"B." "C." "A" Coy.

# ATTESTATION PAPER.

No. 724645

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — MacInnes
1a. What are your Christian names? — John Peter
1b. What is your present address? — Inwood Ont
2. In what Town, Township or Parish, and in what Country were you born? — Twp. West Hawkesbury - Prescott County Ont.
3. What is the name of your next-of kin? — Margaret MacInnes
4. What is the address of your next-of-kin? — Inwood Ont Can
4a. What is the relationship of your next-of-kin? — wife
5. What is the date of your birth? — Feb. 26th 1870
6. What is your Trade or Calling? — Clergyman
7. Are you married? — yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 3 years - 18th Reg. Vol. Kilt. Hill Ont.
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, John Peter MacInnes, 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.

J. P. MacInnes (Signature of Recruit)

Date Dec 6th 1915. Wm H Campbell (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Peter MacInnes, 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.

J. P. MacInnes (Signature of Recruit)

Date Dec 6th 1915. Wm H Campbell (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 Lindsay this 7th day of January 1916.

[illegible] (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of John Peter MacInnes on Enlistment.

Apparent Age 45 years 9 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 34 ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Turning Grey

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

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

None.

### 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 December 6th 1915.

Place Lindsay

J. McCullock Capt.
H. H. Boyd Medical Officer.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

### CERTIFICATE OF OFFICER COMMANDING UNIT.

John Peter MacInnes 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.

Lt. Col. (Signature of Officer)
O.C. 109th Overseas Battalion, C. E. F.

Date JAN 11 1916 191

"B." ~~"C."~~ ~~"D."~~ Coy.

# ATTESTATION PAPER.

No. 724675

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — MacInnes
1a. What are your Christian names? — John Peter
1b. What is your present address? — Omemee
2. In what Town, Township or Parish, and in what Country were you born? — Twp. West Hawkesbury - Prescott County Ont.
3. What is the name of your next-of kin? — Margaret MacInnes
4. What is the address of your next-of-kin? — Omemee
4a. What is the relationship of your next-of-kin? — wife
5. What is the date of your birth? — Feb. 26th 1870
6. What is your Trade or Calling? — Clergyman
7. Are you married? — yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 3 years - 18th Reg. Van Kluck Hill Ont.
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, John Peter MacInnes, 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.

J P MacInnes (Signature of Recruit)

Date Dec. 6th 1915. Wm H Campbell (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Peter MacInnes, 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.

J P MacInnes (Signature of Recruit)

Date Dec. 6th 1915. Wm H Campbell (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 Lindsay this 8th day of January 1916.

G F Gordon (Signature of Justice)

3

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of John Peter MacInnes on Enlistment.

Apparent Age 45 years 9 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 3 ins.

Complexion Dark

Eyes Brown

Hair Turning Gray

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

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

None

## 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 December 6th 1915.

Place Lindsay

J. McCullock Capt.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

John Peter MacInnes 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.

Lt. Col. (Signature of Officer)
O.C. 109th Overseas Battalion, C. E. F.

JAN 11 1916

Date 191

REGIMENTAL DOCUMENTS

NAME MacINNES, JOHN PETER REGT. NO. 724675 UNIT 109th Bn. 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) | 13/4/20 | K Co 3/4/20 | | | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | 17699 | |
| 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) | | | | | DESERTION |
| LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |
| Pay card | | | | | |

W. 2589
100M-11-18
12-2 39-1277

No 72475 RANK Pte NAME McCaunes. J. T.

T. O. S. 6-12-15. UNIT 109th. Battalion.
D.O. 14. 6-12-15

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 Dec 6 | 1915 Dec 31 | ✓ | | |
| 1916 Jany | 1916 | ✓ | | |
| Feb. | | ✓ | | |
| Mar. | | ✓ | | |
| April | | ✓ | | |
| May. 1. | May. 2. | ✓ | To attend R.S.D. Kingston 2-5-16 | D.O. 149. |
| June 3 | June 30. | ✓ | Retd. from R.S.D. 3-6-16. | D.O. 172 of 8-6-16 |
| | July. | ✓ | | |

UNIT SAILED
JUL 23 1916

No. 724675 RANK Pte NAME McInnes. J. P.

T. O. S. UNIT Discharge Depot. Sulue

M. D. ✓

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1917 Mar 1st | 1917 date | ✓ | 109 d. | |

REGT'L No 724675

H. Q. FILE No. 649-

NAME McInnes John

RANK AND CORPS Pte 8th Batt.

FOLLOWS No.

FOLLOWS

| CABLE No. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| I 314 | 20-2-17 | Sailed for Canada per SS "Scandinavian" 17-2-17 (Fractured L. Arm.) |

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 79 | M.A.C.C. Kingston | 18-3-17 | Taken on Strength "O" Unit Richardson Conv. Home |
| 184 | M.A.C.C. Kingston | 5-6-17 | Str. off list of Richardson |
| 93. | " " " | 3-4-17 | " " " |
| 94. | " | 4-4-17 | Taken on list Richardson |
| 125 | " " " " | 4-5-17 | S.O.L. Richardson out-P. Clst B. Lect 2 |
| 192-3 | " " " " | 10-7-17 | Trans. to Richardson. |
| 254 | " " " " | 8-9-17 | T.O.L. Richardson |
| 242 | " " " " " | 29-8-17 | Tran. Richardson |
| 276 | " " " " " | 2-10-17 | Trans Queens ~~Tran~~ |
| 271-1 | " " " " " | 27-9-17 | S.O.L. Richardson |
| 362 | " " " " " " | 6-12-17 | To Out P. with subs. Queens |
| 362 | " " " " " " | 26-12-17 | To In Pat. Queens. |

M

Number 724675 Rank a/Sgt

Surname MACINNES

Christian Name John Peter

Units 109 Bn. Can. Inf. Theatre of War England

Date of Service 31-7-16.

Remarks Lipton P.O. Sask.

Latest Address ~~Omemee Ont.~~

Roll No. A Page 5132

2m-10-21.M.243.

Original not available

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. 109th Battalion

Regimental No. 724675 Rank Pte Name MacInnes J. Peter
C. E. F.

Enlisted (a) 6.2.15 Terms of Service (a) Overseas Service reckons from (a) 6.12.15

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 | | | | |
| 19.2.17 | CHQ | S.O.S. proceeding to Canada | Buxton | 19.2.17 | Pri. order 42. |
| 29.1.18. | C Unit N.H.C.C. | S.O.S. Class III Med unfit. | Kingston | 31.1.18 | P.T. II A.O. 29 |
| | | | | | Clerk |

(Sh. 9 Service See Recd Sheet)

(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.

| 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 | | | | |

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

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

# Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 724645 Rank Private Name Mac Innes John Peter.

Enlisted (a) 6.12.15 Terms of Service (a) D of W Service reckons from (a) 6.12.15.

