72nd

CENTRAL RECRUITING DEPOT VANCOUVER B.C. 1/9/17

72nd REGIMENT, SEAFORTH HIGHLANDERS OF CANADA

ORIGINAL

ATTESTATION PAPER.

No. 203332

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your surname? — Mc. FEELY
1a. What are your Christian names? — Edward Cameron
1b. What is your present address? — 1218 Burnaby St Vancouver B.C. Canada
2. In what Town, Township or Parish, and in what Country were you born? — Vancouver B.C. Canada
3. What is the name of your next-of kin? — E. J. Mc. Feeley
4. What is the address of your next-of-kin? — 1218 Burnaby St. Vancouver. B.C. Canada
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — Nov 3rd 1891
6. What is your Trade or Calling? — Contractor
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? (Name of Corps) — Yes 48th H.C.C. 1908-1911
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — No
14. If so, what was the nature of the disability? —
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — No
16. If so, what was the reason? —

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Cameron Mc Feeley, 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.

E. C. Mc Feely (Signature of Recruit)

Date 1st Sept 1917. W. A. Parrott (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Cameron Mc Feely 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.

E. C. Mc Feely (Signature of Recruit)

Date 1st Sept 1917. A. S. Elder (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 Vancouver B.C. this First day of September 1917.

Geo. Hoodless J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of McFeely, Edward, Cameron on Enlistment.

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 3½ ins.

Complexion Ruddy

Eyes Grey

Hair Black

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic X
- 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).

Scar / right
appendectomy scar
Appendicitis - 1910 -

Hearing normal R L

VISION: Right 20/20 Left 20/20

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 AUG 31 1917 191 .

Place VANCOUVER, B. C.

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:—

ATTENTION DENTAL CORPS

MOBILIZATION BOARD
VANCOUVER CENTRE
President
Member
Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edward Cameron McFeely 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.

R. H. Dibben Major (Signature of Officer)

Date 31 August 191 7

72nd REGIMENT, SEAFORTH HIGHLANDERS OF CANADA
REINFORCEMENTS, C.E.F.

REGIMENTAL DOCUMENTS

NAME Mc Feely, Edward Cameron REGT. NO. 2030332 UNIT 1st Res H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	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)					
	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)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)				14270	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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Casualty					
2	Pay Book					
1	Army					

S

H

Deceased 16-11-60

S-3
18-3
30-3
2

W. 2505
100M-11-18

Number 2030332 Rank Pte

Surname McTeely

Christian Name Edward Cameron

Unit 7th 29th Bn. C.M.R. Theatre of War France

Date of Service 8-3-18

Remarks ARBUTUS BAY 24/58 LASQUETI ISLAND. B.C.

Latest Address c/o McKennan McKay Co Courtenay B.C. ~~Gen. Delivery Whytecliff B.C.~~

Roll No. ~~Puthingtin Alberta~~

B. Page 6382.

D Cas.

DESP. DEC 21 1921
REGN. NO. 44938

DESP. 31 JAN 58
REGN NO. 1502

NAME Mc Feely E. C. REGT. No. 2030332

RANK AND UNIT Pte. B. C. Regt.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 371. (3)	#23. C. C. S.	6-11-18.	Alveolar Abscess
A 373 (2)	#20 Gen. Canniers.	10-11-18	" "
A. 384 (2)	#6 Conv. Dpo. & Taples	23-11-18	" "
A. 392 (2)	Des. to B.D. & taples.	2-12-18	" "
C 420. (1)	#11. Can. Gen. Shorncliffe	1-2-19.	20.
C 472.	Can. Etchingpill	5-4-19	42 + 20
C 487	Disch.	26-4-19	42 + 20

Form R. 149.

Edward Cameron

Name McFEELY Rank Pte Reg. No. 2030332

Unit ~~7th Bn (B.C.~~ 1st Res.

