

Hon. Capt.

J. Jas. McCaskill

13rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Unit

Rank

Name

C.M. 3

OFFICERS' DECLARATION PAPER,

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

McCaskill

(ANSWERS.)

- 1. (a) What is your Surname? John James
- (b) What are your Christian Names? Little Narrows, Nova Scotia
- 2. (a) Where were you born? (State place and county) University Club, Montreal
- (b) What is your present address? May 26, 1874
- 3. What is the date of your birth? Frances McCaskill
- 4. What is (a) the name of your next-of-kin? Fort Kent, Maine
- (b) the address of your next-of-kin? wife
- (c) the relationship of your next-of-kin? clergyman
- 5. What is your profession or occupation? Presbyterian
- 6. What is your religion? Presbyterian
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
- 8. To what Unit of the Active Militia do you belong?
- 9. State particulars of any former Military Service
- 10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. Jas. McCaskill

(Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan. 15, 1916

Place Montreal, Que.

W. S. Foster

Medical Officer.

* Insert here "fit" or "unfit."

OFFICERS' DECLASSIFICATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

- (1) What is your surname?
- (2) What are your Christian names?
- (3) Where were you born? (State date and country)
- (4) What is your present address?
- (5) What is the date of your birth?
- (6) What is (a) the name of your next-of-kin? (b) the address of your next-of-kin? (c) the relationship of your next-of-kin?
- (7) What is your profession or occupation?
- (8) What is your religion?
- (9) Are you willing to be vaccinated or to be vaccinated and inoculated?
- (10) To what Unit of the Service did you belong?
- (11) State particulars of any former Military Service.
- (12) Are you a member of any other force?
- (13) CANADIAN OVERSEAS EXPEDITIONARY FORCE?
- (14) State particulars of any other force.
- (15) State particulars of any other force.

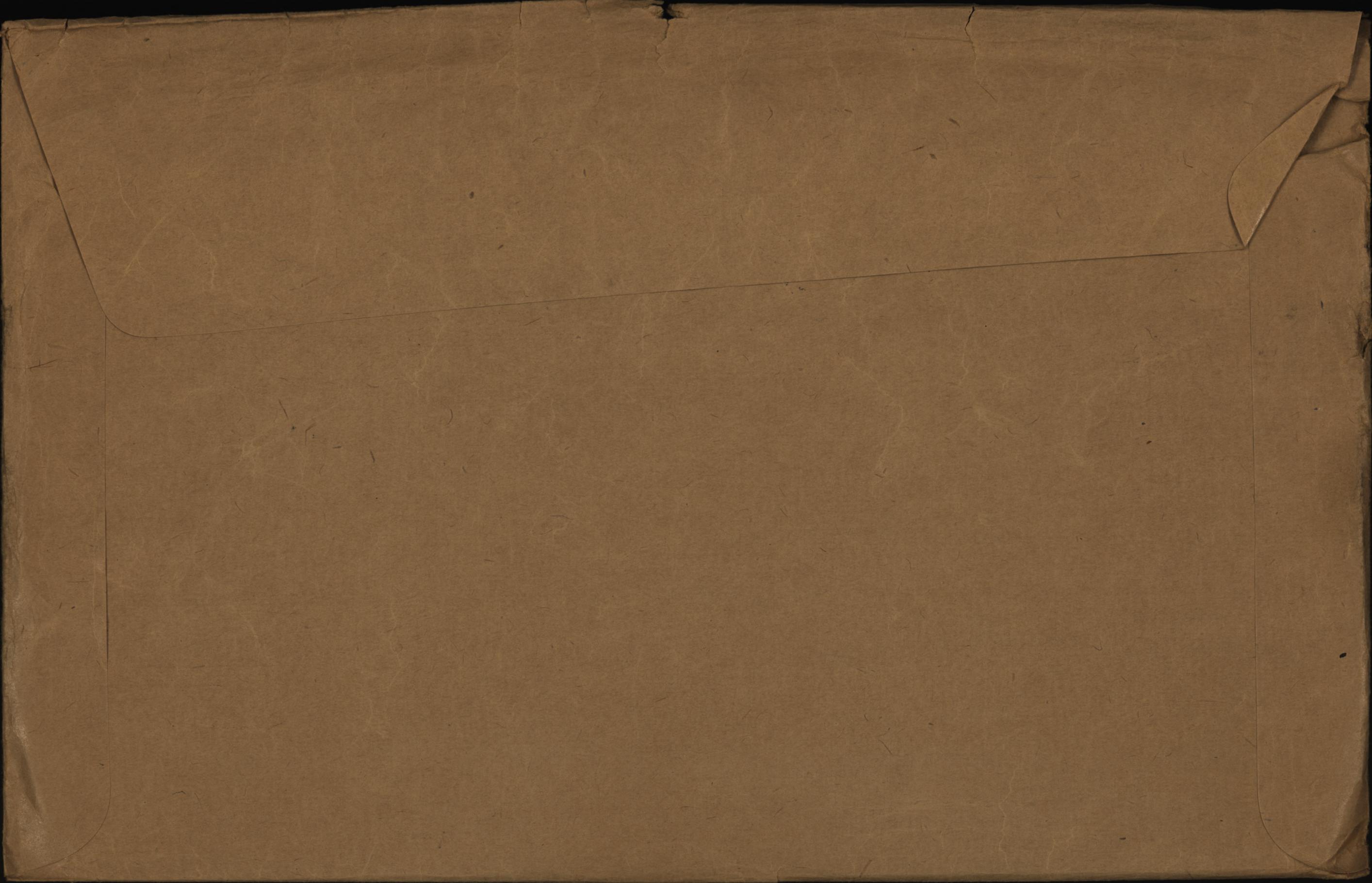
CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations and find him to be fit for service in the Canadian Overseas Expeditionary Force.

For the Canadian Overseas Expeditionary Force

101

Medical Officer



Number

Rank

Hon Capt.

X

Surname

MCCASKILL.

Christian Name

JOHN. JAMES.

Units

Theatre of War

France

Date of Service

31.3.16

12.8.16

15.7.19.

Remarks

Chap

21 Third Ave.

maisonneur.

Latest Address

~~*14 Simpson St.*~~

montreal

2ue.

~~*Montreal P.Q.*~~

Roll No

"B" Page 8397.

Port, ship, and date of arrival

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

DESP. NOV 3 1921
REGN. No. 1188330

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

SURNAME. *Mc Caskill*

2

CARD NO.