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) Clergyman.

| 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 Canada | Halifax | 24.7.16. | |
| | | Disembarked England. | Liverpool | 31.7.16. | |
| | | Appointed A/Sergt. | Bramshott | 6.10.16 | ~~Part II Order~~ 280. Capt. ADJUTANT 109th Overseas Battalion, C. E. F. |
| 8.12.16 | OC 109th | Transferred to 124th Bn | Witley | 8.12.16 | D.O. Pt II # ~~6~~ 3 43 A W Aselting Capt. ADJUTANT 109th Overseas Battalion, C. E. F. |
| 9.12.16 | 124th Bn. | Taken on strength of 124th Bn. C.E.F. | Witley | 8.12.16 | Part II Orders 265 W H T Ives MAJOR ADJ 124th BATTALION C.E.F. |
| 21.12.16 | 124th Bn. | Transferred to ~~C.E.F.~~ | Witley | 15.12.16 | Part II Orders 278 W H T Ives MAJOR ADJUTANT, 124th BATTALION C.E.F. |

(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.

| 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 | | | | |
| C.C.A.C. SUB-OFFICE, BRAMSHOTT. | | | Attached C.D.D. | 2 FEB 1917 | AB Laing Capt |

DISCHARGED.
under
Para 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

R. M. Hazelton,
Lieut.,
Officer i/c Discharges
for :- Officer Commanding,
Canadian Discharge Depôt.

R—122

J.M.

Rank

Name MacINNES, John Peter.

Reg'l No. 724675

Unit 109th Bn.

If in perm. Corps, What Unit?

Married or Single Married.

Place and Date of Enlistment Lindsay, 6th Dec 1915.

Place of Birth Twp West, Hawkesbury, Prescott County, Ont.

Name and Address, Next-of-Kin Margaret MacInnes.

Omemee, Ont, Canada.

Relationship Wife.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

CCAC

W.E. R.B. No. 69 63

F.E. R.L.

Category Can M V

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

| Report. Date. | Report. From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | M.U.C. | REMARKS. Taken from Official Documents. |
|---|---|---|---|---|---|---|
| | | Arrived in England per H.M.T. 2310 31-7-16 | | | | |
| 6-10-16 | 109th Bn | Appd to Act. Sergt | Bramshott | 6-10-16 | | Pt II. DO. 280 |
| 21-11-16 | " | Reverts to Rank to meet establishment | Witley | 16-10-16 | | 326 |
| 8-12-16 | " | SOS on trans. to 124th Bn. | " | 8-12-16 | | 343 |
| 9-12-16 | 124th | SOS " fr 109th | " | " | | 265 |
| 21-12-16 | " | SOS on trans to CCAC pending Discha | " | 15-12-16 | | 278 Auth CCAC Letter dfs 15-12 |
| 16-1-17 | CCAC | SOS + on Com, 124th Pending Dis, | Hastings | 11-12-16 | | 26 |
| 1-2-17 | 124 Bn | Leave to be Att to 124th Bn on pay CCAC for dis Canada | Witley | 1-2-17 | | 32 |
| 17-2-17 | do | SOS to Can for Dis, Leave att 124th | do | 17-2-17 | | 97 |
| 19-2-17 | CDD | S.O.S. proceeding to Canada M.U. | Buxton | 19-2-17 | | 42 |

P.T.O.

| 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. | | | | |
| | Dis Dep | To Con Home. | M D 2 Toronto | 7. 3. 17 | NR 221. |

To be made out in duplicate.

I.Q. 51-21-23-53

DUPLICATE

# 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 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724675

(3) Full Name of Soldier John Peter MacInnes

(4) Place of Birth Vanbleak Hill Ont.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Margaret McLennon MacInnes

(b) Present Postal Address Omemer

(7) Are you a widower? No.

(8) Have you any children? Yes

If so, give number of boys and girls 1 girl

Also their names and ages Marie Mc Lennon MacInnes 18 years

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Mary McInnes

Islay Alta.

(11) If your Mother is a widow

Are you her sole support, or not? No

(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.

(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.

Yes

(15) Are you insured? Yes

If so, in what Company? Canadian Order of Foresters
Canadian Order of Chosen Friends

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.

Lt. Col.
*Officer Commanding.*
O. C. 109th Overseas Battalion, C. E. F.

Date July 7th 1916

AMENDED

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORIGINAL

CASUALTIES, C.E.F.

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724675 Rank Pte. Name ~~McInnes~~ MACINNES, J. P.

Corps 109th Bn. who was* Discharged

On January 31st 1918, to Class 3, Medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1918 to January 31st 1918, the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | | |
| Advances by Cheques: No. | | | Regt'l Pay 31 days at $ 1 c. | 31 | 00 |
| Advances by Cheques: No. | | | Field Allow. 31 days at $ c. 10 | 3 | 10 |
| Assigned Pay and Sep'n Allce. No. 6306 | 40 | 00 | Separation Allowances* (Monthly) | 25 | 00 |
| Other charges | | | Other Allowances* Clothing | 13 | 00 |
| Payment on ~~transfer~~ or discharge No. 6397 | 44 | 70 | Other Credits* D.O. 362 | 16 | 80 |
| Balance Cr. (to be paid by the new unit) | 4 | 20 | Bal. Dr. (to be deducted by new unit) | | |
| Total | 88 | 90 | Total | 88 | 90 |

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of January 1918 and Sep'n Allce. for month of 191 (to) Assignee Mrs. M. McInnes,

(Address) Omenee, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

**On Transfer of an Officer**

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted pd assignee to date discharge

(3) cause of discharge ..... authority 3MD 88 M 133

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date February 8th, 1918

Place Kingston, Ont.

W. Peters Capt.
Paymaster, "C" Unit M.H.C.C.
*Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

# MEDICAL CASE-HISTORY SHEET.

Hospital: Richardson Conv.Home. Station: Kingston,Ont.

No. 724675. Rank: Pte. Name: ~~McI~~NNES,J ohn Peter. Age: 52
MACINNES

Unit: 8th.Res.Battn. Service: England.

Date of Admission: March 18th.,1917. Date of Discharge:

Diagnosis: Overage. Enlarged Prostate.

Date of Origin: Nov.28th.16. Place of Origin: Aldershott.

CAUSE OF ILLNESS OR INJURY:

11Overage. 2. Enlarged prostatle aggrav.by service.

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service ?)

Injury to back result of fall while at North Camp,Aldershott,Eng. on Nov.28th.16. Taken to Camp Detention Hut,Remained 3 days. Back to lines to duty Feb.1st.17. Boarded and sent to Buxton Feb.2nd. Sailed for Canada S.S.Scandinavian Feb.17th. Reached Quebec March 9th. Kingston March 18th.,1917.

CONDITION ON ADMISSION.

1Man of about 55 yrs. of age. Says he is 52 yrs.old. Well nourished. Face somewhat cyanosed.

2. Complains of making urine frequently altho says this condition is improving. Says he got up 3 times last night to urinate 11 P.M. ~~xxxx~~ to 7.30 A.M. To-day urinated about 6 times since this morning. 7.30 A.M. to 3.30 P.M. Passes about cup full each time. Cold seems to make him worse but in a warm room is better. When chilly says urine flows almost involuntarily. Has no pain in bladder region.

TREATMENT.