Next of Kin Canada

Date 1918	Movement	WD	Place	Casualty	List No.	Notified N/K O.	W.O. List
6/11	23 b.b.s.		~~Almolar~~ Almolar	Abscess	7871		3927
10/11	20 Gen Hosp Camiers			20	4373		5598-11
23/11	6 Con Depot Etaples			80	4384		5931-4
2/12	21 Stat Hosp ~~3 E.~~ Rouen			do	4392		6338
11/12	11 b.g.h. Calais			"20"	4420		6182
5/12	Can Con Depot Chelsea			1.12.20.	C412		9567
26/4	Discharged			4.2.20	C484		3504

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

Surname	Christian Name or Names	Reg. No.
MCFEELY	E.C.	2030332

Rank: Pte. Unit: BC.(7) /R

Cas. List.	
	23.CCS. 6-11-18
15-11-18A371/3	Alveolar Abscess. a.
18-11-18.A373/2.	20. G.H. Camiers. 10-11-18.
30-11-18 A384	6 C.D. Etaples 23-11-18.
10-12-18 A/392	2 Div 16 B Det Hayle 2-12-18
8.2.19 C420	11 Can R Shorncliffe 1-2-19
	V. D. G. R. & V.D.S and.
10.4.19 C477	Can Etchingham 5.4.19
30.4.19.C487	Dis. 26.4.19

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

ORIGINAL

72nd REGIMENT, SEAFORTH HIGHLANDERS OF CANADA — REINFORCEMENTS, C.E.F.

Bn 29

20

72nd

2030332

MEDICAL HISTORY SHEET

Surname McNeilly Christian Name Edward, Cameron

Examined on AUG 31 1917 day of 191

at VANCOUVER, B.C.

Birthplace City or Town Vancouver

County B.C. Canada

Apparent age 25

Trade or occupation Contractor

Height 5 feet 8 Inches

Weight 129 lbs.

Chest measurement Minimum 33½ inches

Maximum expansion 37 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left

Number 1

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease appendectomy scar (1910)

(b) Slight defects but not sufficient to cause rejection

ATTENTION DENTAL CORPS slight varicose veins both legs

Approved by MOBILIZATION BOARD VANCOUVER CENTRE

Lt Col Capt

Rank M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
		J.N. Macdermot Capt	M.O.
			M.O.
Aug 31st 17.	Fit a.e.		M.O.
	D 3 a/c teeth		M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	VACCINATIONS	
6/10/17		D.A. Dunbar	M.O.
		—	M.O.
		—	M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
8/9/17.		D.A. Dunbar	M.O.
16/9/17		D.A. Dunbar	M.O.
29/9/17		D.A. Dunbar	M.O.

2nd 3/12/17 Vac C.O.R.

Enlisted on 31 day of August 1917 at Vancouver

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	72nd REGIMENT, SEAFORTH HIGHLANDERS — OF CANADA — REINFORCEMENTS, C.E.F.	2030332		31 August 1917
Transferred to	29 Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Vancouver BC Seaford	NOV 2 - 1917 9-6-19	U.D.S.	as J.N. Macdermot Capt. Fit A. Rawlinson Capt.

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.

M. F. B. 313.

300M.—1-17.

H. Q. 1772-39-439.

VISION: Right 20 20 Left 20 20 Hearing Normal

Surname..... Christian Name.....

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
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.		31	JAN	1919	4	4	19	V.D.G V.D.S.	64	On admission has T.P.D. Sores &c. Treated by irrigations & prostate massage. Discharged sore on lip. Gland submax. left Enlarged. Sent to Elchus Staff for diagnosis and treatment.	Submax.
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.	4	4	19	25	4	19	Gonorrhoea + Primary Syphilis	22	On since admission. Discharged apparently cured. Indurated + chancre on upper lip. Was T.P.D. + + 5.4.19 + 9.4.19. Full course 606 + Hg. ordered, three injections of each given, this 606 on 17.4.19. Discharged as out Patient. no open lesion.	

Christian Name.....

Unit 1st Res.

7-6-19 1919.

Officer i/c Clinic,
Ravenscroft Military Hospital,
Seaford, Sussex.

20 20322
Pte McCauley
E.C.

The marginally noted accompanied by his Medical Documents is reporting to you for special report on V.D.S. V.D. 2.

Please return this report to the above Unit on completion.

Capt. C.A.M.C

SPECIALISTS REPORT ON ABOVE.

