

# ATTESTATION PAPER.

C. Coy.  
No. 7255-26

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

### QUESTIONS TO BE PUT BEFORE ATTESTATION

(ANSWERS)

TRIPPLICATE

1. What is your name?..... *Orval Mc Gee*
2. In what Town, Township or Parish, and in what Country were you born?..... *Bobcaygeon Ont.*
3. What is the name of your next-of-kin?..... *Father William Mc Gee*
4. What is the address of your next-of-kin?..... *Bobcaygeon Ont.*
5. What is the date of your birth?..... *April 14 1894*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

*Orval Mc Gee* (Signature of Man.)  
*Richard Garratt* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Orval Mc Gee*, do solemnly declare that the above answers made by me to the above questions 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.

Date *2nd Decr* 1915. *Orval Mc Gee* (Signature of Recruit)  
*Richard Garratt* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Orval Mc Gee*, 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.

Date *2nd Decr* 1915. *Orval Mc Gee* (Signature of Recruit)  
*Richard Garratt* (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 *Bobcaygeon* this *2nd* day of *December* 1915.

*Wemnon* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*J. J. [Signature]* Lt. Col. (Approving Officer)  
 C. C. 109th Overseas Battalion, C. E. F. *1915*

Description of Orval McGee on Enlistment.

Apparent Age 18 years 4 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. 4 ins.

Chest measurement: (Girth when fully expanded 34 1/2 ins.)  
 Range of expansion 3 ins.

None.

Complexion Fair

Eyes Brown

Hair Dark Brown

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

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 2nd Dec. 1915.

Place Lindsay Ont.

J. 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.

Orval McGee having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date JAN 12 1916 1916.





# CANADIAN ARMY DENTAL CORPS, O.M.F.C.

## DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO  
DENTAL OFFICERS**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MC GEE, O.

REGIMENT E.O.R.D. RANK Pte No. 736526

Date of Examination in England 27 MAR 1919 Date of Examination in France \_\_\_\_\_



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

### PRESENT DENTAL REQUIREMENTS

- |                |          |
|----------------|----------|
| 1. FILLINGS    | 12 13 14 |
| 2. EXTRACTIONS |          |
| 3. CROWNS      |          |
| 4. DENTURES    |          |
| (a) Full Upper |          |
| (b) Part Upper |          |
| (c) Full Lower |          |
| (d) Part Lower |          |

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada \_\_\_\_\_

(b) In England YES.

(c) In France \_\_\_\_\_

Signature of Dental Officer J. Stewart Capt.

OFFICE OF THE  
SECRETARY OF THE

UNITED STATES DEPARTMENT OF THE INTERIOR

LAND OFFICE  
WASHINGTON, D. C.

RECEIVED  
MAY 10 1908

GENERAL LAND OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR

LAND OFFICE  
WASHINGTON, D. C.

Surname *McGee* Christian Name or Names *O.* Reg. No. *725526*  
 Rank *Pte* Unit *21st. Batt.* Co. *6. Re* Troop *E.O.* Batty. *7 R.*  
 Hospital *(2180)* Date of Admission

Transferred *6 Can. Fld. Amb.* Hosp. *28-2-17*  
*\* 4th Can. Gen. Hosp. Etaples.* Hosp. *17.3.17*  
*3rd. Mdn. Gen. Hosp. Sheffield.* Hosp. *6.4.17.*  
*Can. Conv. Bearwood* Hosp. *28-6-17*

Diagnosis *Tonsillitis*  
*P. U. O. 911.*  
 (1) *Rw.*  
 Later Diagnosis (if changed)  
 (2) *Myalgia R.*  
 (3) *P.S.W. Leg. to BTK. Res*  
 Additional Diagnosis: if more than one state present

DISPOSITION

Date

*A469*  
*C.L. 23-3-17*  
*" 27.3.17 A472.*  
*" 14.4.17 B321. T.T.E.*  
*4-7-17 B386*  
*13.7.17 B393.*  
*22.7.17 B401*  
*6.7.18 E127.*  
*9.2.18 C130*  
*29.8.18 A305-1*  
*4.9.18 Q310.5*  
*12.9.18 B315*  
*10-11-18 B312*  
*6.3.19 B461*

*Dis 16.7.17*  
*Dis. 6.2.18*  
 REMARKS  
*Dis. 28.2.19.*

A.M.D. 2 DEPT.

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

*Dang. W.D. 26-8-18*

*Rw*

# EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Mill Bourne Hosp. Epsom	8. 7. 17
2.	14 Cow Green Eastbourne 23 Gas. S. Station.	1. 7. 18 26 8. 18
3.	32 State R. Plymouth Gen. Mil. Colchester	29. 8. 18 2. 9. 18
4.	Gen. Mil. Woodcote St.	14. 11. 18
5.		
6.		
7.		

No 725526

RANK

Pte

NAME

McGee O.

