

# ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 726104

Folio.

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... *Mc Intyre*
- 1a. What are your Christian names? ..... *Duncan*
- 1b. What is your present address? ..... *Noorland*
2. In what Town, Township or Parish, and in what Country were you born? ..... *Wp Somerville Co Victoria*
3. What is the name of your next-of-kin? ..... *Duncan Mc Intyre*
4. What is the address of your next-of-kin? ..... *Fiskeham*
- 4a. What is the relationship of your next-of-kin? ..... *Sept 1<sup>st</sup> 1886. Father*
5. What is the date of your birth? ..... *Labour Sept 1<sup>st</sup> 1886.*
6. What is your Trade or Calling? ..... *no Labour*
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? ..... *3 years 4<sup>th</sup>*  
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, *Duncan Mc Intyre*, 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.

Date *Jan 31<sup>st</sup>* 1916 *Duncan Mc Intyre* (Signature of Recruit)  
*A. W. Gray* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Duncan Mc Intyre*, 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 *Jan 31<sup>st</sup>* 1916 *Duncan Mc Intyre* (Signature of Recruit)  
*A. W. Gray* (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 *Coloconk* this *31<sup>st</sup>* day of *January* 1916  
*A. Charles Peep* (Signature of Justice)

Description of Duncan M<sup>c</sup>Intyre on Enlistment.

Apparent Age 29 years . . . 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. 6 ins.

*Scar at base left thumb  
 small mole at base  
 of Back of neck.*

Chest measurement { Girth when fully expanded . . . . . 36 ins.  
 Range of expansion . . . . . 5 ins.

Complexion . . . . . Dark

Eyes . . . . . hazel

Hair . . . . . dark Brown

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

**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 declares that he is not subject to fits of any description.

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date . . . . . JAN 31 1916 . . . . . 191 .

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

Place . . . . . Labocank

\* 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.**

Duncan M<sup>c</sup>Intyre . . . . . 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.  
 O. C. 109th Overseas Battalion, C. E. F. . . . . (Signature of Officer)

Date . . . . . FEB 7 1916 . . . . . 191 .

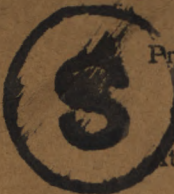
Attu

~~Inc 20 2 19~~

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



- 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.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge Parchment Certificate.....
- 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.....
- Last Pay Certificate.....

*JD*

Name MCINTYRE DUNCAN  
 Regt. No. 726104 Rank Pte.  
 Corps 109th Bn. C.E.F.  
Demob



10-66



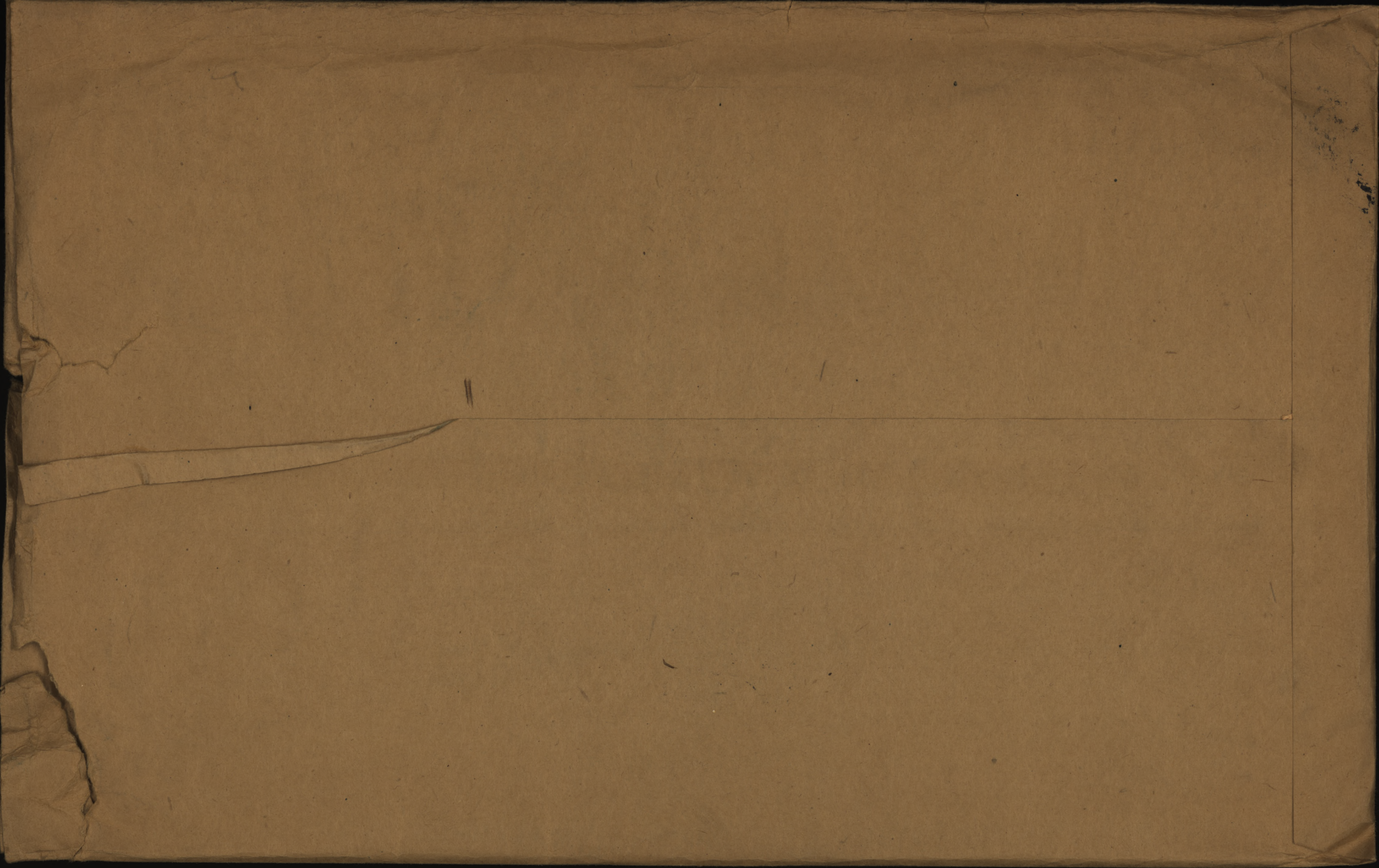
*A & B 122-2 M 7 W 67-1*  
*Misc - 8 B 122 - 1*

*M. 7. W. 124-1*  
*C. A. D. C. 5009 1*

M. F. W. 62.  
 100m-6-17.  
 H. Q. 1772-39-035.

*1 will cut*

*M*  
*card*



Name McINTYRE Duncan Rank Pte Regtl. No. 726104

Fyle Depot 2-M-435

Original unit 109 Bn Present unit  M. or S. M Age 33 Religion Pres Ref. H.Q.

Port, ship and date of arrival Olympic Halifax 12-1-19

Next of kin J. Duncan McIntyre Montreal Ont

Address on leave Same

Address on discharge

Transportation issued No  Date  Character on discharge

Previous occupation Labourer Date and place of enlistment 31-1-16 Coblenk Ont

Diagnosis  Date of Medical Boards 9-4-19 Col. A

Date.	Remarks.	Pt. 2 Order No.
28-1-19.	T.O.S. Casualty Company No. 3 District Depot - from ofs for Disposal, Part Two D.O. 28. Eff 22-1-19	
14-2-19	Leave & sub. 23-1-19 to 5-2-19 D.O. to Hosp Sect - Queens	cc 45

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

Date.

Remarks

Pt. 2 Order No.

