

Dy. # 726035

# ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *McCullough*
- 1a. What are your Christian names?..... *Samuel Wesley*
- 1b. What is your present address?..... *Haliburton*
2. In what Town, Township or Parish, and in what Country were you born?..... *Colwater, Simcoe Co.*
3. What is the name of your next-of-kin?..... *Emma McCullough*
4. What is the address of your next-of-kin?..... *Colwater, Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *Feb 12 - 1892*
6. What is your Trade or Calling?..... *Railroader*
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?..... *1 yr Wisconsin Inf.*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel Wesley McCullough* 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.

*Samuel McCullough* (Signature of Recruit)

Date *Dec 21<sup>st</sup>* 1915. *AW Gray Capt* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Wesley McCullough*, 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.

*Samuel McCullough* (Signature of Recruit)

Date *Dec 21<sup>st</sup>* 1915. *AW Gray Capt* (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 *Haliburton* this *21<sup>st</sup>* day of *December* 1915.

*Fred Dart* *Frank Freeman* (Signature of Justice)

*Recruit Dyant*



# Description of Samuel Wesley McCullough Enlistment.

Apparent Age... 27 years 10 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 9 ins.

Chest measurement. { Girth when fully expanded..... 37½ ins.  
 Range of expansion..... 3½ ins.

Complexion..... Rose

Eyes..... Dark

Hair..... Black

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

*Tattoo on right forearm  
 Initials (S W M)*

## 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..... Dec 21 1915.

Place..... Halifax

*J. M. McCulloch*  
 ..... 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.

Samuel Wesley McCullough..... 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.

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

Date..... JAN 25 1916 1916.



AP 142-14

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

S

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

Name McCULLOUGH SAMUEL, WESLEY

Regt. No. 426035 Rank Pte

Corps 109 P Bn

*Med. unfit*

M

H

*Proc. on Dis. Desp. to B.P.C. on M. S. W 2555  
R.F. B.P.C. - 1065/15-2-1906*

*Discontinued  
24-2-17*

6630

Last Pay Certificate.....

*a J W 3997-1*

*a J B 122-1*

*I. S. C 132-1*

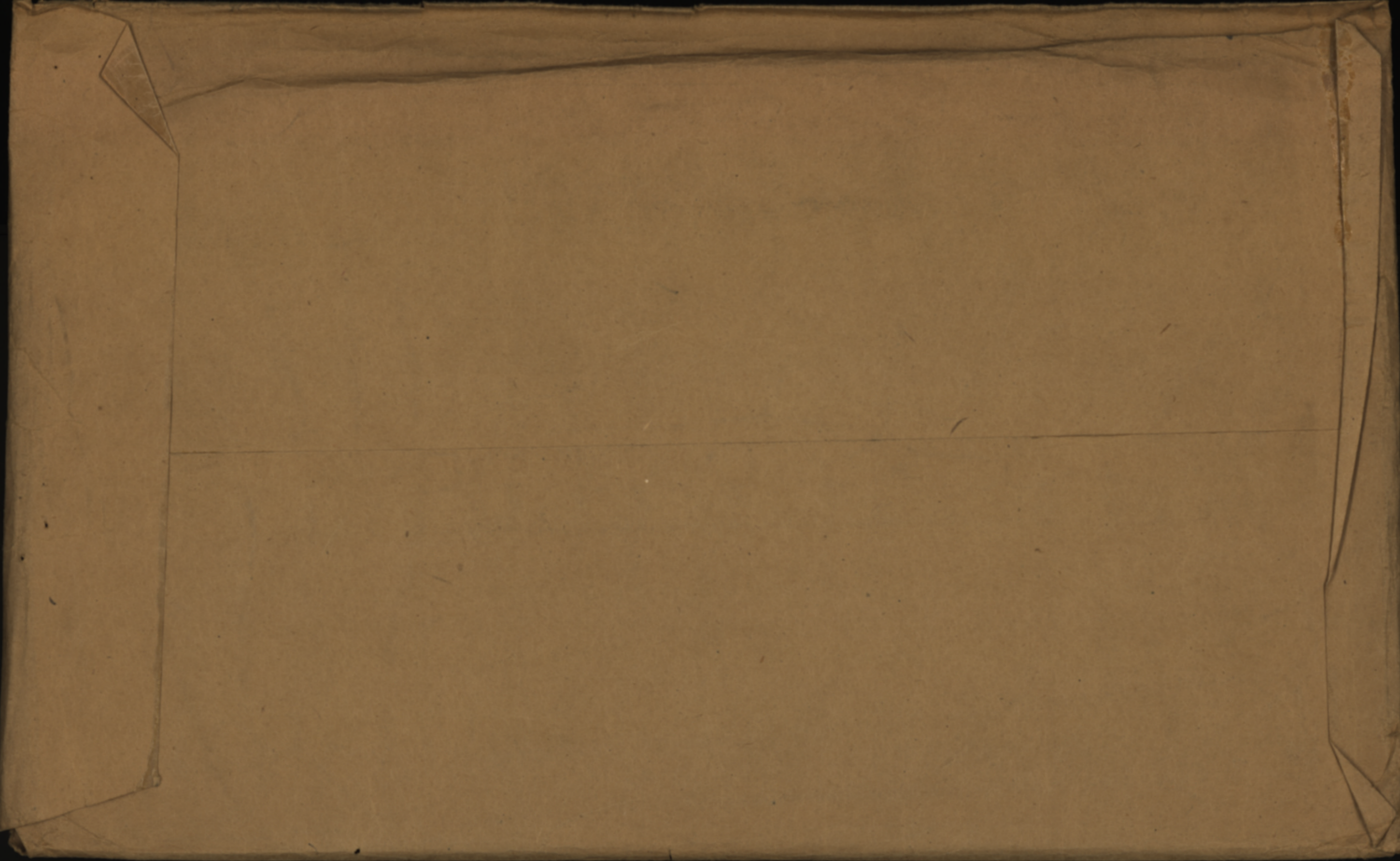
*m J W 192-1*

*Payc*

*23-14  
23-14  
10 14*

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page*

~~FB~~

Number *726035* Rank *a/cph*

Surname *McCollough*

Christian Name *Samuel Wesley*

Units *21<sup>st</sup> Bn Can Inf* Theatre of War *France*

Date of Service *6-10-16*

Remarks

Latest Address *Coldwater  
Ontario*

Roll No. *Page 6321*



DESP. DEC 13 1921  
REGN. IN. *W 2884*



No. 726 035<sup>5</sup> RANK

Pte

NAME

McCullough, S. W.