T. O. S. 2-12-15-

UNIT

10<sup>th</sup> Battalion

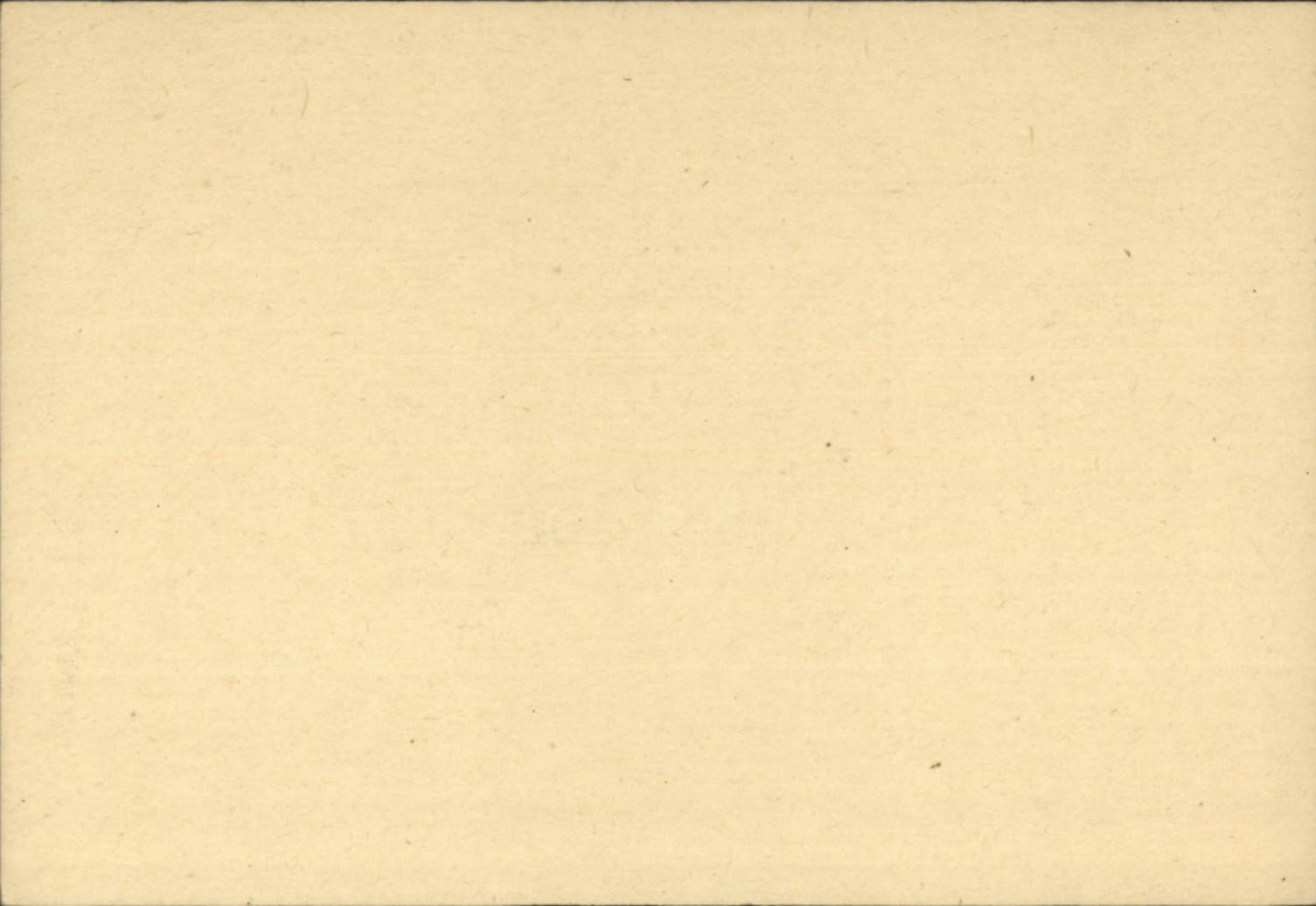
D.O. 12.3-12-15-

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Dec 2	1915 Dec. 31	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



E. M. H.

Number... 7.25.526..... Rank... Pte ✓ ~~B~~

Surname... MCGEE ✓ ~~M~~

Christian Name... Orval ✓

Units... 21st Bn. Com. Coy. Theatre of War... France ✓

Date of Service... 6/10/16 ✓

Remarks.....

Latest Address... G.P.O. Bobcaygeon ✓  
Ontario

Roll No. "B" Page 6413.

DESP. NOV 3 1921.

REGN. NO. 4953476

Name **MC GEE Orval**

Rank **Private**

Reg. No. **725526**

Unit **21st Battalion**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-2-17	6. Can Field Amb	Tonsillitis		A469.		
17-3-17	Do 7. Can Gen Hosp	Etaples	P.U.O.Slt.	A472		
6-4-17	3rd Northern Gen Hosp	Sheffield	Do.	B321.		
28-6	CCH. Bearwood,	Wokingham.	do	B386		
8-7-17	M.C.H.W.Park	Epsom	Do.	B393.		
16-7	<i>Discharged</i>	"	<i>DUO</i>	<i>B401</i>		



Name

Mc Gee

Rank

ORVAL

Pte ✓

Reg. No.

725526 ✓

Unit

67 ~~Res Batta~~ ✓

William Mc Gee

PO Bobcaygen Ont

Next of Kin

Father

CANADA.

W.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-2-18.	144 Gen G. H. Eastbourne	Pyralia		2/27		11826
6-2-18.	Discharged			2/30		3085
26.8.18	23 C & S Reports Dangerously Wounded			305		P135496
29.8.18	32 W.A. Wines			1310		2684/10
29.8.18	Gen with H. Colchester			3315		26116
14-11	M. Leon. Epsom			3471		1168
28-2	Discharged			3461		12114
28-2	m 12-3-19 15	LORO Seaford				2751



REGT'L. No. 725526

H. Q. FILE No. 649

NAME

Mc GeeOrral

RANK AND CORPS

Pte2/1st Bn. (form 109 to)FOLLOWS  
No. (305)

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

in A.18-7.Q487. 305-18.  
(also H.K. 0305)Mrs. Gee. William (father)  
Bobraydon. Ont  
Hang. wdd no 23 e.e.s.  
Aug. 26-1918. 9.5W Leg

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 321	3 <sup>rd</sup> North Gen. Sheffield	6-4-17	P. U. O. Sgt.
B 386	ex Gaulborn. Bear Wood Wokingham	28-6-17	P. U. O.
B 393	ex Melborn. Epsom	8-7-17	P. U. O.
B 401	discharged	16-7-17	P. U. O. (E. ant. R.)
C 127	Reg 14 Cap. Gen. Eastbourne	1-2-18	Myalgia
C 130	discharged	6-2-18	" " " "
A. 310 <sup>(5)</sup>	#32 Stat. Wimereux	29-8-18	SW. L. Leg
B 315 <sup>(1)</sup>	Gen. Mil. Colchester.	2-9-18.	" " 2 + Buttock
B 371 <sup>(2)</sup>	tw. Mil. Cow. W Cote	14-11-18.	" " " "
B 461	PIK. Epsom. Surrey. Disch. V	28-2-19	" " "



**A. & D.  
CARD**

.....HOSPITAL.

AT.....  
A. & D. No. 374 PL. OF ACTION 725526

RANK pte REG. No. .... UNIT 6th Res Bn SICK OR WOUNDED

NAME Mc Gee O. AGE 19 RELIGION Method

PLACE IN HOSPITAL E II

DIAGNOSIS myalgia

ADMITTED 3 JAN 1918 FROM A III 6

DISCHARGED 6/2/18 TO A 6th Res Bn

TRANSFERRED .....

SERVICE AT HOME 26/12 IN FIELD .....

RESULTS .....

(See Document Card for M.H. Sheet and other Documents.)

No P.T.P.



8289 100M 9/9/17.

Registrar, Canadian Convalescent Hos  
HOSPITAL.A. & D.  
CARDAT Bear Wood, Wokingham, Berks.

A. & D. No. os 8891 PL. OF ACTION 725526

RANK Plt UNIT 21st BATT SICK OR WOUNDED

NAME Mc Gee, O. AGE 19 RELIGION M

PLACE IN HOSPITAL 301 E.

DIAGNOSIS S.M.O.

ADMITTED 27 JUN 1917 FROM 3rd Reg. Sheffield's

DISCHARGED \_\_\_\_\_ TO \_\_\_\_\_

TRANSFERRED 7 - JUL 1917 C.C.K. Epton

SERVICE AT HOME 15/12 IN FIELD 4/12

RESULTS \_\_\_\_\_

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

Remedial Treatment Gymnasium,  
Canada Hospitals and  
Command Depots.

LEAVE THIS  
BLANK.

Place: Ypres

Regt. No. 72526 Rank Plt Name McGee

Unit 21 Co Age 20 (Adm. 27.11.18)

Division 9 Hut 99 Date of (Disch. 1.1.19)

DISABILITY.