808.30/7/19

CHRISTIAN NAMES

John James

802110-7/8/19
FOLL.

REGL. NO.

RANK *Hon. Capt.*

also R.O. 21398 22-8-19
also 22070 24 1870 7
also 22070 24 1870 7

UNIT *73rd Headquarters 12th Inf. Bde.*

Batt.

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Mc Caskill Mrs Frances*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *Fort Kent, Maine, U.S.A.*

COUNTRY OF BIRTH *Canada, Little Narrows, N.S.* DATE *May 26th 1874.*

PLACE OF ATTESTATION DATE
Sailed from Halifax per S. Adriatic 31-3-16 3/2

L. L. 94504. M. & D. 6512 *auth m 5670.3.7-17.*

M. F. W. 22. 250M.-2-16. H. Q. 1772.39.339.
ATG. 24/7/19

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Clergyman

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Jan. 15th 1916.

Present Address,

University Club, Montreal, P. Q.

No

RANK

Hon. Capt.

NAME

McCaskill Rev. J. J.

T. O. S.

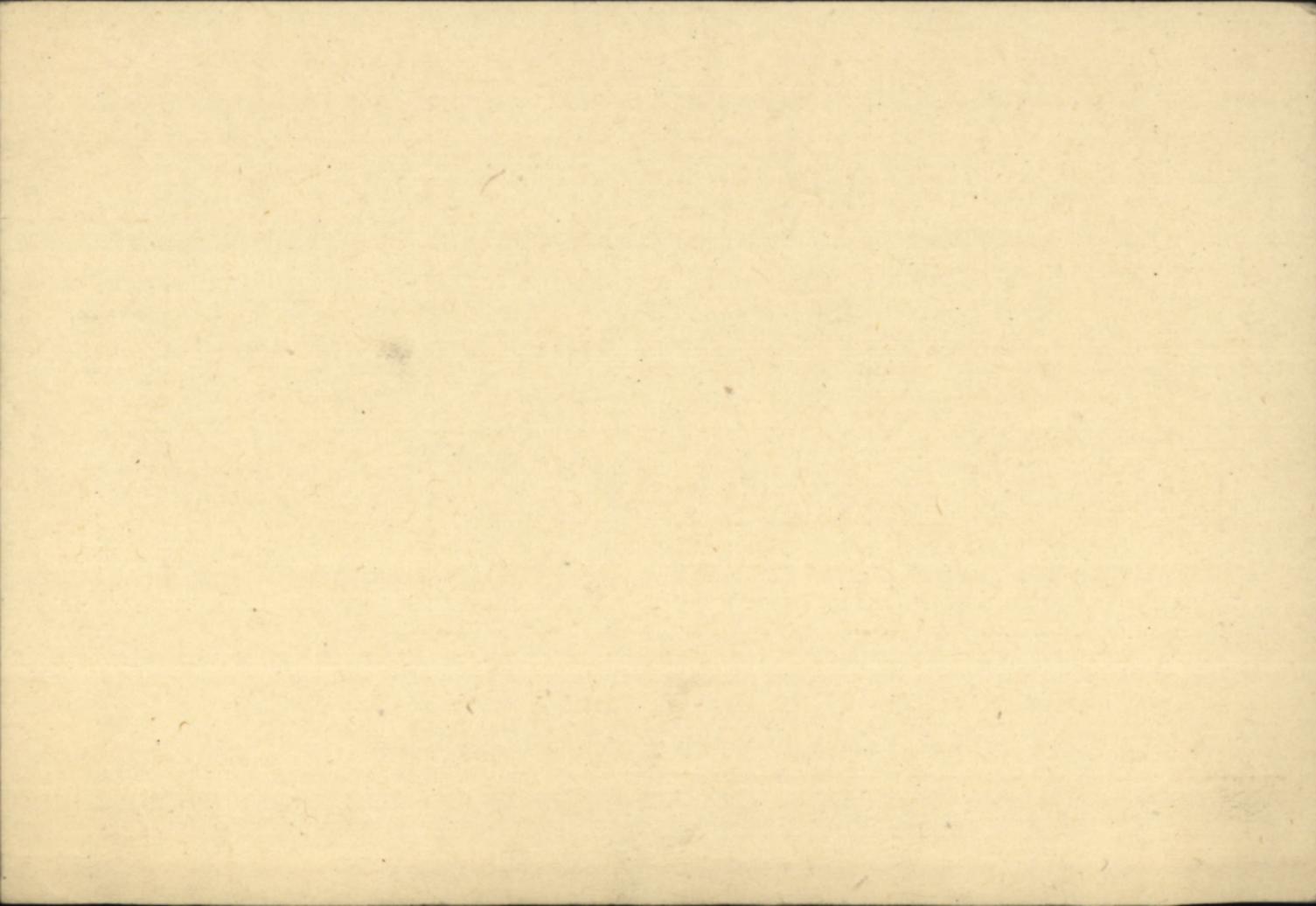
UNIT 73rd, Battalion C. I. F.

M. D.

4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sept. 27.	1915 Oct. 31.	✓	Reported for duty at Valcartier (EO 60 of 6-10-15.) 6-10-15.	
	Nov.	✓		
	Dec.	✓		
1916	1916 Jan.	✓		
	Feb.	✓		
	Mar.	✓		
Apr. Paylist not available				

UNIT SAILED
MAR 31 1916



NAME *McBaskill, John James*

REGT'L NO.

RANK AND CORPS *Non. Capt. Chaplain H.Q. 12*

H.Q. FILE NO. 649.

FOLLOWS
No. *Inf Bde.*

CABLE

NO.

DATE

U.S.A.

NATURE OF CASUALTY

form. 7 3rd Bn.

m 5675

3-7-17

*Rept. wounded remaining at
duty June 28th 1917 ✓*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

716'

Rep. from Base

28-6-17

Wounded at Duty

Surname.
McCASKILL

Christian Name.
J. J.

Rank.

Unit.

Hon. Capt. & Chap.

Chap. Ser. att 12th. Inf. Bde.

Date of admission.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Reported WOUNDED at DUTY: -28-6-17. 8

Diagnosis.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

.....

.....