3. Physical examination- No objective symptoms. Heart and lungs in good condition.

4. Manwalks with a cane complaining of pain on left ~~xxxxxx~~ lumbar region. No mention of this in Quebec Board.

YQUEBEC BOARD:-- Age is 52. Has appearance of 55. Suffering from enlarged prostate with its accompanying symptoms, with inability to empty bladder, and incontinence of urine. This latter condition is worse in cold weather. Has to arise at night several times to urinate. Bronchitis has cleared up. Heart in good condition.

INCAPACITY:-- Eng.Board-50%.

CONDITION ON DISCHARGE FROM HOSPITAL.

Can.Board:- 1/4 of which 1/2 is due to agg. Duration:- Permanent, unbale to say if agg. will clear up.

10

Medical Officer i/c Case.

Date

M. F. B. 313a.
30M—9-16.
39-139.

# CASE HISTORY SHEET.

No. 724675 Rank Pte Name Wm James J. P. Age 52

Unit 8th Res. Brigade Completed years of service (Where and how long)

Date of admission Date of discharge Jan. 31st 18.

Diagnosis Generative Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Dis:- 1. Incontinence of Urine - 25% for aggravation (10% decreasing

(and disposal made of case.) 2. Myalgia Rt leg and lumbar region

Cat. E. 3. Overtrage not applic.

Date L D Stevenson Lieut

for Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

C
40544

724675

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname: McInnes  Christian Name: John Peter

Examined on 6th day of December 1915 at Lindsay

Birthplace: City or Town Hawkesbury; County Prescott County Ont

Apparent age: 45 years

Trade or occupation: Clergyman

Height: 5 Feet 8 Inches.

Weight: 160 Lbs.

Chest measurement: Minimum 34 inches; Maximum expansion 37 inches.

Physical development: Good

Small-Pox Marks: None

Vaccination Marks: Arm Right None Left Three; Number Three

When Vaccinated last: January 26th 1916.

(a) Marks indicating congenital peculiarities or previous disease: None

(b) Slight defects but not sufficient to cause rejection: None

Approved by J. McCullock Capt. Medical Officer

Rank 109th Overseas Battalion M.O.E.F.

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 26.1.16 | Good | J. McCullock M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 12.6.16 | good | J. McCullock M.O. |
| 30.6.16 | " | J. McCullock M.O. |
| 26.6.16 | " | J. McCullock M.O. |

Enlisted on 6th day of December 1915 at Lindsay

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 109th Batt C.E.F. | 724675 | | 6.12.15. |
| Transferred to | C.C.A.C. | | | 15.12.16 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Bramshott Camp, Hants. 11 DEC 1916 APPROVED. Wiley | 11.14.16 F.D. Stewart Maj. D.D.M.S. | Varicocele by long recumbency. | Class E. C.R. Cooper Capt. PRESIDENT. MEDICAL BOARD. BRAMSHOTT. |
| | Jany 30th 17 | Enlarged prostate & sciatica | Discharge unfit. J. McCook 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.

16

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname McJames Christian Name John Peter

| 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | DISCHARGED, under Para 392, Sec. 16, K. R. & O. 1912, Being no longer physically fit for war service. R.M. Hazelton Lieut, Officer i/c Discharges for,- Officer Commanding, Canadian Discharge Depôt. | |

11

3

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

724675. Pte. McInnes. John 124th Bn



Previous Civilian Occupation.

Clergyman

Cause of disability:- (1). Overage.
(2). Enlarged prostate, aggravated by senile

Condition in detail which prevent the soldier earning a Full livelihood:-

1. Age is 52. Has appearance of 55.

2. Suffering from Enlarged prostate, with its accompanying symptoms, with inability to empty bladder, and incontinence of urine. This latter condition is worse ~~than~~ in cold weather. Has to arise at night several times to urinate. Bronchitis has cleared up. Heart in good condition.

Opinion of the Board.

Degree of incapacity (Please state in fractions.) 1/4 of which 1/2 is due to aggravation

Probable duration of incapacity:-

Permanent. unable to say if aggravation will clear up

Does it render him permanently unfit for "Military Service? Yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home

Signature. W. McCarney Major President.
E. A. Robertson Capt Members.
R. J. Ritchie Capt Capt.

Station. Quebec

Date Mch 14 - 1917

5

Approved.

Date Mar 14/17 W. McCarney Major
Assistant Director Medical Service.

Date 30 3 17 D. J. McKay Capt
for Director General Medical Service.

Previous Civilian Occupation.

Cause of disability:-

Relation i. Local which prevent th soldier making full livelihood:-

Opinion of the board.

Degree of incapacity (Please state in "Months").

Probable duration of incapacity:-

Been it under him previously until the "Military Service"

Would operation, special treatment or the use of appliances, etc., lessen incapacity.

Signature. President.

Members.

Station.

Date

---

Approved.

Date Secretary Director Medical Service.

Date Director General Medical Service.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

12396-J-6.

Name McInnes, John P.
Surname Christian Name

Regimental Number 724675 Rank Pte.

Address (in full) Omemee, Ontario.

Unit 109th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 31-1-18.

P. D. P. Filing Number 4-62-3.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $25.00 per month.

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Over-payments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| | | | | | | | | | | | |

Remarks: See MacInnes, John for Payments. This Ledger Sheet merely inserted for the purpose of cross-reference.

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No.....

# WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk.....

Dec'n No..... W. S. C. File No.....
Award..... days at $ per day $
S. A.....months at $ per mo. $.....$
Less P. D. P. Credited $.....
$
Less further debit balance $
Net due paid as below

TO SOLDIER TO DEPENDENT

| | Ag. No. | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....
or overpayment.

Net.....

| Date | Ck. Order | Ck. No. | Amount | Remarks. | Date | Ck. Order | Ck. No. | Amount. |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | 1 | | | |
| 2 | | | | | 2 | | | |
| 3 | | | | | 3 | | | |
| 4 | | | | | 4 | | | |
| 5 | | | | | 5 | | | |
| 6 | | | | | 6 | | | |

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

File No. 12396-J-19.

# WAR SERVICE GRATUITY.

Register No. Mac. 1170.

Inw. W.G. 29/9/19

Reg. No. 724675 Pte.

Name Mac Innes. Jno. P.

Address Lipton Sask.

Dec'n to ..... W. S. G. File No. .....
Award ..... days at $ ..... per day $ .....
S. A. ..... months at $ ..... per mo. $ .....
Less F. D. P. Credited $ .....
Less further credit balance $ .....
Net ..... $ .....
Clerk ..... Superintendent
Cheque No. ..... Amount

Pay Soldier $ 249.90

Jno Graham } 11/10/19
Chd Merille }

Clerk RH 14/10/19

Dependent Mrs. Margaret MacInnes (Wife)

Address Same.

Pay Dependent $ 75.00

Days 153 Rate 100 Due 500.00

R. W. 134 21.10.19

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment.

Net 324.90

| Date | Ck. Order | Ck. No. | Amount | | Remarks. | Date | Ck. Order | Ck. No. | Amount. | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 14/10/19. | | | | | | 14/10/19. | | | |
| 1 16/10/19 | 35919 | 532391 | 249 | 90 | | 1 16/10/19 | 35920 | 532390 | 75 | 00 |
| 2 | | | | | | 2 | | | | |
| 3 | | | | | | 3 | | | | |
| 4 | | | | | | 4 | | | | |
| 5 | | | | | | 5 | | | | |
| 6 | | | | | | 6 | | | | |

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
DJ
Date 14/10/19

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Mac. 1170.