2-6-19 Wassermann - NEGATIVE.
V.D. 2. Apparently cured.

O'Sheehan

Seaford.
Date 7-6-19 1919.

Capt. C.A.M.C.
Officer i/c Clinic, Ravenscroft.

NEGATIVE

Name McFeely Pte 1-9-17

Date of Embarkation for England 24-11-17

Proceeded to France. 9-3-18 Returned to England. 2-1-19 Demob

Date returned to Canada. Sols in Engy.

mer

P.R.2855.

loss sheet 6-11-18 Alveolar abscess

to duty 3/12/18

C.A.D.C. 5009A

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) MC FEELY. E.C.

REGIMENT 1st Res RANK Pte No. 2030332

Date of Examination in England 30 MAY 1919 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 16
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 Yes

Signature of Dental Officer D.H. Hammell Capt.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P.P.1150 1M 5/18 G.W.P.Co (3490)

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended (23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
11-3-19	1stRes		SOS to no 3 Regl Depot Group Witley			
				Seaford	14-6-19	Pt2 D.O.139

J. Goddard Lt
Captain
Adjutant, 1st Canadian Reserve Battalion

DISCHARGED IN ENGLAND,
K.R. & O. Par. 392, Sec. XXV.

Captain
Officer Commanding,
No. 2 Canadian Discharge Depôt.

Nothing to be written in this margin.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 72nd REGIMENT, SEAFORTH HIGHLANDERS OF CANADA — REINFORCEMENTS, C.E.F. — C. E. F.

Regimental No. 2030332 Rank Pte Name McFeely Edward Cameron

Enlisted (a) 1-9-17 Terms of Service (a) D.S.W. Service reckons from (a) 1.9.17

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) Contractor

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.
		Embarked H.M.D. Megantic	Halifax	24th Nov 1917	
		Disembarked	Liverpool	4 Dec	
12.12.17	1st Res.	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN	Seaford	8.12.17	P.L. II 327.
8-MAR 1918	1st Res Bn	PROCEEDED ON DRAFT TO 29th BATT	Seaford	8-MAR 1918	A 220.57. J. S. Mutch Lieut for Captain, Adjutant, 1st Canadian Reserve Battalion
28.2.18	1st Res	Depot 1st Class Shot	Seaford	2.3.18	P 1050 D. D Lunel Capt
3-3-18	2 CBD.	Arr. Reinf. & TOS. 29th Bn.	France.	9-3-18.	D.O.23 d/- 12-3-18.
12-3-18	"	Left for C.C.R.C.2.	Field.	12-3-18.	N.R.
"	CCRC.2.	Arrived C.C.R.C.2.	"	"	N.R.
16-3-18	"	S.O.S. 29th Bn. on transfer to 7th Can. Bn.	"	16-3-18.	D.O.30 d/- 3-4-18.

(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.

CERTIFIED TO BE A TRUE COPY 11 MAR 1918 CANADIAN RECORDS, LONDON.

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.
		ON STRENGTH 7 TH BATTN		17.3.18	Pt. 11 No 38 d/.....
23.3.18	Unit	JOINED UNIT		"	B 213.
7.11.18	2 C.H.a.	alveolar abcess	23 B.C.D.	6.11.18	m4090
10.11.18	20 Gene	" ad	20 Gene	10.11.18	m 6548
"	23 CCS	" Do	10 a.T.	9.11.18	"
23/11/18	20 Gene	" Do	6 Con Depot	23.11.18	m 7747
"	6 Con Depot	" ad	"	"	m 7653
3/12/18	C.B.D.	ceass a.		3.12.18	HR 527
2.12.18.	6 Con Dep.	Do 3 Employ Base Depot		2.12.18	m. 9690
7/1/19.	C.B.D.	trans to England choslea to B.C. Reg Dep. Seaford.		8/1/19	Nom Roll Chas B Chapnelle Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
11-1-19	B.C.R.D.	T.O.S. B.C. Reg. Depot. Command 1st Res Bn	Seaford	8-1-19	Pt. 2. D.O. 11.
		TAKEN ON STRENGTH			For O.C. B.C. REGL. DEPOT.
9.1.19	1st Res Bn.	~~TAKEN ON STRENGTH OF Attached from B.C.R.D. to~~ 1st CAN. RES. BATTN.	Seaford.	8-1-19	Pt II D.O. 7.
13-1-19.	B.C.R.D.	Ceases to be on Command 1st Res Bn T.O.S. on posting to Res.	Seaford	8-1-19.	Pt. 2. D.O. 13.
					For O.C. B.C. REGL. DEPOT.