T. O. S. 21-12-15 UNIT

D. O. 29. 23-12-15.

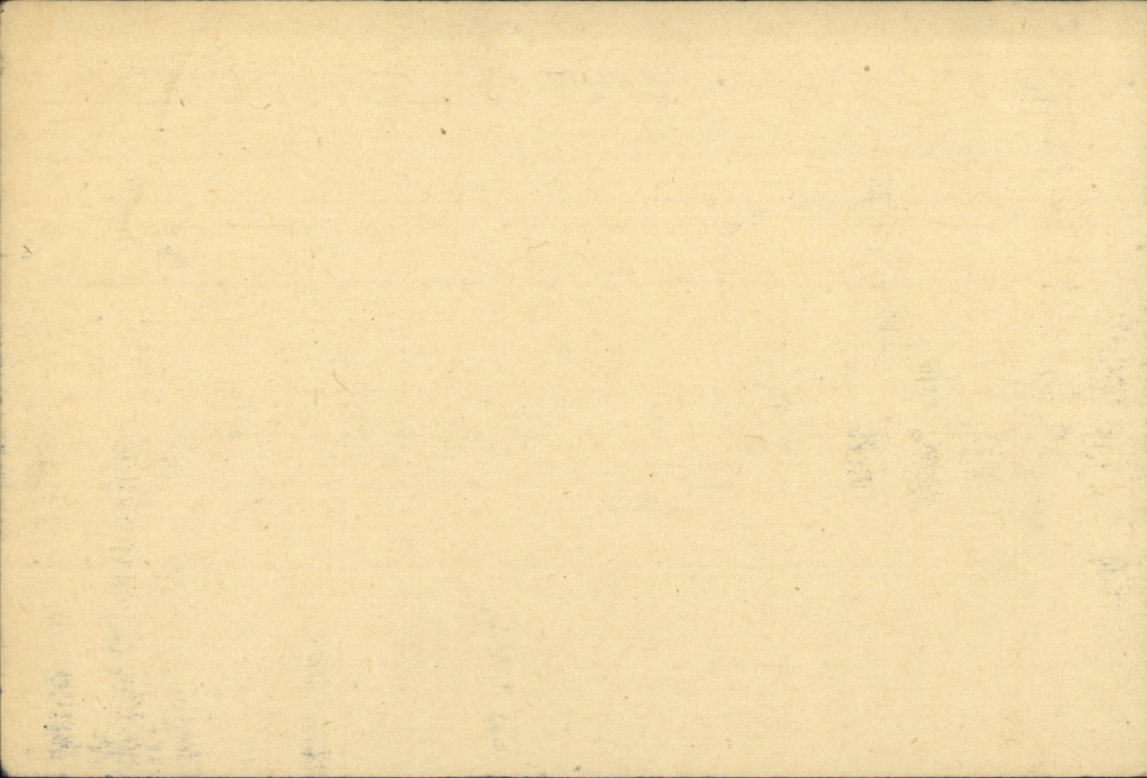
109th. Battalion

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Dec 21	1915- Dec 31	✓		
1916. Jan	1916	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED  
JUL 23 1916







NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

726035

H. Q. FILE NO 649

FOLLOWS

NO.

FOLLOWS

*McCullough S.W.  
Ste 4 Lab*



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A133'	Stan. Fld. Amb.	4-2-18	J. D. P. Knee	
A136	6 Cas. Clear. Stat.	10-2-18	" " " "	Jt.
B141	Queen Mary Mil. Whalley Lanes	18-2-18	J. D. Rt. Knee	Misc. Units
A143-2	No. 22 Gen. Carriers	14-2-18	J. D. right Knee.	(" ")
B. 151	St. Mil. Con. Woodcote P. Epsom.	6-3-18.	" " " "	" "
B. 63.	Lesic.	12-7-18.	J. D. P. Knee.	



Samuel Wesley 5363

Name *McCULLOUGH* Rank *Ole* Reg. No. *926035*  
 Unit *4<sup>th</sup> Lab Bn CAN I WORKS BN*  
 Next of Kin *Canada* E

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>4-2-18</i>	<i>6 Co 1st Lt Amb</i>	<i>St. Rostock</i>	<i>A</i>	<i>133</i>	<i>13180</i>	
<i>10-2</i>	<i>6 Co 6 Str</i>	<i>do</i>	<i>A</i>	<i>136</i>	<i>13485</i>	
<i>14-2</i>	<i>22. Gen Hef. carriers</i>	<i>do</i>	<i>A</i>	<i>143</i>	<i>19848</i>	
<i>18-2</i>	<i>Q.M. Mil H. C. Halley</i>	<i>do</i>	<i>B</i>	<i>141</i>	<i>12824</i>	
<i>6-3</i>	<i>Mil (Com) Epsom</i>	<i>do</i>	<i>B</i>	<i>151</i>	<i>13798</i>	
<i>12-7</i>	<i>Discharged</i>	<i>do</i>	<i>B</i>	<i>68</i>	<i>6602</i>	







Reg. No. 126055	Rank. Pte	Surname McBullough	Category.	Dentally Unfit.
Christian Names (1) S.		(2) W.	(3)	Date

Place of Enlistment: Haliburton	Date of 21/12/18	Taken on from Gen. Depot	Religion Meth	Inoculations	Company 8
Province: Ont	Age on 13	Date 26-9-18	Vaccination		

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: 17-1-17 - till 18-2-18	Profession or Trade (Civil) Railroader
Reason for Return: Sick	Transferred or Posted to Date

Married or Single Single	LEAVE.			
Address of Next of Kin Emma McBullough Caldwates, Ont Can	No. of Pass Issued	FROM	To	Free Transportation
Country				







SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

M<sup>c</sup> Bullouch

S. W

726 035

RANK

UNIT

Co.

TROOP

BATTY.

C. W. B.

Q<sup>ts</sup>

This unit 4<sup>th</sup> Lab.

HOSPITAL

DATE OF ADMISSION

6 Bau fld amb.

4. 7. 18.

1. #6 Cas. C. Station

HOSP. 10. 2. 18

22 Gen Camiers

2. Mrs Mary Anne Whalley

HOSP. 14-2-18

3. M. L. Coust W. P. A. Epsom

HOSP. 18. 2. 18

4.

HOSP.

DIAGNOSIS

I. D. Rt Knee. p

1.

2.

3.

DISPOSITION

Dis. 12. 7. 18

DATE

Ch. 11. 7. 18 a 133.<sup>1</sup>  
14. 2. 18 a 136-1  
22. 2. 18 a 143  
25. 2. 18 B 141  
8. 3. 18 B 151  
17. 7. 18 B 6B

REMARKS

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



\*Name L MCCULLOUGH L.W. Rank Pte Regtl. No. 726035  
 Original unit 109th Bn Present unit 109th Bn M. or S. M Age 26 Religion Meth Fyle Depot   
 Address on leave same  
 Address on discharge Coldwater, Ont.  
 Transportation issued  Yes  No Date 21-1-19 Character on discharge Coldwater, Ont.  
 Previous occupation Railroader Date and place of enlistment Haliburton Dec. 21st 1915.  
 Diagnosis Sprained right knee Date of Medical Boards 14-1-19

Date.	Remarks	Pt. 2 Order No.
T O S		
7-12-18	Posted to Cas. Co. Ex. Camp 14-12-18	
	Leave from 19-12-18 to 6-1-19	
	Subs " " "	250
21-1-19	SOS DISCHARGED "MED UNFIT" entitled to 91 das. PDP & C.A.	17

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



Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

Ottawa, Ont.