115-76-J-3.

Name MacInnes, John
Surname Christian Name

Regimental Number 724675 Rank Pte.

Address (in full) Omemee, Ontario.

Unit 109th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 31-1-18.

P. D. P. Filing Number 4-62-3.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | | FIRST PAYMENT | | | | SECOND PAYMENT | | | | FINAL PAYMENT | | | | Balance Over-payments to be Recovered | | Total Amount Paid | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Cheque No. A | Date | Amount 30 days | | Cheque No. B | Date | Amount 30 days | | Cheque No. C | Date | Amount 31 days | | | | | |
| 175 | 10 | 1219 | 1-2-18 | 58 | 00 | 1196 | 1-3-18 | 58 | 00 | 1192 | 4-4-18 | 59 | 10 | | | 175 | 10 |

Remarks:

M. F. W. 127.
60M—6 17.
1772 39-1140.

M. F. W. 41
1 0M—7-16
1772-39 889.

598

Name McInnis Pte J. P.

Regimental No. 724675

Unit 109th Bn.

Date of enlistment 3-12-15

Place of " Lindsay

Married (yes or no) yes

Amount of pay assigned monthly $15 28/2/17

To whom payable SH 31/3/17

Name and address of next-of-kin
Omemee Ont

Date and place discharged

Reason for discharge

Character on discharge

Scandinavian 7-3-17 II

649-M-13388

Form 5351—M. & D. 6880.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31/1/17 | | | | | | | 1 41 | | | | | | | | LPC |
| 1/2/17 | 31/3/17 | 59 | 100 | 59 — | 59 | 10 | 5 90 | | 66 31 | | | | | 30 — | | Due to to Pd |
| | | | | | | | | | | | | | | 4 87 | | acc in Eng |
| | | | | | | | | | | | | | | 4 87 | | " on Ship |
| | | | | | | | | | | Cr Bal on trans | | | | 26 57 | 66 31 | Drawn 1/4/17 "C" MD |
| | | | | Recovered by PM "C" | | | | 1 82 | 1 82 | | | | | X 1 82 | 1 82 | X not 1/2-8-17 3 Amended LPC 21/7/17 |

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |

L. L. Job 310—M. & D. 6574.

183

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

278

Wife

To Whom Mrs Margt McInnes
Address Amherst
Ont.

Rate $15.00

AUG 1 1916

By Whom Assigned McInnes. J. P.
Regtl. No. 724675
Rank Sgt. D. Co.
Corps 109 Btn

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | Stop payment 1/3/17 Discharge to Canada 3M February 9/17 S.H. 30/3/17 |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | a/c Closed |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—319.

279

Sheet No. 2 Mrs Margt. McInnes Wife

Name of Soldier McInnes J. P.

724675 Sgt. "Le Coy" 109 Btn

$15.00

Remarks. AUG 1 1916

L. L. Job 310.—Req. 6574.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | W15136 | 15 | |
| Sept. | | P19226 | 15 | |
| Oct. | | P24006 | 15 | |
| Nov. | | M26682 | 15 | |
| Dec. | | ~~M 34179~~ | ~~15~~ | Cancelled 12/12/16 |
| Jan. | 1917 | B40075 | 15 | |
| Feb. | | B45777 | 15 | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

a/c closed
Rtd Scandinavian 17 2/17
105.00 7 X 22 2/17

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

## PAYMENTS.

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

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

wife PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Name of Soldier Pte 724675 MacInnes J. O.

Margaret MacInnes

| Month. | Year. | Cheque No. | Amt. | | Remarks. |
|---|---|---|---|---|---|
| April | 1916 | L2616 | 20 | 20 | |
| May | | L6972 | 20 | 20 | |
| June | | Q7786 | 20 | 20 | |
| July | | K11008 | 20 | 20 | |
| Aug. | | E13981 | 20 | 20 | |
| Sept. | | K17459 | 20 | 20 | |
| Oct. | | U19205 | 20 | 20 | |
| Nov. | | A23367 | 20 | 20 | |
| Dec. | | A26672 | 20 | 20 | 260 a/c closed |
| Jan. | 1917 | I29014 | 20 | 20 | Ret'd on Scandinavian |
| Feb. | | 9 32126 | 20 | 20 | E.O.E. F.X. 11/4/17. 17-7-17 |
| March | | 9 35213 | 20 | 20 | |
| April | | ~~J1613~~ | ~~20~~ | 20 | J 1613 Cancelled |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1918 | | | | |
| Feb. | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |

ACCOUNT CLOSED

DATE..... PER W

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. | | | | |

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

158

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

Name Margaret MacInnes

Address Onemee
Ont

Relation to Soldier wife, child or mother } wife

Name of Soldier MacInnes. J. P.

Regtl. No. 724675

Rank Pt

Corps 109 Batt

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. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | E 34280 | 20 - | 20 |

COPIED FOR 4 CASUALTIES.

ACCOUNT CLOSED
DATE..... PER.....

P. 559

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Hawkesbury Ont

NAME AND ADDRESS OF NEXT OF KIN: Margaret McInnes, Omemee Ont Can

RELATIONSHIP OF NEXT OF KIN: Wife

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 |
|---|---|---|
| From Sergt | 6/10/16 | DO 280 |
| Reverts to Pte | 16-10-16 | DO 325 |

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 724675 RANK Pte ~~Sergt~~ ~~Pte~~ NAME McInnes John Peter

IF IN PERMT. CORPS WHAT UNIT } UNIT 109th Bn TRANSFERRED TO 124th Bn. DATE 21.1.17 AUTHORITY MJ 39/124

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Struck off C.E.F. Struck to Canada Pay 2 M. DATE 1/2/17 24.3.17 AUTHORITY C.G.A.B. BH. 80 4.4.11

PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO N.E. DATE 12/1/17 AUTHORITY N.E. Minute 19/5/17.

