

Original

ATTESTATION PAPER.

No. 2192022

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Reid
- 1a. What are your Christian names?..... Neil McNeillage
- 1b. What is your present address?..... Maryfield P.O., Sask.
2. In what Town, Township or Parish, and in what Country were you born?..... Irvine P.O. Ayrshire, Scotland
3. What is the name of your next-of kin?..... Robert Reid
4. What is the address of your next-of-kin?..... cor. 72nd St. & Stony Isl. Ave. Chicago, Ill. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Brother
5. What is the date of your birth?..... 1st September, 1875
6. What is your Trade or Calling?..... Bridge-builder
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?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Neil McNeillage Reid, 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.

Neil McNeillage Reid (Signature of Recruit)

Date 30th June 191 7 H. M. M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Neil McNeillage Reid, 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.

Neil McNeillage Reid (Signature of Recruit)

Date 30th June 191 7 H. M. M. (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 Melville this 30th day of June 191 7
[Signature] (Signature of Justice)

Description of ~~Neil McNeillage Reid~~ on Enlistment.

Apparent Age.....39.....yearsmonths.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 6 ins.

Chest measure- ment.	{	Girth when fully ex- panded.....	37	ins.
		Range of expansion....	4	ins.

Complexion Fair

Eyes Blue

Hair Brown

V R 20/20 L 20/20

H Normal

Religious denominations.

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

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* Yes for the Canadian Over-Seas Expeditionary Force.

Date.....June 30th.....1917.

Place.....Melville. Seek.

[Signature]
 J. W. [Signature] 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:—

Malville Medical Board

P. P. Crowley M.D.
E. R. Foxworth M.D.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Neil McNeillage Reid.....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.

..... (Signature of Officer)

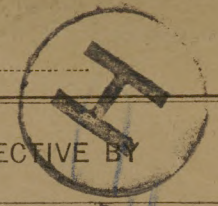
Date.....June 30th.....1917.

REGIMENTAL DOCUMENTS

3599
NAME *REID NEIL*

REGT. NO. *2192522* UNIT *CRI*

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

43 - 23
14 - 23
1 - 23



06778



18-1-57
Delayed

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

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

1 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)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

Misc -

60005009

R 40-6045

Med Cas Reports

Sanitary

89 R 120

Wm. H.
Number *2192522* Rank *Apr*

Surname *REID*

Christian Name *Neil McNeillage*

Units *Gen. Reg. Tps. Theatre of War* *France*

Date of Service *31-10-17*

Remarks *Shrewsbury*

Latest address *Regina, Sask.*

24/1/40

Roll No.

Page 9386

13

V

Next of kin.....

Address on leave.....

Address on discharge.....

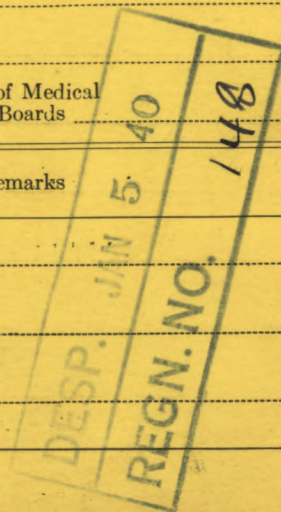
Transportation issued Yes Character on
 No Date discharge.....

Previous occupation..... Date and place of
 enlistment.....

Diagnosis..... Date of Medical
 Boards.....

Date	Remarks

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



SURNAME.

Reid

CARD NO.

0312

CHRISTIAN NAMES

Neil Mc. Neilage

SOS DEMOT 4/4/19.

FOLL.

No 95 of 5/4/19

REGL. NO.

2192 522

RANK

Pte.

UNIT

Rly. Troops Coy. (14th R.D.)

FORMER CORPS

Nil.

J D 12

NEXT OF KIN.

NAMES IN FULL

Reid Robert

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

Cor. 72nd St. & Stony Isl. Ave.
Chicago Ill. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Scotland Irvine Ayr.

DATE

Sept. 1st 1878

PLACE OF ATTESTATION

Melville Sask.

DATE

June 30th 1917O/S. 59.14 ⁹²⁶/₃M/B 30-3-19 ²⁴³/₅₈ 0 m d 12 Apr

~~Sailed from Halifax~~ ^{per} ~~S. S. Megantic~~ ~~5/9/17~~

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Bridge-builder

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

39 YEARS

MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Melville Sask.