Date

26 Aug

1918

dur trip to

CLASS.

abd. (late stage)

Hours of Attendance, 10<sup>00</sup>  
11<sup>00</sup> - 1<sup>30</sup>  
a.m.

MACHINES

Powering mace  
Machines 28.11.18

3:30  
p.m. 3<sup>00</sup>

REMARKS.

long scars left  
lower abdomen left  
buttock - weakness  
no limitation of work

LEAVE THIS

BLANK.

28/7/18

PROGRESS, Notes.

Change to

Rowing machine: HK's

5/12/18 L-O.

12/12/18 L-O.

19/12/18 Sun.

DISPOSITION.

B

*[Signature]*  
Officer i/o Gymnasium.

Capt.

725826  
10

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Mc Gee Christian Name Orval

Examined { on 2<sup>nd</sup> day of December 1915  
 at Bobcaygeon

Birthplace { City or Town Bobcaygeon  
 County Ontario

Apparent age 18 years

Trade or occupation Farmer

Height 5 Feet 4 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 31 1/2 inches.  
 Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		16 APR M.O.
		10 SEP 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm. Right None Left Nil  
 Number Nil

When Vaccinated last January 25<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS
25-1-16	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
2-3-17	<u>TAB</u>	<u>James Duxbury</u> M.O.
5-5-16	<u>Good</u>	<u>J. McCulloch</u> M.O.
15-5-16	<u>"</u>	<u>J. McCulloch</u> M.O.
25-5-16	<u>"</u>	<u>J. McCulloch</u> M.O.
22-4-16	<u>-</u>	<u>Dr. Boyd</u> M.O.
3-4-18	<u>+</u>	<u>Dr. Boyd</u> M.O.

Enlisted on 2<sup>nd</sup> day of December 1915 at Bobcaygeon

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109<sup>th</sup> Batt C.E.F.</u>	<u>725526</u>		<u>2-12-15</u>
Transferred to.....	<u>21<sup>st</sup> Bn</u> <u>6<sup>th</sup> Res Bn</u> <u>21<sup>st</sup> Bn.</u>			<u>11-4-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Beaufort</u>	<u>15-11-18</u>		<u>A. W. Wallace, Cap</u> <u>PRESIDENT,</u> <u>STANDING MEDICAL BOARD</u>
<u>Essex</u>	<u>19-12-18</u> <u>9-1-19</u>	<u>Adherent Scar</u> <u>Left Hip Region</u> <u>Adherent Scar</u>	<u>Brigadier Major</u> <u>St. Col.</u>
<u>Essex</u>	<u>5 - FEB 1919</u>	<u>Left Hip Region</u>	

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.  
 100M.—1-15.  
 H. Q. 1772-30-430.

Sanford 21-1-19 data Brigadier Major

CANADIAN

Christian Name *Coral*

Christian Name

Surname *McFee*

Surname

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				
3rd Northern General Hospital SHEFFIELD.		6	4	17	27	4	17	P. U. O.	83	Condition cleared up. Now feeling very well. <i>Similar White</i>	<i>Lt. Colonel, R.A.M.C. (T)</i> O.C. 3rd Northern General Hospital
66th Beauwood		27	6	17	7	7	17	P. U. O.	11	Transferred to 66th Epsom G. C. Very Fair. Complains of pain in chest cough. <i>Therese Capt</i>	
CANADIAN DIVISION, CONVALESCENT HOSPITAL, WOODGOTE PARK, EPSOM		7	7	17	16	7	17	. DO.	9	no complaints Heart and lungs normal	<i>Regie</i> Capt. C.A. Registrar.
No. 14 CANADIAN GENERAL HOSPITAL HEAD, EASTBOURNE, SUSSEX		31	1	18	6	2	18	Myalgia	7	Discharged Category "A"	<i>C. H. V. Smith</i> Capt. C.A.M.C.
M. C. A. Epsom		13	11	18				G.S. W. Left Buttock (fract. illium)		15-11-18 Buttock Wound healed. Wound in iliac region still discharges at intervals - No Duty. 26-11-18 Improving - wound healed - for medical Boarded Category <i>Be</i>	<i>A. Kennedy</i> Scent. C.A.M.C.

..... Capt. C.A. Registrar.

Sheet No. 2

Army Form B. 103.

Regimental Number 725526

**Casualty Form—Active Service.**

Regiment or Corps 21st Canadian Battalion

Rank Pte Surname Mc Gee Christian Name Orval

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 B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
26/8	10 C7.A	S.W. Reg L. - Adm & Trans	CCS	26/8/18	A.36.
	33 C.C.S.	Adm	33 CCS	26-8-18	} H.4087.
	Do	Trans to	27 A.T.	29-8-18	
	"St. Denis"	Invalided Wounded	England	2-9-18	W.3083-5902
		Posted to Eastern Ontario Regtl. Depot, Seaford.			Part II Ord. 69 <sup>12/19/18</sup>
		Whogan	Major for Lt. Col.		A.I.G.
			Canadian Section		G. N. O. 3rd Echelon C.E.

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c. (6356) Wt. W.L.89 300,000 5/18 McA & W Ltd., Form B/103 (E. 3109)



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.  
Part I.

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

**Nothing to be written in this margin.**

W1889 - P.P. 1150 IM 5/18 G.W.P.C. (34)0

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

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
--	---	----------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

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

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.G.C. Kinmel Park for return to Canada. Part II Orders No. \_\_\_\_\_. Ceases to be attached C.G.C. Kinmel Park on embarking for Canada, Part II Order No: 79 3/4/19

*H. K. ...*  
*at*

Commanding 21 Embarked Liverpool  
Kinmel Park Camp. S.S. 'Lapland' 3 April 1919.

APR 3 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO. PART II D.O. 10.  
APR 12 1919 S.O.S. (Discontinued) DISTRICT DEPOT, TORONTO. PART II D.O. 107

15

*W. K. ...*  
Lieut.  
For O. C. No. 2 District Depot.

Nothing to be written in this margin.





MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725526	Pte	M <sup>r</sup> . Gee	O
Year	Unit.	Age.	Service.	
	21 Canadians	20	3 yrs.	
Station and Date.	Disease			
	26. 8. 18 Shell wound left Buttock epo. fract. s. myelome, ileum			
	12. 11. 18 Wound healed			
		<i>W. F. ...</i>		
	Transferred to Canadian Hospital Epsom			

WHIPPS CROSS WAR HOSPITAL,  
13 - 11 - 18  
LEYTONSTONE.