7-2-19 T.O.D from Cas Coy, I traveled to Sharp Point: Queen's M.H

HS 47

1-4-19 (1) R.W.L from 9/30 to 1-4-19 till 3/15 to 2-4-19 (2) drunkness

(1) awarded Proficiency 2 days pay (2) dismissed

HS 96

14-4-19 Transferred to Cas Coy

HS 103

15-4-19 D.O.S. Discharged RD 1420

HS 105

Surname *McIntyre.* Christian Name or Names *D.* Reg. No. *726104.*  
 Rank \_\_\_\_\_ Unit *1st. Cent. Ont. Reg. Depot.* Co. \_\_\_\_\_ Troop \_\_\_\_\_ Batty. \_\_\_\_\_  
 Pte. *20th.* Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

*14. Gen. Wimereux.* Transferred \_\_\_\_\_ Hosp. *12-5-17.*

*Berrington Wat.* Hosp. *17.5.17*

*Mil. Conv. Woodcote, Epsom.* Hosp. *18.5.17*  
 Hosp. *6-10-17.*

Diagnosis *GSW rt. arm. P?*

(1) Later Diagnosis (if changed) *H.D. Y. 1/10*  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*C. 19-5-17. A. 514.*  
*23. 5. 17 B 346.*  
*11-10-17 B. 3301*  
*11-10-17 B. 33(3)*  
*24. 11. 17 B 41(5)*  
*20. 3. 18 C. 1680*  
*5. 11. 18 C 363.*

REMARKS

*Dis 19. 11. 17*  
*Dis. 25-10-18*

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

San. Etchinghill.

16-3-18.

2.

3.

4.

5.

6.

7.



E.M.H

Number

726104

Rank

Pte

~~B~~

Surname

MCINTYRE

Christian Name

Duncan

Units

20th Bn Can Div

Theatre of War

France

Date of Service

6/10/16

Remarks

Latest Address

Yorkland

Out

Roll No

B. Page 9917

200m. - 2-21 M.

Next of kin \_\_\_\_\_

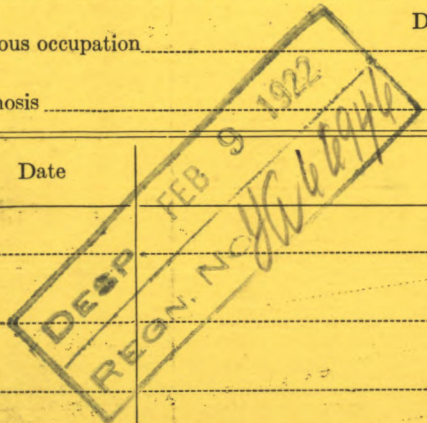
Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued    Yes    No    Date \_\_\_\_\_    Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_    Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_    Date of Medical Boards \_\_\_\_\_

Date	Remarks
	

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

NAME

Mc Intyre Duncan

REGT'L No.

726104

RANK AND CORPS

Pte 20th Bn. Formerly 109th Bn

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

M. 4796

19-5-17

Adm. to No. 14 Gen. Hosp. Wimereux  
May 12th/17 G. S. W. R. arm Sev.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 514	14 Gen. Wimeren	12-5-17	S. S. W. R. Arm. Sev.
B 346	Berington no. Shausburg	17-5-17	S. S. W. R. Arm. <sup>2-24-6-7</sup> 17.
B 533	" " "	18-5-17	S. S. W. R. Arm.
B 71	Discharged	19-11-17	" " Upper Arm
C 168	Can. Etchingill	16-3-18	V. D. G.
C. 363.	Wisch.	25-10-18	20.

SURNAME.

*Mc Intyre.*

Q. 8. CARD NO. *808 Disc 15/4/19*  
*50 106/16/4/19*  
FOLL. *Dem. #3500*

CHRISTIAN NAMES

*Duncan*

REGL. No.

*726104.*

RANK

*Lie./Cpl.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*45<sup>th</sup> Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Mc Intyre, Duncan*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*Norland, Ont. Canada.*

COUNTRY OF BIRTH

*Canada, Somerville, Ont.*

DATE

*Sept. 1<sup>st</sup> 1886*

PLACE OF ATTESTATION

*Cobocook, Ont.*

DATE

*Jan. 31<sup>st</sup> 1916*

*Sailed from Halifax Per*



*S. S*

*488*

*Rp 17/1/19. 254*

L. L. 90589.—M. & D. 6312

*"Olympie". 23-7-16-*

M. F. W. 22.

100m.—1-16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes.

WIDOWER

~~Widower~~

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

29

YEARS

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

5

INCHES

COMPLEXION

Dark.

EYES

Hazel.

HAIR

D. Brown.

DISTINGUISHING MARKS

Scar at base of left thumb.  
Small mole at base of back of neck.

MEDICAL EXAMINATION.

PLACE

Coboconk, Ont.

DATE

Jan. 31<sup>st</sup>, 1916.

LEDGER No. 121

SERIAL No. A 5364 22

REG. No. 726104

NAME McIntyre, Duncan.

RANK Pte

CORPS #3 Gas Co

AGE 32

SERVICE 6/12

DATE OF ADMISSION 0/30/12

HOSPITALS

1

Queens Univ Mil. Kingston

8-2-19

2

3

DIAGNOSIS Stomatitis

TRANSFERRED TO \_\_\_\_\_

DISPOSITION 14 419

CATEGORY \_\_\_\_\_

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS:







No. 26104 RANK

Pvt  
of 1st Corp.

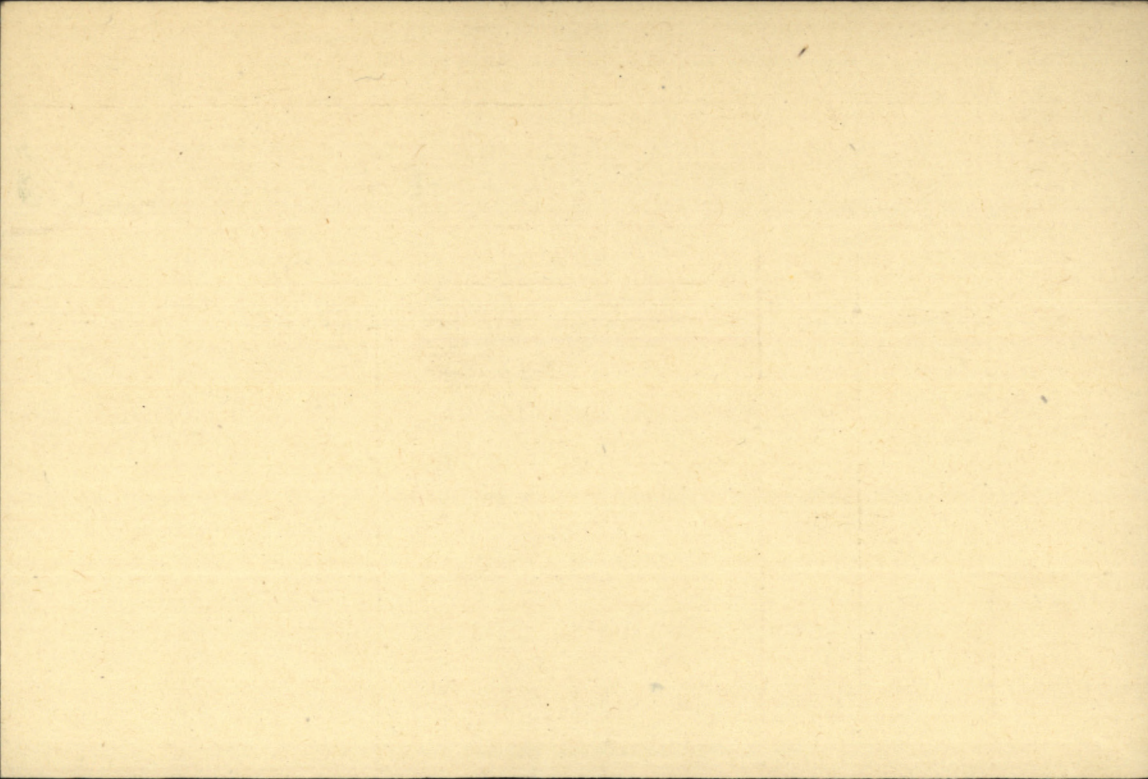
NAME Mc Intyre, D.