Date ..... Feb. 18, 1970 .....

Copy for H.O. File

TO:  
À:

Attention of:  
Compétence de:

CPC No.  
CCP N° ..... 61758 .....

NAME McCULLOUGH, Samuel W. Service No. 726035 WWL WVA No. 210921  
NOM ..... Matricule N° ..... AAC N° .....

Information received from: DVA 93, Toronto, Ont. d/29.12.69  
Information reçue de: .....

Date of Death  
Date du Décès ..... December 20, 1969 .....

Cause .....

Place  
Endroit ..... Brampton, Ontario .....

Name and address of next-of-kin (if known)  
Nom et adresse du plus proche parent connu .....

Distribution: WSR - VI - ~~XX~~ - HO  
DASG - ASS - ~~BX~~ - BC

Pour le chef,  
*C.C. Richards*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.

DEPARTMENT OF VETERANS AFFAIRS  
MINISTER OF AFFAIRS AND INDUSTRY

DEPARTMENT OF VETERANS AFFAIRS

111 DEPT. ST.

Ottawa, Ontario



100-100000

100-100000

100-100000

100-100000

*[Handwritten signature]*

100-100000

100-100000

100-100000

100-100000



5363

A.C. Rank *Pvt.* Name **MCCULLOUGH, Samuel Wesley.** Reg'l No. **726035**

Unit **109th. Bn.** If in perm. Corps, }  
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Haliburton. Dec. 21st. 1915.** Place of Birth **Coldwater, Simcoe Co.,**

Name and Address, Next-of-Kin **Emma McCullough,**  
**P.O. Coldwater, Ont., Can.,** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

THE R.B. No. **2613**  
File R.L.  
Dated **R CAN**

*Man C*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H.M.T. 2310 31-7-16			
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 21 <sup>st</sup> Batta	Bramshott	5-10-16	Pt II. D.O. 279
9-10-16	21 <sup>st</sup> Bn	<i>Taken on strength</i>	Field	6-10-16	IV 58.
22-2-17	"	attach 14 <sup>th</sup> Can. M.G. Co. for duty	"	17-1-17	" 22.
8-3-17	"	S.O.S. to 14 <sup>th</sup> M.G. Coy	"	16-1-17	" 27.
12-3-17	14 <sup>th</sup> M.G. Co	S.O.S. from 21 <sup>st</sup> Batta	"	17-1-17	" 27
20-7-17	✓	S.O.S. to 20 <sup>th</sup> Bn	✓	26.6.17	Pt II 1030/2.8.17.
16.7.17	20 <sup>th</sup> Bn.	S.O.S. from 14 <sup>th</sup> M.G. Co.	✓	27.6.17	Pt II 49
9.8.17.	✓	S.O.S. to 4 <sup>th</sup> Can. Lab. Bn.	✓	2.8.17.	Pt II 2054.0 P II 0730/13.8.17.220.

A.F.B. 103 CHECKED 10 OCT 1966

*Man C*



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.				
25-2-18	4 <sup>th</sup> Lab Bn	Included Sick posted to Gen Depot	<sup>pte</sup> Field	18-2-18	Gen Depot Ptl 13 Ptl 51 9-13-18
18-7-18	Gen. Depot	beases Hosp. + is o/c 1 <sup>st</sup> B. B. D.	Pte	Sicliffe	12-7-18 D.O. 169 (18.6.1942/19.7.18)
25-9-18	Gen. Depot	beases on com. 1 <sup>st</sup> B. B. D.	Pte	Sicliffe	24-9-18 D.O. 2288 (1 <sup>st</sup> C.C.D. 2642/24-9-18)
26-9-18	Gen. Depot	S.O.S. to M.G. Dep. Seaford	Pte	Sicliffe	25-9-18 D.O. 2299 = 258 / 26-9-18 CMLD
28-10-18	CMLD	To be 9 <sup>th</sup> lpl. without pay	Pte	Seaford	26-10-18 D.O. 285
10-12-18	CMLD	SOS on train to C.E.F. in Canada	9 <sup>th</sup> lpl	Seaford	7-12-18 Pl. II Do 281
23-11-18	CMLD	Returns to pte	9 <sup>th</sup> lpl	Seaford	15-11-18 pto 308
1-12-18	CMLD	T.O.S. from CMLD	Pls	Seaford	27.11.18 Pl. II Do 274 & D.O. 313 / 29-11-18 CMLD 247



5363

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 226035 (Rank) Pte.

Name (in full) McCULLOUGH Samuel Wesley enlisted in  
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Halibuton on the 21st.  
day of December 1919

HE served in England and France

and is now discharged from the service by reason of Medically unfit

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

Age 26

Height 5'9"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Vacc. scars on left arm.

S. W. McCullough  
Signature of Soldier

Issuing Officer

Date of Discharge Jan. 21st. 1919

FOR Rank  
O.C. No. 2 District Depot.

Appointment

Signed at Toronto. Ont. this 21st. day of January 1919

in Military District No. 2. NO. 2  
JAN 21 1919

File Reference No. DISTRICT DEPOT

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19

Uniform is not to be worn after  
expiration of one month from  
date of discharge, except by special  
permission of G. O. C. district.

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



## CANADIAN ARMY DENTAL CORPS.

## DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
726036	MCCULLOUGH	S. W.	PTE CMGD
Date of Examination	26/11/18		
Present Dental Condition	GOOD		
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?			
Has he ever declined Dental Treatment?	NO		
Recommendation	NIL		

26/11/18

Date.....

Station..... Seaford.....

Signature of Examining Officer

*B. B. Beaton* ..... Capt.  
C.A.D.C.

\* Name should be entered in block letters.







5363

A

### Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTE Name SAMUEL WESLEY Surname McCULLOUGH  
Unit or Corps CMAD (If a soldier) Regtl. No. 726995  
Born at COLDWATER ONT. on, date FEB. 12. 1892  
Signature (for identification) S.W. McCullough

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 145 lbs.  
Height 5 ft 9 1/2 in.

None

2. **NUTRITION AND DIATHESIS?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

negative

4. **RESPIRATORY SYSTEM?**

normal

5. **HEART?**

Abnormal Sounds? no  
Abnormal Size? no  
Pulse Rate? 82 Intermittence or irregularity? no

6. **ARTERIES**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

normal

8. **GENITO-URINARY SYSTEM?**

normal

Urinalysis—s.g. 1.016 Reaction? acid Albumen? Neg Sugar? Neg

9. **SKIN, MIDDLE EAR, EYE**  
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

none

11. Opinion as to the health and physical condition of the one examined?

good

Examined at Seaford Eng. Signed S. J. Rogers Capt. C.M.C. M.O.  
Date 26-11-15 Signed S. J. Rogers Capt. C.M.C. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board are not to be reported on this Form.