4-7-17 716

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Surname

Christain Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

Remarks

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

Canadian Printing and Stationery Services, London

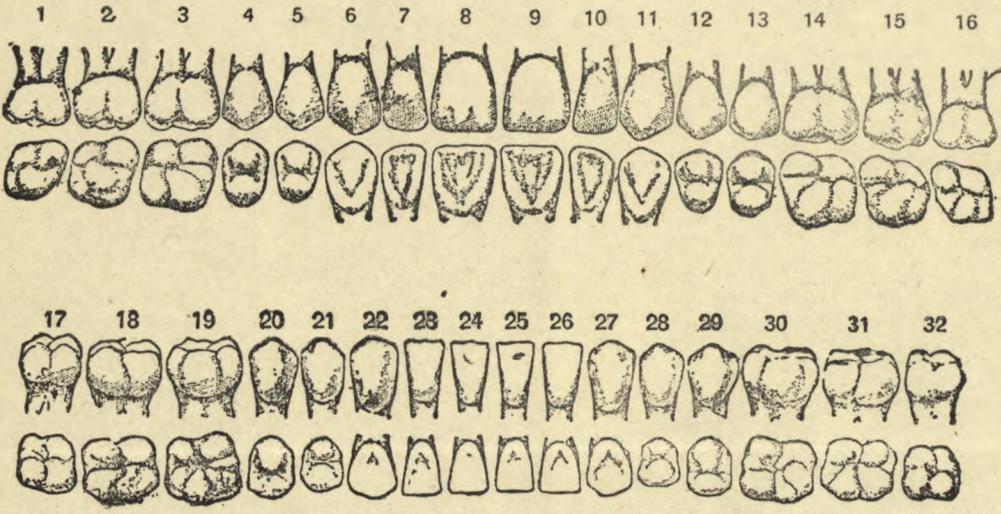
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) McASKILL, J.J.

REGIMENT Canadian Chaplin Service RANK Non. capt No.

Date of Examination in England 2/2/19 Date of Examination in France

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
 2. EXTRACTIONS
 3. CROWNS
 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower
- no*

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 no
- (b) In England yes
- (c) In France yes

Signature of Dental Officer *James Brown*
capt

7.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

27-9-15

Name *Francis D Mc bushill* Name of Soldier *Mc bushill John J*
 Address *Fort Kent* Regtl. No. *Capt*
Maine U.S.A Rank *Capt* *7/10/12 7/10/12 1914*
 Corps *73 rd B.M* *Summit 7/11*
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>N 9236</i>	<i>45</i>	<i>45</i>
Nov.		<i>M 11444</i>	<i>40</i>	<i>40</i>
Dec.		<i>M 14545</i>	<i>40</i>	<i>40</i>
Jan.	1916	<i>O 14648</i>	<i>40</i>	<i>40</i>
Feb.		<i>M 23744</i>	<i>40</i>	<i>40</i>
March		<i>L 25645</i>	<i>40</i>	<i>40</i>



Rev

JV

MILITIA AND DRENCE
SEPARATION ALLOWANCE

Name of Soldier _____ Name _____
 Regtl. No. _____ Address _____
 Rank _____
 Corps _____
 To what Corps belonging _____
 when called out _____

142

PAYMENTS

Month	Year	Credits No.	Amnt.	REMARKS
Aug.	1911			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1912			
Feb.				
Mar.				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1913			
Feb.				
Mar.				

824
 50
 874

5

11/11

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

Casualty Form—Active Service.

Regiment or Corps 73rd Bn. CANADIAN INFANTRY R.H. C. Regimental Number _____

Rank Hon. Capt. Surname McCaskill Christian Name John James,

Religion Presbyterian Age on Enlistment 41 years _____ months.

Enlisted (a) Sept 27 1915 Terms of Service (a) War Duration of Service reckons from (a) 3-7-15

Date of promotion to present rank _____ Date of appointment to lance rank 31-3-16

Extended () Re-engaged () Qualification (b) Clergyman
or Corps Trade and Rate _____

J. B. ...
Signature of Officer i/c Records.

Report		RECORDS: Record of promotions, reductions, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<u>Halifax</u>	<u>31-3-16</u>	<u>Adriatic</u>
		Disembarked...	<u>Liverpool</u>	<u>9-4-16</u>	
		Proceeded for service overseas		<u>12-8-16.</u>	<u>Capt. Staff Captain. 12th Can. Inf. Bde.</u>
<u>31-3-17</u>	<u>Ob. 73rd Bn.</u>	<u>Granted 10 days Leave of Absence</u>	<u>Field</u>	<u>30-3-17</u>	<u>B213, B213, B213, B213</u>
<u>14-4-17</u>	<u>-</u>	<u>Returned from Leave</u>	<u>Field</u>	<u>11-4-17</u>	<u>B213</u>
<u>1.7.17</u>	<u>D.A.G. 3rd Ech.</u>	<u>Wounded (at duty).</u>	<u>"</u>	<u>28.6.17.</u>	<u>W.R. 1033 Dec 10 1917</u>
<u>"</u>	<u>A.M.L.O.</u>	<u>Proceeded to England on duty.</u>		<u>1.7.17.</u>	<u>W.R. K.R. 12940.</u>
<u>30.5.17</u>	<u>D.A.G. 3rd Ech.</u>	<u>Transferred to England and posted to Genl. Depot Shorecliffe (pending return to Canada on Compensational Grounds)</u>		<u>1.7.17.</u>	<u>Att O. 22. 270. 7.17.</u>

(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) Signaller, Shoemaking, etc.
 Can Sec RD 1896. a 12721 a 30.5.17
M. Anderson lieut for Lt. Col. O.A.S.
 Can. Sec 3rd Ech 34.2

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7/12/17	DCS	Yrs. Chaplain. Jars OMTC Coltd Shorncliffe Area	London	6/7/17 12/7/17	ACD 0/164 2 9-7-17 Dec 07/169 4 9-7-17
					Major ad. C. S. (Staff) FOR COLONEL, DIRECTOR OF CHAPLAIN SERVICE;
5-4-18	D/C.No.xi. C.G.H.	Ceases to be attached on proceeding to C.C.D.D. Buxton.	Shorncliffe	4-4-18	Pt. 2.D.O.No.29 Mammie COLONEL, O.A.M.G. OFFICER i/o No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.
5/4/18	C.C.D.	attached to C.D.D. for duty as from 4/4/18.	Buxton.	5/4/18	Pt II 80. awoelae
					CAPTAIN & ADJUTANT
7/1/19	C.D.D.	Ceases to be attached on proceeding to Canada on conducting duty.	Buxton	7/1/19	Pt II 5 J. M. Brown CAPT. & ADJT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.
13/1/19	DCS	Orders for duty AM a G Essequibo		6/1/19	Co 4 of 6/1/19 EMBARKEDED S, S REGINA
15.7.19	S.O.S. O.M.F. of C. ON EMBARKATION FOR CANADA.				LIVERPOOL, JULY. 15th 1919 DISEMBARKEDED ... JULY 22nd
					For MAJOR General, Adjutant General, Canadians.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No..... Rank *H. Capt.* Name *M. Cashell J. J.*

C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
<i>30 7/19</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 4</i>	<i>15/7/19</i>	<i>C.E.F. R.O. No. 2100-19</i>
<i>7-8-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 4</i>	<i>30-7-19</i>	<i>C.E.F. R.O. No. 2110-19</i>

The Minister C.H.
for Director Personal Services

(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.]

