

Enlisted Jan 15 1916  
E.K.R.

B. Coy.

# ATTESTATION PAPER.

No. 795165

CANADIAN OVER-SEAS EXPEDITIONARY FORCE **ORIGINAL** Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Mc Casblan*
- 1a. What are your Christian names?..... *Alexander*
- 1b. What is your present address?..... *Little Britain, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Glasgow, Scotland*
- 3. What is the name of your next-of-kin?..... *Elizabeth Mc Casblan*
- 4. What is the address of your next-of-kin?..... *Little Britain, Ont. Can*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *June 18, 1879*
- 6. What is your Trade or Calling?..... *farm labourer*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *yes*
- 10. Have you ever served in any Military Force?.. *yes as 9 Regt. Victoria*  
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, *Alexander Mc Casblan*, 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 15 5* 1916. *Alex M. Casblan* (Signature of Recruit)  
*Prof Downer* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alexander Mc Casblan*, 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 15 5* 1916. *Alex M. Casblan* (Signature of Recruit)  
*Prof Downer* (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 *Rindsey* this *15<sup>th</sup>* day of *January* 1916.

*[Signature]* (Signature of Justice)

6  
PH

# Description of Alexander M. Lachlan on Enlistment.

Apparent Age..... 36 years ..... 6 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. 5 1/4 ins.

Chest measurement. { Girth when fully expanded..... 38 1/2 ins.  
 Range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Light Brown

*Scar on base of skull.*

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist..... 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 he declares that he is not subject to fits of any description.

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

Date..... Jan 15<sup>th</sup> 1916.

Place..... Lindsay

*J. M. Cunnock*  
 Medical Officer, Capt.  
*H. Boyd*  
 Medical Officer

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Alexander M. Lachlan..... 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)  
 O. C. 100th Overseas Battalion, C. E. F.

Date..... **JAN 17 1916** ..... 1916.

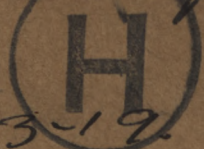
Pl. Mc LACHLAN,

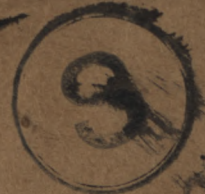
ALEXANDER.

O. H. M. S.

*Med. unfit.*

# 725163- # 3D.D. 2nd. Div. Emp. Coy.

Alb.   
28.3-19.