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



*France*

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
<i>C.T. 96</i>	<i>425526</i>	<i>Pte.</i>	<i>Mc Gee</i>	<i>Arval</i>
Year	Unit.	Age.	Service.	
<i>1917</i>	<i>21<sup>st</sup> Canadians</i>	<i>Canadians</i>	<i>18</i>	<i>16 mths</i>
Station and Date.	Disease			
<i>3<sup>rd</sup> W. G. H.</i>	<i>34 P. U. G.</i>			
<i>Sheffield</i>	<i>Report Sick Feb. 28. 1917</i>			
<i>6-4-17</i>	<i>Hesling. Compl of loss of voice and pain in his throat</i>			
	<i>2 weeks in this condition</i>			
	<i>At times has pains in his limbs</i>			
		<i>S. D French</i>		
<i>16-4-17</i>	<i>Condition cleared up</i>	<i>S. D French</i>		
<i>Shyngnan</i>	<i>admitted feeling very well.</i>			
<i>Jan 14</i>	<i>Lieut. Chygd n/v till</i>	<i>Dr. Duffwell</i>		
<i>18</i>	<i>duffwell on</i>			
<i>21</i>	<i>duffwell on</i>			
<i>25</i>	<i>duffwell on</i>			
<i>27 JUN 1917</i>	<i>TO CANADIAN CONV HOSP. WOKINGHAM</i>			

\*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.\*

No. in Admission and Discharge Book 374	Regimental No.	Rank.	Surname.	Christian Name.
	725526	Pte	Tricker	O.
Year 1918		Unit.	Age.	Service.
		6th Ren Bn	19	26/12

Feb 1st

Station and Date. Disease *Myalgia* **374**  
*Previous Illnesses -*  
*Typhoid fever 11 yrs ago.*  
*Rheumatism 3 yrs ago.*  
*Invalided from France with*  
*typhoid fever. April 1917*  
*to 2nd North Gren. Bedford 2 days*  
*then Bakershill V.A.D. 2 mos.*  
*Beaumont 2 wks Epsom 2 wks*

*P.D.*  
*Complains of pains in legs*  
*on wearing puttees ever since*  
*he had typhoid fever.*  
*No disability when he has*  
*no puttees on.*

*P.C.*  
*The man looks to be in*  
*perfect health.*  
*No objective or subjective*  
*Symptoms*  
*All ~~systems~~ ~~organs~~*  
*systems normal.*

**DISCHARGED**  
 6 FEB. 1918  
 To

*C. H. V. Smith*  
*Capt C. A. M. P.*

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

Station  
and Date.

#6-2-18

Discharged to duty

C. H. D. Smith

Capt C. A. M. C.

DISCHARGED  
(- 113 1918  
to "Battery A"



**TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks 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
	Day	Month	Year	Day	Month	Year				
McEpsom	7	7	17	16	JUL	1917	P. u. o	10	No complaints. Heart and lungs normal. Now fit A.M.C.	R. J. Jenkins Capt. R.A.M.C.
	31	1	18	6	2	18	Myalgia	9	F. d. It is changed to Category A	C. H. J. Smith Capt. R.A.M.C.
WHIPPS CROSS WAR HOSPITAL	2	9	18	13	11	18	Gun. St. Buttack of fract ileum	43	Transferred to Epsom with a 15-11-18 Wound healed - Wound in iliac region still discharges at intervals - No Duty - 26-11-18 Improving wound healed - for medical Board Boarded Category B	G. W. P. R. H. H. H. Warrant Officer
LEYTONSTONE McEpsom	13	11	18	28	FEB	1919	Gun. St. Buttack of fract. ileum	108		Gent. C.A.M.C.

To be made out in duplicate.

H.Q. 54-21-23-53

**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 **725526.**
- (3) Full Name of Soldier **Orval McGee.**
- (4) Place of Birth **Bobcaygeon Ontario Canada.**
- (5) Are you married, or not? **No.**
- (6) If married, state,  
(a) Full name of your wife **Nil.**  
(b) Present Postal Address **Nil.**
- (7) Are you a widower? **No.**
- (8) Have you any children? **Nil.**  
If so, give number of boys and girls **Nil.**  
Also their names and ages **Nil.**

(9) Is your Father alive? Yes.  
If so, state name and address William John McGee Bobcaygeon Ontario Canada

(10) Is your Mother alive? No.  
If so, state name and address Nil.

(11) If your Mother is a widow Nil.  
Are you her sole support, or not Nil.

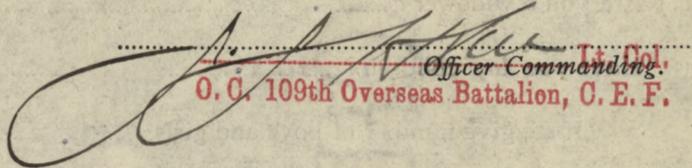
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
Nil.

(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.  
Nil.

(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.  
Nil.

(15) Are you insured? No.  
If so, in what Company? Nil.  
Have you made arrangements for payment of your Insurance premium Nil.  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date July 6, 1916.

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

# CANADIAN EXPEDITIONARY FORCE

War Service Badge.

## DISCHARGE CERTIFICATE

Class A  
No. 289646

THIS IS TO CERTIFY that No. 725526 (Rank) pte  
 Name (in full) Oswal McGeel enlisted in  
 the 109<sup>th</sup> O.S. Bn.  
 CANADIAN EXPEDITIONARY FORCE at Bobcaygen on the 2<sup>nd</sup>  
 day of Dec. 1915  
 HE served in France + Belgium  
 and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

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

Age 22 yrs  
 Height 5' - 4"  
 Complexion Fair  
 Eyes Brown  
 Hair dk Brown  
O. Mc Geel  
 Signature of Soldier

Marks or Scars 6" scar left buttock

Date of Discharge

No. 2 DISTRICT DEPOT  
 APR 15 1919  
 TORONTO

R. W. Bayner  
 For Issuing Officer  
 O.C. No. 2 District Depot  
Keint  
 Rank

Date APR 15 1919 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 125221 (Rank) Private

Name (in full) James P. ...

He served in the

CANADIAN EXPEDITIONARY FORCE at ... on the ... day of ... 1913

and is now discharged from the service by reason of Medical Unfitness Demobilization.

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

Age	<u>...</u>
Height	<u>...</u>
Complexion	<u>...</u>
Eyes	<u>...</u>
Hair	<u>...</u>
Marks or Scars	<u>...</u>

Date of Discharge ...

Signature of Soldier ...

Date ...

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, Military General, Ottawa, Canada.