Rank: \_\_\_\_\_

Unit or Corps: \_\_\_\_\_

Home: \_\_\_\_\_

Signature for Identification: \_\_\_\_\_

The examination is to be made jointly by two Station Officers.

1. PHYSIQUE - Are the following matters of importance? If so describe.

Weight: \_\_\_\_\_ lbs

Height: \_\_\_\_\_ in

2. NUTRITION AND DIETETIC

After recording injuries and diseases examined in any previous form of disease or impairment of the parts indicated below. How described?

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Abnormal sounds: \_\_\_\_\_

Abnormal size: \_\_\_\_\_

Other notes: \_\_\_\_\_

6. ARTERIES - Are the following?

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

9. SKIN, NOSE, EAR, EYE  
or any other part

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe.

11. Opinion as to the health and physical condition of the one examined.

Examined at: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the officer or soldier to be sent before a Medical Board for further handling.











# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## 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. 726035 Rank TC Name Mr. Lullough SW  
 Corp. 707 P/O who was\* Discharged  
 On 21/1/19 1919, to 1-12-18 1918  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 1918  
 to 21/1/19 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	15	20
Advances by Cheques } No. <u>47433</u>	10		Reg't Pay <u>52</u> days at \$ <u>1</u> c.	52	
Assigned Pay and Sep'n Allee. No. <u>47693</u>	20	35	Field Allow. <u>52</u> days at \$ <u>10</u> c.	520	
Other charges	47	33	Separation Allowances* (Monthly)	20	35
Payment on transfer or discharge No. <u>47692</u>	50	07	Other Allowances* <u>✓</u>	35	
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	127	75	Bal. Dr. (to be deducted by new unit)		
			Total	127	75

\*Give particulars.

A monthly stoppage of \$ 15 (†) has ✓ (‡) been paid on account of Assigned  
 { Pay for the month of Dec 1918 }  
 { and Sep'n Allee. for month of Jan 21 1919 } (to) Assignee Mr. Lullough  
 (Address) Goldwater 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.

Out 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 Yes  
 (3) cause of discharge MU authority 100.7  
 (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 21/1/19  
 Place Toronto

Ch. Leve capt  
 Paymaster.

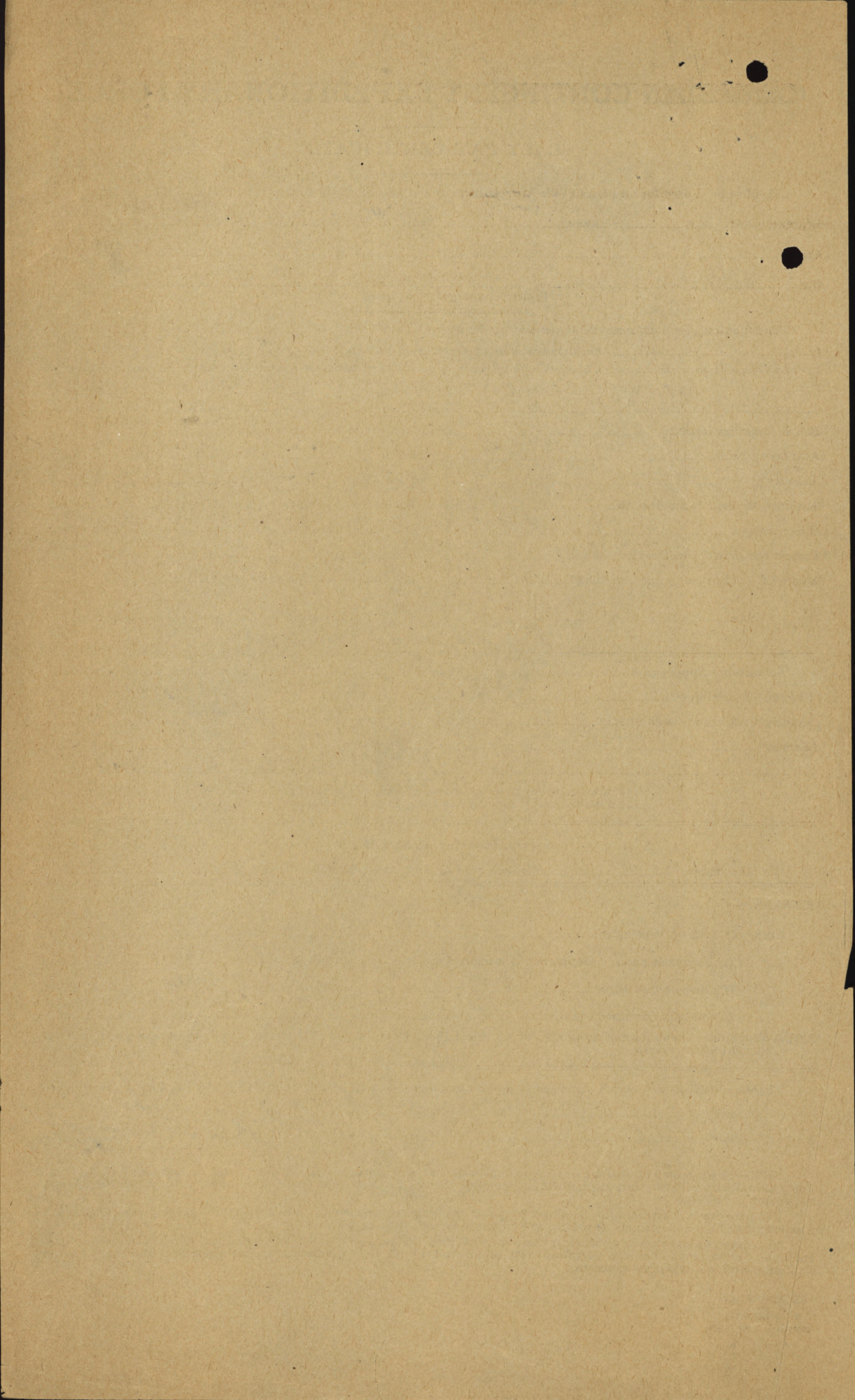
N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

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.







**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..... *"D" COY. 109th OVERSEAS BN, C.E.F.*

(2) Regimental Number *726035*

(3) Full Name of Soldier *Samuel Wesley McCallough*

(4) Place of Birth *Coldwater Ont  
Canada*

(5) Are you married, or not? *No*

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children?.....

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

Also their names and ages.....



(9) Is your Father alive? *No*

If so, state name and address \_\_\_\_\_

(10) Is your Mother alive? *Emma M. Bullough*

If so, state name and address *Goldwater, Ont  
Canada*

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *yes*

(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.

*Widow - only son*

(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.

*Separation applied for*

15) Are you insured? *No*

If so, in what Company? \_\_\_\_\_

Have you made arrangements for payment of your Insurance premium? \_\_\_\_\_

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

Date **JUL 11 1916**

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











Name

Pvt. McCullough, S.W.