DATE

June 30th 1914

Present Address

Maryfield P.Q.
Sask.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No. 2192522

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A231-2	#55-Cas. Cg. Stat	27-5-18	Myalgia
A237-1	P. Gen. Houser	4-6-18	" "
A238	15 Can. Gen. Taplow	10-6-18	" "
A246-1	Can. R.C. Spec. Buxton	9-6-18	" "
B288	" " " Disch.	9-8-18	" "

No. 2192522 RANK *Pte.*NAME *Reid, Neil Mc N*

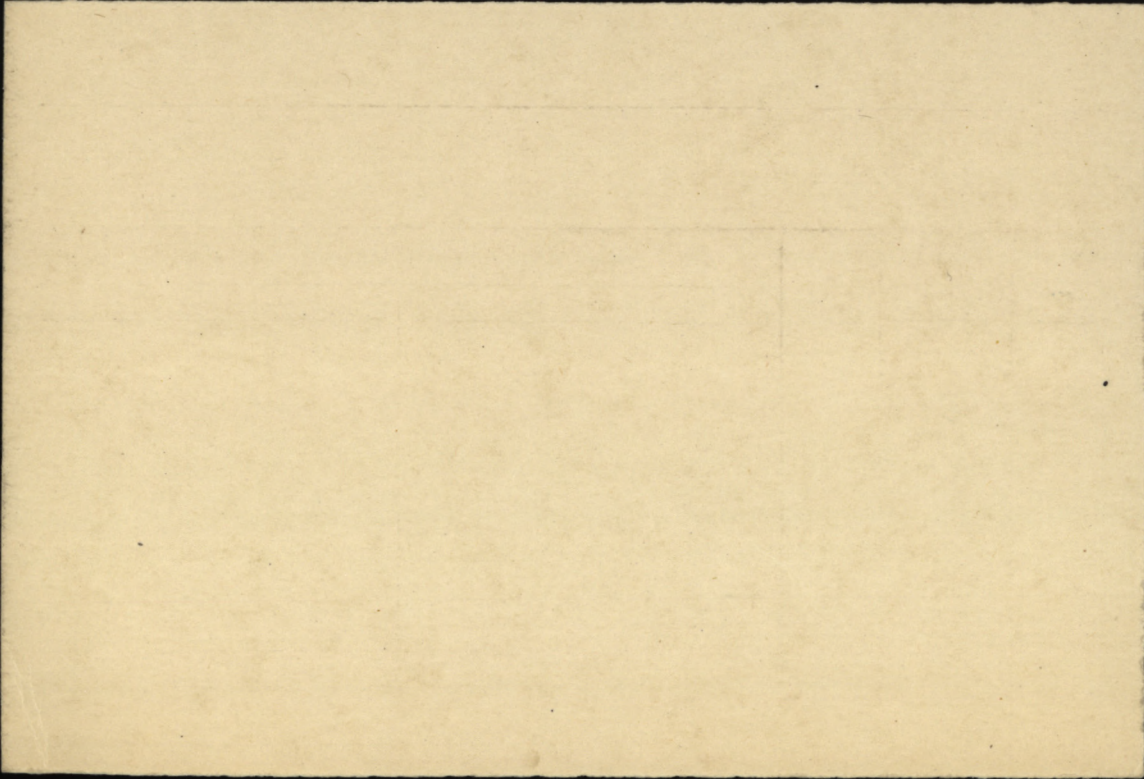
T. O. S. 30-6-17.

UNIT

*17th Reinforcement Draft, Landly Troops,**(00.51-)*

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>June 30</i>	<i>1917</i> <i>June 30</i>	<i>No.</i>	<i>g W L. 5-7-17.</i> <i>Returned 10-7-17.</i>	<i>#</i> <i>0056 of 5-7-17.</i> <i>0061 of 10-7-17.</i>
<i>July</i>		<i>n.</i>		
<i>Aug</i>		<i>n.</i>		



Reg. No. 2192522	Rank. Spr	Surname Reid	Christian Names (1) Neil	Category. 132	Dentally Unfit.
		(2) McNeilage	(3)	Date	
Place of Enlistment: Scotch	Date of 30/6/17	Taken on from 4th BRT	Religion Pres.	Inoculations 10/7/17 26/7/17 9/8/17 4/8/17	Company 24/6/18
Province: Melville Sask.	Age on 40	Date 10-6-18		Vaccination 26/7/17	
On Command 1st C.O.D. Benson	Hospital			Permanent Cadre Date taken on	Employed as
Date Proceeding 9-10-18	Date Admitted				
Record of Overseas Service: 2-11-17 to 8-6-18 7 mos				Profession or Trade (Civil) Bridge Builder	
Reason Return: Myalgia				Transferred or Posted to Date	
Married or Single	LEAVE. Will make				
Address of Next of Kin Brother Robert Reid 7207 Blackstone Ave Chicago Ill. U.S.A.	No. of Pass Issued SF	FROM 9-8-18	To 19-8-18	Free Transportation	
Country					

Part 2 Order Entries.

[illegible]

Neil McNeilage

Name

REID

Rank

Sps.

Reg. No.

2192522

Unit

4th C.R.T.