J.M. Rank *Plc* Name **McGEE, Orval.** *MM* Reg'l No. 725526  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Bobcaygeon, 2nd Dec 1915.** Place of Birth **Bobcaygeon, Ont.**  
 Name and Address, Next-of-Kin **William McGee.**  
**P.O., Bobcaygeon, Ont, Canada.** Relationship **Father.**  
 Assigned Pay Monthly \$ *MM* Payable to **H** Relationship  
 Separation Allowance \$ *MM* Payable to **H** Relationship

N/E. R.B. No. **11484**  
 File R.L. **Can OR**  
 Category

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.					
<b>C</b>		Arrived in England per H. M. T. 2810 31-7-16				
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 21 <sup>st</sup> Bn	Bramwell	5-10-16	Pt II. 50-279	<i>W.R.</i>
9-10-16	21 <sup>st</sup> Bn	<i>Taken on strength</i>	Field	6-10-16	" IV 58.	
23.3.17	" "	No 6 CAM FIELD AMB	"	28.2.17	Ch <sup>A</sup> /469	TONSILITIS
27.3.17	" "	7. Gen. Hospital	Staples	17.3.17	" 472.	P. W.D. <i>slk</i>
14.4.17	" "	3. Northern General Hosp	Sheffield	6.4.17	<i>Slk 321</i>	" "
10.4.17	" "	Ins. (Sick) + post to <i>CO's</i>	Seaford	1.4.17	Part II O 39.	<i>and <i>Slk</i> No 36. 27 Apr 17 1917.</i>
4-7-17	" "	Adm <sup>d</sup> Cam Con Hosp	Nottingham	28-6-17	GB 386	P.O.
13-7-17	" "	Adm <sup>d</sup> Cam Con Hosp (ex above)	Epsom.	8-7-17	GB 393	P.O.
23-7-17	" "	Dis. do.	do.	16-7-17	" 401	P.O.

A.F.B. 103 CHECKED  
 10 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date	REMARKS Taken from Official Documents.
Date.	From whom received.					
<b>C.</b>						
21-7-17.	6 Pres.	IB on reporting from EORD.	Pte	Seaford.	16-7-17	9 EORD. Pte 132 d/22-7-17
11-8-18	"	Posted to 21 <sup>st</sup> Bn. of Sea.	"	"	11-8-18	Pte 0170 21 <sup>st</sup> Bn. - 86. No. 27 d/16-8-18
29-8-18	E.O.R.	Wounded.	"	field	26-8-18	C.L.A305 G.S. W. Lag. EORD 270 234
12-9-18	Mst Bn.	Posted to E.O.R.D. MM	"	"	2-9-18	Pte 069 d/17-9-18
					3-4-19	
31-3-19	EORD.	SOSTO MD 2. Phyl	Pte	Seaford	29-3-19	M.D. 2. Pte 076 Pte 75 d/31-3-19
3-4-19	M.D. 2	S.O.S. to Canada	"	Phyl.	3-4-19	- 79.

I.F.B. 103 CHECKED  
 22 APR 1918

*(Order)*MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTSM. F. W. 12  
50m.—7-16  
H. Q. 1772-39-819© *Miss Myrtle Mc Gee*

To Whom

*Wm. Mc Gee*

By Whom Assigned

*O. Mc Gee*

Address

*Bobcaygeon Ont*

Regtl. No.

*725526*

Rank

*Pte*

Corps

*109 Battr*

Rate

*15<sup>00</sup> / July 17 1 Aug 16  
2 m. 876 M. H. d. 27<sup>12</sup>/<sub>16</sub>*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			© 2 m 21/7/17 <del>23/7/17</del>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





## ASSIGNED PAY

Sheet No. 2.

L. L. Job 4503. - Req. 6332.

*Miss Myrtle McGee*

OVERSEAS CONTINGENTS

*Wm. McGee*

PAYMENTS.

Name of Soldier

*Pte O. McGee*

# 725526 — 109 Battalion

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 <sup>00</sup> L 8-16
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		024165	45	No pay
Nov.		N 29472	15	
Dec.		X 33225	15	
Jan.	1917	240779	15	
Feb.		246121	15	
March		P 51847	15	15 Leo
April		03340	15	15 B
May		09748	15	15 (D)
June		N 16173	15	D
July		023862	15	D
Aug.		232581	15	D
Sept.		V 36721	15	D
Oct.		F 43488	15	
Nov.		X 50046	15	
Dec.		N 59293	15	
Jan.	1918			255
Feb.				
March				
April				
May				
June				
July				

*Miss Myrtle McGee*

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.				





ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE	ENGLAND or CANADA.	NAME: <i>McGEE Oval</i>
EFFECTIVE DATE: <i>1/7/17</i>		EFFECTIVE DATE: -		NUMBER: <i>725526</i>
AMOUNT: <i>15<sup>00</sup>/<sub>xx</sub></i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
<i>Miss M. McGee Bobcaygeon Sister Ont.</i>				DATE EFFECTIVE
<i>Stopped Eff. 1/4/19.</i>				RANK OR APPOINTMENT
				<i>Pte</i>
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS
DATE OF PAYMENT				ORIGINAL UNIT: <i>109<sup>e</sup> Btn</i>
NUMBER OF A.R.				DATE ACCOUNT FIRST OPENED: <i>1/8/16</i>
UNIT PAID BY				AUTHORITY
AMOUNT				DATE EFFECTIVE
DATE OF PAYMENT				DATE LEDGER SHEET T'S'D
NUMBER OF A.R.				UNIT TRANSFERRED TO
UNIT PAID BY				<i>21<sup>st</sup> Bn</i>
AMOUNT				<i>Canada</i>
DATE OF PAYMENT				DAILY RATES OF PAY AND ALLOWANCES
NUMBER OF A.R.				AUTHORITY
UNIT PAID BY				PAY
AMOUNT				F.A.
DATE OF PAYMENT				P.F.A.
NUMBER OF A.R.				SUBS'CE ALL'CE
UNIT PAID BY				<i>1 00 - 10</i>
AMOUNT				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Canada - 1/4/19 NR B 5281 Seaford - 25/3/19 NR 2 L.P.C. 2953*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March 31	Bal brot forward								44 93		
April	P.P.	33		loan a/p				15			
				AR 85 10/4/18 6 Pcs.	4 89						
				Dr 61828 20/4/18 2dr card	3 59			15	54 49		
		33			8 44						
May	"	34	10	loan a/p				15			
				AR 729 2-5-18 6b sig	4 46						
				✓ 980 18-5-18 ✓	3 87				65 56		
		34	10		8 03			15			
June	"	33		loan a/p				15			
				AR 1400 2/6 6 Pcs 60	3 57						
				✓ 1020 18/6 ✓	4 46			15	75 53		
		33			8 03			15			
July	"	34	10	loan a/p				15			
				AR 1249 12/6 21 Bn	3 57						
				- 1665 29/7 CCS	4 46			15	86 60		
		34	10		8 03			15			
Aug	"	34	10	a/p				15			
				AR 698 7/8 CCHg	3 57						
				- 946 24/8 21 Bn	3 57			15	98 56		
		34	10		7 14			15			
Sep	"	33		a/p				15			
				AR 3243 8/9 Whippam Hpt	9 73			15	106 83		
		33			9 73			15			
Oct	✓	34	10	a/p				15			
				AR 2050 12/10/18	9 73				116 20		
				AR 946 17/11/18 6b Pcs	9 73			15			
				✓ 6621 16/12 6b Pcs	9 73						
		34	10		9 73			15			
				Nov Dec				30			
				Jan				15	152 94		
		10	20					45			
				P.O.	19 46						