M. F. W. 41  
100M-1-18  
1772-39-389.

Regimental No.

726035

Name and address of next-of-kin

14-12. Olympic

Unit

109th B<sup>n</sup>.

Date of enlistment

Place of

Married (yes or no)

Yes.

Date and place discharged

Pay. S/a f. Jan 1-1919.

Amount of pay assigned monthly \$

15<sup>00</sup>.

Reason for discharge

Pay. A.P. f. Jan 1-1919.

To whom payable

Tom Luma

Character on discharge

(marked)

holdwater Out.

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					
								15 <sup>20</sup>	15 <sup>20</sup>							L.O.S. & Pn Cur Do 250.
																Subs. 19/12 to 6/1 Do 250
Dec 1		1			10			15 <sup>20</sup>						47 <sup>33</sup>		L.P.C. chap 47 <sup>33</sup> .

TRANSFER







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*mrs.*

*m.*

To Whom *Emma Mc Bullough*  
 Address *Coldwater*  
*Ont.*

By Whom Assigned *Mc Bullough S. W.*  
 Regtl. No. *726035*  
 Rank *Pte.* *D. Co.*  
 Corps *109 Btn.*

Rate *\$ 15.00* **AUG 1 1916**

**PAYMENTS**

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





Handwritten notes in the center of the page, including the number '12' and some illegible characters.



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*Mrs.*  
Emma McCullough

PAYMENTS.

Name of Soldier

426035

*McCullough Alexander*  
*Pte "D Coy" 109 Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				<b>AUG 1 1916</b>
April	1916			
May				
June				
July				
Aug.		<i>W 15068</i>	<i>15</i>	
Sept.		<i>Q 17604</i>	<i>15</i>	
Oct.		<i>R 22067</i>	<i>15</i>	
Nov.		<i>H 27380</i>	<i>15</i>	
Dec.		<i>H 33246</i>	<i>15</i>	
Jan.	<i>Ch</i> 1917	<i>X 39796</i>	<i>15</i>	
Feb.		<i>T 45736</i>	<i>15</i>	
March		<i>K 51561</i>	<i>15</i>	<i>15.8</i>
April		<i>J 3183</i>	<i>15</i>	
May		<i>L 4540</i>	<i>15</i>	<i>15.6</i>
June		<i>I 15674</i>	<i>15</i>	<i>8</i>
July		<i>J 23582</i>	<i>15</i>	<i>15R</i>
Aug.		<i>U 29601</i>	<i>15</i>	
Sept.		<i>Q 37029</i>	<i>15</i>	<i>20</i>
Oct.		<i>V 43318</i>	<i>15</i>	
Nov.		<i>P 49858</i>	<i>15</i>	
Dec.		<i>Z 58488</i>	<i>15</i>	<i>25.5</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

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.				



1.3.16  
MILITIA AND DEFENCEM. F. W. 11.  
20m.—11-15.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name Emma M<sup>c</sup> CulloughName of Soldier M<sup>c</sup> Cullough, Samuel W.Address ColdwaterRegtl. No. 726035Simcoe Co.Rank PteOntCorps 109<sup>th</sup> Batta<sup>n</sup>

Relation to Soldier

} Widowed

To what Corps belonging

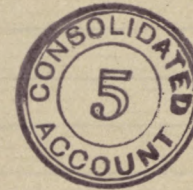
wife, child or mother

} Mother

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		<u>M76965</u>	<u>20-20</u>	





1914  
1915  
1916

1917

1918

1919

1920

1921

1922

1923

1924



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Emma M. Cullough Widowed Mother

Name of Soldier

726035

Mr. Cullough, Samuel W.  
Ple

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L2749	20	20
May		R4263	20	20
June		X4084	20	20
July		X8424	20	20
Aug.		Q13928	20	20
Sept.		L16480	20	20
Oct.		P20165	20	20
Nov.		W23752	20	20
Dec.		W26664	20	20
Jan.	1917	F30177	20	20
Feb.		Z33087	20	20
March		F36262	20	20
April		F2558	20	20
May		G5735	20	20
June		G8973	20	20
July		G12249	20	T.
Aug.		Q15031	20	m
Sept.		V18244	20	m
Oct.		X20617	20	T
Nov.		L24581	20	m
Dec.		Q27873	20	m
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				











ASSIGNED PAY **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.** NAME: *McCULLOUGH Samuel Wesley*  
 EFFECTIVE DATE: *1. 8. 16.* EFFECTIVE DATE: NUMBER: *726035*  
 AMOUNT: *15<sup>00</sup>* AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Emma McCullough Goldwater Ont (Mother)</i>				<i>Plt</i>
		<i>20285 b m 4 Dep</i>	<i>28.10.18 26.10.18</i>	<i>4/cpl without pay</i>
		<i>" 308 "</i>	<i>23/11/18 22.11.18</i>	<i>Plt</i>

UNIT AND TRANSFERS  
 ORIGINAL UNIT: *109<sup>th</sup> D<sup>o</sup>*  
 DATE ACCOUNT FIRST OPENED: *1. 8. 16.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET 'S' D	UNIT TRANSFERRED TO
<i>2A</i>	<i>1.1.18</i>	<i>28/4/18</i>	<i>4<sup>th</sup> al 1 DR 2</i>

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
<i>12.11.18</i>	<i>5653</i>	<i>b. M. G. D</i>	<i>29.12.18 9.73</i>				
<i>25.11.18</i>	<i>5968</i>	<i>"</i>	<i>9.1.19 4.89</i>				
<i>23.11.18</i>		<i>1/2 of 6 days P.R. 20368</i>	<i>29.12.18 6.60</i>				