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~~725163-20~~  
*R. 5-3/19*



*Decreed 8-5-19*

24340

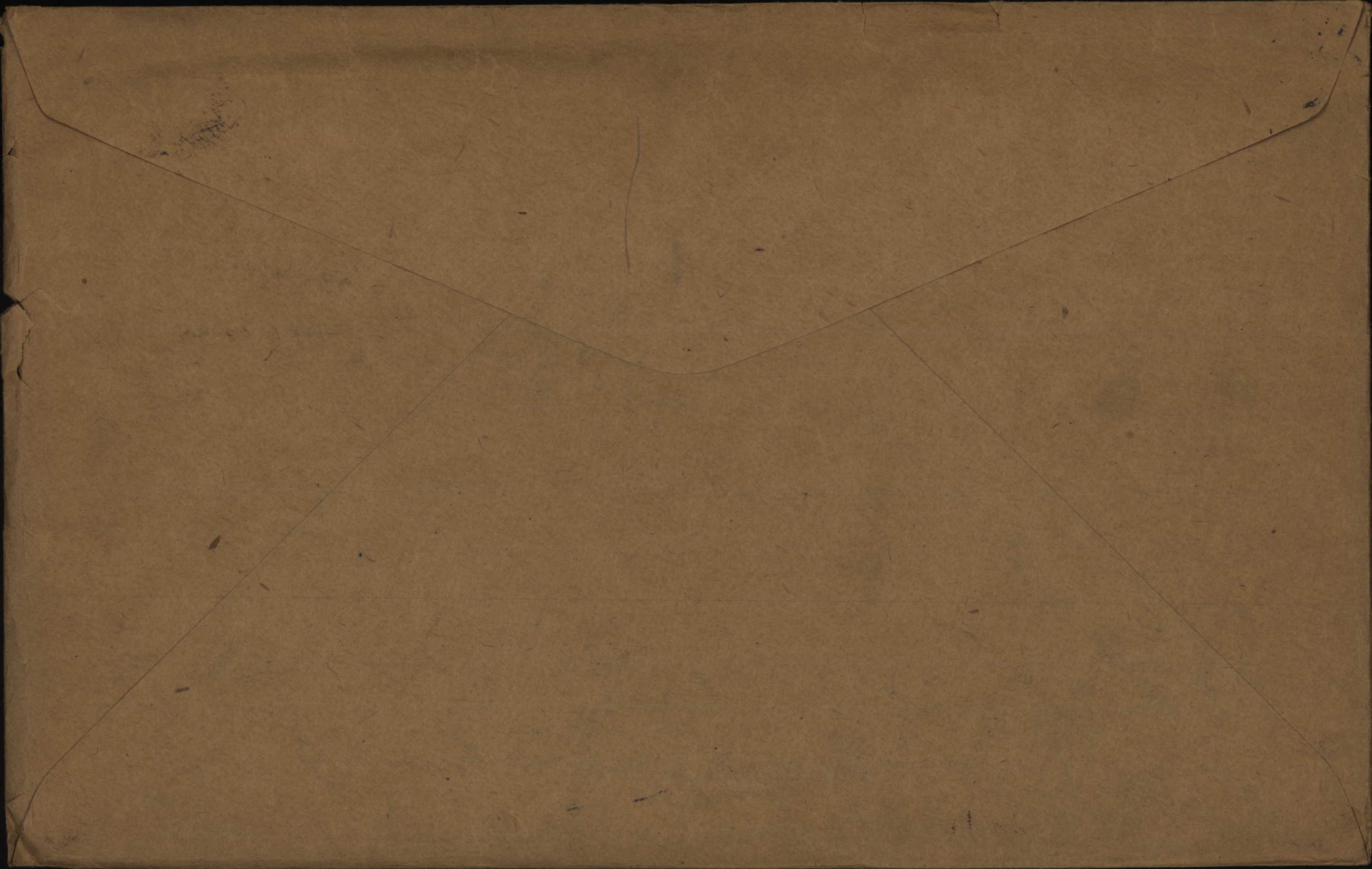
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*A. F. W. 3997*

*m 21 1067*

*pay card*





SURNAME.

*Mc Lachlan*

*131*

CARD No.

CHRISTIAN NAMES

*Alexander*

*S.O.S. 13/2/90 mob.*

FOLL.

*D.O. 49 of 18/2/19. 19. 30. 1900*

REGL. No.

*725165*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

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

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Mc Lachlan, Mrs Elizabeth*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Little Britain, Ont.*

COUNTRY OF BIRTH

*Scotland, Glasgow.*

DATE

*June 18<sup>th</sup> 1879*

PLACE OF ATTESTATION

*Lindsay*

DATE

*Jan. 15<sup>th</sup> 1916*

*Sailed from Halifax, P. I. S. S.*

L. I. 20. 22 - M. & D. 612

*"Olympic." 23-7-16*

M. F. W. 22

100m. - 1-12

H. O. 172-3-522

*488 Mc 25/1/19-258/80*

MARRIED

*Yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Farm Labourer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*36* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*5 1/2* INCHES

CHEST MEASUREMENT

*38 1/2* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*St. Brown*

DISTINGUISHING MARKS

*Scar on base of skull.*

MEDICAL EXAMINATION.

