pay 3 Cam			15				
				AR 1052 Hey 2 14/2/18	3 57						
				" 156 5 Dec 23/2	4 46						
				1018 " 14/3	3 57						
				1096 " 21/3	4 46				92 77		
					16 06						
		34 10					15				

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/16		EFFECTIVE DATE:-	
AMOUNT:- 150 ~~00~~		AMOUNT:-	

NAME:- Neil Lawrence. H.

NUMBER:- 322946

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.

Mr Chas Neil
Adelaide St
Lindsay Ont
Father Canada

SEP 1-6-19

L.P.C. 21-11
Ledyard 30.84

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 16th Bde

DATE ACCOUNT FIRST OPENED:- 1-9-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
P.O. 96	6/4/17		5 Dac.

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
~~15/3~~	~~488~~		~~73 00~~				
~~28/7~~	~~988~~		~~9 73~~				

Dis to Canada 3/8/19 WR 12399 Witley 6/8/19 to Witley M.D. 3. Wing M.

Dis cancelled C.R.M. Witley 17/6/19

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE ~~Dis to Can 3/8/19 WR 12399 Witley 6/8/19 to Witley M.D. 3 Wing M~~ Dis Cancelled C.R.M. Witley 17/6/19 Dr 3 Bde 103

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fwd								92 47		
Apr	Jr. Pay	33		C.Pay				15 -			
				CR 175 Dac 3/4	3 57						
				" 541 " 17/4	4 46				102 74		
		33			8 03			15			
May	Jr Pay	34 10		C.Pay				15			
				CR 191 " 2/5	3 57						
				" 260 " 15/5	4 46				113 81		
		34 10			8 03			15			
June	J. Pay	33		C.Pay				15			
				CR 350 " 4/6/18	3 57						
				" 401 " 17/6	3 57				124 67		
		33			7 14			15			
July	J.P	34 10		CR				15	143 77		
				CR 453 " 3/7	4 46						
				" 514 " 19/7	4 46				134 85		
		34 10			8 92			15			
Aug	J.P	34 10		CR				15			
				612 " 7-8-18	3 57						
				695 " 20-8-18	3 57				146 81		
		34 10			7 14			15			
Sep	C.P	33		C.Pay				15			
				786 " 3/9	3 57						
				846 " 20/9	3 57				157 67		Agreed
		33			7 14			15			
Oct		34 10		CR				15	136 77		
				959 4/10 5 Dac	3 73						
				1023 11/10 "	9 33				163 71		
	Forward	34 10			13 06			15			

COMPILED A.W. Fletcher

CHECKED BY

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								15 7 67		
Oct		34 10			13 06			15	~~1 10~~		
				1512 11/10 Dac	9 7 33						
				~~AP~~ 53789 26/10	38 93				~~1 20~~ 35		
		34 10			149 32			15	~~4 30~~ 3 7 45		
Nov	Govt Pay	33		AP				15			
				BOP 1/11 "	3 78				8 3 65		
Dec	"	68 20		AP				30	79 92		
		101 70			3 73			45			
Feb		30 80		AP				15			
March		32 10		1485 21/12 14-67a	19 47						
				1169 9/1 1 Dac	3 77						
				3047 3/1 Brussels	27 99						
				1927 2/2 5 Dac	3 73						
				2022 7/2 "	3 73						
				AP				15			
				2127 3/3 "	3 65						
				2238 16/3 "	3 65				48 83		
		64 90			6599			30	67 10		
April	Govt Pay	33		AP				15	115 93		
				AR 32 4/4	3 49				146 96		
				AR 180 22/4	3 49						
				AR 413 25/4	6 98						
May	"	34 10		CAP	13 96			15	71 97		
				AR 4828 15/5	73 00				103		
		67 10			86 96			30	14 60		
June		33		AR 8585 Mitley Enfield 31/6	9 73				45 63		
				AR 2735 19/6	4 87						
July		34 10		CAP	14 60			15			
				CAP				15	21 47		
		67 10			14 60			30			
				In Wing 7018 14/8/19	9 73				11 74		
	Govt Pay	34 10			9 73			15			
				AP							
				AR 8384 26.7.19 CAPT.	9 73						
				10103 M. Wing 12/8 Enfd.	9 73				11 38		
		34 10			1946			15			

67 10
63
147

73 00
71 97
1 03

20 J. 11.8.19. Ch. 102

War Service Badge
Class ..., No. 174146

Occupation Group 13
Dispersal Area G

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 32946
2. Rank. Gnr
3. Name. Neil L. H.
4. Unit. 5 C. D. A. C
5. Date of Discharge AUG 26 1919 Place Kingston Ont.
6. Reason for Discharge DEMOBILISATION H
7. Authority. AO 1894
8. Proposed Residence after Discharge
32 Victoria Ave
Lindsay, ont

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.? B 39

L. H. Neil
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date SEP. 22 1919

Place Kingston Ont.