Form R 122.
8750—15M—25-4-17.

No 3 Dft 1st Dep En B C Regt to 1s Res Bn

CR. Rank Name MC FEELY, Edward Cameron Reg'l No. 2030332.

Unit If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Vancouver, Sep.1st, 1917. Place of Birth Vancouver, B.C.

Name and Address, Next-of-Kin E. J. McFeely,

1218 Burnaby Street, Vancouver, B.C., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—11319-17.

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 —		7-12-17	S/s Megantic
12-12-17	1st Res Bn	T.O.S. on arrival in Eng	Seaford	8-12-17	Pte O 327
28-2-18	-	Expiration 1st class shot.	- Rc		— 50. 103 Bn 11/3/18
8-3-18	-	T.O.S. to 29 Bn Overseas.	- R	8-3-18	— 57 29 Bn Pte O 12/3/18
16-3-18	29th Bn	S.O.S. to 7th Bn	Field ..	16-3-18	Pte 30 & 7 Bn Pte 38 4/4/18
~~10-11-18~~	~~BCR~~	~~Wounded~~	~~-~~	6-11-18	~~Ck A 321~~ Error (Sick) J.
8-1-19	7 Bn	T.O.S. to BCRD (Demob)	Field R	2-1-19	Pte 2. Sick Rec'd 11/1/19.
9-1-19	1st Res	~~Struck off~~ T.O.S. (taken on strength 8/1/19) from BCRD	Seaford -	~~2-1-19~~ 8-1-19	Pte 7 Sick Rec'd 11/1/19.
13-1-19	BCRD	Crane in bound to take rations to Lake	-	8-1-19	Pte 13
14-6-19	1 Res.	T.O.S. to 3 R.O.C. 2 C.R.O. Witley	"	14-6-19	" 139/T.O.S. SCRO P.11.0 169 18/6/19

2030332 McFeely Edward Cameron

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.
18-6-19	SCRO.	2/Lt to H. Wing ccc Willy	Willy	18-6-19	P.M.O. 169 & H. Wing D2 6/0/4-7-19
10-7-19	H. Wing	S.O.S on disc in Eng		2-7-19 - 63	
				P. M. G. Rfds	

To be made out in duplicate. H.Q. 54-21-23-53

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..... 1st Depot Battalion, B.C. Regt. C.E.F. VANCOUVER, B.C.

(2) Regimental Number 2030332

(3) Full Name of Soldier Mc Feelly, Edward Cameron

(4) Place of Birth Vancouver, B.C. Canada

(5) Are you married, or not ? Single

(6) If married, state,
(a) Full name of your wife..... NOT APPLICABLE

(b) Present Postal Address..... NOT APPLICABLE

(7) Are you a widower ? No

(8) Have you any children ? NO

If so, give number of boys and girls..... NOT APPLICABLE

Also their names and ages..... NOT APPLICABLE

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Edward John McGeely 1218 Burnaby St Vancouver, BC

(10) Is your Mother alive ? No

If so, state name and address NOT APPLICABLE

(11) If your Mother is a widow NOT APPLICABLE

Are you her sole support, or not ? NOT APPLICABLE

(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.

NOT APPLICABLE

(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.

NOT APPLICABLE

(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.

NOT APPLICABLE

(15) Are you insured ? No

If so, in what Company ? NOT APPLICABLE

Have you made arrangements for payment of your Insurance premium NOT APPLICABLE

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

VANCOUVER, B. C.

NOV 14 1917

Date .....

..... *Officer Commanding.*

CAPT. & ADJUTANT
1st Depot Battalion, C. Regt. C.E.F.
VANCOUVER, B. C.

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Vancouver. B.C. Canada.