DISPERSAL CERTIFICATE.

1. Surname McCaskill Christian Names John James
 Regtl. No. N.A. Rank { Temp. Hon. Captain Regt. or Corps.....
 Acting Unit Chaplain Services

2. (a) Service Group 6
 (b) Occupational Group 19
 (c) Dispersal Area Montreal **F**

3. (a) Medical Category A
 (b) Railway Station to which proceeding on Dispersal Montreal
 (c) Post Office address in full.....
19 Simpson Street,
Montreal, P.Q.
 (d) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited Bank of Nova Scotia
Montreal, P.Q.

4. I certify:—

- (a) that I carry no ammunition;
 (b) that all the information given above is correct to the best of my ability;
 (c) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

A. P. Wagner, Major
 for *Colonel*
 Signature of O.C. Director of Chaplain Services

Signature of Soldier *J. James McCaskill*
Capt.

Date July 7th. 1919.

NOTES.

- Each alteration must be initialled by the O.C.
- Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
- All entries will be made in ink or type.
- All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
- In every case Signature of O.C. and Soldier must be attached.
- Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
- In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.



1910

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

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

No. Rank *Capt* Surname *McCASKILL*
 (Given name in full) *John James*
 Unit or Corps *C. C. S.* Birthplace *Little Narrows N.S.*

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

I. GENERAL DESCRIPTION:

Physique *good* Weight *170* lbs. Height *6*...ft. *1*...in. Colour of Eyes *Brown*
 Nutrition *normal*
 Pulse *75*
 Condition of arteries *normal*
 Vision Rt. *6* Left *6*
 Hearing (conversational voice) Rt. *25*...ft.
 Left *25*...ft.

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

nil.

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

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

Nervous System *no* Genito Urinary System *no* Cardio-Vascular System *no*
 Special Senses *no* Integumentary System *no* Respiratory System *no*
 Disturbance of Mentality *no* Muscular System *no* Digestive System *yes*
 Osseous and Joint System *no* Any other general condition *no*

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

Typhoid - 1915 -
appendicitis 1913

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Lon. Area.....(Overseas)

Date2-7-19.....

Signed.....Harold Buck.....M.O.
major came

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

Signed M.O.

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

Signature

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

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

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

D.V. 4-38.

C.V.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Hon. Captain & Chaplain**

(Name in full)..... **John James McCAIKILL**

Enlisted in..... **73rd Battalion**

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXX~~

day of..... ~~XXXXXXXXXXXX~~ 191..... ~~XX~~ AND WAS APPOINTED to COMMISSIONED RANK

in..... **73rd Battalion**

CANADIAN EXPEDITIONARY FORCE on the..... **Twenty-seventh** day

of..... **September** 191..... **5.**

He SERVED in CANADA, ~~England and France with the 73rd Bn.;~~
General Depot; Director of Chaplain Services; #11 Can. Gen. Hosp.
Horncliffe; Att'd 1st Can. Discharge Depot and H.M.A.T.
Essequibo.

and was STRUCK OFF THE STRENGTH on the..... **Thirtieth** day

of..... **July** 191..... **9.** by reason of..... **General Demobilization**

Dated at Ottawa, this..... **Twenty-third** day

of..... **January** 191..... ~~XX~~ **1920.**
wounded 28-6-17.

John J. McCaikill
.....
for Director of Personal Services.

Lieut.

mtt

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

joined the

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED a COMMISSIONED BARRACK

CANADIAN EXPEDITIONARY FORCE on the

191

HE ARRIVED IN CANADA

and was struck off the strength on the

191 by reason of

Dated at Ottawa, this

191

Director of Personal Services

191

ORIGINAL

MEDICAL HISTORY SHEET.

Surname McCorkill Christian Name John James

Examined { on day of 191
 at
 Birthplace { City or Town Little Narrows
 County Victoria N.S.

Approved by
 Rank 1 M.O. AUG 1917

Apparent age 41
 Trade or occupation Cherryman
 Height 6 Feet 1 Inches.
 Weight 172 Lbs.
 Chest measurement { Minimum 38 inches.
 Maximum expansion 41 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Physical development good
 Small-Pox Marks none

Vaccination Marks { A r m. Right. Left.
 Number 2

Date.	Result.	VACCINATIONS.

When Vaccinated last 4 years
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on day of 191 at

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>12th Can. Inf/Regt</u>	<u>Capt</u>		
	<u>Hdqrs</u>	<u>Chaplain</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>13 Berners St</u>	<u>2-7-19</u>	<u>nil</u>	<u>Fit Harold Buck Major Comd.</u>

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.

CANADIAN

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount \$

Separation Allowance Issued. Yes or No.....

B.S.

Pay

F.A.

Messing

*Capt V
Lehap.*

Name

Initials

Bank

*McClaskill
J. J.
Montreal*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
1919								
July	<i>Advances July P. & A. Bank</i>					<i>2155</i>		
14	<i>July 7-30/19</i>	<i>4182</i>						
14	<i>Draw a/c. 27/19.</i>	<i>41553</i>						
24	<i>Pay R.</i>		<i>155</i>					

12-6-7 60.00
3/6 85¢
31/9. 24897
From Led 9. 16/19.

P-15.

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	NAME OF	DATE	AUTHORITY
Address	DATE	AUTHORITY	
Amount. \$			
Separation Allowance issued. Yes or No.			