DATE OF ATTESTATION Dec 6th 1915 TRANSFERRED TO DATE AUTHORITY

22 MAY 1917

ASSIGNED PAY MONTHLY $15 00/100 DATE EFFECTIVE Aug 1st 1916

PAYABLE TO Margaret McInnes RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE Omemee Ont

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 2/2/17 EFFECTIVE March 1. 17 REASON Discharged

DISCHARGE DATE AND PLACE Canada 11/1/17 REASON AND AUTHORITY C.G.A.B. Bramshott B.H. 50.4.4-11

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Feb 1. 1917

Entered on N.E. Card Index. [illegible]

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by T. J. Williams

| DATE 1916 | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE Credit | BALANCE Debit | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | Balance from Canada | | | | | | | | | | | | | | | | | | 7 10 | | | | |
| Aug 1-31 | 31 | 1.00 | 31 | | 10 | | 310 | | | | | | | | 94 10 | 17 | 9/8/16 | | | | | | | 94 | | | | 15 | | 24 74 | 16 46 | | | | |
| Sep. | 30 | | 30 | | | | 3 | | | | | | | | 33 | 49 | 31/8/16 | 81 | 15/9/16 | | | | | 30 | 30 | | | | | 29 60 | 19 86 | | | | |
| | | 1.00 | 30 | | 5 | 10 | | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 26 | 1.35 | 35 | 10 | 26 | 15 | 39 | 0 | | | | | | | 44 50 | 120 | 30/9/16 | 159 | 15/10/16 | | | | | 94 | 30 | | | 15 | | 32 04 | 32 32 | | | | |
| | | | | | | | | | | | | | | | 118 70 | | | | | | | | | 26 15 | 14 10 | | | | | 8 6 38 | | | | | |
| Nov | 30 | 1.00 | 30 | | | | 3 | | | | | | | | 33 | 188 | 31/10/16 | | | | | | | 93 | | | | 15 | | 31 13 | 34 19 | | | | |
| | | | | | | | | | | | | | | | | 293 | 31/11/16 | | | | | | | 87 | | | | | | | | | | | |
| Dec | 31 | | 31 | | | | 3 | 10 | | | | | | | 34 10 | 255 | 15/12/16 | | | | | | | 94 | | | | 15 | | 29 61 | 38 68 | | | | |
| | | | 16 | 60 | | | | | | | | | | | | | | | | | | | | 51 12 | | | | | | | | | | | |
| 1917 Jan | 20 | 1.00 | 22 | | | | | | | | | | | | 22 | | | | | | | | | | | | | 15 | | 15 | 45 68 | | | | |
| | | | | | | | | | | | | | | | 20 80 | | | | | | | | | 90 | | | | | | 12 12 | | | | | |
| " | 11 | 1.00 | 12 | 10 | | | | | | | | | | | 12 10 | | | 393 | 20/2 | | | | | 21 90 | 21 90 | | | | | 41 37 | 16 41 | | | | |
| | | | | | | | | | | | | | | | | | | 491 | 29/1 | | | | | 19 47 | 19 47 | | | | | | | | | | |
| ~~Feb~~ | ~~28~~ | ~~1.00~~ | ~~30~~ | ~~80~~ | | | | | | | | | | | ~~30 80~~ | | | | | | | | | | | | | 15 | | 15 | 1 41 | | | | |
| | | .10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Balance transferred to N. E. Branch | 1 41 | | | |
| May 1917 | | | | | | | | | | | | | | 3 46 | 5 46 | 10390 | | | | | | | | 4 87 | | | | | | 4 87 | | 3 46 | | | |
| May 1917 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 82 | 1 82 | | 1 82 | | | |
| June 1917 | | | | | | | | | | | | | | 4 87 | 4 87 | | | | | | | 10390. 9/2/17 | | | | 4 87 | | | | 4 87 | | 1 82 | | | |
| September 1917 | | | | | | | | | | | | | | 1 82 | 1 82 | | | | | | | | | | | | | | | | | | | | |

Trans'd to "Canada Disc'ge a/c"

DO 280 From Sgt 6/10/16

DO 325 Reverts to Pte 16-10-16, 14 dy @ 1 o/s = 6

AO 34/318 12.16. [illegible] 24/6 [illegible] 21.1.17

Allowance rendered 1.1.17 B Bal 1 41

Trans. to N.E. 29/5/17. Eff: 12/1/17. auth. N.E. Minute 19/5/17. Checked [illegible]

Balance by R.M. Buxton S.A. 31/12/16 £1 82 Arrears & Missing Allow. Sent on 2.1.17

96 Mess. Auth. Extract from Adjutant General's letter A.G. 32 43-1-88

May 5/1917 N.E. 4. 3. 5/22 [illegible] 19/6/17

A.P.R.C. A: [illegible]

£4 87 Payment taken from Sh. N.E. 31 in error. A/K not being to hand

£4 87 on A/K 10390. 9/2/17 Cash Payment by R.M. Buxton.

£1 82 ask by Ottawa A.G. Eng. M. 13388. 17/8/17 PL 25 M-4887.

| 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 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This space to be for numbers.

# Proceedings on Discharge.

**(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)**

No. 724675

Rank Pte.

Name MacInnes J. P.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th Bn.

Date of Discharge 31-1-18.

Place of Discharge Kingston

**1.** DESCRIPTION AT THE TIME OF DISCHARGE.

Age 52 years 11 months.
Height 5 feet 9½ inches.
Complexion Dark
Eyes Grey
Hair Dark
Trade Clergyman
Intended place of residence (To be given as fully as practicable.) Owenee, Ont

Descriptive Marks
2 Vacc. marks on left bum
middle toe off right foot.

**2.** The above-named man is discharged in consequence of Being medically unfit for further service

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

**3.** Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

**4.** Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

5

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston

(Date) 31-1-18

Major

O. C. 4th Unit, M. H. C. C.

*Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston J. A. Macinnis (*Signature of Soldier.*)

(Date) Jan. 4th 18 W. Haader (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 56 days.

Total 2 years 56 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Kingston

(Date) 31-1-18

(*Signature*) .....

Major

O. C. 4th Unit, M. H. C. C.

## Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None. J Macknes

(OVER)

# List of Discharge Documents.

| | | | |
|---|---|---|---|
| Reg. Conduct Sheet, | Militia form B. 263. | Attestation Paper, | Militia Form B. 235. |
| Squadron / Battery / Company } Conduct Sheet, | " B. 263a. | Proceedings on Discharge | " B. 218. |
| Copies of Convictions, by C. P. | in MS. | | |
| Med. Hist. Sheet, | Militia Form B. 313 | | |
| Medical Report for Invalid* | " B. 227. | | |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " D. 877. | | |

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge.

*(b)* Attestation.

*(c)* Medical History Sheet (in the event of such having been prepared.)

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

LN/

Home Address:- Omemee, Ont.

* N. B—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Kingston, Ont.

on the 23rd. May 1917.

by order of G.O.C. M.D. No.3

for the purpose of examining into and reporting on the present physical condition of Pte. J.P. McInnes No.724675, 8th Reserve Batt'n.



PRESIDENT.

Lt-Col. E. Kidd A.M.C.

MEMBERS.

Major A. Ross Alguire A.M.C.

Capt. W.A. Jones A.M.C.

The Board having assembled pursuant to order, proceed to examine the above named man and find:-

1. He complains of some frequency of urination in cold damp waather. Does not have to rise at night. Complains of pain in left lumbar region. and down left leg. All symptoms date from receipt of injury from fall on back Nov. 28th/16 On examination, tenderness in left lumbar region and along adductor muscles od left leg. Urinary condition is much improved.
No symptoms of prostate enlargement A.R.A.
2. Incapacity 4/4.
3: Duration six months.
4. Recommend further Convalescent treatment.
5. Class D.

E. Kidd Lieut-Col. A.M.C.
A. Ross Alguire Major A.M.C.
W.A. Jones Capt. A.M.C.

M. F. B. 303.
150M.—1-17.
H. Q. 1772—39—133.

Home Address:- Owensee, Ont.

Medical Board

Kingston, Ont.