NAME AND ADDRESS OF NEXT OF KIN E.J. McFeely.
1218. Burnaby St. Vancouver B.C. Canada

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

1st Depot Batt. B.C. Regt.

REG'L No. 2030332 RANK Pte. NAME Mc Feely. Edward. Cameron

IF IN PERMT. CORPS WHAT UNIT UNIT 1st Can Res

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vancouver B.C.

DATE OF ATTESTATION 9.1.17

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ 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 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

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1918	Balance from Canada				20/11/17				22 00		
Jan	P Pay 24/1/18 - 31/1/18	79 20		AR 1184	11/12/17	1st Res	9 73				
				" 1246	21/12/17	"	38 93		52 54	30	
		79 20					48 66				
Feb	P Pay	30 80		" 1516	24/1/18	"	14 60		68 74	45	
		30 80					14 60				
Mar	"	34 10		" 1822	22/2/18	"	9 73				
				" 1743	15/2/18	"	4 87				
				" 2093	8/3/18	"	14 60				
				" 1940	18/2/18	7 Res	1 78				
				" 1753	21/2/18	"	4 46		67 40	60	
		34 10					35 44				

Mc. Feely & C.

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–
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.	

NAME:- McFEELY, Edward Cameron
NUMBER:- 2030332.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn
DATE ACCOUNT FIRST OPENED:- 21-11-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			B.C.R.D.
F. Slip	1/4/18	25/4/18	7 Bn

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
				2 RB		C. Bal	30 15

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged England 2/11/19 DR3.26 DD Fdn 3/11/19

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balce Ford								✓ 67 40	60	
Apl	P.P.	33 –		AR 11 3/4/18 7 Bn	3 57						
				✓ 100 22/4/18 ✓	4 46				92 37		
		33 –			8 03						
May	P P	34 10		AR 209 16/5/18 7 Bn	4 46						
				AR 184 8/5/18 ✓	3 57				118 44		
		34 10			8 03						
June	P.P.	33 –		AR 288 4/6/18 7 Bn	3 57						
				" 426 18/6/18 "	4 46						
				" 514 29/6/18 1 C.E. Bn	3 57				139 84	105	
		33			11 60						
July	P.P.	34 10		AR 11 13/7/18 2 C.D.B.	4 46				164 18		
		34 10			4 46						
Aug	P.P.	34 10		AR 170 1/8/18 2 C.D.B.	3 57						
				" 271 23/8/18 "	3 57				196 44		
		34 10			7 14						
Sept	P.P.	33 –		AR 339 5/9/18 2 C.D.B.	3 57						
				" 520 14/9/18 7 Bn	3 57				222 30	150	
		33 –			7 14						
Oct	P. Pay.	34 10		AR 784. 20/10/18. 7 Bn.	3 73						
				AR 950. 30/10/18 "	3 73				248 90	165	
		34 10			7 46						
					Forward				248 90	165	

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward.					2 18 9 4	165 -	
Nov	Pay.	33 -		AR 5330. 30/11/18. C & B'd	13 9 9						
Dec	"	34 10		AR 5531. 6/12/18. "	4 6 6						
Jan	"	34 10							331 49	210	
		101 20			18 65					Remr. Def Pay £35	
Feb-Mch	P.P.	64 90		AR 6519 24/12/18. C & B'd.	4 6 6					30 - 16-1-19	
				AR 7108. 31/1/18. "	4 6 6						
				CP 7794. 16/1/19. London	24 33						
				CP 7631. 16/1/19. "	29 20						
				AR 6648 13/1/19. 1 Res Bn.	68 13					195 80	
				AR. 8389 17/2/19 N°11 C & B'd	4 8 7						
				AR. 9393. 17-3-19. " "	4 8 7				255 67		
		64 90			140 72						
Apl	Pay	67 10		100216 9/5 1 Res	24 33						
				DD dys 23/1-25/4 93 dys DOGG 24/1 1 Res		55 80				225	
				AR 285 15/5 1 Res	4 8 7				237 77	150 00 Remr. Def Pay	
		67 10			29 20	55 80				1835 19/6/19	
June	Pay	33		CR 14047. 12/6 Rao.	48 67					75	
July	" 1/1/19 - 2/1/19	2 20		AR 396 27/5 1 Res.	9 7 3						
				" 2336. 10/6 "	48 67						
				CP 15525. 19/6 Rao.	146				19 90		
	Int on Def Pay to 30/6/19	10 25							30 15		
		45 45			253 07						