DISPERSAL AREA STATION H. KINGSTON ONT. AUG 26 1919 NO. 5 DISTRICT DEPOT

Date

Emb. S.S. Belgic 16-8-19

P. D. Lyle for Captain
for O. C. Dispersal Area Station H
Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	

CERTIFICATE TO BE SIGNED BY SOLDIER.

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

No. P. .....

.....

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date .....

Signature .....

(O. C. Discharging Unit.)

Medical Documents
Forwarded (if)
S-C-15- or 15 P. C.
on
Date ..... 192..

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate
or Particulars of Record
Field Conduct Sheet
Casualty Form
Last Pay Certificate
Certificate that missing documents are unobtainable
Medical History Sheet
Proceedings of Medical Board
Dental History Sheet
Medical Report
Regimental Conduct Sheet
Company Conduct Sheet

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 re Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (2603)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

4

Group B

Checked by No. 44

A.C.M.

Date 15-8-19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION CAN. SPEC. HOSP DATE 4/7/19

1. 1 (a) Unit 51ST BATTY. CFA (b) Regimental No. 322946 (c) Rank DVR

(d) Surname NEIL (e) Christian name LAWRENCE HENRY

(f) Home address 32 VICTORIA AVE LINDSAY ONT.

(g) Next of Kin CHARLES NEIL (h) Relationship FATHER

(i) Address of Next of Kin 32 VICTORIA AVE, LINDSAY, ONT.

2. Age last birthday 21 Date of birth 9TH AUG 1896

3. Enlistment, or Appointment (if an Officer) (a) Place BRANTFORD ONT (b) Date 3RD FEB 1916

4. Personal description:

(a) Height 5 FT 7 IN. (b) Weight 149 LBS (stripped) (c) Complexion FAIR

(d) Colour of hair FAIR (e) Colour of eyes GREY (f) Identification marks, Scars, etc.

5. Former trade or occupation MACHINIST

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

	Periods	
	From	To
Canada (Patient Statement)	Feb. 3/16.	Sept 12/16.
England	Sept 21/16	Aug /17
France or other theatres of War	Aug 1917	May 4/19.

7. Original disease, or injury SYPHILIS

(a) Date of origin JUN. 1/19. (b) Place of origin BELGIUM.

(c) Cause INFECTION. SP Pallidum.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Therapeutic Reasons.

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.)

No open Lesions.

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

Nervous System nil Cardio-Vascular System nil (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System nil (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System nil Integumentary System nil

Disturbances of Mentality nil Digestive System nil Muscular System nil

Osseous and Joint Systems nil Any other general condition nil

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

ulcer of Scrotum - indurated - marked inguinal adenitis Dark field neg. Wassaman pos ++.
Healed - 4/7/19.

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*).)

Nil.

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

Nil.

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.)

N.A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? He must be followed by observation

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

Has had 3 injections of 914 and Hg. I treat that.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

yes - until completion of course.

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

17. Recommendations that his course be completed and following that observation with necessary treatment for 2-3 years.

H. Nicholas 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 L. H. Neil 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

L. H. Neil Rank.
Signature of invalid examined.

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.

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.....

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.....

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.....

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

.....

(*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.)

.....

.....

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.

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....

.....

.....

.....*President*

PLACE..... .....
} Members
DATE..... .....

APPROVED BY APPROVED BY

....

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 322946 RANK Dvr. NAME (IN FULL) Neil Laurence H.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Laurence H Neil		
Bank of Montreal		
9 Shillings 1/- 11.10.19.	Brantford Ont.	