Next of Kin

Robert Reid, Capt. 71st St + Stony Isl. Ave
Essex Co. N.Y. U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-5-55	Dep. Camp	Blk. St.		0231		31003
4-6	9 (U.S.A) 8 Dep. Return		-do-	0237		1829-4
10-6	156-9. Dep. Japan		-do-	13238		19688
19-6	Dep. Camp 7. Custer		-do-	13246		9939
9-8	Discharged		-do-	0288		7216
9-8	Unprocessed on 19-8-55 to					
	3 C.C.O. leafed					

[illegible]

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS
BLANK.

Place: *3rd C.E.D. Seaford.*

Regt. No. *2192522* Bank *Sp* Name *Reid N*

Unit *C.P.J.* Age *45* (Adm. *21.8.18.*)

Date of ()
Division *B* Hut *7* (Disch.)

DISABILITY. *Myalgia*

Date. *27.5.18.*

CLASS. *Trunk*

Hours of
Attendance,
a.m.

MACHINES. *15*

p.m. *B11*

REMARKS. *Pain in Thighs
and legs
wrap under left
leg. Well developed and
nourished
Heart action normal*

R.T.G.1:

P.T.O.

LEAVE THIS
BLANK.

PROGRESS, Notes.

2-5-18 Improving Co

15-5-18 Transfer Bth

DISPOSITION.

J. Macaulay Capt.
Officer i/c Gymnasium.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

REID.

RANK

UNIT

N.M.

Co.

TROOP

BATTY

2192522.

Spr.

C.R.T. 4.

HOSPITAL

DATE OF ADMISSION

55. C.C.S.

27-5-18.

1. *Q. Gen. Rowen.*

Hos. 4.6.18.

2. *15. G. Y. Yablou.*

HOSP. 10.6.18.

3. *G. R. G. S. Buxton.*

HOSP. 19.6.18.

4.

HOSP.

DIAGNOSIS

Myalgia

1.

2.

3.

DISPOSITION

Dis 9-8-18

DATE

C.L. 4-6-18. A231/2.

REMARKS

*11.6.18. A234.**12.6.18. B238.**21.6.18. B246.**10-8-18. B288.*

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

FORM OF WILL.

I, Neil McNeilage Reid (Name in full)

Regimental Number 2192522 serving in #17 Rein. Draft Can. Railway Troops

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Robert Reid
cor. 72nd St. & Stony Isl.
Ave.
Chicago, Ill.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Robert Reid
as aforesaid

Name and Address
of person or
persons to receive
personal estate*
(See note).

IMPORTANT NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 30th day of June A. D. 1917

Neil Mc N. Reid Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness H. H. H.

Address of Witness Melville, Sask.

Occupation of Witness Barrister

Signature of Second Witness Frank Barber

Address of Witness Melville, Sask.

Occupation of Witness Soldier

THE TWO
WITNESSES
MUST
SIGN HERE

*Ret'd from MCD 12.
Home Roll No 17.*

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that

_____ is the lawful and sole owner of the _____

_____ and that the same is not subject to any lien or encumbrance

_____ and that the same is not subject to any claim of any person

_____ and that the same is not subject to any claim of any person

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_____ and that the same is not subject to any claim of any person

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins. #17 Rein. Draft Canadian
Railway Troops
- (2) Regimental Number 2192522
- (3) Full Name of Soldier Reid, Neil McNeillage
- (4) Place of Birth Irvine P.O. Ayrshire, Scotland
- (5) Are you married, or not? No
- (6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....
- (7) Are you a widower? No
- (8) Have you any children? No

If so, give number of boys and girls.....

Also their names and ages.....
.....
.....
.....
.....

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

If so, state name and address

(10) Is your Mother alive?.....No.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....Brother..... Robert Reid.....

.....cor. 72nd St. and Stony Island Ave.....

.....Chicago, Ill. U.S.A.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

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

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

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

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

Date.....June 30, 1917.....


.....
Officer Commanding.

Regtl. No. Rank and Name 31 335th Willager L. Corps N. S. Regt. Depot
Disease galgia General Hospital C. R. Y. S.
To Officer i/c Laboratory. Ward A. 28

Please carry out an examination of the accompanying specimen of urine
with special regard to Routine

Date 35-6-18

O. i/c

Ward

LABORATORY REPORT.

S. G. 1.021

Sugar nil

Alb- nil

Reaction acid

Date of Examination
W. 3212. 50M-4-4-18.

W. C. Chuman
O. i/c Laboratory.

LABORATORY REPORT

O. I. C.

Ward

O. I. C. Laboratory

U. S. Department of Agriculture

500-4-1-1

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2192522 (Rank) Spr

Name (in full) Reid Neil McNeilage enlisted in

the 17th Rein^{rs} D.H. C.R.T.

CANADIAN EXPEDITIONARY FORCE at Melville on the 30th

day of June 1917

HE served in 4th C.R.T.