*L.M. Ble \$17.40*

PARTICULARS OF ~~LEAVING~~ NON-EFFECTIVE: *Discharged to Canada 1/12/18 Auth: ~~2A~~ NR 26/11/18 30/425*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Bal<sup>ce</sup> f. o. d.</i>			<i>Can a/p</i>					<i>15.25</i>		
				<i>AR 387866A Eps 5/4/18</i>	<i>4.87</i>			<i>15</i>	<i>30.20</i>		
<i>April 30</i>	<i>P. Pay</i>	<i>33</i>			<i>4.87</i>			<i>15</i>	<i>25.38</i>		
		<i>33</i>							<i>58.58</i>		
<i>May</i>	<i>P.P.</i>	<i>34.10</i>		<i>Can a/p May</i>				<i>15</i>	<i>43.38</i>		
				<i>AR 3980 CCHK to 8.5.18</i>	<i>4.87</i>				<i>38.51</i>		
				<i>work from 22/4/18 to 9 pm 29/4/18</i>					<i>36.31</i>		
				<i>7 days pay 26/4/18 to 1/5/18</i>		<i>2.20</i>			<i>70.41</i>		
				<i>11/7/18</i>							
<i>June</i>	<i>P.P.</i>	<i>34.10</i>			<i>4.87</i>	<i>2.20</i>		<i>15</i>	<i>103.41</i>		
		<i>33</i>		<i>Can P.P. June</i>				<i>15</i>	<i>88.41</i>		
				<i>AR 5679 66A Eps 28.6.18</i>	<i>4.87</i>				<i>83.54</i>		
				<i>AR 3330 " " 7.6.18</i>	<i>4.87</i>				<i>78.67</i>		
<i>July</i>	<i>P.P.</i>	<i>33</i>			<i>9.74</i>			<i>15</i>	<i>97.77</i>		
		<i>34.10</i>		<i>Can a/p July</i>				<i>15</i>	<i>97.77</i>		
				<i>GR 2068 66A Eps 11.7.18</i>	<i>37.72</i>				<i>60.05</i>		
				<i>DR 977 " " 12.7.18</i>	<i>48.67</i>				<i>11.38</i>		
				<i>and 3 days F.P. 2 on 26.7.18</i>							
				<i>+ 7 days pay for work from 24.7.18 to 31.7.18</i>		<i>4.40</i>			<i>15.74</i>		
				<i>24.7.18 to 31.7.18 1<sup>st</sup> CCN 26/7/18</i>					<i>10.75</i>		
				<i>DR 2888 1<sup>st</sup> 66A 26.7.18</i>	<i>4.99</i>						
					<i>91.38</i>	<i>4.40</i>		<i>15</i>	<i>29.85</i>		
<i>Aug</i>	<i>P.P.</i>	<i>34.10</i>		<i>Can P.P. Aug</i>				<i>15</i>	<i>29.85</i>		
				<i>DR 3133 1<sup>st</sup> 66A 13.8.18</i>	<i>7.30</i>				<i>22.55</i>		
				<i>DR 3314 " 27.8.18</i>	<i>9.85</i>				<i>12.70</i>		
					<i>17.15</i>			<i>15</i>			







H. Q. Reference

No. *726035* Rank *Pvt* Unit *109th Batt.*

Surname *McCullough*

Christian names *Samuel Wesley*

Kindly forward Medals, to which I am entitled by reason of my service in *France & Belgium*

(Theatre of War)

with *21st Battalion & 14th Machine Gun Co.*

(Unit with which served in Theatre of War)

No. ....  
Street *40 D.C. Loring R.R. 1.*

Town *Coldwater Miss.*

County *Simcoe*

NOV 14 1921

*S. W. McCullough*

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)





O. H. M. S.

POSTAGE  
FREE



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



5863  
 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.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 26035 Rank Private Name McCullough, Samuel Wesley

Enlisted (a) 21-12-15 Terms of Service (a) D of W Service reckons from (a) 21-12-15

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) Railroader

CERTIFIED CORRECT.  
 12 OCT. 1916  
 CAN. RECORDS - LONDON

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			
	Embarked Canada	Halifax	24.7.16.	
	Disembarked England	Liverpool	31.7.16.	
	Transferred for Overseas Service with 21st Batt'n			OCT 5 1916 D.O. Pt. 11. No. 279 Capt.
	C.B.D.	Arrived & Taken on Strength	C.B.D.	ADJUTANT
	do.	Left for unit.	6/10.	109th Overseas Battalion, C. E. F.
			20/10.	Pt. II O. 58. 9/9-10-16.
				N. R. 20/10.
				ADJUTANT,
				109TH BATTALION CAN. INFANTRY.
21st BATTALION	joined unit.	21st BATTALION	22/10.	B. 213. 27/10.
do	attached 14th M. G. Co.	In the Field	17-1-17	B-213 19/1. Pt. II O. 22 d/22-2-17.
AG. GHQ	Struck off strength on transfer to 14th M. G. Co.	In the Fld.	16-1-17	A/6864 d/20-1-17.
				Pt. II O. 27 d/8-3-17.

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



10

5363

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				
	A.G.G.H.Q.	Taken on strength of Coy.	In the "field"	17/1/17.	A.G.Pt11 Ord.No.27.
24.6.14	do	S.O.S. 14 <sup>th</sup> M.G. Coy to 20 Inf. Bn	"	24.6.14	ME 13721/2 P.O. 295 d 207
do	do	Taken on strength	20th Bn.	27-6-17	ditto Pt 2 49d/16-7-17.
14-7-17	2 I B D	TB from T.G.B. Dep.	2 I B Dep	14-7-17	NR.
16-7-17	---	Synovitis Knee "T.B." by	Med Bd.	16-7-17	NR (24)
23-7-17	---	---	---	23-7-17	NR (39)
30-7-17	---	P.B.---	---	30-7-17	NR (42)
30-7-17	A.A.G.	S off S on transfer to	4th Lab Bn	2-8-17	Auth. AAG. LR 1998.
2-8-17	2 C I B D	Leaving C.B. Dep for	do.	3-8-17	NR. 2 54 d/9-8-17.
3.8.17.	4th Lab Bn	2 OS. on transfer from	Field	3.8.17.	Pt. 11. 80 No 73.
12.8.17.	oc. 4th Lab	arrived Unit.	Field	4.8.17	B 213. DCS. No 40.
4.11.17.	4th Lab Bn	Granted 10 days leave	Field	31.10.17.	B 213. Pt. 11. 80 No 95.
30.11.17.	oc. 4th Lab	Forfeits 4 days Pay by "RIS" for "absent without leave from 15.11.17 until 18.11.17."	"	28.11.17.	B 2069. Pt. 11. No 104 d/6.12.17.
2.12.17.	do	Retd from leave	Field	24.11.17	B 213.
4-2-18	H 67A	Int. arrangement of knee H 67A	do	4-2-18	A 7356.
4.2.18	667A	do	To H 67A	4.2.18	A 7356.
10.2.18.	4th Lab Bn	Evac. sore knee.	Field	4.2.18.	B 213.
11.2.18	6.66S	Int der knee joint	admitted	10.2.18	A 7732.
14.2.18	do	do	To No 28 Tr.	14.2.18	A 8044.
18.2.18	oc. H.P.	Invalided sick and posted "Stad Antwoerpen" to Genl. Depot, Ghornelife.		18.2.18	W 3083/4821. Pt. 11. 80 No 13 4.25.2.18.