T. O. S. 25-1-16. UNIT 109th Battalion.  
D. O. 67. 7-2-16.

M. D. 3

PAID FROM		PAID TO		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
					PARTICULARS	AUTHORITY
1916 Jan 25	1916. Feb. 29			✓	Prom. app. 2. 1 Corp.	D. O. 116 of 4-4-16.
	Mar.			✓		
	April.			✓		
	May.			✓		
	June.			✓		
	July.			✓		

UNIT SAILED  
JUL 23 1916



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs D. Mc Intyre*  
 Address *Harland*  
*Ovi.*

By Whom Assigned *Mc Intyre D*  
 Regtl. No. *726104*  
 Rank *Plc.*  
 Corps *1-6-0-R-2*

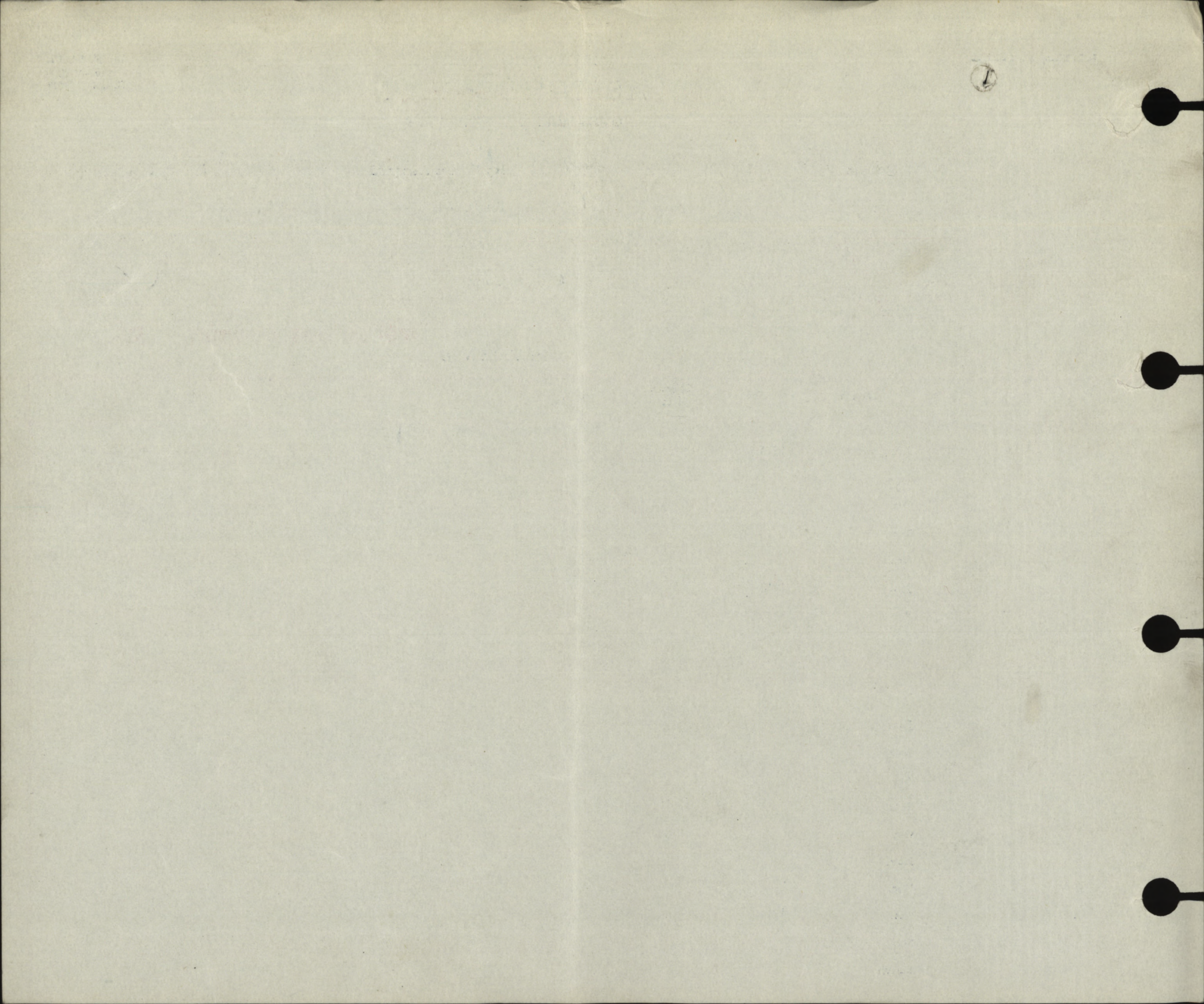
Rate *\$ 60.00*

SPECIAL REMITTANCE

*Sched # 456. 7.11.17*

**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	<i>46206</i>	<i>60 -</i>	
Feb.				
March				



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom Mrs L. M. Intyre.  
 Address Horland  
Ont.

By Whom Assigned M. Intyre. D.  
 Regtl. No. 726104  
 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				



1000  
1000  
1000

1000

1000  
1000

1000



MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2 Mrs D. M<sup>c</sup> Intyre

OVERSEAS CONTINGENTS

Name of Soldier M<sup>c</sup> Intyre D. ~~Intyre~~  
926104 Pte "D" Coy 109 Bn

L. L. Job 310.-Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<u>\$15.00</u>
April	1916			
May				
June				
July				
Aug.		W15142	15	
Sept.		Q19044	15	
Oct.		227757	15	
Nov.		M25898	15	
Dec.		33561	15	
Jan.	1917	C41259	15	
Feb.		C46367	15	
March		U47293	15	15.85
April		R3475	15	15.45
May		R10136	15	15.30
June		Q15823	15	Mc
July		R23324	15	J
Aug.		E30729	15	
Sept.		Z29555	15	W
Oct.		J43798	15	J 43798 Remailed 25/10/18
Nov.		W49636	15	
Dec.		S59945	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*(Handwritten initials)*

*(Handwritten initials)*

255

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.				

# 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.

W 1889 - P 2 1150 1M 5/18 G W.P. Co (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)
-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------

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, Shoehing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

Attached C.C.C.K. P. <sup>34</sup> Part  
2 Orders pending transfer to C. E. F.  
Canada.

Ceases to be attached on transfer  
to C.E.F. Canada. Part 2 Orders <sup>35</sup>  
12th 19

*J. C. S. S. S.*

~~.....~~ Lieutenant for  
Officer Comd'g M. D. 2. C. W.  
Kimmel Park Camp. Rhyl.

<sup>22</sup>/<sub>1</sub>/<sub>19</sub> T.O.S. Casualty Company No. 3 District Depot.  
for Disposal, Part Two D.O. # 28. Kingston, 28/1/19.

*J. C. S. S. S.* **LIEUT.**  
for O.C. Casualty Co., No. 3 District Depot

15-4-19 SOS.

Discharged Pt 1420 Kingstn 5-4-19

*S. S. 105*

Nothing to be written in this margin.

J.M. Rank *Pk* Name **McINTYRE, Duncan.** Reg'l No. **726104**  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Coboconk, 31st Jan 1916.** Place of Birth **Somerville Twp,**  
**Victoria Co.**  
 Name and Address, Next-of-Kin **Duncan McIntyre.**  
**Norland, Ont, Canada.** Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E R.B. No. *17484*  
 File R.L.  
 Category **CAN. OR**

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.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>(e)</i>					
		Arrived in England per H.M.T. 2810		31-7-16	
5-10-16	109 <sup>th</sup> Bn	S.O.S. to 20 <sup>th</sup> Bn	Braunschweig	5-10-16	Pt II 50-279 <i>J.W.C.</i>
11-10-16	20 <sup>th</sup> "	T.D.S. from 109 <sup>th</sup> "	Field	6-10-16	" II 55-74 <del>D 25-5-17 (COR)</del>
4-5-17.	bk 20 <sup>th</sup> .	To No 14. Genl Hosp.	Wimereux.	12-5-17	cl A 514 "4 Swt Armds"
23-5-17	✓	Admtd Berrington War Hosp. N <sup>o</sup> Shrewsbury		17-5-17	B 2 B 346
5-6-17	20 <sup>th</sup> Bn.	Invalided & posted to 1 <sup>st</sup> CORD	Field.	16-5-17	Pt II 0-41 77 D 25-5-17 (COR)
10-10-17.	1st corr.	Adm. Berrington War Hosp. Shrewsbury		18-5-17.	C.L.B. 33-1. <i>218-13-10-17 1 COR</i>
23-11-17	Do.	Transf. S.C. to Woodcotie Pk.	Prison.	6-10-17.	CLB 33-2. <i>eg. 9. W. RT. upper arm. slash</i>
	L	Dish " " "	"	19-11-17	CLB 71-5 " "
23-11-17	inc 20	att <sup>d</sup> for P.T. etc.	Pr. & Saly	19-11-17	Pt. II 0 249 <i>218-13-10-17 1 COR</i>