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 40 $\frac{6}{12}$

Marks or Scars Vacc: 2

Height 5ft 6"

Complexion Fair

Eyes Blue

Hair Brown

Neil McNeilage

Signature of Soldier

W. Badger

Issuing Officer

Date of Discharge

MAJOR

Rank

Date March 20th 1919



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

907042

A. No.

War Service Badge, Class

THIS IS TO CERTIFY THAT

Name (in full)

the

CANADIAN EXPEDITIONARY FORCE in

day of

HE served in

and is now discharged from the service by reason of

at present

THE DESCRIPTION OF THIS SOLDIER ON THE DATE below is as follows:

Age

Height

Complexion

Eyes

Hair

Signature of Soldier

Date of Discharge

Issuing Officer

W. J. H. H.

Rank

Date of Discharge

NOTE: No duplicate of this Certificate will be issued, and person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

11-1-34
11-1-34
11-1-34

159454

Can. Rly. Troops Depot.

20

Perforated sheet for Will from Pay Book of Reg.

No. 21925-22
Name Neil H Mc Reid
Unit 4th BATT. C.R.T.

Military Will

In the event of my Death
I give the whole of my effects
and money to my sister
Mrs A M Rolley
c/o Mrs Alexander Baxter
6820 Calumet Ave
Chicago
Illinois

Signature Neil H Mc Reid
Rank and Regt. 4th C.R.T. Private No 21925-22
Date October 27/17

Rel'd from MD 12
now Roll 19.

12.

DENTAL CERTIFICATE.

2192522

Sgt. Reid. H. McN.

The following Certificates will

be attached to the Medical History Sheets of all

C.R.T.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
	Nil		H. Corcoran 10616606	

DENTAL CERTIFICATE

The following Certificate will be attached to the Medical History Sheet of all Other Ranks being returned to Canada for disposal.

Name of Examinee	Date of Examination	Present Dental Condition	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever been treated for dental disease?
H. C. ...	...	...	...	...

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #17 Rein Draft Can Railway Troop

Regimental No. 2192522 Rank Pte Name Reid Neil McNeilage

C. E. F.

Enlisted (a) 30th June, 1917 Terms of Service (a) Duration of war Service reckons from (a) 30th June 1917

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

Extended Re-engaged Qualification (b) Civil - Bridge builder

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Embarked
Disembarked

Halifax 5/9/17
Liverpool 15/9/17

13/9/17

C.R.T. Depot.

T.O.S. this Depot on having arrived from Canada as reinforcing Drafts.

Purfleet.

15/9/17

Part 11 D.O.248.

1/11/17

C.R.T. Depot.

S.O.S. this Depot to 4th Purfleet Bn, C.R.T., Overseas.

31/10/17 Pt. 2, D.O. 294

Lt. for O.C., C.R.T.D.

10-11-14

A.P.G.

Lt. J. S. Monroell H. B. M. C. B. M. D.

2-11-14 Pte No 48 d/10-11-14

14-11-17

OC/GBD

Left for Unit

Field

14-11-17 R+R 721

17-11-17

Colonel

Joined Unit

do

15-11-17 Bn 13

28-5-18

55 C.C.S.

Myalgia (S.)

Adm 55 C.C.S.

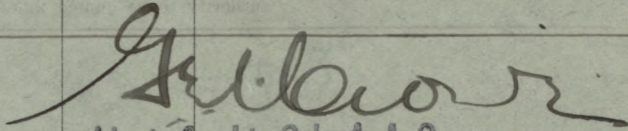
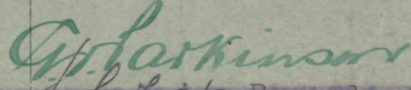
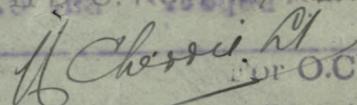
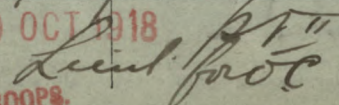
27-5-18 A 3136

(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.]

Casualty Form - Active Service

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				
7-6-18	55 C.C.S	Myalgia (S)	to 23 A.T.	3-6-18	W A3631
4-6-18	9th Gen'l	do	Ad. 9th Gen'l.	4-6-18	W32732
8-6-18	do	do	to England	8-6-18	W3083
18-6-18	4th C.R.T.	Invalided (sick) to England per hospital ship Essouibo and posted to C.R.T. Depot, Purfleet		8-6-18	Part II D.O. 54.
 Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.					
14.6.18	Depot C.R.T.	To Depot 59 from 4th C.R.T. Purfleet		18.6.18	Part II 164.
 Lieut. for 2nd Bn i/c Records. ONK					
26-9-18	DISCHARGED FROM 8th C.C.D.	Seaford	TO 6th Bn. PART II D.O. NO. 227	26-9-18	
 Lieut. for O.C. 3rd Canadian Command Depot					
10.8.18	C.R.T. Depot On Command	3rd Seaford Purfleet		9.8.18	pt I 220
26.9.18	do	Off Command Seaford	do	26.9.18	pt II 267
9 OCT 1918	do	On command 1st. C.D.D.	do	9 OCT 1918	pt II 280
 Lieut. for O.C.					
Buxton DEPOT CAN. DIV. TROOPS.					