3rd Res. Batta.
 Hon. Capt. 10th ft. Canada
 Chaplain. D.O. 1870-6-10
 0/10th/16
 G. M-2455
 Name Mc Gaskill
 Initials J. J.
 Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
	D.O. 1820-CT-D10 th							
Apr 29	Pay & A. @ Capt's rates 1-30 th Mors for 10 th (1153)		133 50					
" "	Bank			133 50				
May 14	Pay May R		147 25					
" 29	Bank			147 25				47
June 21	Pay June R		142 50					
" 28	Bank			142 50				
July 9	Pay July (R)		147 25					
" 26	Bank			147 25				
Aug 18	Pay Aug (R)		147 25					
" 24	Bank			147 25				
Sept 21	Pay Sept (R)		142 50					
" 28	Bank			142 50				
Oct 21	Pay Oct (R)		147 25					
" 28	Bank			147 25				
Nov 21	Pay Nov (R)		142 50					
" 24	Bank			142 50				
Dec 12	Pay Dec (R)		147 25					
" 18	Bank			147 25				
" 26	Bank							
1917								
Jan 22	Pay Jan R.		147 25					
" 25	Bank 19286			147 25				
Feb 20	Pay Feb R.		133					
" 22	Bank 21913			133				
Mch 15	Pay Mch R.		147 25					
" 26	Bank 24818			147 25				

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

10

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

24y Cde

Pay *3⁰⁰*
F.A. *7⁵⁰*
Messing *1⁰⁰*

Capt Chap:

Name *McCasill.*

Initials *J. J.*

Bank *of Montreal.*

Add Outfit Allow. 1⁰⁰

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
<i>Apr 12</i>	<i>Sub 1-31 3/18</i>	<i>487</i>					<i>6.7.5 31</i>	
<i>22</i>	<i>Pay</i>		<i>142.50</i>					
<i>24</i>	<i>Bank</i>	<i>1186</i>		<i>142.50</i>				
<i>May 3</i>	<i>Pay</i>		<i>147.25</i>					
<i>9</i>	<i>Sub 1-3 4/18</i>	<i>1850</i>					<i>12/4. \$3⁰⁰</i>	
<i>24</i>	<i>Bank</i>	<i>2679</i>		<i>147.25</i>				
<i>June 4</i>	<i>Pay</i>		<i>142.50</i>					
<i>24</i>	<i>Bank</i>	<i>4144</i>		<i>142.50</i>				
<i>July 8</i>	<i>Pay</i>		<i>147.25</i>					
<i>24</i>	<i>Bank</i>	<i>5625</i>		<i>147.25</i>				
<i>August 14</i>	<i>Pay</i>		<i>147.25</i>					
<i>24</i>	<i>Bank</i>	<i>7161</i>		<i>147.25</i>				
<i>Sept 3</i>	<i>Pay</i>		<i>142.50</i>					
<i>24</i>	<i>Bank</i>	<i>9186</i>		<i>142.50</i>				
<i>Oct 12</i>	<i>Pay</i>		<i>147.25</i>					
<i>28</i>	<i>Bank</i>	<i>10393</i>		<i>147.25</i>				
<i>28</i>	<i>Add Outfit Allow. 1⁰⁰</i>		<i>100</i>					
<i>30</i>	<i>Bank</i>	<i>10853</i>		<i>100</i>				
<i>Nov 21</i>	<i>E. F. A 12/18-31/18</i>		<i>12.50</i>					
<i>22</i>	<i>Pay R</i>		<i>150</i>					
<i>27</i>	<i>Bank</i>	<i>12605</i>		<i>162.50</i>				
<i>Dec 12</i>	<i>Pay</i>		<i>155</i>					
<i>14</i>	<i>Bank</i>	<i>13759</i>		<i>155</i>				
<i>1919</i>	<i>Jan 20</i>		<i>155</i>					
<i>24</i>	<i>Pay</i>		<i>155</i>					
	<i>Bank</i>	<i>15504</i>		<i>155</i>				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

messing allowance to be paid 28/19 to 20/20

Pay 3

F.A. 1

Messing *X1*

5.00

Capt

To receive Messing for 28/19.

U/R. H.M.A.T. Essequibo

25/4/19

V^o 2426

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1919

Feb 14 Pay

140

25

Bank 17136

140

17 Trav allow 20-21/19

12655

17 Do do 17/18-4/19

12655

22 " " 11-15/18

12912

March Pay

105

15 P.d. Messing for 7/19-21/19 while on H.M.A.T. Essequibo. V^o 1319.

46

22 Bank 18393

109

29 Trav allow. 7/19

14679

April 4 Forensic Messing Allow for 14-19/19 = 6 days @ 1st pd V^o 24413

6 -

" 16 " " " " 8/19-10/19 = 3 days @ 1st pd V^o 26246.

3 -

" 16 " " " " 22-26/19 5 " " 1st pd V^o 179

5 -

" 16 do do Bank.

14 -

" 23 Pay R. (no messing)

120

23 P.d. Messing Allow for 22/19 to 31/19 = 38 days @ 1st pd V^o 1579

38 -

" 26 Bank.

82

May 13 Sub. 26³ - 30⁴/19

1933

14-15-11

17 Messing allow for 28/19-30/19. V^o 2426.

34

17 do do Bank

34

17 Pay R.

155

23 Bank

155

June 10 Messing allow. 26/19-27/19 2 days @ 1st pd V^o 5136

2

14 Subs 1-31⁵/19

3321

L 12-14-9

20 Pay R.

150

Cr 152 -

25 Bank

152

Yoward

RETURNED TO CANADIAN
L.P.C. TO 31/19 TRANSFER TO N.E. LEDG

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

2 Inf Reg

Pay 3⁰⁰
7a. 7⁵⁰
Mees 1⁰⁰

Exp Chap 0⁰⁰ gr. Can.
20.1820 6⁰⁰ 2.
10⁰⁰

Name Mc Caskill
Initials J. J.
Bank of W.