A.F.B. 103 CHECKED 17 OCT 1916

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.				
18.4.18.	1st CORP	Leave to be at 1st C. Pte. Witley		15.3.18	P. 10 106
28.10.18.	"	On com. to 1st. 227.		21.10.18.	- 299.
17.12.18	12 Rsg	TOS from 1st CORP WITLEY		17.12.18	DO299 (952 201218 1CORP)
20.1.19	12 Rsg	Sold to 1st B. 87 Canada P. with		9.1.19	P. 16







Same as

no. 1067

# FORM OF WILL.

I, Duncan MacIntyre (Name in full)

Regimental Number 726104 serving in 109th OVERSEAS BN., C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Effie MacIntyre  
Horland,  
Ont.

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 6th day of July A. D. 191 6

Duncan MacIntyre Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness W. A. Mark Lieut

Address of Witness Kimmsworth Ont.

Occupation of Witness Lieut 109 Bn C.E.F.

Signature of Second Witness Dud Jacques

Address of Witness 107 Goulbourne Ave Ottawa

Occupation of Witness Supt 109th Bn C.E.F.

# FORM OF WILL

I, John Doe, of the County of York and Province of Ontario, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Name and address of person or persons to whom I wish to give

Name and address of person or persons to receive personal estate

attached and my personal effects to John Doe

A.D. 1911

Signature of testator

Witnesses

Executed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time and in the presence of his relatives and in the presence of other duly sworn persons subscribed our names as Witnesses.

Signature of first witness

Name of witness

Signature of second witness

Name of witness

Signature of third witness

Name of witness

# CLINICAL CHART.

Army Form B. 181.

Corps 30 Can.

(To be attached to Case Sheet.)

Military Hospital Am Church Street

No. 726104

Rank and Name Private H. M. Intyre

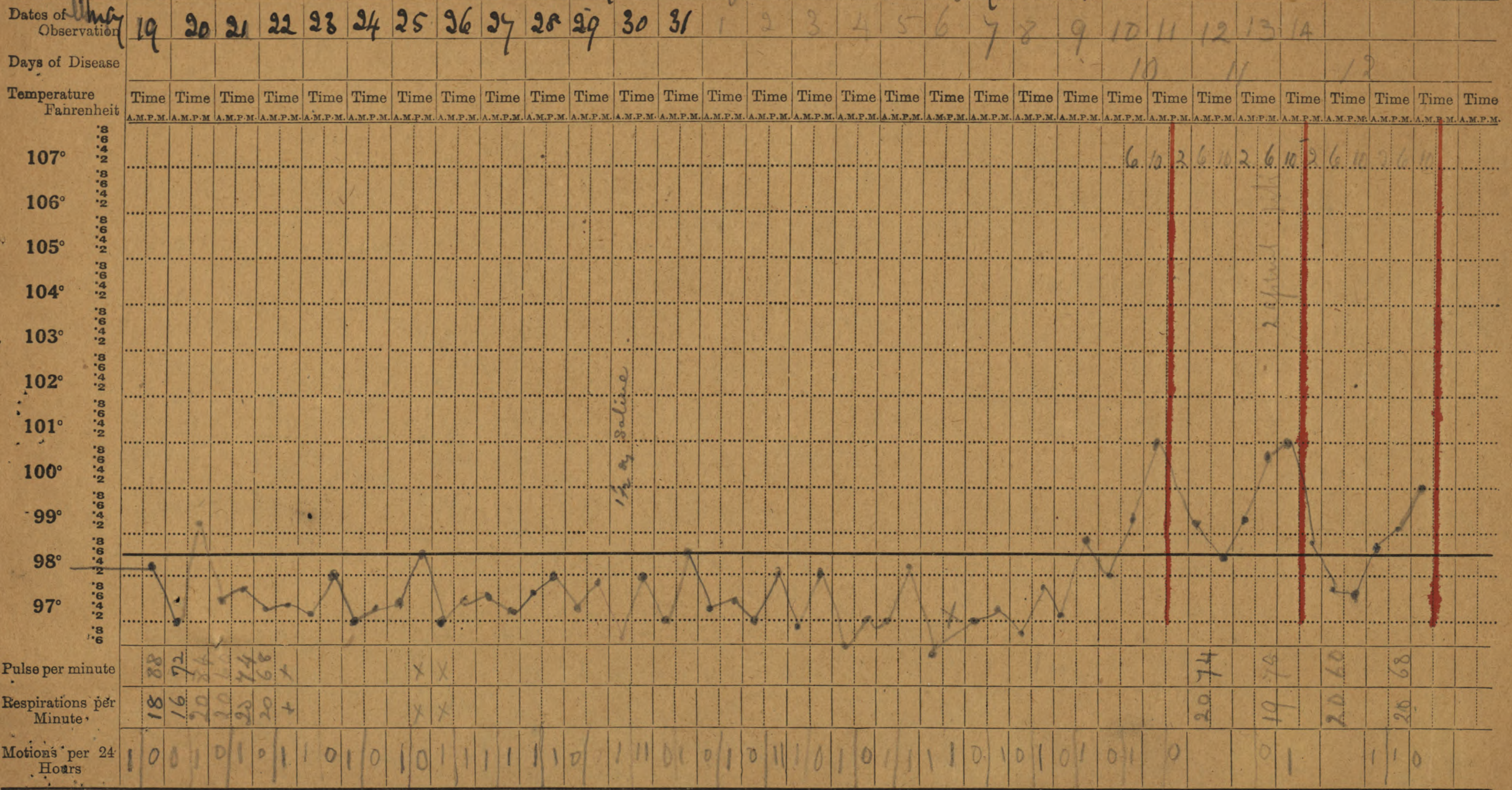
Age 30

Service 1 4/12

Disease \_\_\_\_\_ Date of admission May 19<sup>th</sup> 1917

Date of discharge July 14<sup>th</sup> 17

Result \_\_\_\_\_





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 BN., C.E.F.*

(2) Regimental Number..... *726104*

(3) Full Name of Soldier..... *Duncan McIntyre*

(4) Place of Birth..... *Robocank Ontario*

(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?..... *\_\_\_\_\_*

(8) Have you any children?..... *\_\_\_\_\_*

If so, give number of boys and girls..... *\_\_\_\_\_*

Also their names and ages..... *\_\_\_\_\_*

.....

.....

.....

(9) Is your Father alive? *yes*  
If so, state name and address *Duncan McIntyre Holland Ont.*

(10) Is your Mother alive? *yes*  
If so, state name and address *Effie McIntyre  
Holland Ont.*

(11) If your Mother is a widow.....  
Are you her sole support, or not? *no*

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
.....  
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  
.....

(15) Are you insured? *yes*  
If so, in what Company? *Canadian Order of Foresters*  
Have you made arrangements for payment of your Insurance premium? *yes*  
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]*  
Officer Commanding.  
C. C. 109th Overseas Battalion, C. E. F.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726104 (Rank) Private

Name (in full) McINTYRE, Duncan enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Cobocook, Ont. on the 31st

day of January 1916.

HE served in Canada, England and France.

and is now discharged from the service by reason of In accordance with R.O. 1420

Demobilization Authority 3DD-3-Mc-435 D/12-4-19

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

Age 32 yrs. 7 months

Marks or Scars

Height 5 ft. 6 ins.