22nd. May 1917.

G.O.C. M.D. No.3

examining into and reporting on the present physical condition of Pte. J.P. Molinnes No.724675, 8th Reserve Batt'n.

Lt-Col. K. Kidd A.M.C.

Major A. Ross Aguire A.M.C.

Capt. W.A. Jones A.M.C.

Board

examine the above named man and find:-

1. He complains of some frequency of urination in cold damp weather. Does not have to rise at night. Complains of pain in left lumber region and down left leg. All symptoms date from receipt of injury from fall on back Nov. 28th/16 On examination, tenderness in left lumber region and along adductor muscles od left leg. Urinary condition is much improved.

2. Inoperacity 4/4.

3. Duration six months.

4. Recommend further Convalescent treatment. Class D.

Lieut-Col.A.M.C.

Major A.M.C.

Capt. A.M.C.

9

A.111 -- 23 May '17.

Assistant Adjutant-General,

Forwarded,

I concur in this report.

Capt.AMC.,D/A.D.M.S.,
For A.D.M.S., Military District No.3.

Secretary, Militia Council,

Forwarded,

~~Brig-General,~~
~~G.O.C.~~, Military District No.3.

Report No. 5565 | Class II

McInnes John P.
Omemee Ontario.

| No. of M. H. C. File | No. of Local File | No. of H. Q. File |
|---|---|---|
| | | |

No. 724675 Rank Pte. Original Unit 109th Present Unit 8th

Age 51 Height 5 ft. 9¼ ins. Complexion Fresh Eyes Dark Hair Dark Character Good.

Date of enlistment 3-12-15 Where enlisted Lindsay, Ont. Where seen service England

Ship returned by Scandinavian Date of arrival 7-2-17 Port of arrival St. John

Birthplace Canada Religion Pres.

Name and address next of kin wife Mrs M. McInnes same address

Cause of disability (1) Overage (2) Enlarge prostatic aggravated by service.

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board 50% Canadian Board ¼ of which ½ is

Probable duration of incapacity Permanent unable to say if aggravation will be due to aggravation.

Is final disability likely to prevent return to previous occupation? clear cut

Recommendation of Canadian Board Convalescent Home.

Destination to which transportation issued Kingston, Ont.

Members of Board

## INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME | AGE | WHERE—IF EMPLOYED | WAGES | STATE OF HEALTH |
|---|---|---|---|---|---|
| Wife | wife | 49 | | | Good |
| Children 1 | | | | | |
| 2 | | | | | |
| 3 | 1 girl | 19 | | | |
| 4 | | | | | |
| 5 | | | | | |

Occupation prior to enlistment Clergyman

Regular trade or profession

Average earnings previous to enlistment $1200.00 year Any other income

Name and address of last employer Presbyterian Church Omemee Ont.

Rent per month ——— If purchasing property amount due and annual payment, $ ——— $ ———

Taxes ——— If Homestead, when is patent due? ———

If carrying life or accident insurance, annual premium Can O. Foresters $22.00

If in receipt of sick benefits or other insurance—name of society ——— Amt. per mo. $

~~If unable to follow previous occupation, name preference~~ after rest & treatment

At what age soldier left school? ——— What grade, standard, &c., was he in? } U.A.

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References not necessary

Witness Jos. Dowell I declare that the above statement is correct.

Date 14-3-17 Signature J. P. McInnes

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

2

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H. Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5c.

CLASS 1.—Men for immediate discharge without a pension (a) Unfit for overseas service but capable to take up their previous civilian occupation. (b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in one cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and who-e cases will immediately be considered by the Pensions Board with a view to pension.

Report No. Class II

No. Rank Original Unit Present Unit

Age Height Complexion Hair Eyes Character

Date of enlistment Where seen service

Ship returned by Date of arrival Port of arrival

Birthplace Religion

Name and address next of kin

Cause of disability

Condition which prevents the soldier from earning a livelihood

Degree of incapacity (Please state in fractions) Reg. Board Canadian Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued

Members of Board

## INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME | AGE | WHERE IS EMPLOYED | WAGES | STATE OF HEALTH |
|---|---|---|---|---|---|
| Wife | | | | | |
| Children | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment Any other income

Name and address of last employer

Salary per month If purchasing property amount due and annual payment, $

Lease If from stock, when is patent due?

Is carrying life or accident insurance, annual premium Amount per month, $

If insured of sick benefits or other insurance—name of society

Are you able to follow previous occupation, or what?

Are you an ex soldier last school? What trade, standard, &c., was behind?

Are you taking any Technical or Continuation classes, if so, what?

Number of days Convalescent Training while in Hospital in England. If so, where and when?

Remarks

I declare that the above statements are correct.

Signature

Recommendation by Interviewer as to classes (if any) to be of use and general remarks

Reg. Com. C. $ Dr. $ Amount paid at Depot H. C. $ L. P. C. leaving Depot, $

Monthly expended in H. C. Unit, $ Cable Clothing allowances, $

Transfer to Unit—Date Trained to Class 3—Date Trained to Class 2—Date

PENSION—Class Amount per year, $ Period reported for Date from

First pension due

Claim No. $

PART I. A.F.B. 179 Canada (Revised).

G D D Writley

Reserved for M.H.C.

Regt. No. 724675 Rank Private Surname MacInnes. Christian Name John Peter

Unit or Corps—(a) Overseas from United Kingdom 124 Bn (b) In United Kingdom Writley

Born at—Town Vankleek Hill County or Province Prescott. Country Ont Canada

Date of Birth—Day 26 Month February Year 1871 Age 46 yrs 10 months.

Joined at Lindsay Date Dec 3 /15

DEPT MILITIA & DEFENCE MAR 24 1917 H.Q. CANADA

Former Trade or Occupation Clergyman.

Permanent marks or peculiarities that will serve for future identification :—

old fracture Humerus left shoulder 6 years ago.

Height—feet 5 inches 9¼ Colour of eyes Gray.

Signature of Soldier (*for indentification purposes*) J. P. MacInnes

## Medical Report.

*The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*).
(*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). Overage.

Disabilities Group (*b*). Enlargement prostate gland unable to empty bladder properly and incontinence of urine.

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

| | Disease or injury to which the disability is due. | Place of origin. | Date of origin. |
|---|---|---|---|
| (*i*) As to Group (*a*) above. | overage. | | |
| (*ii*) As to Group (*b*) above. | Natural result considering his age. Enlarged prostate gland. | | |
| (*iii*) As to Group (*c*) above. | | | |

*NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)*

3. Is the disability due to disease contracted or injuries received prior to Active Service? yes.

(*i*) As to Group (*a*) above? If yes, has Active Service aggravated it? yes.

(*ii*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4

4. Is the disability due to disease contracted or injuries received while on Active Service— no.

(*i*) As to Group (*a*) above?

(*ii*) As to Group (*b*) above?

(*iii*) As to Group (*c*) above?

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable

(*i*) While on duty? (*ii*) While off duty?

(*iii*) Was a Court of Inquiry held? (*iv*) Where? (*v*) When?