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2030332

2 Rank. Pte

3. Name. McFeely Edward Cameron.

4. Unit. 4 Batt BC R D

5 Date of Discharge 2-7-19 Place 2 C.D.D

6 Reason for Discharge

Demobilized 16-12-60

K. R. & O. Para. 392 Sec. XXV

(Being Demobilized in England-C.R.O. 5222)

7. Authority. D B 2 Mc - 2981 2 7 19

8. Proposed Residence after Discharge

C/o Allen Whyte Co

Rutherglen Glasgow

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.? A YB 2079

E. McFeely

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place 2 CANADIAN DISCHARGE DEPOT LONDON

Date 2-7-19

Signature H Stanley Capt

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

mb 30.7.59

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

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 SEAFORD DATE 9th June 1919

1. 1 (a) Unit R. Reserve (b) Regimental No. 2030332 (c) Rank PTE

(d) Surname McFEELY (e) Christian name EDWARD CAMERON

(f) Home address 1218 Burnaby St Vancouver B.C. Canada

(g) Next of Kin Mrs E. J. McFeely (h) Relationship Wife

(i) Address of Next of Kin Same as above

2. Age last birthday 27. Date of birth Nov 3rd 1891

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver B.C. (b) Date 31st Aug 1917

4. Personal description:

(a) Height 5' 8" (b) Weight Est. 135 (stripped) (c) Complexion Med.

(d) Colour of hair Black Grey (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Rt. appendectomy scar

5. Former trade or occupation Contractor.

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	282

	Periods	
	From	To
Canada (Mom's Statement)	31.8.17	8.11.17
	8.11.17	8.3.18
England	8.1.19	9.6.19
France or other theatres of War	8.3.18	8.1.19

7. Original disease, or injury V.D.S.

(a) Date of origin April 1919 (b) Place of origin England

(c) Cause Investigation

B.P.C.
C.R.
REFERRED TO
10 JUL. 1919
REPLIED TO

M. F. B. 227.
400M.—11-18.
1772-89-117.

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.)

No present disability

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.)

Obj. Spec. Report 7.6.19,
" 2.6.19 Wasserman negative
Rgd O.E. Eastman Sept Camp
no open lesions found
Subj. nil.

(*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*).)

M. H. S. Primary on upper lip. April 1919.
Was man pass ++ 6.4.19. + 9.4.19.
Neg. since treatment.

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*).)

V.D.G. Jan 1919. "Apparently cured 2.6.19."
aged 0/7 Eastman Capt.
alveolar abcess Nov. 1918. good recovery.

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

as in 47.

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 original disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (yes) (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? no present disability

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

full course of 606 + Hg.

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)

n. a.

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

17. Recommendations /

J. Abbott 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 C. C. McFeely 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

C. C. McFeely 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

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*) 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~~ may be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for discharge in England.
Auth. W.O.C.R.S. 52220 of 25-1-19.

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 Seaford — K. A. Drysdale Capt. — Members

DATE 9-6-19 — James A. Macdonald Capt

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

G. H. Makins Lieut-Col — .....

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

DATE..... — DATE.....

OFFICE STANDING MEDICAL BOARD 9 JUN 1919 SEAFORD, SUSSEX.

W1809—P1225 200,000 5/18 [redacted]

Army Form W. 3497A.
Continuation Card to A.F.W. 3497.

No. 2030332 Name Pte. McFarley E.C. Regt. 1st Res. Disease

Date	Treatment: Local	Treatment: General	Progress	Complications and their Treatment

Disease Contracted At London

Primary Appeared Date. 21. 3. 19

Primary Sore No evidence on genitals, on inner surface upper lip there is a papulo. eros. chancre size of 3 shd. + base dirty, surf. inflam. neg.