PATHOLOGICAL DATA

T.

Lab. No.

Date 11.6.18

Ward 7725

Name Reid M

Regt. No. 2195822 Unit B.R.Y.

A

URINALYSIS.

Quantity in 24 hours _____ Sp. Gr. 1012 Reaction acid

Consistence watery Colour light amber Sediment none

CHEMICAL.

Albumin approx. neg Sugar neg Urea _____

Remarks. _____

MEGOSCOPICAL.

Casts _____

Pus _____

Blood _____

Other elements _____

X

C. D. Ferguson
Pathologist. Capt Conn

52

Regtl. No. Rank and Name *2102422 Sfr. Reid W.* Corps *40. 63. 114. Jfr.*
Disease *Neuritis (Sciatic)* Hospital *B. P. X. S.*
To Officer i/c Laboratory. Ward *A. 11*

Please carry out an examination of the accompanying specimen of *urine*
with special regard to *Routing*

Date *18-6-18*

O. i/c

Ward.

LABORATORY REPORT.

S. G. 1.016
Sugar nil
Alb nil
Reaction acid

Date of Examination
W. 3212. 50M-4-4-18.

W. E. Coleman
O. i/c Laboratory.

Eugene

Reed

Niel Mcn.

Approved by

by
P. C. Crosby M.D.

Rank _____ M.O. _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
19/4/72	A ₂	Ad Campbell Crest Co. M.O.

19/9/17	A ₂	Ad. Amphipne Cyst C.	M.O.
---------	----------------	----------------------	------

M.O.

M.O.

		M.O.
--	--	------

			M.O.
			M.O.

		M.O.
		M.O.

MO

----- M.O. -----

Date	Result	VACCINATIONS
------	--------	--------------

266	322
-----	-----

9/7/14	ind	R. C. Crocker	M.O.
--------	-----	---------------	------

1877/7	iii	Plb - l	MO
--------	-----	---------	----

[Faint handwritten notes and signatures are visible across the top of the page.]

26/7/17	P. L. G. G. G.	M.O.
---------	----------------	------

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
------	--------	---------------------------------

DATE	ISSUE	ANTI-PYROID INOCULATIONS, ETC.

9/4/17	OK	P. C. Brochu	MO
--------	----	--------------	----

777			M.C.
666	Rll	T	

29/7/17	O.K.	V. t. b. rocky	M.O.
---------	------	----------------	------

4/8/64 [unclear] J. W. [unclear] M.O.

Enlisted on 30th day of June 1917 at Melville, Sask.

		CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		#17 Rein. Dr. Can. Ry. Trps	2192522		
Transferred to.....	{	C R T			

major
Came
the
Ban
medical

STATION

DATE _____

DISEASE

RESULT

Canadian Red Cross Special Hospital

31/7/18

Neuritis (Sciatic.)

B. II. H B Byd Major

BUXTON, DERBY.

19-9-18

Robert C. 1

811 *Amelanchier*

Kimmel park

14-3-19

Sciatica. b

Bill Swarth

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.

Surname Reid Christian Name Neill McNeillage

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
McNeill's Lash DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL. CAPTAIN, C.M.C. ADJUTANT & REGISTRAR		11	July	1917	19	July	1917	Sprained ankle	9		
		9	6	18	18	6	18	Neuralgia	10	Severed in Jan 18 a pain in small of back - 3 mrs later in hip, extending to knee & ankle. Other systems neg. No improvement. In Box Car.	Plurbarter Capt
Canadian Red Cross Special Hospital, BUXTON, DERBY.		18	6	18	9	8	18	Neuritis, (Sciatica.)	52	Gen. cond. fairly good. Slight pain at times in back of left thigh. No limitation of movement. Other systems neg.	H.B. Boyd Major C.M.C.

LTR

Rank

Name REID, Neil McNeilage

Reg'l No.

2192522

Unit No. 17. Dft. C.R.T.
to C.R.T.D.

If in perm. Corps
What Unit?

Married or Single

Single.

Place and Date of Enlistment Melville, 30th June, 1917.

Place of Birth Irvine, P.O.
Ayrshire, Scotland.

Name and Address, Next-of-Kin Robert Reid.

cor. 72nd St. & Stony Isl, Ave, Chicago, Ill. USA.

Relationship Brother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No 18882
File R.L.
Category Can. M.