Scar of wound right upper arm

Complexion Dark

Eyes Grey

Hair Brown

*Duncan McIntyre*  
Signature of Soldier

*P. P. Rappley*  
Issuing Officer  
for C. C. Discharge Section  
No. 3 District Depot  
Rank

Date of Discharge 15-4-19

Appointment

Signed at Kingston, Ont. this 15th day of April 1919.

in Military District No. 3

File Reference No. 3DD-3-Mc-435

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 .....

On demobilization the particulars called for on the back of this certificate will not be completed.

.....  
Name of Officer

.....  
Rank

.....  
Appointment



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

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

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 26104

Rank Private

Name Mc Intyre Duncan

C. E. F.

31.1.16.

Enlisted (a) 21.1.16

Terms of Service (a) D of W.

Service reckons from (a) 21.1.16

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) Laborer

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  
Disembarked England

Halifax 24.7.16.  
Liverpool 31.7.16.

Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.  
18 OCT. 1916

CAN. RECORDS, LONDON

Transferred for Overseas Service with 20<sup>th</sup> Btn OCT 5 1916

D.O. Pt. 11. No. 279

6/10/16  
do  
27/10/16  
11-5-17  
12-5-17  
16-5-17

C B Dep  
do  
20th Bn  
4 CFA  
12--  
14 Gen

Arrd & taken on strength  
Left for  
Arrived  
Adj. Pt Arm adrm & 12 CFA  
admt btrpt  
Inv(Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per HS St Andrew

20th Bn  
do  
do  
12 CFA  
admt btrpt  
1st Centl Ont. Regl  
per HS St Andrew

6/10/16  
20/10/16  
23/10/16  
11-5-17  
16-5-17

NR Pt 2 O'rs 55d11/10/16  
NR  
ADJUTANT,  
109TH BATTALION CAN. INFANTRY.  
W3083 (A4258)  
Pt 2 41D/5-6-17.

*Whogau*

Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

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

107045773 2129440 4201

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				
25.5.17.	1st CORD	T.O.S. from 20 <sup>th</sup> Bn	W. Edling	16.5.17.	Pt. II D 77 <i>for Colonel i/c Records</i> <i>for Officer Commanding</i> <i>1st CANADIAN COMMAND DEPOT.</i> <i>15.3.18 Pt. II D.O. 106</i>
16-3-18	1st CCO	Admitted from Epsom of 23-11-17 RO <sup>n</sup> 249 Ceases to be attached on being St Martin Plains admitted to Etchingham Hill CSH. Effect of 15-3-18		16-3-18	Pt. II RO <sup>n</sup> 73 of 16-3-18 <i>for Officer Commanding</i> <i>1st CANADIAN COMMAND DEPOT.</i>
18-4-18	1st CCO	ceases to be attached to 1st C.C.D.	Witley	15.3.18	Pt. II D.O. 106 <i>for Officer Commanding</i> <i>1st CANADIAN COMMAND DEPOT.</i>
28.10.18	On Com t	Isle of Wight	Witley	21.10.18	Pt. II D.O. 299 <i>for Officer Commanding</i> <i>1st CANADIAN COMMAND DEPOT.</i>
17.12.18.		Ceases to be attached on proceeding to 12 <sup>th</sup> Reserve.			D.O. No. 348 of 17.12.18 <i>for Officer Commanding</i> <i>1st CANADIAN COMMAND DEPOT.</i>
17.12.18	12 <sup>th</sup> Res.	J.O.S. 12 <sup>th</sup> Res.	Witley	17.12.18	Pt. II 299
30.12.18	-do-	on Command to Kermel Park.	-do-	30.12.18	Pt. II 309.



Surname *McIntyre*

Christian Name *Duncan*

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				
<i>BUM Kingston</i>		<i>7</i>	<i>2</i>	<i>19</i>	<i>14</i>	<i>4</i>	<i>19</i>	<i>Stomatitis</i>	<i>65</i>	<i>Boarded 9-4-19 Cat A</i>	<i>H.S. Stevenson</i> <i>Capt. A.M.C.</i>

726104

ORIGINAL

ME 2121

MEDICAL HISTORY SHEET

Surname *Mc Intyre*

Christian Name *Duncan*

Examined { on *31<sup>st</sup>* day of *Jan* 191*6*,  
at *Cobecoik.*

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

Birthplace { City or Town *Wip. Somerville*  
County *Victoria*

Apparent age *29*

Trade or occupation *Laborer.*

Height *5* Feet *6.* Inches.

Weight *140* Lbs.

Chest measurement { Minimum *31* inches.  
Maximum expansion *36.* inches.

Physical development *good.*

Small-Pox Marks *none.*

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

When Vaccinated last *February 26<sup>th</sup> 1916*

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

(b) Slight defects but not sufficient to cause rejection

*None*

Enlisted on *3<sup>rd</sup> 25<sup>th</sup>* day of *January* 191*6* at *Cobecoik.*

Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT
		<i>2 MAY 1917</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<i>26.2.16.</i>	<i>Good.</i>	<i>J. McCulloch</i> M.O.
		M.O.
		<i>17.4.18. TAB J. McCulloch</i> M.O.
		<i>24.4.18. J. McCulloch</i> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>9/5/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>10/5/16</i>	<i>"</i>	<i>J. McCulloch</i> M.O.
<i>25/5/16</i>	<i>"</i>	<i>J. McCulloch</i> M.O.
<i>22.9.16</i>	<i>"</i>	<i>H. B. Bay &amp; Co</i> M.O.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109<sup>th</sup> Bn. C. E. F.</i>	<i>726104.</i>		<i>3/25.1.16.</i>
Transferred to.. ..	<i>21st Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Steele</i>	<i>13.11.18</i>	<i>nil</i>	<i>A. S. Wallace</i>
<i>Barriefield Out.</i>	<i>7-2-19</i>	<i>none.</i>	<i>A. J. Ross</i>

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

CANADIAN

Christian Name *Stuncan*  
Surname *McIntyre*

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				
<i>Berrington War Hosp Shrewsbury</i>							<i>VIII. 1. GSW Rt upper extremity (Shoulder) Shrapnel - Severe</i>	<i>141</i>	<i>Trans to Canadian Gen Hosp Epsom -</i>	<i>Blow Capt.</i>	
<i>M. C. N. Epsom</i>		<i>5</i>	<i>10</i>	<i>17</i>	<i>19</i>	<i>NOV 1917</i>	<i>do +</i>	<i>146</i>	<i>Severe flesh wd. over deltoid two operations. No says that the shrap is still in. Can easily raise arm to horizontal position. Mass X ray shows pieces of shrapnel in inner &amp; outer side of humerus. (upper part. 5-11. Improving. Treatment being continued.</i>	<i>McIntyre</i>	
<b>CANADIAN HOSPITAL, ETCHINGHILL, LYNGE,</b>		<i>15</i>	<i>3</i>	<i>18</i>	<i>24</i>	<i>10 18</i>	<i>Gonorrhoea</i>	<i>224</i>	<i>Submitted with 'F. P. D. + pos gfb smear Treated by irrigations, massages &amp; sounds On discharge Urines clean Neg for gfb.</i>	<i>East Shuttle may 07</i>	
							<i>The marginally named man is suffering from Chronic Gleet. No Gonococci can be found in his discharge. He is quite fit for duty. He should not be admitted to Hospital for Venereal Disease unless he develops any complications or contracts a fresh attack. (Auth. War Office Circular letter 24/Gon. No. 5141.)</i>				

\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>MCINTYRE Duncan</i>
EFFECTIVE DATE: <i>1/8/16</i>		EFFECTIVE DATE: -		NUMBER: <i>726104</i>
AMOUNT: <i>15.00</i>		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
<i>Mrs D. McIntyre (Mother) Norland Ont. Stopped 1/1/19</i>				DATE EFFECTIVE
				RANK OR APPOINTMENT
				<i>Pte.</i>
				<i>231</i>
				UNIT AND TRANSFERS
				ORIGINAL UNIT: <i>109<sup>th</sup> Bn.</i>
				DATE ACCOUNT FIRST OPENED: <i>1/8/16</i>
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S'D
				UNIT TRANSFERRED TO
				<i>1 C.O.R.D. Canada Sec</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>19/12</i>	<i>7029</i>		<del><i>14.47</i></del>				
<i>25/12</i>	<i>01351</i>		<del><i>18</i></del>				
<i>16/12</i>	<i>7555</i>		<del><i>24.33</i></del>				