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
Apr 23	Pay apr R.		142 50					
25	Bank 2940			142 50				
May 19	Pay May R.		147 25					
24	Bank 6022			147 25				
June 18	Pay June R.		142 50					
21	Bank 7999			142 50				
July 20	Pay July R.		147 25					
25	Bank 13007			147 25				
Aug 8	Billeting 14-31 ⁷ (Pd to M ^{rs} Groves)	2428					£2.14 0.	
18	Pay Aug R.		147 25					
17	Billeting 1-15 ⁸ (Pd to M ^{rs} Groves)	3458					£2.5.0 ✓	
22	Bank 17020			147 25				
Sep 5	Billeting 16-18 ⁹ .	4299					9/- ✓	
18	Pay Sept R.		142 50					
17	Billeting 18 ⁸ - 7 ⁹ /17.	4937					3-3-0 15 ⁰⁰ ✓	
19	" 8-14 ⁹ /17	5365					1-1-0 5 ⁰⁰	
22	Bank 21610			142 50				
25	Billeting 15-21 ⁹ /17. M ^{rs} Groves	5774					6-1-0 5 ⁰⁰	
Oct 4	" 22-18 ⁹ /17.	6204					1-1-0 5 ⁰⁰ ✓	
✓ 12	do 29 ⁹ /17 - 5 ⁰ /17 (M ^{rs} Groves)	6656					£1.1.0 8 ⁰⁰ ✓	
✓	Pay		147 25					
17	Billeting 6-18 ¹⁰ /17.	7083					1-1-0 ✓	
23	Bank 26982			147 25				
24	Billeting 13-19 ¹⁰ /17.	7836					1-1-0 ✓	
Nov 1	" 20-16 ¹⁰ /17.	8005					1-1-0 ✓	
	Food							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

2 Inf Bde

Capt Chap

Name *McBaskill*

Initials

Bank of *M. J. J.*

31-5-1917

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Nov	Pay		142 50					
Nov 6	Billeting 27 th - 2 nd (Mrs Graves)	8224					£1-1-0 ✓	
16	" 3 - 9 th do	8880					£1-1-0 ✓	
21	" 10 - 16 th - " - "	9189					1-1-0 ✓	
27	Bank	30933		147 50				
28	" 17 - 18 th 17	9562					1-1-0 ✓	
Dec 1	" 24 - 30 th 17	10033					1-1-0 ✓	
Dec 15	Pay		147 25					
1918				147 25				
Jan 18	Subs 1 - 31 st 17	12284					£6-7-5 31 st	
24	Bank	39459		147 25				
Feb 23	Pay		133 -					
	Bank	41013		133 -				
22	Sub 1-31 18	14887					6-7-5 31	
Mar 7	Travelling 11-15 18	14750					2-13-6 13 ⁰²	
12	Sub 1-28 18	15864					5-15-1 28	
14	Pay		147 25					
25	Bank	42637		147 25				

Disposal area F
Occupational Group 19

MC 219

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

EMBARKED 8, 8 REGINA
LIVERPOOL JULY 15th
DISEMBARKED Halifax July 23/19

Wa Service Badge
Class 'A' No.

O.K.

1. RANK H Capt. & Rev.
2. NAME McCaskill John James
3. UNIT Can. Chap. Services
4. DATE STRUCK OFF STRENGTH 205 30-7-19 PLACE RO 2110-19
5. REASON Remobilisation



6. AUTHORITY
7. PROPOSED RESIDENCE 19, Simpson St
Montreal.
Quebec

This folder should contain the following documents :—

- 1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
- 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
- 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
- 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
- 5. Medical Report, M. F. W. 129.
- 6. Dental History Sheet, M. F. B. 465.
- 7. Last Pay Certificate, M. F. W. 44.
- 8. Certificate as to Missing Documents.

- ✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
- ✓ 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. Proceedings on Striking off Strength (M.F.W. 2591)
- ✓ 7. Last Pay Certificate (P. 41)
- ✓ 8. War Service Gratuity Form (M.F.W. 2595)
- ✓ 9. M.F.W. 2591 Documents.

Group H.A.
Checked by No. 8
Date 14 JUL 1919

(923) Wt. /45P 3/19 15m D.St.

Disposal Certificate

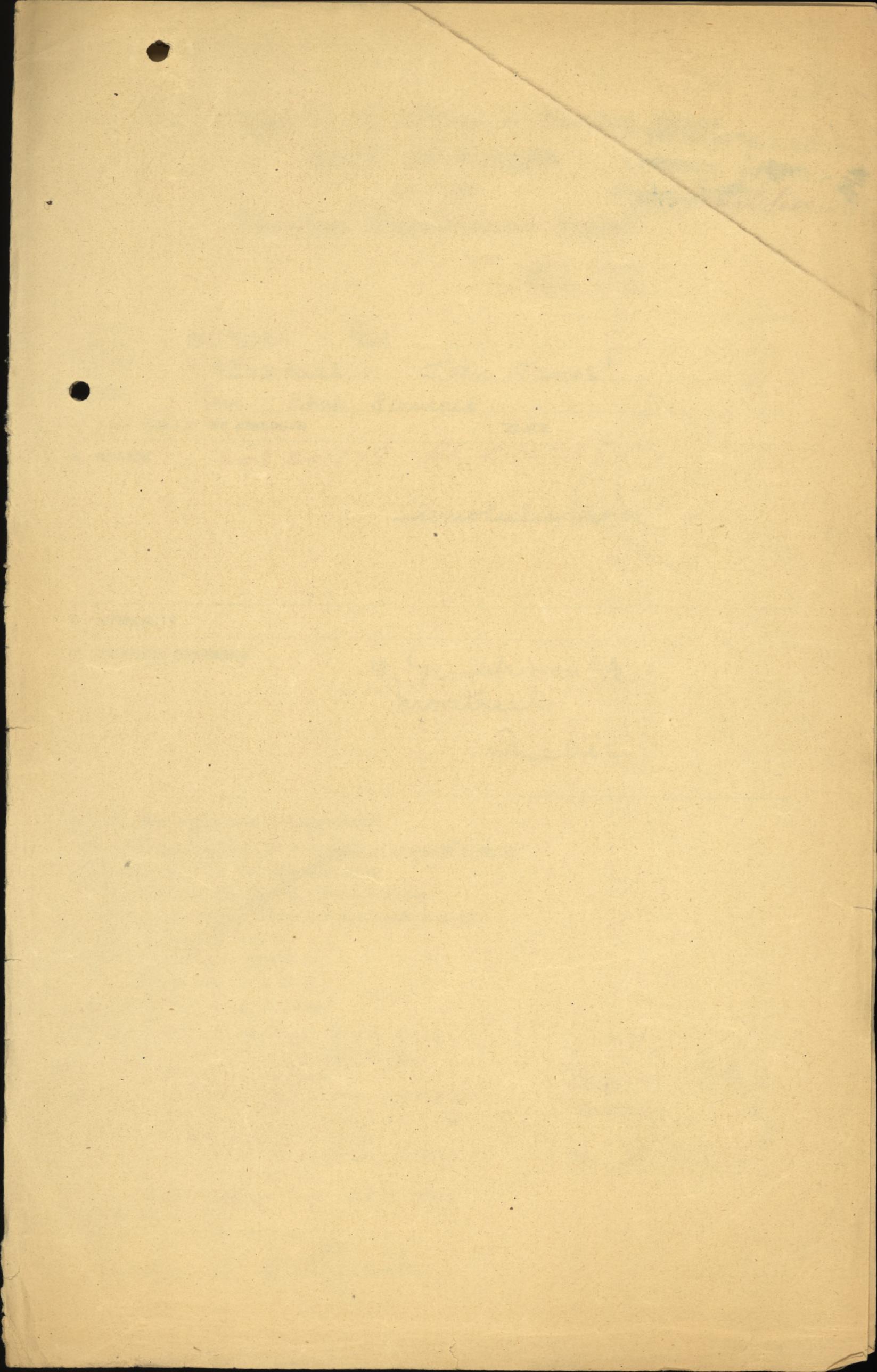
Proceedings of an Officer or Nursing Sister
Struck off Strength
of the
Canadian Expeditionary Force.