ORIGINAL UNIT C.E.F. 54th Bty CFA. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3-2-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-9-19

PAYABLE TO Mrs. Charles Neil — RELATIONSHIP

ADDRESS Adelaide St. Lindsay Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Kingston — DATE 26-8-19 — REASON Demob — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	31-8-19						21	11	21	11																								21	11	331 Returned Belgic
		1.10			35												973		87		106	51								126	11					Bal. per Eng L. P. C.,
					70			105	00							9		9																	Clothing Allce. and 1st Payment W. S. G.
																										5	50		5	50	5	50			Pay to Estimate date of discharge.
																																			Advances in England.
																																			Boat Money, Transp.
																																			Overpaid 5 days on discharge.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch N

OVERSEAS CONTINGENTS

~~297~~ 475

Date of Assignment Sept 1-16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

11 6 n 2
11 0 f n 2

PARTICULARS OF SEPARATION ALLOWANCE

No. 322946

Rank Gr Promoted Reverted Discharge

Soldier's Name L. R. Neil

Battalion 12 am Col.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Chas Neil

Address Adelaide St. Lindsay Ont

Change of Address

1

2

3

4

Date 1914		Cheque No.	Amount S/A	Amount A/P	Total		
Dec 31		—		240	240		
Jan 18	I	63404		15	15		✓
Feb	R	25144		15	15		✓
Mch	N	95259		15	15		✓
apl	O	10092		10	10		✓
may	R	20611		15	15		
June	N	24779		15	15		
July	H	34236		10	10		
aug	R	36052		15	15		
Sept	H	46006		10	10		
Oct	Y	46851		15	15		✓
Nov	U	60445		15	15		✓
Dec	X	69816		15	15		✓
Jan-19	U	75480		15	15		✓
Feb	W	79366		10	10		
Mar	M	88643		15	15		
April	R	902		10	10		
May	I	6745		10	10		
June	J	9699		10	10		
July	B	12245		15	15		
Aug	D	13194		15	15		
				540	540		

REMARKS 13477-L-6

A/c Closed 31/8/19

Ret'd per Belgia

Date 23/8/19 M.F.W. 187 17/9/19

Clerk Lavi

MD 3 WO 11963-V

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-33-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M—6-17—1772-39-1141
L. L. 22520—M. & D. 7493.

Original

[illegible] WING, C.M.H.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

G

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley Camp DATE 8th August 1919

1. 1 (a) Unit 6 T F (b) Regimental No 322946 (c) Rank Driver

(d) Surname (Neil) NEIL (e) Christian name Lawrance Henry

(f) Home address 32 Victoria Ave Lindsay Ont

(g) Next of Kin Charles Neil (h) Relationship Father

(i) Address of Next of Kin 32 Victoria Ave Lindsay Ont

2. Age last birthday 21 Date of birth 9th August 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Brantford Ont (b) Date 3. 2. 16.

4. Personal description:

(a) Height 5 — 6 1/2 (b) Weight 140 lbs (stripped) (c) Complexion medium

(d) Colour of hair Brd (e) Colour of eyes Blue (f) Identification marks, Scars, etc. one wart on left arm

5. Former trade or occupation Tinsmith

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
	3	186

	Periods	
	From	To
Canada	3. 2. 16	13. 9. 16
England	13. 9. 16 11. 5. 17	21. 8. 17 8. 8. 19.
France or other theatres of War	21. 8. 17	11. 5. 17.

7. Original disease, or injury Syphilis

(a) Date of origin April 1917 (b) Place of origin Belgium

(c) Cause Inspection

M. F. B. 227.

[illegible]

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.)

None apparent (History of syphilis)

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.)

No signs of active syphilis

Wassermann test negative 1-8-19

Report of Camp Surgeon Capt Willey, M.C. Hendy

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

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

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

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

Developed soon after entering in April 1918 received treatment immediately

W.D.S. recorded on Mtl. S.

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*).)

Nil.

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

See sec 4-7.

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.)

N/a.

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

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

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

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

A & Htg C.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Suggested that he be dealt with medically in Canada in accordance with R.C.D. 47 20-1-19.

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

17. Recommendations

J. E. Pitcher Capt AMC
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 Lawrence Henry Neil 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

L. H. Neil Rank.
Signature of invalid examined.

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 we concur

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

b/c declined in accordance with AO 47 of 20/11/19

(*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.)

R.T.C. auth A.G. 9083 of 11/11/18

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

President.

PLACE Whitley

DATE 8/8/19

} 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.

President.

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 8-8-19

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
9 AUG 1919
WITLEY SECTION.