*Admitted C.M. Etch 15/3/18 V.S.G. 8/12. 16/6/18.*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Can 1/1/19 Regl 11 19/12 6<sup>r</sup> ~~1152~~ Bal 36.91*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal. Forward</i>								<i>72.20</i>		
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>Can Ar.</i>				<i>15</i>			
		<i>33</i>		<i>14-12/4 - Etch</i>	<i>2.43</i>			<i>15</i>	<i>87.77</i>		
<i>May</i>	<i>P Pay.</i>	<i>34.10</i>		<i>AR 359 16/5/18 - 12<sup>th</sup> Reg.</i>	<i>2.43</i>						
		<i>34.10</i>		<i>C.F. Pay.</i>				<i>15</i>	<i>104.44</i>		
<i>June</i>	<i>P Pay.</i>	<i>33</i>		<i>C.M.P.</i>				<i>15</i>	<i>120.01</i>		
		<i>33</i>		<i>741. 14/6/18 Etch</i>	<i>2.43</i>			<i>15</i>			
<i>July</i>	<i>P Pay.</i>	<i>34.10</i>			<i>2.43</i>			<i>15</i>	<i>136.68</i>		
<i>Aug</i>	<i>P Pay.</i>	<i>34.10</i>		<i>1085 12/7/18 u "</i>	<i>2.43</i>			<i>15</i>			
		<i>34.10</i>		<i>cap</i>				<i>15</i>	<i>153.35</i>		
		<i>34.10</i>		<i>AR 1510 17/8/18 Do</i>	<i>2.43</i>			<i>15</i>			
<i>Sep</i>	<i>P.P.</i>	<i>33</i>			<i>2.43</i>			<i>15</i>	<i>171.81</i>		
		<i>33</i>		<i>AR 1875 17/9 Etch</i>	<i>2.43</i>			<i>15</i>	<i>168.92</i>		
<i>Oct</i>	<i>PP</i>	<i>34.10</i>		<i>cap</i>				<i>15</i>			
		<i>34.10</i>		<i>AR 2234 C.M. Etch 11/10</i>	<i>2.43</i>						
		<i>34.10</i>		<i>Stopages 'y' from 15/1/18 to 27/1/18</i>							
		<i>34.10</i>		<i>224 dep' 20.298, 1 cc, 28/10</i>				<i>15</i>	<i>51.19</i>		
<i>Nov</i>		<i>34.10</i>		<i>cap</i>				<i>15</i>	<i>51.19</i>		
		<i>34.10</i>		<i>AR 5483. 15/11. 1 cc</i>	<i>2.43</i>				<i>67.10</i>		
		<i>34.10</i>		<i>6537. 28/11 do</i>	<i>4.87</i>				<i>178.99</i>		
		<i>34.10</i>		<i>cap</i>	<i>7.30</i>			<i>15</i>	<i>56.77</i>		
<i>Dec</i>		<i>34.10</i>		<i>C. Fwd</i>	<i>7.30</i>			<i>30</i>	<i>24.61</i>		
		<i>34.10</i>							<i>56.91</i>		

CANADIAN  
 ASSIGNED PAY AUDITED  
*10 31 12/18*  
*W. De. Moreland*  
 AUDIT CLERK  
 DATE *11/16/19*

*Compiled by H.M. Bergmann  
Checked by W.G. Bailey*

NUMBER

726104

RANK

Pte

NAME

McIntyre D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		6710		B Fwd	730			30	5119		
				AK 7029 9/12. iced	1947				11829		
				7555. 16/12. "	2433				5110		
		6710			5110			30	3719		
May				AB 51 25/9/18		25			3691		

211



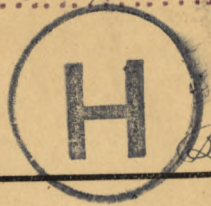






War Service Badge Class 17  
 No. 246209 Issued

SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)



1. No. 726104  
 2. Rank Private  
 3. Name McINTYRE, Duncan  
 4. Unit No. 3 District Depot.  
 5. Date of Discharge 15-4-19 Place Kingston, Ont.

6. Reason for Discharge Demobilization

7. Authority 3DD-3-Mc-435 D/ 12-4-19 R/O.1420

8. Proposed Residence after Discharge Norland, 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. P. 39

*Duncan McIntyre*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

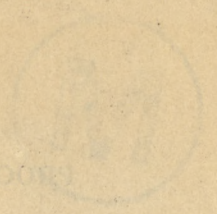
Date 15-4-19

Medical Documents  
 Forwarded to  
~~S. C. R.~~ or B. P. C.  
 on  
 Date APR 25 1919

Signature *[Signature]* Lieut.  
 for O. C. (Discharging Unit.)  
 No. 3 District Depot



REPORT FORM  
 (BOOKING IN ON DISCHARGE)  
 (Continuation)



1. Name of Soldier		2. Service Number	
3. Date of Discharge		4. Place of Discharge	
5. Reason for Discharge			
6. Proposed Residence after Discharge			
7. Signature of Soldier			
8. Signature of Official			
9. Confirmation			
10. Remarks			

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical History Sheet
Physical Examination	Physical Examination
Psychiatric Interview	Psychiatric Interview
Psychiatric Evaluation	Psychiatric Evaluation
Medical History Sheet	Medical History Sheet
Physical Examination	Physical Examination
Psychiatric Interview	Psychiatric Interview
Psychiatric Evaluation	Psychiatric Evaluation
Medical History Sheet	Medical History Sheet
Physical Examination	Physical Examination
Psychiatric Interview	Psychiatric Interview
Psychiatric Evaluation	Psychiatric Evaluation
Medical History Sheet	Medical History Sheet
Physical Examination	Physical Examination
Psychiatric Interview	Psychiatric Interview
Psychiatric Evaluation	Psychiatric Evaluation

### 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

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-617-1772-88-1141  
 L. L. 22820-M. & D. 7693.









Mc Intyre & Co.

726 1044

25<sup>th</sup> Canadians

FCT 252





The Intyre Pth.  
726104  
30th Canadian.  
F. C. T. 252

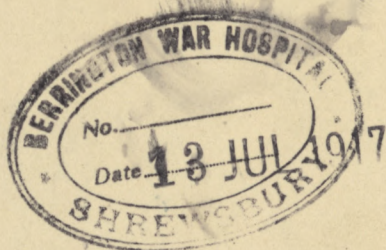
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Mc Intyre D W  
726 104  
20<sup>th</sup> Canadian

F C T. 252





Patient's Serial Number  
to be quoted in all  
Communications  
Ward 6

Birmingham War Hospital.

Army P  
(In pat)

No. of Bed

Date

Aug 4. 17.

Regtl. No.

Rank and Name

Corps

Part to be X-Rayed

F.C.T. 252

726104

126  
McIntyre.

20<sup>th</sup> Canadian

upper half R. humerus.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Since in R. upper  
end of down to bone.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 140

Print herewith.

Signature of M.O.

J. McComb

Signature of Radiographer

V. J. ...

Date

Aug 4. 17.

Date

Aug 7/17



Harland Ord

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

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

No. 726104 Rank Pte Surname McINTYRE  
(Given name in full) A. G.  
Unit or Corps 3rd cc AD Birthplace Bobcaygeon Ont

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs. Height 5 ft. 6 in. Colour of Eyes Grey  
Nutrition good  
Pulse 88  
Condition of arteries good  
Vision Rt. normal Left normal  
Hearing (conversational voice) Rt. N.ft.  
Left N.ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
Scar 3" long over rt deltoid muscle.

Opinion as to general health and physical condition. Good fit for Art

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

Nervous System no Genito Urinary Sytem Yes Cardio-Vascular System no  
Special Senses no Integumentary System Yes Respiratory System no  
Disturbance of mentality no Muscular System no Digestive System no  
Osseous and Joint System no Any other general condition no

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

Had Gonorrhoea in March 1918, cured  
Scar as indicated above causing no  
disability now. 3 small pieces  
shrapnel still present in rt arm

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *Barriefield* ..... (Canada)

Date *7-2-19* ..... Signed *McRopla Capt* ..... M.O.