NUMBER 725526 RANK

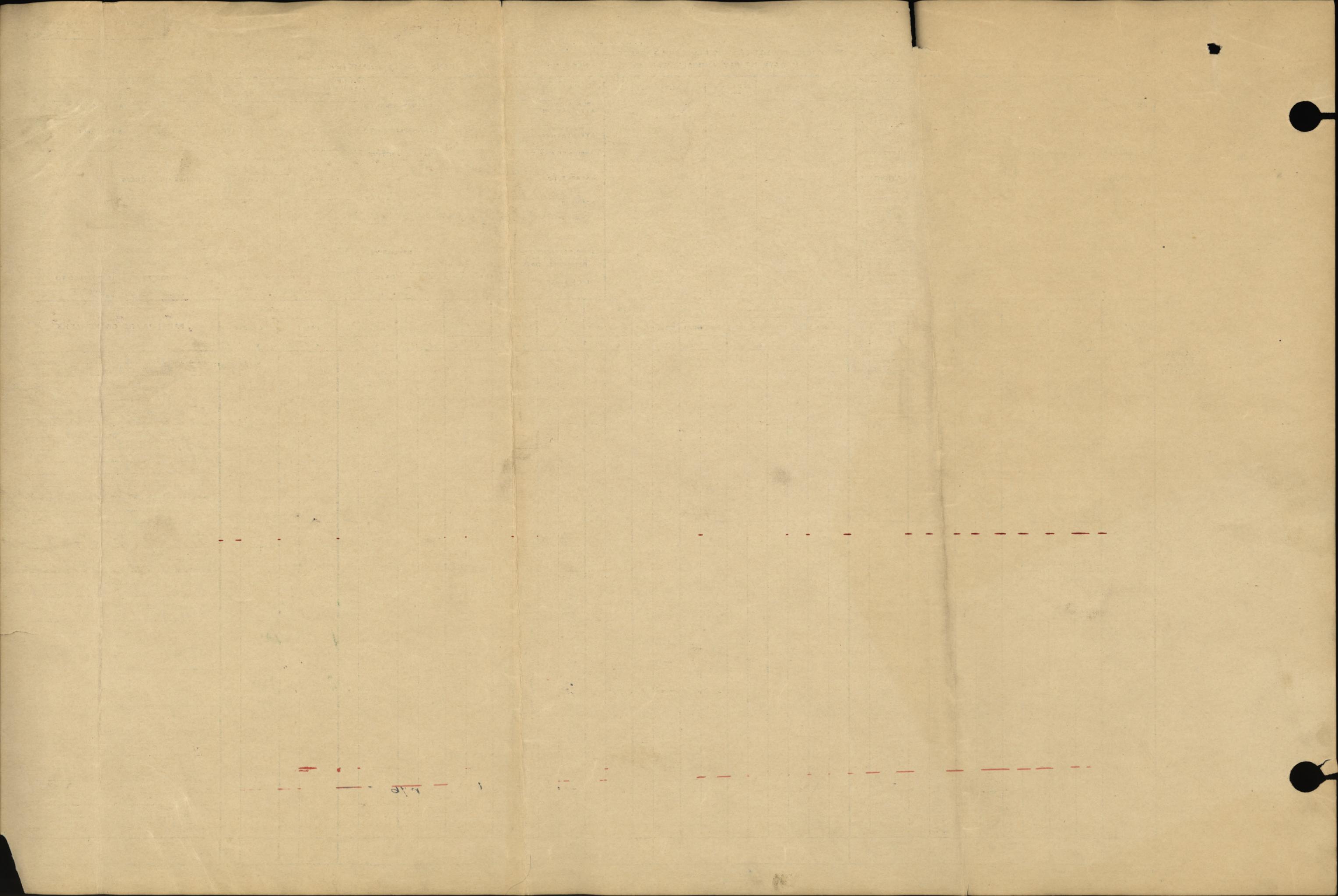
NAME M<sup>c</sup>GEE

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb	7/28/19-2-3-19 B0524/3/19	876		1527-30/12 Epsom	2133				15294		
				1593-16/1/19 ✓	487						
	Feld Meh PP	6490		R. 3569. 7/1/19	50						
				5064-15/2 Epsom	487	8407					
				1703 28/2 ✓	4867						
				6AR tet meh	13274			30			
				4574 18/3 EORD	1460						
				4703 21/3 ✓	973				3953		
		7366			15807			30			
				22660	7						
				18707							
				3953							

*Solomada 3/4 & 37 EORD*

*Checked by  
Bunn  
25/3/19*





Date of Enlistment

MILITIA AND DEFENCE

Aug 1st 16 Date of Assignment

# Separation and Assigned Pay Branch

M 5232

Jul 1st 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15-			
-----	--	--	--

4 L2 M-5  
S.K.

## PARTICULARS OF SEPARATION ALLOWANCE

No. 721-226  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name O. M. Lee  
 Battalion 109 Batta  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name Miss Myrtle M. Lee (Sister)  
 Address Bobcaygeon Ont  
 Change of Address  
 1  
 2  
 3  
 4

*Memo 25-4-19 26/19*

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31			255-	255-
Jan 18	61498 H		15	15
Feb	74285 A		15	15
Mar	95189 L		15	15
Apr	2825 E		15	15
May	17743 M		15	15
June	22275 J		15	15
July	28991 K		15	15
Aug	39694 N		15	15
S & E	44528 Q		15	15
Oct	51816 T		15	15
Nov	57279 P		15	15
Dec	67009 S		15	15
Jan 19	73707 U		15	15
Feb	78393 V		15	15
Mar	91080 W		15	15
Apr	3014 X		15	15
			495	495

012338-01-

REMARKS MRO 84471 to ser. 4  
17/19

M. F. W. 128  
400M-6-17-1772-89-1141  
L. L. 22320-M. & D. 7983.

30-4-19 A/c Closed  
 mms Ret'd per 4  
 Date 10/19 P.X. 17/19  
 Approver





War Service Badge Class A

SERVICE GROUP

24  
23

M.D.2

SHORT FORM.

OCCUPATIONAL GROUP

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B2



Toronto  
Father  
Farmer

War Service Badge

1. No. 725526

2 Rank. Pte

3. Name. McGee Oval

4. Unit. EORD 109 BN

5 Date of Discharge APR 15 1919 Place TORONTO, ONT.

A  
239646

6 Reason for Discharge.....

.....

.....

DEMOBILIZATION

7. Authority. No. 2 District Depot, Part II, D.O.No. 107

8. Proposed Residence after Discharge.....

Bobcaygeon  
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.?

.....

.....

.....

Signature of Soldier. C. M. Gee

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date  Embarked Liverpool  
S.S. Lapland 3 April 1919  
 Disembarked Halifax 10 April 1919

Signature R. W. Reyer Lt

(For C. Discharging Unit.)