Class A No. _____
Date _____

1. RANK	2. NAME	3. BRIT	4. DATE STRUCK OFF STRENGTH	5. PLACE	6. REASON	7. AUTHORITY	8. PROPOSED RESIDENCE

- The folder should contain the following documents:-
1. Description Paper, M. F. W. 21, or Acknowledgment Paper, M. F. W. 22.
 2. Canada's Form, A. F. B. 125 or M. F. W. 24.
 3. Medical History, Form M. F. W. 25 or A. F. B. 126.
 4. Proceedings of Medical Boards, A. F. A. 129 or M. F. B. 232.
 5. Medical Report, M. F. W. 230.
 6. Dental History Sheet, M. F. B. 127.
 7. Last Pay Certificate, M. F. W. 44.
 8. Certificates as to Missing Documents.
- The folder should also contain:-
1. The folder should contain the following documents:-
 2. The folder should contain the following documents:-
 3. The folder should contain the following documents:-
 4. The folder should contain the following documents:-
 5. The folder should contain the following documents:-
 6. The folder should contain the following documents:-
 7. The folder should contain the following documents:-
 8. The folder should contain the following documents:-

Date 14 July 1918



Handwritten red text, possibly a signature or name, located in the upper left corner.



Faint, illegible markings or text located in the lower right quadrant of the page.

KF Rank and Name *Hon.* Captain McCASKILL John James *to Captain.*

73 MAY 1 1916

Regimental No.

Name and Address of Next-of-Kin Frances McCASKILL, wife

Unit 73rd. Battalion

Fort Kent, Maine, U.S.A.

Date of enlistment

^{27.9.15} January 15th, 1916.

Place of birth Little Narrows, Nova Scotia.

Married (Yes or No)

Married.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 31-3-16.

73 JUN 1 1916

do July 31 1916

at B 158

12th Div Bde 1.10.16.

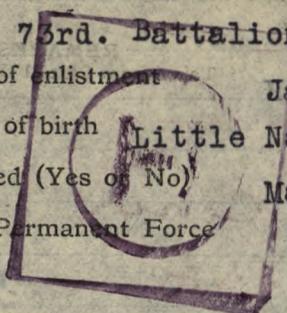
do 1.11.16.

do 1.12.16.

do 1.1.17.

do 1.2.17.

A.F.B. 103
17-8-16



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

7-8-16 G.O. 4th Div posted to 12th Can Infy Bde proceeded ops.

12-8-16 A.F.B. 103

27.4.17 12th Bde HQ.

granted leave of absence from 30.3.17 to 10.4.17

Rt 15 Ord 15

4.7.17 CRO

Rpt from Base Wounded at duty 28.6.17

cl 716 ? to be cancelled

16.7.17 Shorn

att Shorncliffe Mil. Hosp.

11.7.17

R.O. 3068

28/7/17 D. C. I

recalled from France & reported @ A.G. trans to England and posted to Gen Depot Selcliffe

5.8.17

D.B.S./C-9m-3/28717 a. 9.392. 8. Mc 643 on R.P. 9. m. 1829

20.7.17 12th Bde

pending return to Canada on compassionate grounds, 1.7.17

Rt Ord 22.

18.8.17 Selcliffe

ceases to be att'd Selcliffe Mil. Hosp. on attchmt to

18.8.17

R.O. 3352.

2.4.18 D.C.S

Posted from S' Cliffe to Canada Discharge Depot

3.4.18

CO 100

6.1.19 do

Posted from Burton to H.M.A.T. Essequibo

6.1.19

CO 4

22.4.19 do

Granted leave to attend British University Edinburgh.

26.3.19

CO 136

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

M. OR S. _____ REGT. NO. _____ RANK *CAPT* NAME (IN FULL) *McCaskill John Jas.*

NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT C.E.F. *CCS.* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

ADDRESS _____ PARTICULARS *Postment on Gen Fund dated 6 Dec 1919* EFFECTIVE DATE *15-7-19* AUTHORITY *Do 2109 Do 2112*

DATE OF ATTESTATION *1-9-15* PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

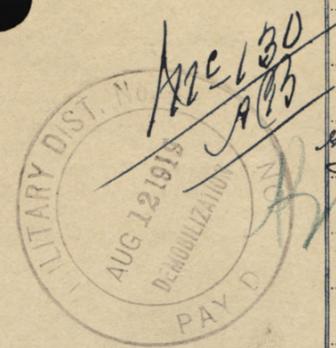
IS SEPARATION ALLOWANCE PAID? *Yes \$40.00* DATE EFFECTIVE *1-8-19* RELATIONSHIP _____

TO WHOM PAID *James D. McCaskill* ADDRESS *York Kent* RELATIONSHIP *W. S. G.* ANY CHANGE IN ASSIGNEE OR ADDRESS *Bank of Nova Scotia*