*J.M. de... Lieut.  
for Lt Col, AAG, Canadian Section.*



*2nd Sheet*  
**Casualty Form - Active Service.**

Rank *Pte* Surname *McCullough* Christian Name *Samuel Wesley*  
 Regiment or Corps *4th Lab Bn*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>1-3-18</i>	<i>Genl Depot</i>	<i>off from 4th Lab Bn</i>	<i>Schiffe</i>	<i>20-2-18</i>	<i>2051</i>
			<i>W. McCullough</i>		<i>Lieut.</i>
			<i>For Colonel 1/c Records</i>		<i>On TC</i>
		<i>Admitted to 1st C.O.D. from <i>CP 5040</i> D/O Pt. II. No. <i>197</i></i>		<i>19/1/18</i>	
<i>24/9/18</i>		<i>leaves to be attached on proceeding to</i>		<i>P.O. No. <i>204</i></i>	<i>24/9/18</i>
					<i>Adjutant</i>
					<i>Canadian Command Depot</i>
<i>25-9-18</i>	<i>C. S. D.</i>	<i>leaves command Reported</i>	<i>Shoncliffe</i>	<i>24-9-18</i>	<i>P40228</i>
		<i>S.O.S. to C. M.G. Depot Seafoad</i>		<i>25-9-18</i>	
					<i>Lieut.</i>
					<i>C.O. CANADIAN GENERAL DEPOT</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.



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10

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
26.9.18	Com OMBD	Taken on Strength,	SEAFORD.	26.9.18	Depot Order Pt. II No 258
28/10/18	Com. OMBD	To be depl. without pay	SEAFORD.	26/10/18	D.O. Pt II 285
23/11/18	Com. cm 40	Reverts to perm. grade (1/20)	Seaford	23/11/18	D.O. Pt II 308
28/11/18	Com. OMBD	S.O.S. to Com 96D	SEAFORD.	27/11/18	Depot Order Pt. II No. 312 Comments Lieut. A/Adjutant, C.M.G. Depot.
5/12/18	ombd	T.O.S. Reg. Depot.	Seaford	30/11/18	Pt. 2.D.O. 271
10/12/18	do	On Command Port of Embarkation	Seaford	2/12/18	Pt. 2.D.O. 275 281
7.12.18	ops.	Sailed for Canada			250
DEC 7 1918		T.O.S. No.2 District Depot, Part II, D.O. No.....			
		Dis. No.2. D.D. Jan.21st.1919	Pt.11 #17		Lieut. <i>Munro</i> For O.C. No. 2 District Depot
					W.C. Couple Capt

For O.C. No. 2 District Depot



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	726035	Pvt	McLoughlin	J.W.
Year 1918	Unit.	Age.	Service.	
	4 <sup>th</sup> Canadian Labour Coy.	29	2 <sup>4</sup> / <sub>12</sub>	18 <sup>18</sup> / <sub>12</sub>
Station and Date.	Disease 1221. Internal derangement of knee (R)			
Whalley	3/2/18. Fell with R. leg under him leg locked in extreme flexion. could not straighten. Two comrades straightened it by force. Tender over int. <sup>cat</sup> lig. Little fluid present.			
	18/2/18 No fluid present. Tender over semi-lunar cart			

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



Station  
and Date.



MEDICAL CASE SHEET.\*

IV  
F

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1918	426035	Pvt	Capt Bullough	SW.
Station and Date	<p>Disease <i>Internal Derangement Rt knee (Acc fall)</i> <sup>(M.O.D)</sup>  <i>Injured Rt. knee through a fall in a "dugout"</i>  <i>3.2.18. Knee was swollen badly but now is almost normal size. Pains on walking &amp; some tenderness over pat. cartilage. N.D.</i>  <i>J.H. Carpenter Capt.</i></p>			
6.3.18.				
<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Convent Hospital,            Woodcocks Park, Ipswich         </div>	11.3.18	Mass. - some swelling. Co.		
	14.3.18	N.D. Co.		
	18.3.18	- Elastic Bandage for knee.		
	22.3.18			
	28/3/18	- only slight imp. knee still stiff painful internally; Co. on mor-a sheet.		
4/4/18	- feels well w. no imp. - Emg. Paroed. wear elad. had o relief. knee swollen. success.			
24.4.18	<p><i>Proc. Complete 29.1.18 12.4.18</i></p> <p>Slight strain on the internal lateral ligament of the right knee. Reminds that the inner side of his "Right" heel be raised so as to throw his foot outwards thereby keeping the inner edges of the joint in apposition. "Capt. Atkins" &amp; "Atkin".</p> <p><i>no duty.</i></p>			
29.4.18	See that the main shoe is fixed. 7. IV.			
8-5-18.	Co. Determined claims by capt for 1/2 shoe.			
13.5.18	Feels about same. Slipped this morning Co			

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



Station and Date.

21-5-18

Co.

28-5-18

Co.

6-6-18

Has some pain under the knee caps as he says as if something was pressing the knee caps up on both sides inside. Co.

18-6-18

Co.

18-6-18

PT 2 F.V. BCH Mendiman

20-6-18

Co.

3-7-18

Discontinue PT 2 Jt for DT BCH

N

of Union Jack  
London



20661758  
5363 d

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 initialed 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 Exhibition Camp. DATE Jan 14/19.  
~~Jan 24/19~~

1. 1 (a) Unit D. Depot No. 2. (b) Regimental No. 726035. (c) Rank pts.  
(d) Surname McCULLOUGH. (e) Christian name Samuel. Lesley.  
(f) Home address Coldwater, Ont.  
(g) Next of Kin Mrs Emma McCullough. (h) Relationship Mother.  
(i) Address of Next of Kin Coldwater Ont.

2. Age last birthday 25. Date of birth Feb 12, 1893.

3. Enlistment, or Appointment (if an Officer) (a) Place Haliburton Ont. (b) Date Dec 21/15.

4. Personal description:  
(a) Height 5ft 10 in. (b) Weight 150 (c) Complexion Dark.  
(d) Colour of hair black. (e) Colour of eyes Dark. (f) Identification marks, Scars, etc vac.  
one. left arm.

5. Former trade or occupation Railroad ( fireman.)

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3	23.

	PERIODS	
	From	To
Canada	Dec. 21/15.	July 29/16.
England	July 29/16.	Sept. 1916.
France or other theatres of War	Sept 1:16. March 1916.	March 1918. to date.

7. Original disease, or injury Sprained right knee.

(a) Date of origin 3/2/18. (b) Place of origin France.  
(c) Cause A fall into a dug-out. Active service conditions.



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.)

Partial loss of function of right knee.

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.)

Objective-- There is a bony prominence over the tuberosity of the right tibia. Tender on pressure ~~or~~ <sup>firm</sup> palpation. The extension of

the right leg is limited slightly and is about 170 degrees of normal, which

180 degrees. Power in the right leg is less than the left. Extension

75% and flexion 80% of normal. He cannot lift his weight on the

right toe. There is tenderness on firm palpation about the articular

joint margins of the joint. There is no swelling at present, grating is

present. Subjective-- He cannot walk at his own rate more than 2--3 miles and it

is painful after he has ~~walked~~ walked 1 mile. The knee swells up in cold

weather, or after he has walked on it too much.

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

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

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

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

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

No Hernia, no Haemorrhoids, No varicose Veins, No varicocele,

Urinalysis--No albumin. no sugar.

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

He fell into a dugout ~~thru~~ 3/2/18. and sprained the right knee and it was flexed so far that it could not be straightened until

done forcibly. It has been very weak since and swells up quite often.