(*vi*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

He has never been in hospital, has complained of prostatitis and is unable to control urine flow. He now complain of constant dribbling of urine. This has only troubled him for one month no doubt due to slightly enlarged prostate.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

He looks more than 47 years of age, body emaciated and muscles not well developed. Respiratory system — Has chronic Bronchitis, otherwise lungs clear. Circulatory " — Heart not enlarged & in good condition. Digestive " — teeth fair. Digestive organs show no evidence of disease. Urine — no sugar slight trace albumen.

8. OPERATION. (*i*) Was one performed? — not applicable

(*ii*) If so, state what.

(*iii*) Was one advised and declined?

*NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.*

9. (*i*) Is there loss or decay of teeth attributable to Active Service? not applicable

(*ii*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? yes.

Date of Report Dec 20 1916 Signed G. Macpherson Capt

Officer in medical charge of case.

Station Witley

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

P. S. Stewart Maj

Dated at Bramshott Station, on 27-12-1916

{~~Officer i/c Hospital~~ / S.M.O. ~~Brigade~~} Strike out one of these.

* Delete if inapplicable.

## Proceedings of a Medical Board on the Soldier mentioned in Part I.

*Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I (1)? Yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? No / Aggravated? No }
(b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)
50 %

15. THE PENSIONABLE DISABILITY—(*see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all*).
50 %

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i*) Is it permanent? No
(*ii*) If not permanent, what is its probable minimum duration (*in months*)? 6 months.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

18. Remarks.
This man states that his proper age is 51. He certainly looks this age.

19. Recommendation:—(*a*) Fit for duty? /
(*b*) Fit for base duty? /
(*c*) Invalid to Canada? /
(*d*) Discharge from Service as permanently unfit? Yes

Classification for the Military Hospitals Commission.

Date of Board Jany 30th 1917

Station Witley

Signatures of the Board { Jh. Cook Capt. President. / F. Barry Capt. }

3

Approved S. Campbell Major for A.D.M.S.

Dated at Witley Station Witley Jan 30th 1917

## Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

*Signatures of the Board*

*President.*

ORIGINAL

# MEDICAL HISTORY OF AN INVALID.

Omemee

1. Station. Q.M.H.Kingston,

2. Regiment or Corps. 109th Battn.

3. Regimental No. and Rank. 724675 Pte.

4. Name. John P. ~~McInnes~~ MAC/INNES

5. Age last Birthday. 52

6. Enlisted on Nov.1915

at Lindsay

7. Former trade or occupation. Clergyman

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Jan.3/18

9. Service.

| Years. Days. | PERIODS From | PERIODS To |
|---|---|---|
| 109th Battn. | Nov.1915 | Dec.1916 |
| 124th Battn. | Dec.1916 | Jan.1917 |
| 8th Reserve Brigade | Jan.27/17 | present. |

10. (a) Disease or disability. 1. Incontinence of Urine. 2.Myalgia Right leg & Lumbar region. 3. Overage.

(b) Date of origin. 1. Before enlistment. 2. Nov. 18/1916 3.Not applicable

(c) Place of origin. 1. Canada. 2. Aldershot. 3. " "

(d) Cause. 1. Unknown. 2. A fall 3. " "

Subjective Symptoms:-1. Man fell backwards striking his back Nov.18/16. His back began to get very sore & he immediately began to pass blood in his urine. This kept up for about 5 weeks. He was not in Hospital more than 3 days. Says urine kept coming away involuntarily and he had a frequent desire to urinate. Frequency of urination was present before enlistment but man says it has been greatly aggravated by fall. This condition is somewhat improved but he still urinates 8 or 9 times during the day, & has to get up 2 or 3 times during the ~~day~~ night to urinate. If he does not relieve his bladder urine comes away involuntarily. Examination of prostate shows some slight enlargement on left side, no tenderness over the bladder or no stone to be felt in bladder. (2) Man says he has pains in his back & right leg & that he is unable to rest his weight upon it fully. Examination shows a slight tenderness over the lumbar muscles on the right side. Nothing abnormal on examination of limbs. Man had a hammer on toe right foot removed while in this hospital on Nov.10/17. Heart normal - pulse 80 - S.B.P.100 - D.B.P. 85. Urine:- S.G.1015 - R.acid-alb.nil-sugar nil. (no pus, no blood. (3. Man states that he is 52 years (old & looks that age.)

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

12. (a) Is the disability the result of service or climate?
1.AGGRAVATED BY SERVICE.

(b) Has it been aggravated by intemperance, vice or misconduct?
II,SERVICE. ---(1 & 2. NO - 3. Not applicable).
III - Not applicable.

M. F. B. 227.

200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar of vaccination on left arm.

Loss of toe 3rd toe right foot.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

1. Not applicable.
2. On duty.
3. Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

1 & 2 & 3. Not applicable.

14. Treatment.

Richardson Conv.Home, Kingston.

Q.M.H.Hospital, Kingston, since Oct.2/17

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

1. Aggravated 50%.

2 & 3. Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

1. permanent.
2. 6 months.
3. Not applicable.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. 25% for aggravation.
2. 10% decreasing.
3. Not applicable.

18. State if for discharge on account of unfitness for Service.

Yes.

H Langrow Capt

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. "

12. "

15. "

16. "

17. "

18. Is he unfit for Military Service. Yes.

Recommendations:

On account of disability resulting from myalgia and incontinence of urine this man should be placed in Category "E". Man requires no further hospital treatment. Man able to pass under his own control.

Signatures:—

W. Gibson Captain President.

E. D. MacCallum Captain

L. Armstrong Captain Members.

Station. Kingston.

Date. Jan. 4/18

Date. JAN 11 1918

G. H. Weatherhead Major, A.M.C.
Asst. Director of Medical Services.
D/ A.D.M.S. Mil. District No. 5
For A.D.M.S. Mil. District No. 3

Approved.

Date.

Director-General of Medical Services.

9

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| | | | | | |
| | | | | | |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-89-117.

# DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

LN/ Home Address: Omemee, Ont.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Kingston, Ont.

on the 23rd. May 1917.

by order of G.O.C. M.D. No.3

for the purpose of examining into and reporting

on the present physical condition of

Pte. J.P. ~~Melnnes~~ MACINNES No.724675, 8th Reserve Batt'n.

PRESIDENT.

Lt-Col. E. Kidd A.M.C.

MEMBERS.

Mjor A. Ross Alguire A.M.C.

Capt. W.A. Jones A.M.C.

The Board having assembled pursuant to order, proceed to examine the above named man and find:-

1. He complains of some frequency of urination in cold damp weather. Does not have to rise at night. Complains of pain in left lumbar region. and down left leg. All symptoms date from receipt of injury from fall on back Nov. 28th/16 On examination, tenderness in left lumbar region and along adductor muscles od left leg. Urinary condition is much improved.
No symptoms of prostate enlargement. ASH

2. Incapacity 4/4.

3. Duration six months.

4. Recommend further Convalescent treatment.
Class D.

E. Kidd Lieut-Col. A.M.C.

A. Ross Alguire Major A.M.C.

W. H. Jones Capt. A.M.C.

12

M. F. B. 303.
150M.—1-17.
H. Q. 1772—39—133.

11

Assistant Adjutant-General,

Forwarded,

I concur in this report.