Discharge, Date and Place

Reason

Character

H. W. V., Ld. - 9546-16.

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		15-9-17	S/S Megantic
16-9-17	Dept CRT	T.O.S. as dft. from Can Sp. Purfleet.		15-9-17	Pt II 248.
1-11-17	Do	S.O.S. proc'd as dft. for 4th.	Do	31-10-17	- 294 4th Pt II 78 10/11/17
14-6-18	Do	T.O.S. as pos. from 4th CRT	Do	10-6-18	- 164 4th CRT Pt II 54 18/6/18
10-8-18	Do	On com'd 3 CCD Seaford Sp	Do	9-8-18	- 220 3 CCD 190 d 14/7/18
26-9-18	Do	Leaves on Com'd	Do	26-9-18	- 267 3rd CCD 227 26/9/18
9-10-18	do	On Comm at 1st CCS Hunter		9-10-18	- 780
		42-0-66		22-3-19.	
5-2-19	M.D. 12	T.O.S. from C.R.T.	Rhyt.	5-2-19	- 31 Send up Pt II 150/10-7-19
10-5-19	CRTD	S.O.S. li Can Gen Depot Seaford.	Knotty Ash.	9-10-18	- 123.

A.F.B. 103 CHECKED

5 - NOV 1917

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.					
22.3.19	M.A.N. 13.	30.3. to Canada.	3pr. Rhyt	22.3.19	00.10.69.	
19.5.19.	Gen. Repat. J.P.	from R.H.D. & on con. to 1st C.O.D. Bullon	Seaford.	9.10.18.	— 159.	

P. 550
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Irvine P.O. Ayrshire - Scotland

NAME AND ADDRESS OF NEXT OF KIN

Robert Reid

Cor: 72 St. & Stony Island Ave. Chicago, Ill.

RELATIONSHIP OF NEXT OF KIN

Brother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

Nil

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

REG'L No 2192522 RANK

Sapper

NAME

REID, Neil Mc Neilage

IF IN PERMT. CORPS
WHAT UNIT

UNIT C.R.T. Draft #17

TRANSFERRED TO

Apot C.R.T.

DATE 1/9/17

AUTHORITY

88 10/1/17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 4 B. CR. 1st

DATE 1/1/18

AUTHORITY

PLACE OF ATTESTATION

Melville, Sask.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

30 June / 17

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

Nil

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS										
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT													
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																						
Sep 29 1917																											10		Bal. from Canada.																
																										41 90																			
MONTH PARTICULARS												CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLG. PAY ENG.	MONTH PARTICULARS												CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLG. PAY ENG.		
Oct	Bal.																		41 90				Jan Balance																				131 98		
	P.P.												34 10						76 00				Feb		P.P.	30 80			ab. 803 12 4 RT	12 49				149 69	90										
Nov.	P.G. Pay												33										Mar		P.P.	30 80			" 1029 1/3	3 57				149 69	90										
																										34 10			" 1029 1/3																
Nov																																													
Dec	P.P.												34 10																																
													67 10																																
Jan 1918	P.P.												34 10																																
													34 10																																

4.92.

2192522. Spr. Reid N. mon.

War Service Badge
Class "A" No. 2060106

SHORT FORM.

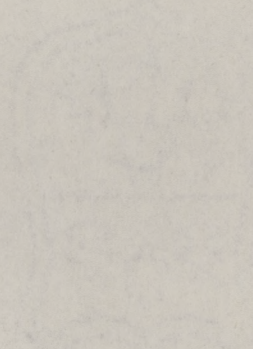
PROCEEDINGS ON DISCHARGE.

(Demobilization.)



1. No.	2192522.	SAILING NO 42	
2. Rank.	8pr.	S S REGINA FROM	
3. Name.	REID.	L'POOL 22. 3. 19	
4. Unit.	CRTD.	14 th R. Draft Ply Troops	
5. Date of Discharge		Place	REGINA, SASK. APR - 4 1919
6. Reason for Discharge.....			
O/SEAS - Discharged on Demobilization - REGINA			
MAJOR			
DISPERSAL AREA "O"			
7. Authority. DDO - 95 - 610			
8. Proposed Residence after Discharge			
Category..... B			
Next of Kin..... Brother			
Intended Town of Residence..... Regina			
Occupation..... Farmer Group.....			
18/12			
9. CERTIFICATE TO BE SIGNED BY SOLDIER.			
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate			
M. F. W.?			
[Signature]			
Signature of Soldier.			
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place.....			
Date.....			
[Signature]			
Signature.....			
MAJOR			
(O. C. Discharging Unit.)			

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a detailed description of the methods used in the study. This includes a description of the experimental design, the data collection procedures, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the findings, a comparison of the results with previous studies, and a discussion of the implications of the findings. The fourth part of the report is a conclusion and a list of references.