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

Signature *D.A. McJugre* .....

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McINTYRE D.A. M D 2.  
REGIMENT 20th Bw. RANK Pte. No. 726104.

Date of Examination in England 2-1-19 Date of Examination in France \_\_\_\_\_



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

*2 it*

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada *Yes*
- (b) In England
- (c) In France

Signature of Dental Officer *W. B. Stuel* Capt

KINMEL PARK, NORTH WALES.

McIntyre J.A.  
of  
M.D.

R-114

① Mr. [unclear]  
② Mr. [unclear]  
③ Mr. [unclear]  
④ Mr. [unclear]

⑤ Mr. [unclear]  
⑥ Mr. [unclear]  
⑦ Mr. [unclear]

# CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston, Station.  
No. 726104 Rank Pte. Name McIntyre, D.A. Age 32  
Unit C.C.D.D. Completed years of service <sup>Where and how long</sup> } C 7/12. O. 30/12.  
Date of admission Feb. 9/19 Date of discharge April 14/19.  
Diagnosis ~~Stomatitis~~ Stomatitis Place of origin.....

CONDITION ON ADMISSION AND PROGRESS OF CASE..... Gums swollen & inflamed. Two lower incisors left sides are loose. Condition started at Rhyl, Wales. In Jan, 1919. Mouth very sore and gums bleed at times. Urine - normal. Heart & lungs - normal. Depressed linear scar 2½" long over right deltoid muscle. No effect on bone or on movements at shoulder. 3-4-19 - Man fell down and cut forehead over left eye. Cut about 1" long. Eyelids also swollen and ecchymosed. 2 sutures inserted by orderly officer, 7-4-19 - sutures removed. Wound healed.

FAMILY HISTORY..... Negative.

(Tuberculosis, mental or nervous diseases.).....

TREATMENT..... Arsenious acid 2% to gums. Dental treatment.

(Especially any specific or special form.).....

CONDITION ON DISCHARGE..... Gums look healthy. No stomatitis now. Discharge to Depot.  
(and disposal made of case.).....

Date..... April 14/1919.

*[Signature]* Stevenson Capt. A.M.C.  
Medical Officer i/c case.

COPIES HISTORY SHEET

Station: \_\_\_\_\_ Hospital: \_\_\_\_\_  
 Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Date of discharge: \_\_\_\_\_  
 Date of original: \_\_\_\_\_

Condition on admission: \_\_\_\_\_  
 Treatment: \_\_\_\_\_  
 Discharge: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



PATIENTS SERIAL **MEDICAL CASE SHEET** COMMUNICATIONS

EPSON

No. in Admission and Discharge Book. **P.C.T. 252**  
 Year  
 Regimental No. **72604**  
 Rank. **Pte.**  
 Surname. **McIntyre**  
 Christian Name. **D. A.**  
 Unit. **20 Cam.**  
 Age. **30**  
 Service. **1 1/2**

Station and Date.  
 Disease **C Sw Shoulder R Upper Arm VIII (dressed)**  
 Service in the Field. **7 mths**  
 Slight.  
 Severe.  
 Dangerous.

Religion. **Pres.**  
 Next of Kin. **Mother. Norland. Ontario Canada**

**Wounded Wound.**  
 Condition of wounds on admission.  
**"Wounded & Port Bicincter Acting Captain" (in France)**

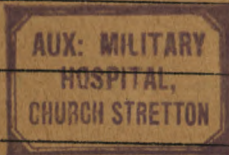
When such wounds were received.  
**10/5/17**

If in action, and where.  
**In Action near Army Ridge**

Station, and Hospitals, where treatment given.  
**4th. Gen. H. - Aust.  
 14 G. H. Wincleson**

If Antitetanus Serum administered, when.  
**10/5/17. at Berrington 17/5/17**

Treatment. **Antitetanic serum  
 7 doses**  
**D. A. McIntyre**  
**19 MAY 1917 H. S. Smith**



**24 MAY 1917 A. T. S. 500 HNS**  
**31 MAY 1917 A. T. S. 500 HNS**  
**2 - JUN 1917 A. T. S. 500 HNS**

**11. 11. 17** **Severe. Wound painful. Pocket of pus evacuated**

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

Station  
and Date.  
AUX. HOSPITAL,  
CHURCH STRETTON

~~461 706 61~~

11. VII. 17 Taken to Werrington and x-rayed. Three pieces of shell seen. one, the largest, in direction of the sinus.

19 JUL 1917

Returned to Hospital much the worse for drink last evening

Left under escort for  
Werrington

Stratford-on-Avon

Pulse 90.

8-8-17.

A.T. Serum 16.500.

16-8-17

A.T. Serum 16.500

14-9-17

Admitted Werrington for Impure Air Cause Hospital improved.

28-9-17

4-10-17



Recommended Convalescent Hosp.  
Red. Air - 100%

4/10/17

Canadian Convalescent Hospital

Dr. E. E. Smith

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps 20 Canadian

Army Military Hospital Church Station

No. 726104

Rank and Name Pte G. G. G. D.A.

Age 30 Service 1 1/2

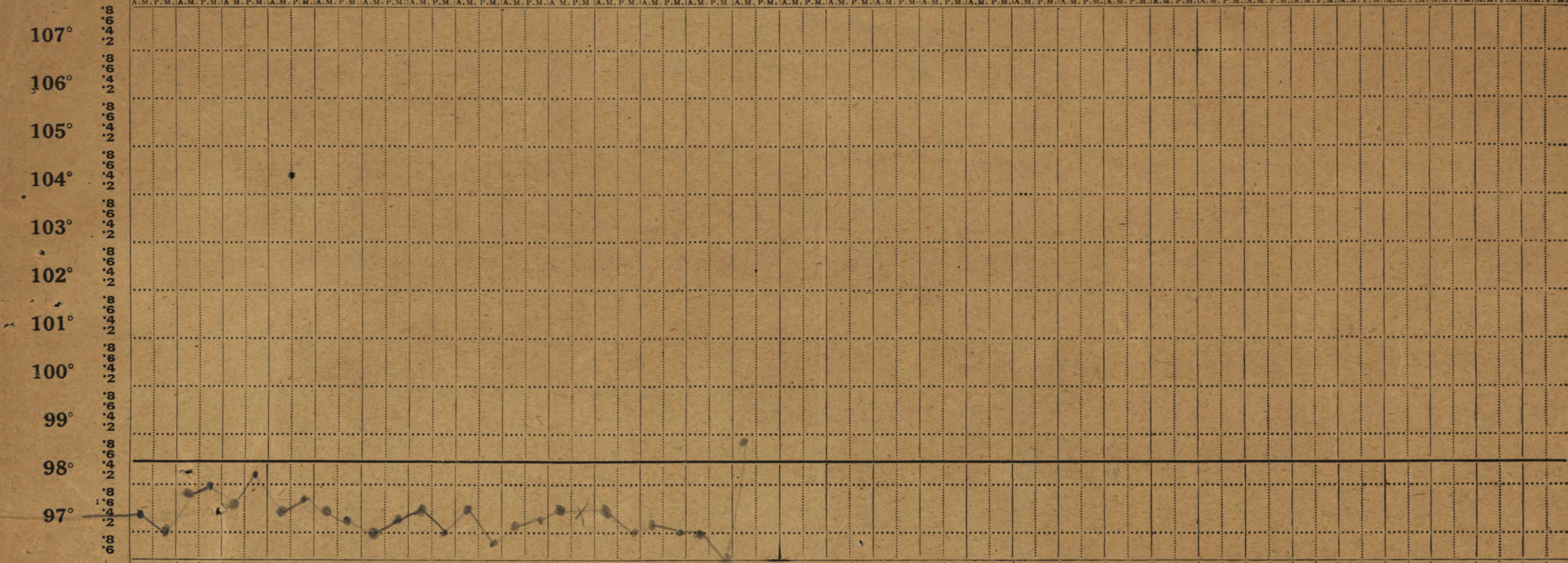
Disease \_\_\_\_\_ Date of admission May 19 1917

Date of discharge July 19 1917 Result \_\_\_\_\_

Dates of Observation July 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Days of Disease

Temperature Fahrenheit Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time



Pulse per Minute

Respirations per Minute

Motions per 24 hours 1001101101110110110101001

Signature \_\_\_\_\_ In charge of case.



# CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 20 Canadian

Army Military Hospital Church Station

No. 726104

Rank and Name Pte McJulie D.A.

Age 30

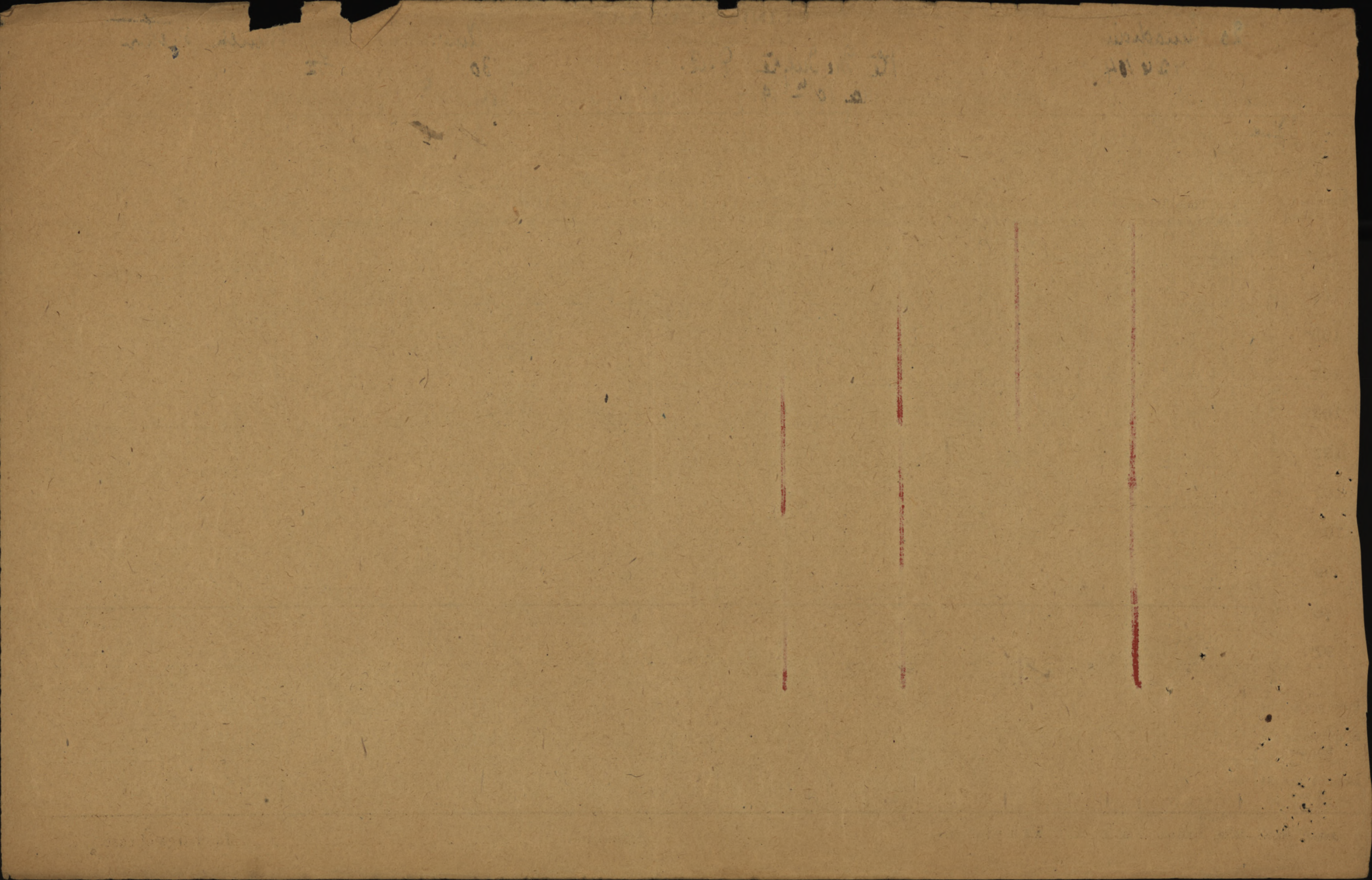
Service 1 1/2

Disease \_\_\_\_\_ Date of admission May 19<sup>th</sup> 1917

Date of discharge July 19<sup>th</sup> 17

Result July

Dates of Observation	Days of Disease																																						
	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5																
Temperature Fahrenheit	Time																																						
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.											
107°	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10									
106°																																							
105°																																							
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103°																																							
102°																																							
101°																																							
100°																																							
99°																																							
98°																																							
97°																																							
Pulse per minute	64	70	60	82	60	66	64	80	64	64	62	60	60	64	64	60	60	64	58	60	74	58	58	68	68	66	66	68	64	68									
Respirations per Minute	20	20	16	18	20	18	18	14	20	18	16	20	19	19	20	20	20	18	18	18	18	17	20	18	17	17	20	18	16	17	20	16	X	X	X	X			
Motions per 24 Hours	0	0	1	1	0	0	1	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	1	0	1	1	1	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 Kington DATE April 9th 1919

1. 1 (a) Unit 24th Bn. (b) Regimental No. 226104 (c) Rank Plt.

(d) Surname McIntyre (e) Christian name James Alexander

(f) Home address Horland Ont.

(g) Next of Kin Mrs. D. McIntyre (h) Relationship Mother

(i) Address of Next of Kin Horland Ont.

2. Age last birthday 52 Date of birth 10/4/1866

3. Enlistment, or Appointment (if an Officer) (a) Place Canada (b) Date Jan. 31/16

4. Personal description:

(a) Height 5'6" (b) Weight 164 (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes grey (f) Identification marks, Scars, etc. Scar on

5. Former trade or occupation Laborer

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).

	PERIODS	
	Years	Days
	From	To
Canada <u>5 mos</u>	<u>Jan. 31/16</u>	<u>July 1916</u>
England <u>3 mos. 19 mos.</u>	<u>July 1916</u> <u>May 1917</u>	<u>Oct. 1916</u> <u>Jan. 1919</u>
France or other theatres of War <u>7 mos.</u>	<u>Oct. 1916</u> <u>Feb. 7th/19</u>	<u>May 1917</u> <u>Dec 6</u>

7. Original disease, or injury Gastritis

(a) Date of origin 7/2/19 (b) Place of origin England

(c) Cause Infection

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

None

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.)

Subj. Man feels quite fit now and has no symptoms.  
Obj. Small linear scar over left eyebrow about 1" long. Oblique depressed linear scar 3/4" long over right deltoid muscle commencing 1 1/2" below tip of scapular spine. No wound of exit - No effect on bone. Movements of shoulder are unaffected. No disability. Heart & Lungs - normal

(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).)

Mouth became sore at Rhyl, Wales, just before returning home. Gums were swollen, inflamed & bled easily when admitted to Hospital. Had a long course of dental treatment and is now all right. Recently fell & got a cut over left eyebrow. Now healed.



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).)

See right upper arm May 10/17

Concussion 15/3/18

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

See Section 9a

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.)

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

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? Since 7/3/18

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

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) No

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

17. Recommendations

*W. H. ...*  
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.....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.....

*D. A. McIlroy* Rank. Pte.  
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.

.....

.....

.....

.....

.....

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.)

.....

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..... Kingston.....

DATE..... Apr. 9/19.....

*Wm Gibson Esq. President.*

*Amosette Payne* } 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.

..... *President.*

PLACE.....

DATE.....

..... } Members

APPROVED BY *D. H. Munnell* A.M.C. APPROVED BY

*For A.D.M.S. No. 3* Assistant Director of Medical Services. Director-General of Medical Services.

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