Capt.AMC.,D/A.D.M.S.,
For A.D.M.S., Military District No.3.

Secretary, Militia Council,

Forwarded,

Brig-General,
G.O.C., Military District No.3.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 724675 Rank Private Surname MacInnes Christian Name Robert Peter.

Unit or Corps—(a) Overseas from United Kingdom 124th. Bn. (b) In United Kingdom Witley Camp.

Born at—Town Vankleek Hill County or Province Prescott Country Ontario Canada

Date of Birth—Day 26 Month February Year 1871 Age 46 yrs. 10 months.

Joined at Linisay Date Dec. 3/15

Former Trade or Occupation Clergyman

Permanent marks or peculiarities that will serve for future identification :—

Old fracture humerus left shoulder 6 years ago.

Height—feet 5 inches 9 1/4 Colour of eyes Gray.

Signature of Soldier (*for indentification purposes*) J P MacInnes

## Medical Report.

*The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*).
(*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). Over age.

Disabilities Group (*b*). ~~Enlargement of prostatic gland and~~ He is unable to empty bladder properly. and has incontinence of urine

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

| | Disease or injury to which the disability is due. | Place of origin. | Date of origin. |
|---|---|---|---|
| (*i*) As to Group (*a*) above. | Over age. | | |
| (*ii*) As to Group (*b*) above. | Natural result considering his age. Enlarged prostate gland. | | |
| (*iii*) As to Group (*c*) above. | | | |

*NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)*

3. Is the disability due to disease contracted or injuries received prior to Active Service? ~~No.~~ yes

(*i*) As to Group (*a*) above? If yes, has Active Service aggravated it? yes.

(*ii*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service— No.

(*i*) As to Group (*a*) above?

(*ii*) As to Group (*b*) above?

(*iii*) As to Group (*c*) above?

PART I. (continued).

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable.

(i) While on duty? (ii) While off duty?

(iii) Was a Court of Inquiry held? (iv) Where? (v) When?

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

He has never been in hospital. Has complained of bronchitis and is unable to control urine flow. He now complains of constant dribbling of urine. This has only troubled him for one month no doubt due to slightly enlarged prostate.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

He looks more than fourty seven years of age. Body emaciated and ~~MXXX~~ Mussels not well developed.

Respiratory. Has chronic bronchitis, otherwise lungs are clear.

Circulatory Heart not enlarged and in good condition

Digestive. Teeth fair, digestive organs show no evidence of disease.

Urine. No sugar, slight trace albuman.

8. OPERATION. (i) Was one performed? Not applicable.

(ii) If so, state what.

(iii) Was one advised and declined?

*NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.*

9. (i) Is there loss or decay of teeth attributable to Active Service?

(ii) If so, describe. not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? no

(d) Discharge from the Service as permanently unfit? Yes.

Date of Report Dec 20 1916 Signed G. Macpherson Capt

Officer in medical charge of case.

Station Witley

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

R. D. Stewart Maj Capt

~~Officer i/c Hospital~~ S.M.O. ~~Brigade~~ Strike out one of these

Dated at Brainshott Station, on 27-12-1916

* Delete if inapplicable.

## Proceedings of a Medical Board on the Soldier mentioned in Part I.

*Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I (1)? yes.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? yes
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
*(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)*
50%

15. THE PENSIONABLE DISABILITY—*(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all).*
50%.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? no.
(ii) If not permanent, what is its probable minimum duration *(in months)*? 6 months.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.
This man states his proper age is 57. He certainly looks this age.

19. Recommendation:—(a) Fit for duty? —
(b) Fit for base duty? —
(c) Invalid to Canada? —
(d) Discharge from Service as permanently unfit? yes

Classification for the Military Hospitals Commission.

Date of Board Jan 30 1917

Station Witley Surrey

Signatures of the Board { J. H. Cook Capt. President. / J. C. Barry Capt. }

Approved S. Campbell Major
Witley

Dated at Witley

for A.D.M.S.

Station Witley Jan 30th 1917

## Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

*Signatures of the Board*

*President.*

Copy.

ARMY FORM B. 178.

**To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

# MEDICAL HISTORY of

*Surname* Mac Innis *Christian Name* John Peter.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Hawkesbury County Prescott County Ont.

Examined ... ... ... on 6th day of December 1915, at Lindsay.

Declared Age ... ... 45 years days.

Trade or Occupation ... Clergyman.

Height ... ... ... 5 feet 8 inches.

Weight ... ... ... 160. lbs.

Chest Measurement: Girth when fully Expanded 34 inches. Range of Expansion 3½ inches.

Physical Development ... Good.

Vaccination Marks: Arm ... Right / Left; Number 3

When Vaccinated ... ... Jan. 26. 1916.

Vision ... ... ... R.E.— V= L.E.— V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) None.

(*b*) Slight defects but not sufficient to cause rejection ... ... ... (*b*) None.

Approved by (*Signature*)

(*Rank*) *Medical Officer.*

Enlisted ... ... ... at Lindsay. Ontario. on 6th day of December. 1915.

| | Corps | Regtl. No. |
|---|---|---|
| Joined on Enlistment ... | 109th Batt. | 424646. |
| Transferred to ... ... | C.E.F. | |
| | C. C. A. C. | |

Became non-effective by ... DISCHARGED under Para 392, Sec. 16, K. R. & O. Being no longer physically fit for war service.

on day of 191 .

(*Signature*)

(*Rank*)

(5442.) W. 13920/M39. 400M. 12/15. C. P., Ltd.

Forms B 178 39

P.T.O.

## Table II.—Only for Admissions to Hospital or to the Sic

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Rem |
|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## k List in the case of Warrant Officers treated in quarters.

| arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|---|---|

## Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date | Brief details, and signature |
|---|---|
| Bramshott. | Over Age. Class. E. |
| Dec. 11/16. | |
| D Litley. | |
| Jan. 30/17. | Enlarge Prostate Discharged. |
| | & senility. Unfit. |

## Table IV.—Service Table.

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|---|---|---|---|---|---|
| | | | | | |

D.S. 1348 (Revised)

38

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

11-12 1916.

No. 724675 Rank Pte Name MacInnes J.P.

Local Unit ~~134~~ 134 Bn Overseas Unit Age 57

Examination held at Bramshott, Hants.

DISABILITY (1) Over age - (2) Incontinence urine

~~Overseas~~--Local
(scratch one out)

PRESENT CONDITION

At present under treatment for No (2) - for past two weeks - ? Probably prostatic hypertrophy - not likely to be fit for full Base Duty.

Board recommends:

1. Fit for Duty
2. Fit for Duty after.....weeks physical training
3. Fit for Base duty .....weeks
4. Fit for Permanent Base Duty Class ~~II~~ ~~III~~ E P.D.
5. Discharge

Signatures :

C.E. Cooper Cole Pres.
Major, C.A.M.C.

Members I.A. Dickson

Approved.

Bramshott 11-12 1916.

F.A. Stewart Maj.
for G.O.C. & A.D.M.S.
Canadian Troops, Bramshott.