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 on Discharge (M.F.B. 218a) ✓
8. Discharge Certificate (M.F.W. 39) ✓
(enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a). ✓
10. Disposal Certificate (C.D 3) ✓
11. Equipment Statement Q.M.G. Form (D.O.S. 2). ✓
and Clothing.
12. Last Pay Certificate (P. 851). ✓
13. Pay Book (A.B. 64). ✓
14. War Service Gratitude (Form M.F.W. 2595). ✓
15. Sundry Documents. ✓

Group A
Checked by No. 27
Date 21/3/19

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 7339 Year 1918.	Regimental No. 2192522	Rank. Spr.	Surname. REID.	Christian Name. Neil
Station and Date.	Unit. 4 th Can. Railway Troops.	Age. 45.	Service. 11 mths.	
	Disease MYALGIA			
	Admitted. June 9 th 1918. Enlisted. 30 June 1917			
	Overseas. 7 mos. Reported sick. 27/5/18			
	Civil occupation. Bridge builder			
	Home address. Mansfield Susk.			
	Admissions to Hospitals. 2055 CCS. 9th Gen.			
	Complaints.			
	Pain in back & left hip & thigh			
Duration - F.H.	Since Jan /18.			
Post Illness	Neg.			
Pres Illness	2 years ^{ago} similar attack - lumbago - not to a doctor. Winter coughs & bronchitis			
	Started in Jan in small of back.			
	3 mos later started in left hip. Continued on			
	till 27th 5th when it got worse. badly he			
	extended to knee - at times to ankle.			
Phys Exam.	Slight tenderness along scapula.			
	On extending leg no pain in scapula			
	Nerv. of hip neg. at 2055 CCS.			
	Heart & lungs, neg.			
	Intestines - Throat relaxed.			
	Aspirin gr x t. d & to have electric treatment for hip.			
	& alk. glycophane plus Barker Capt			
11/6/18	Urinalysis Sp Gr 1012, Reaction acid plus Barker Capt			
	Consistence watery. Colour Lamb. Sediment none alb. approx neg			
	Sugar Neg. P.M.			
18/6/18	No improvement. Transfer to Buxton plus Barker Capt			

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

Station
and Date.

LAB. No. 326 B

GRANVILLE CANADIAN SPECIAL HOSPITAL
PATHOLOGICAL LABORATORY

Date 27-6-18 Ward D.C.R.C.S.H. Bed A-11

Name Plt. Reid Regt. No. 2192527 Unit C.R.T.

Report of an Examination of Blood

Wasserman test → negative

A.O. Thomas bapt.

Friday.	Total.

RECEIVED FROM THE
TREASURY DEPARTMENT
JAN 10 1911

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Buxton Ambulance 31-7-18 1918.

No. 2192522 Rank Spr Name REID NEIL

Local Unit..... Overseas Unit A 4th Coy Hqs Age 45

Examination held at Buxton East Ry of Hqs

DISABILITY.
Overseas—~~Local~~
(scratch one out)

NEURITIS SCIATIC

PRESENT CONDITION.

Gen cond fairly good.
Slight pain at times in back of
lft thigh.
no limitation of movement
other systems neg.

BOARD RECOMMENDS:—

1. Fit for Duty B II temp DI
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

W C Grafton President.

A G MacLeod capt Came

APPROVED

Dated at Buxton, DEBBYSHIRE 1918.

Major C. A. M. C.

For A.D.M.S. Canadians
Buxton Area.

PROCEEDINGS OF A MEDICAL BOARD

Examined at *San Francisco* Dated at *San Francisco*
No. *1000* Name *REID, WILLIAM* Rank *1st Lt.*
Local Unit *1000* Overseas Unit *1000* Age *35*
Examination held at *San Francisco*

DISABILITY *None*
OVERSEAS *None*
REMARKS *NEURITIS*
Calgary Confirmed Bt 19-9-18
Present Condition
about 1000
same

BOARD RECOMMENDS -

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

Signatures -

President *[Signature]*
Members *[Signature]*

APPROVED

[illegible]

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 Kimmel Park DATE Jul 21st 1918

1. 1 (a) Unit 4th Batt. C.R.T. (b) Regimental No. 2192522 (c) Rank Spr
(d) Surname Reid, M.C.N. (e) Christian name Neil
(f) Home address Melville Sask
(g) Next of Kin Robt. Reid (h) Relationship Brother
(i) Address of Next of Kin 7207 Blackstone ave Chicago Illinois U.S.A.

2. Age last birthday 45 Date of birth Sept 1st 1874
3. Enlistment, or Appointment (if an Officer) (a) Place Melville Sask (b) Date June 29 1917
4. Personal description:

(a) Height 5ft 6 1/2 in (b) Weight 140 lb (c) Complexion Fair
(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Two vaccination marks on Rt arm

5. Former trade or occupation Bridge Builder

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

1

247

PERIODS

From

To

Canada

June 29 1917

Aug 29 1917

England

Sept 15 1917

Oct 29 1917

France or other theatres of War

Oct 30 1917

June 6 1918

7. Original disease, or injury Sciatica

(a) Date of origin May 15 1918 (b) Place of origin Longpré France
(c) Cause Exposure to wet and cold

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.)

(a) slight. (B) partial. (C) yes. (D) no

(Sciatica)

(a) no objective symptoms

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.)

Subjective

Has pain along the posterior part of the leg. Pain is increased during damp wet weather and disappears when the weather is dry and warm. Has no limitations of movement of the leg. Can walk three miles at his own pace and feels relieved of his pain. But after sitting down for a time, the pain and discomfort returns. Sleeps good at night appetite good. Bowels regular. all other systems normal.