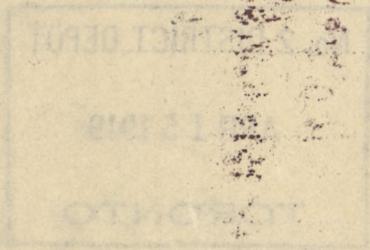
No. 2 DISTRICT DEPOT  
APR 15 1919  
TORONTO

K.C. 2008

PROCEEDINGS ON DISCHARGE



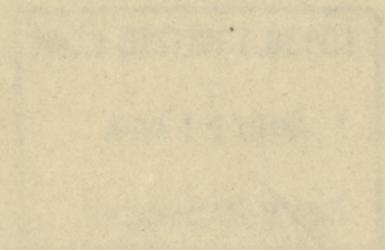
1	No.	72422
2	Rank	Private
3	Name	Walter
4	Unit	1st
5	Date of Discharge	APR 1 1919
6	Reason for Discharge	
7	Authority	
8	Proposed Residence after Discharge	
<p>CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undersigned place and date I received my discharge (insert date)</p> <p>M. T. W. I.</p> <p>Signature of Soldier</p>		
<p>CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed</p> <p>Place</p> <p>Date</p> <p>Signature</p>		



RECORDED

LIST OF DISCHARGE DOCUMENTS

Albion Form W 10	Association Paper, Triplicate
Albion Form W 108	or Particulars of Receipt
Albion Form W 118 or A.P.B. 108	Field Conduct Sheet
Albion Form W 85 or A.P.B. 108	Casualty Form
Albion Form W 44	Last Day Certificate
	Certificates that missing documents are undeposited
Albion Form B 318 or A.P.B. 118	Medical History Sheet
M.F.B. 222, A.P.B. 119 or A.P.A. 11	Proceedings of Medical Board
Albion Form B 100	Dental History Sheet
M.F. W. 138 or B. 118	Medical Report
Albion Form H 204	Regimental Conduct Sheet
Albion Form H 202	Company Conduct Sheet



**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

Group..... *X*

Checked by No. .... *29*

.....

Date.....

17 APR 1918

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

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

# Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425526 Rank Private Name Mc Gee Orval

Enlisted (a) 2.12.16 Terms of Service (a) O of W Service reckons from (a) 2.12.16

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) Farmer

CERTIFIED CORRECT.  
5/16/17  
CAN RECORDS LONDON.

Report Date	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.	
		Transferred for Overseas Service with	21st Batt'n	OCT 5 1916.	Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II. O. 58. d/9-10-16.
	Do.	Left for unit.	en route.	20/10.	N.R. 20/10.
		Journ'd unit.	21st BATTALION	22/10.	B. 213. 27/10.
3/3/17.	6 <sup>th</sup> C.F.A.	Sick to Field Ambulance.	Field.	1/3/17.	B. 213. 8CS
	Do.	Tonsillitis	adm	28-2-17	a 36 4/3. D.C.S. 278 d/19/3/17.
	5 <sup>th</sup> C.F.A.	Do.	adm	6-3-17	a 36 1/3. D.C.S. 280 d/23-3-17.
	Do.	Do.	adm	6.3.17	a 36 1/3.
		Transferred to	CRS. (6 C.F.A)	10-3-17	D.C.S. 280. 28/3/17.
17/3/17.	7 <sup>th</sup> Can Gen Hosp.	P.V.O. admitted	7 <sup>th</sup> Can Gen Hospital.	17/3/17.	W. 3034.
	CRS. (6 C.F.A)	Tonsillitis	adm	10-3-17	a 36 1/3. D.C.S. 284 d/3-4-17.

(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.]

725526

McGee. 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.R.S. (C.F.A.) 18 C.C.S. Do. 7 Can. Gen	Tonsillitis P.W.O. Invalidated (SICK) & posted to Eastern Ontario Regtl. Depot, per 74 S. "Brighton".	Trans. to Adm. Trans. to Seaford	C.C.S. No 18 Do. No. 18A-D.  Seaford	15-3-17 15/3. 16/3  1-4-17	a 36 18/3. D.C.S. 285 d/5-4-17. { a 36 18/3 D.C.S. 286. 10/4/17. W. 3083 No. 859. PC. II O. 39 d/10-4-17.
						<p><i>Whogau</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>
17-4-17	EGRD.	Taken on Strength.	Seaford.	6-4-17.	PT II 36 <i>R. H. W. Reid</i> Capt. LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.	
21-7-17	66th Res Bn	Taken on Strength 6th Res Bn on posting from E.D.R.D.	Seaford	16-7-17	PT II 170 FOR LT: COL: I/C RECORDS, C.O.M.F.	
11-4-18	66th Res Bn	Drafted to 21st Bn.	Seaford	11-4-18	PT II 0.86 <i>R. Mitchell</i> OFFICER I/C RECORDS 6th CAN. RES. BN.	
20-7-17	E.D.R.D.	505th 6th Res Bn	Seaford.	16-7-17	PT II 132 <i>D. H. W. Reid</i> LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.	
	2 C.D. B.D. 2 C.I.B.D. C.C. Rein. C.	Arrived & Taken on Strength 21st Canadian Battalion. Left for C.C. Rein C. Arrived.	2 C.D. B.D. Field Can. Corps Rein. Camp.	11-4-18 14-4-18 16-4-18	Part II Ord 27 d/16-4-18 N.R. N.R.	

CERTIFIED COPY.  
 CAN. RECORDS, LONDON.  
 APR 1948

Form A.G. 10410 5M-10238-23-2-17.

OVERSEAS MILITARY FORCES OF CANADA.

DATE 25. 2-19. 1919

TO: Hospital Representative,  
Military Convalescent Hospital,  
Woodcote Park, SPSOM, Surrey.

4/2

The marginally-named soldier has this day been medically examined and placed in category B<sup>11</sup> and is now available to be discharged.

I hereby certify that this man has been found at the inspection this day free from Vermin, Venereal and Infectious diseases.

FURTHER ADDRESS:- *overseas*

*14 Broadway St.  
Sheffield.*

*W. O. Street  
Capt., C.M.I.C.*

For Commandant,  
Military Convalescent Hospital,  
Woodcote Park, SPSOM, Surrey.

NEAREST STATION:-

*75 High St  
Worthing*

*6/2/19*

1860

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1860

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*Handwritten signature*

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BTL-0.

Reserved for M.H.C.

Regt. No. 725526 Rank Pte Surname McGEE Christian Name ORVAL  
 Unit or Corps—(a) Overseas from United Kingdom 21st Bn (b) in United Kingdom 6th Res  
 Born at—Town BOBCAYGEON County or Province ONT Country CANADA  
 Date of Birth—Day 17 Month APRIL Year 1898 Age 20 yrs 7 months  
 Joined at BOBCAYGEON Date 2.12.15  
 Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification—

As in Para 6

Height—feet 5 inches 4 Colour of eyes Brown

Signature of Soldier (for identification purposes) O. M. G.

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

ADHERENT SCAR LEFT HIP REGION.

Disabilities Group (b)

NIL.