It is gradually improving.



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d

10.—(b) Give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).

Nil.

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

One Vacc. left arm.

11.—(a) Did the disabling condition have its origin before enlistment? no.

(b) If no, 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.)

Not applicable.

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

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

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

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

Hospital treatment for three months.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no. (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

Discharge B.

*Arthur Thurston*  
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, S.W. Mc Cullough, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*S.W. Mc Cullough* Rank *B*  
Signature of invalid examined.



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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.

~~To concur.~~

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

~~That he be placed in Category E, and be discharged as medically unfit for further service. Category E.~~

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.

PLACE Exhibition Camp, Toronto, Ont.

DATE Jan 14, 1919.

*Julian Wright* President.  
*J. J. Morrison* }  
 } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... }  
} Members

DATE.....

APPROVED BY *J. Christian* Assistant Director of Medical Services. APPROVED BY \_\_\_\_\_ Director-General of Medical Services.

DATE 16/1/19 DATE.....



ORIGINAL

5263

MO 5477

72035

MEDICAL HISTORY SHEET

Surname *McCullough*

Christian Name *Samuel Wesley*

P. 96

23 FEB 1918

Examined on *21<sup>st</sup>* day of *Dec* 1915 at *Haliburton*

Approved by *J. McCulloch* Capt. Medical Officer Rank *109th Overseas Battalion, C.M.F.*

Birthplace { City or Town *Goldwater* County *Simcoe*

Apparent age *23 years*

Trade or occupation *Railroader*

Height *5* Feet *9* Inches

Weight *143* Lbs.

Chest measurement { Minimum *34* inches. Maximum expansion *37 1/2* inches.

Physical development *Good*

Small-Pox Marks *none*

Vaccination Marks { Arm Right *none* Left *Two* Number *Two*

When Vaccinated last *February 10<sup>th</sup> 1916*

(a) Marks indicating congenital peculiarities or previous disease *none*

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

Date	Flt or Unit	EXAMINED FOR RE-ENGAGEMENT,
<i>2-7-18</i>	<i>BT</i>	<i>B. L. Hardin</i> <b>21 FEB 1918</b> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<i>10-2-16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>12-4-18</i>	<i>Good</i>	<i>W. Jamieson TAB</i> M.O.
<i>24/4/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>3/5/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>9/5/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>TAB 22-9-16</i>		<i>H. Boyd</i> M.O.

Enlisted on *21* day of *Dec* 1915 at *Haliburton*

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109<sup>th</sup> Batt.</i>	<i>726035</i>		<i>21-12-15</i>
Transferred to.. ..	<i>C. F. F.</i>			
	<i>21st Bn</i>			
	<i>4 Labor</i>	<i>74117</i>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>1<sup>st</sup> C.S.D. St. Martin Plain</i>	<i>20-9-18</i>	<i>L.t.</i>	<i>A. H.P. Goughs Capt</i>
<i>Leaped Sea</i>	<i>26-11-18</i>	<i>A iii</i>	<i>E. Rogers Capt</i>
<i>Exhibition Toronto</i>	<i>14/1/19</i>	<i>sprained knee</i>	<i>E. H. Curdson</i>

CANADIAN

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.



Christian Name Samuel Wood  
Surname McCullough

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		18	2	18	5	3	18	1228.26 Internal derangement of knee. (R) accid	78	3/2/18. Fall with R. leg under hand leg locked in extreme flexion. <del>down</del> Could not straighten. 2 comrades straightened it by force. Tender over int. lat. lig. little fluid present. on admission, no fluid present Tender over int. semi-lunar cart. 5/3/18 Transferred to Gen. Conv. Hosp. Woodcote Park Epsom.	
M.B. Epsom		2	3	18	12	JUL	1918	Do	130	Injured R knee through a fall in a dugout 3.2.18 - knee has been badly swollen, but now is normal size pains on walking and some tenderness over int cartilage. no improvement to mass and electricity - wears elastic band with some relief. - sweats 18.6.18. Very much improved. Discharged to Command depot. Category D.I.	Maubert Capt Camc

QUEEN'S MILITARY HOSPITAL  
WHALLEY, LANCS

W. Woodcock  
M. R. M. C.

Maubert  
Capt Camc



31/1/39

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



JB.

1. No. 726035

2. Rank. Pte.

3. Name. McCULLOUGH Samuel Wesley

4. Unit. 109th. Bn. (2.DD.)

5. Date of Discharge Jan. 21st. 1919

Place TORONTO, ONT.

6. Reason for Discharge HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

7. Authority. D.O. D.D. #2. Pt. 11 #17

8. Proposed Residence after Discharge.....

Coldwater Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? Samuel Wesley McCullough

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto. Ont.

Date Jan. 21st. 1919

Signature.....

*W. H. [Signature]*

(O. C. Discharging Unit.)

For  
D. G. No. 2 District Deputy



ARMY FORM  
PROCEEDINGS OF DISCHARGE  
Classification

Blank lined area for text entry.

CERTIFICATE TO BE SIGNED BY SOLDIER

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

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

For U.S. Discharge Unit



LIST OF PUBLISHED PAPERWORK

Abstracts of Papers	1
Journal of the American Medical Association	2
Journal of the American Dental Association	3
Journal of the American Veterinary Association	4
Journal of the American Pharmaceutical Association	5
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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











Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

M 2172

Aug 1. 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
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1-9-18  
M.O.  
34321

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 726035  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name S. W. McCullough  
 Battalion 109 Battrn D Co  
 Beneficiary Emma McCullough  
 Relationship Wid Mother  
 Address

PARTICULARS OF ASSIGNMENT

(mother)  
 Name Mrs Emma McCullough  
 Address Coldwater Ont  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					12248-S-3
Dec 31		440-	255-	695-	M.F. Jul. 2554
Jan 18	Y 65331	30	15	45	Hd
Feb "	N 74205	25	15	40	
Mar "	L 92764	25	15	40	
Apr "	E 406	25	15	40	
May "	N 15230	25	15	40	
June "	H. 27575	25	15	40	
July "	A. 33091	25	15	40	
Aug "	L 37170	25	15	40	
Sept "	L 41795	25	15	40	
Oct "	S 54811	25	15	40	
Nov "	M 60149	25	15	40	
Dec "	L 66005	45	15	60	
Jan "		<del>80</del>	<del>15</del>	<del>45</del>	

CANADIAN  
 ASSIGNED PAY AUDITED  
 30/78  
 Redmond  
 AUDIT CLERK  
 DATE 13/79

A/c Closed 3/12/18 13th Dec 98  
 Ret'd per Olympic 7/10/48  
 Date 14/12/18 F.X. 20/12/18 B.P.M.M.D.  
 Clerk. J.H. Brown  
 M 920 Lt. 51771 amount 20.18

M. F. W. 128  
 40096-6-17-1772-89-141  
 L. L. 22320-M. & D. 1583.

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT