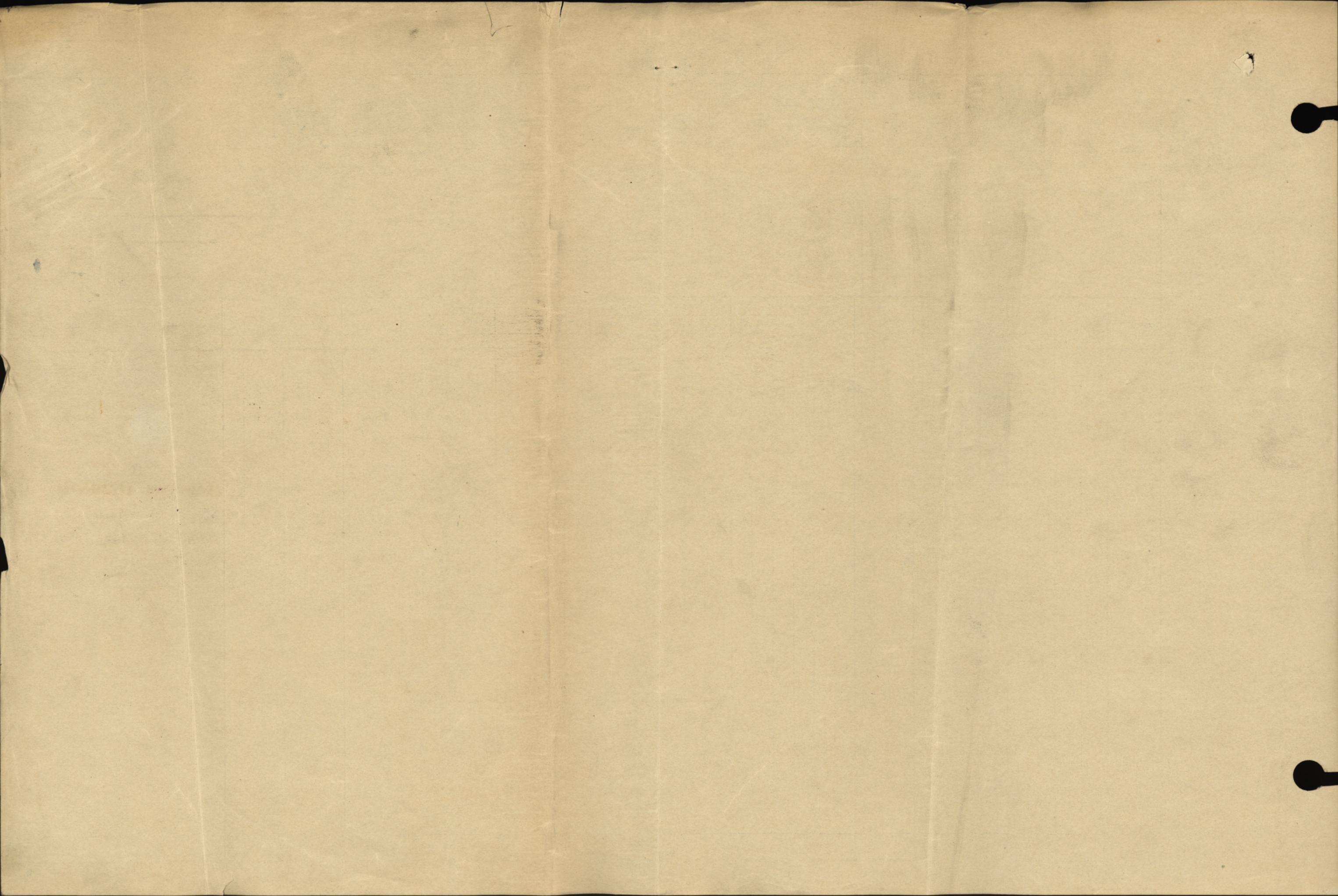
ADDRESS *Grainie U.S.A.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *SOS 6 AMOUNT 30-7-19 Gen Fund Do 2110 & 2111* PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____



MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
			<i>Other Credits</i>	<i>490</i>								<i>500</i>			<i>13400</i>	<i>29 10</i>		<i>Regia</i>
			<i>W. S. C. S. A. Total</i>	<i>732.00</i>				<i>12000</i>				<i>129 10</i>			<i>129 10</i>	<i>602 90</i>	<i>240</i>	<i>Balance</i>
<i>30 8 19</i>												<i>124 80</i>			<i>204 -</i>	<i>478 90</i>	<i>160</i>	<i>1517946</i>
<i>30 9 19</i>												<i>120 40</i>			<i>160</i>	<i>358 90</i>	<i>20</i>	<i>1629578</i>
<i>30 10 19</i>												<i>124 40</i>			<i>164</i>	<i>234 90</i>	<i>80</i>	<i>1646311</i>
<i>30 11 19</i>												<i>120 40</i>			<i>160</i>	<i>114 90</i>	<i>40</i>	<i>1793553</i>
<i>30 12 19</i>												<i>114 90</i>	<i>40</i>		<i>154 90</i>			<i>1793554</i>
															<i>972</i>			<i>1799639</i>



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

27-9-15 ✓

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

m

1200

RATE OF SEPARATION ALLOWANCE

30	40 ⁰⁰		
---------------	------------------	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
 Rank *Lieut* Promoted *Capt.* Reverted Discharge
 Soldier's Name *John J. Mc Laskill*
 Battalion *73 rd Battn*
 Beneficiary *Francis D. Mc Laskill*
 Relationship *wife*
 Address *Fort Kent Maine U.S.A.*

Name
 Address
 Change of Address
 1
 2
 3
 4

m 7 w 2554

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
	1917					
	<i>Dec. 31</i>		<i>1085.00</i>		<i>1,085.00</i>	
<i>Spec</i>	<i>Jan</i>	<i>60750</i>	<i>30</i>		<i>30</i>	<i>✓</i> <i>Mailed 20.18</i>
	<i>Feb</i>	<i>75232</i>	<i>10</i>		<i>10</i>	<i>✓</i>
	<i>Feb</i>	<i>72725</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>march</i>	<i>91892</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>April</i>	<i>4622</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>may</i>	<i>14290</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>June</i>	<i>12734</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>July</i>	<i>23987</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Aug</i>	<i>36397</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Sept</i>	<i>50151</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Oct</i>	<i>64927</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Nov</i>	<i>79490</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Dec</i>	<i>97636</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Jan</i>	<i>110162</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Feb</i>	<i>123484</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Mch</i>	<i>135540</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>Apr</i>	<i>4904</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>May</i>	<i>13034</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>June</i>	<i>18945</i>	<i>40</i>		<i>40</i>	<i>✓</i>
	<i>July</i>	<i>22775</i>	<i>40</i>		<i>40</i>	<i>✓</i>
			<i>1845.00</i>		<i>1845.00</i>	

12156-9-13

Penursion noted in error. O.K. to pay at captain rate
Auth. Fyle - 12156-9-13
Apr. 10th of Feb to adj Jan - 40⁰⁰ to Mch + future

The Sp 118977



M. F. W. 128
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 L. L. 22320-M. & D. 1938.