(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..... Genito-Urinary System.....no.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....

Osseous and Joint Systems.....no..... Any other general condition.....no.....

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

while carrying on duty in France and being exposed to the damp and cold began to have pain in the posterior part of Left leg. pain running down to the knee very sharp in character. He was invalided to England and sent to Canadian Special Hospital at Buxton for treatment 18/6/18-9/8/18

10. (b)

No

Sic

19/7

(c) (Here g

11. (a)

(b)

12. Was

ref

(If the

13. What

tha

14. Tre

15. Is fu

16. Can

17. Reco

(Sections

I, th present c

I compla

ht, moderate,
its parts, for

- 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).)

Had ordinary disease of child hood has not been
sick for past 30 years. sprained ankle 11/7/17 -
19/7/17. Myalgia 9/6/18 - 18/6/18

ion. Import-
ed in Section
en subjective

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

none

- 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.)

aggravated on service *W.G.M.* *n.a.*

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

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

Canadian Granville Special Hospital, Boston
9 weeks. Date 18/6/18 - 9/8/18.

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)

no

16. Can the former trade or occupation be resumed? *yes*

(If not, briefly state why)

17. Recommendations

Category B.II

*341 Discharged as medically unfit
for further military service W.G.M.*

W.G.M. Montgomery Capt. C.M.C.
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, *N.M. Reid* 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

S.W.S.

Neil M. Reid. 4th Batt. C.P.M. Rank.
Signature of invalid examined.

18/18

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.

We Concur.
Excepting question 8.C - should be answered no.

19. Is the invalid fit for

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

(Category A) (Yes or No.) *N.A.*
 (" B) (Yes or No.) *yes Biii*
 (" C) (Yes or No.) *N.A.*
 (" D) (Yes or No.) *N.A.*
 (" E) (Yes or No.) *N.A.*

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.)

No. Category Biii and returned to Canada
authority. A.G. Telegram 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.

Soldier Satisfied.

PLACE *Kimmel Park Wales.*

DATE *March 14-1919.*

S.W. Otton, Capt. President.
W. A. McKay Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.
 DATE..... Members

APPROVED BY *for M. Hui Li. Ce came.* APPROVED BY
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *18-3-19* DATE

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 1772-39-11

(To be attached to Case Sheet.)

Corps.

4th L.R. 4.

No. 2192522.

Rank and Name.

Spr. N. Reid.

Age 45

Military Hospital_

15th - ban. Gen. Army Form

Service.

11 rather

Disease.

Malaga

Date of admission

9-6-18.

Date of discharge

18.6.78

Result

Dates of .
Observation

9	10	11	12	13
---	----	----	----	----

of Disease

Temperature,
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Mo  per 24
Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature

Providence Cape

—In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of
Observation

Days of Disease

Temperature,
Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per
Minute

Motions per 24
Hours

Signature _____

In charge of case. _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1c-T.2066.
Year 1918.

Regimental No. 2192522. Rank. Spr. Surname. REID, Christian Name. Neil.

Unit. 4th Can. Rly. Troops. Age. 45. Service. 11/12.

Station and Date

Disease NEURITIS (Sciatica).

ENLISTED.

30-6-17. Regina Sask.

ARRIVED IN ENGLAND. 15-9-17.

FRANCE.

29-10-17.

COMPLAINT.

Pain L leg, thigh & knee.

DURATION OF PRESENT ILLNESS. 1 month.

Gonorrhea & Syphilis about 23 years ago.

PAST ILLNESSES.

Came back 2 yrs before enlistment.

R ankle sprained 2 weeks before enlistment.

In France pain started on 18-1-18 in back, ~~sent~~ extended to R leg knee & ankle later & he was sent to CCS-#55 on 27-5-18, thence to 9th Gen Hosp on 5-6-18, thence to WJ C. hosf Toplew on 9-6-18 thence to CR & SA Buxton 18-6-18.

CONDITION ON ADMISSION. Gen cond fair, heart, lungs

neg. urine neg. Lumbar spine rigid, no pain or tenderness. Tenderness along course of L. Sciatic nerve, pain on tension on sciatic nerve.

Heart neg. Lungs neg. Urine neg. reflexes normal.

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

Station
and Date.

TREATMENT. Read test & mass Lt lower ext.

28-6-18

Slight improvement

5-7-18

Considerable improvement

12-2-18

No improvement this week.

22-7-18

Pains have left left leg & pains are now in
sacro iliac joints, not severe

22-2-18

Pains are now not steady. Sacro iliac
joints not bothering now. Pain is in lower
end of left thigh muscles.

31-7-18

Local board. B 11 we 6.

we shall
appear

CONDITION ON DISCHARGE.

31-7-18

Gen Cond fairly good.

Slight pain at times in back of
left thigh, no limitation of movement.
Other systems neg.

we shall
appear