Disabilities Group (c)

NIL.

2. CAUSE OF DISABILITY

	Place of origin	Date of origin
(i.) As to Group (a) above.	G.S.W.	FRANCE. 26/8/18.
(ii.) As to Group (b) above.	N/A.	N/A.
(iii.) As to Group (c) above.	N/A.	N/A.

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

- (i.) As to Group (a) above? NO. If yes, has Active Service aggravated it? N/A.
- (ii.) As to Group (b) above? N/A. If yes, has Active Service aggravated it? N/A.
- (iii.) As to Group (c) above? N/A. If yes, has Active Service aggravated it? N/A.

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? YES.
- (ii.) As to Group (b) above? N/A.
- (iii.) As to Group (c) above? N/A.

## 5. MEDICAL HISTORY.

No. 10 Can. F.A. - 26/8/18. - S. W. left leg. No. 33 C.C.S. 28/9/18. - Bullet removed from buttock. Some haemorrhage and fragments of bone removed. Track in side followed down to ilium. Peritoneum intact. No abdominal symptoms. Some comminution of ilium, fragments removed.  
Epsom 13/11/18 - to date. - Wound in iliac region discharging at intervals.

## 6. PRESENT CONDITION.

Complaints - Left thigh gives out on him when walking even moderate distance.

Objective - General condition good. Scar four inches long about middle of right buttock, adherent in outer region. Another of same size in left lower abdomen, not adherent or painful. Movements of thigh quite free at hip. No symptoms as those of great weakness of thigh on walking, felt especially over upper region of ilio-tibial band, over course of wound. No pain over iliac wing.

Other systems normal.

7. OPERATION. (i) Was one performed? Yes. (ii) If so, state what. Removal of bullet.  
(iii) Was one advised and declined? No.

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

8. (i) Is there loss or decay of teeth attributable to Active Service? No.

(ii) If so, describe. N/A.

## 9. DO YOU RECOMMEND:—

(a) Fit for duty? BIT  
(state category)

(b) Invalid to Canada? No.

(c) Discharge from the Service as permanently unfit? No.

Date of Report... A - FEB 1910 191...

Station... Epsom

Signed... J. E. Kennedy Capt. Cams.  
Officer in medical charge of case.

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

Dated at Wally Conroy Epsom Station, on 4 - FEB 1910 191...  
\*Delete if inapplicable.

Major Cams (Officer i/s Hospital) Strike out one  
S.M.O. Brigade of these

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

Is the disability fully described in Part I. (1)?  
If not, describe it:

YES

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

YES

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? NO

(b) Misconduct of the Soldier { Caused? Aggravated? NO

13. 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, 5%, 10%, 15%, 20%, etc.)

N.A.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

N.A.

15. Permanency of the Disability due to Service estimated next above in (14):

(i.) Is it permanent?

N.A.

(ii.) If not permanent, what is its probable minimum duration (in months)?

N.A.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

YES

18. REMARKS:—

Authority A. G. Pelygram  
9083-11-11-18

19. RECOMMENDATION:—

(a) Fit for duty?  
(state category)

B II

(b) Invalid to Canada? NO

(c) Discharge from Service as permanently unfit? NO

Date of Board

5 - FEB 1919

Signatures of the Board

A. J. Macfarlane President  
J. M. C. G. Cap...

Station

Epsom

Approved

[Signature]

A.D.M.S.

Dated at

Epsom

Station

Major, C.A.M.C.

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN LONDON AREA. FEB 15 1919 13 BERNERS ST. LONDON, W.1



THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Seaford DATE 20/3/19.

1. (a) Unit E.O.R.D. (b) Regimental No. 725526 (c) Rank PTE  
 (d) Surname McGEE (e) Christian name ORVAL  
 (f) Home address Bobcaygeon Ontario Canada  
 (g) Next of Kin Mr W. J. McYee (h) Relationship Father  
 (i) Address of Next of Kin Bobcaygeon Ontario

2. Age last birthday 20 Date of birth April 17<sup>th</sup> 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Bobcaygeon (b) Date Dec. 2<sup>nd</sup> 1915

4. Personal description:  
 (a) Height 5' 9" (b) Weight 150 (c) Complexion Med.  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. 7" scar L. h. of abd., - 6" scar left buttock.

5. Former trade or occupation Farmer

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 <u>3</u>	Days <u>150</u>
---	-------------------	--------------------

	PERIODS	
	From	To
Canada	2. 12. 15	24. 7. 16
England	24. 7. 16	6. 10. 16
	1. 4. 17	11. 4. 18
France or other theatres of War	2. 9. 18	20. 3. 19
	6. 10. 16	1. 4. 17
	11. 4. 18	2. 9. 18

7. Original disease, or injury Comp'd fracture ilium, penetrating w.d. of abd. and laceration of muscles of left buttock  
 (a) Date of origin 26. 8. 18 (b) Place of origin Aras  
 (c) Cause M. G. Bullets.

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.)

adherent scar - left hip.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj - 7"x1" scar L.L. q. of abd. parallel to Poupart's Lig. and 1" above it. where two m. q. Bullets entered and were subsequent operation removed one of them Scar of exit - 6" left buttock, adherent to glutei muscles. Ilium fractured on the way through - Well healed now. Movts of hip not ~~too~~ restricted. Subj - And walking much or stepping on a stone or mild cause left hip to "give" away - and then pains considerably.

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

Nervous System *no* Cardio-Vascular System *no* Genito-Urinary System *no*  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses *no* Respiratory System *no* Integumentary System *no*  
Disturbances of Mentality *no* Digestive System *no* Muscular System *no*  
Osseous and Joint Systems *no* Any other general condition *no*

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

Cas. Form. Suit. L. by 26.8.18  
M. H. S. G. S. W. Lt. Buttock (fract. ilium)  
Boarded Cut. B. II (9.1.19) w/c adherent scar  
(3.2.19) left hip region.

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

*breast fever*  
P.O. Apr. 1917 - good recovery  
myalgia Jan 1916 - good recovery  
Lumbago Feb. 1917 - good recovery

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

*as in 47 + 92*

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

*n.a.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *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 mo.*

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

*In hosp. dressings, etc.  
abd'l abscess & F. B. removed.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

*n.a.*

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

17. Recommendations *will interfere with ploughing & for some time.*

*[Signature]*  
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 *Orval McCue* 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.....

*[Signature]* Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

*Yes*

19. Is the invalid fit for

- (a) General service, (Category A) (~~Yes or No.~~)
- (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.~~)

*Yes Bii*

20. It is certified that the ~~invalid~~ *R.*

(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.)

*Boarded for return to Canada  
Anst. G. A. Hegan 9083 - 11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Seaford* *G. W. Marshall Capt. President.*  
*C. Douglas Brown Capt.* } Members  
 DATE *21-3-19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY *W. Wallace Capt.* APPROVED BY  
*In* Assistant Director of Medical Services. Director-General of Medical Services.

DATE..... DATE.....