Lymphatic Glands All enlarged & hard

Mucous Membrane Throat injected, Pharynx granular

Skin Negative

Dark Ground

Other Lesions Neg. except urethritis
Patient was given 1/606 & 0.4 g.

Original Wassermann Pos. ++

W1809—P1225 200,000 5/18 HWV(P1147)

Army Form W. 3497a.
Continuation Card to A.F.W. 3497.

No. 4.4.19 Name Admitted to Regt. Hospital Disease

Date	Treatment: Local	Treatment: General	Progress: Dose	Progress: Mercury	Progress: Urine	Progress: Wassermann	Complications and their Treatment
		Full course treatment W.D.					
		Novarsenobillon Commencing 2nd dose					
5.4.19							
10.4.19			.45	T.	N		
17.4.19			.6	T.	N		
24.4.19			.6	T.	N		
1-5-19	Deafness			T			
5-5-19	"		.6		N		
8-5-19				T			
12-5-19	"		VI .7		N		
15-5-19				T			
19/5/19			.75		N		
26/5/19	B.T.					neg.	
29/5/19				T			
2/6/19	B.T.		.6		N	neg	

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

_____ Hospital. _____ Ward.

Age | Service | Religion | Disease

Regiment | Coy. | Reg. No. | Rank | Name

Date of Admission | Disposal | Date of Discharge

SUMMARY

This space not to be written upon by M. O. i/c case.

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and Places of Three last Exposures

Main points in history

Condition on admission

[P.T.O.

(9 19 24) W210—P1 200,000 10/17 HWV(P1148) Forms W. 3497/4
1810—P1224 200,000 5/18

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
5/6/19	Deaprd	Hg gr T		Headache
7/6/19	Closed as recovered			O/C

No. 2 Canadian Discharge Depot,
133, Oxford Street, London, W.1.

.....1919.

I HEREBY CERTIFY that I desire to secure my discharge in England and waive all claim on the Canadian Government for transportation to Canada for myself and dependents.

I HEREBY ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

WITNESS..... SIGNATURE.....

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District ....

Dispersal Area ....

No. 2[illegible]32 Rank Pte Name McFEELEY E C Unit 196 CMRD

Nominated for embarkation to Canada: Date 3/1/19 Demob Scotland DB 28RA Edm 3/1/19

CREDIT.	$	¢
BALANCE FORWARD as at 3/1/19 191	231	11
EARNINGS:—		
From 1/1/19 to 2/1/19		
32 days at $ 1.10	35	20
..... days at $		
..... days at $		
ANY OTHER CREDIT:—		
Interest on Deferred Pay 3/1/19	10	25
X BALANCE DEBIT	253	22

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

(*Signature of Soldier.*)

DEBIT.	$	¢
CASH PAYMENTS:—		

Date	A.R. No.	Paying Unit	Amount
2/1/19	196	Res	9 13
1/1/19	196	"	44 07
1/1/19	196	Edm	44 07
1/1/19	196	"	146 00
			253 01

OTHER CHARGES:—

.....

.....

WAR LOAN INSTALMENTS CHARGED:—

.....

X ASSIGNED PAY for period from ..... to ..... at $ ..... per month in favour of:—

Name .....

Address .....

.....

Relationship .....

X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ ..... per month

X BALANCE CREDIT	30	15
Offset all is Defend	253	22

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

XHave been stopped. Effective ..... 191 ..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

XBeing a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY H.B. Clarke

CHECKED BY E. MacLeod

Date 3/1/19 191

CERTIFIED CORRECT ..... Capt. / Lieut.

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C.

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 9749

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Mc FEELY. Edward

Address c/o Allan White Co
Rutherglen, Glasgow. Scotland.

Dependent Cameron 2030382

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
July 2	49551				14	7	8				
" 7	49508.				10	3	11				
" 8	R.F.C.	6	3	11							(30 15)
" 8	66	4	0	0				14	7	8	
" 21		57	10	8				43	3	0	
July 28	56821				14	7	8	28	15	4	Gratuity 2nd Instl
Sept. 3	90677.				14	7	8	14	7	8	do 3rd do.
Oct 4.	116632				14	7	8	0		0	Final
		67	14	7	67	14	7				