PLACE

*Lindsay*

DATE

*Jan 15<sup>th</sup> 1916*

**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 725165

(3) Full Name of Soldier Alexander Mc Lachlan

(4) Place of Birth Glasgow, Scotland

(5) Are you married, or not? Married

(6) If married, state,  
(a) Full name of your wife Elizabeth Wallcott Mc Lachlan

(b) Present Postal Address Little Britain

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls 3 girls; 1 boy

Also their names and ages Mary age 7 mos

Grace 18 months Ellen 4 yrs 6 mos  
George 6 years

(9) Is your Father alive? *Yes*  
If so, state name and address *81 Prince Edward St. Glasgow*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Elizabeth McLellan*  
*81 Prince Edward St. Glasgow*

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

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

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

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

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

Date *6 July 1916*  
*[Signature]*  
Officer *Ed. Col.* Commanding.  
O. C. 109th Overseas Battalion, C. E. F.



No. 725165 RANK

Pte

NAME

Mc Lachlan. A.

T. O. S. 15-1-16.

UNIT

109th. Battalion

D.O. 49.17-1-16

M. D.

13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 15	1916. Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED

JUL 23 1916



M&A

Number..... 725165..... Rank..... Sp1

Surname..... MC LACHLAN

Christian Name..... Alexander

Units..... C Co..... Theatre of War France

Date of Service..... 9-3-17

Remarks.....

Latest Address..... Little Britain

..... Ottawa

Roll No "B" Coy 7344.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

SEP OCT 18 1921

EDN. No 489926

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. ....725165.....(Rank) .....Private.....

Name (in full) .....McLACHLAN, Alexander.....enlisted in  
the .....109th Battalion.....

CANADIAN EXPEDITIONARY FORCE at .....Lindsay, Ont.....on the .....15th.....  
day of .....January.....19 16

HE served in .....Canada, England, FRANCE.....

and is now discharged from the service by reason of being medically unfit for further  
service. auth. 3DD 3. Mc. 448, D. 13.2.19.....R.O. 1420.....

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

Age .....39 years 8 months..... Marks or Scars .....

Height .....5 feet 5½ inches..... ..Scar on base of skull .....

Complexion .....Fair..... ..

Eyes .....Blue..... ..

Hair .....Light Brown..... ..

*Alex Mc Lachlan*

Signature of Soldier

*A. C. Rappe*

Lieut.

O. C. Discharge Section

No. 3 District Depot

Issuing Officer

Rank

Date of Discharge.....17.2.19.....

Appointment

Signed at .....Kingston, Ont..... this .....17th..... day of .....February..... 19 19

in Military District No. ....3.....

File Reference No. ....3DD 3. Mc. 448.....

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 .....

Name of Officer .....

Rank .....

Appointment .....

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

J.M. Rank *Pte* Name **McLACHLAN, Alexander.** Reg'l No. **725165**  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married.**  
 Place and Date of Enlistment **Lindsay, 15th Jan 1916.** Place of Birth **Glasgow, Scotland.**  
 Name and Address, Next-of-Kin **Elizabeth McLachlan.**  
**Little Britain, Ont, Canada.** Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **5477**  
 File R.L. ....  
 Category **BR Can**

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				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	061094Bn	S.O.S on trans. to 124 <sup>th</sup> Bn	Witley	8-12-16	Pt II DD 343
11-12-16	06124 <sup>th</sup>	S.O.S on trans. to 109 <sup>th</sup>	"	"	267
9-3-17	124Bn	Emb for France	Witley	9-3-17	Pt II DQ68
Now know as 124th Pnr Ftr Can-ENG					
31-5-18	124 <sup>th</sup> Pnr	S.O.S on trans. to Lab. Pool	Field	16-5-18	Pt II DD. 36 2 <sup>nd</sup> Coy 6 Coy P. No. # 98 P. 21-6-18
20-6-18	Can Lab Pool	S.O.S to 2 <sup>nd</sup> Can Div Camp Coy	"	14-6-18	-11-87 P. 21-6-18
16-12-18	2825 Coy	Trans. to 2825 Coy & Posted to garrison	"	28-11-18	2063
6-12-18	Y. Depot.	S.O.S. from 2 <sup>nd</sup> Coy 6 Coy Witley	"	4-12-18	Pt II DD 290.

A.F.B. 103 CHECKED  
 20 MAR 1917

*Lat*

*Imp*

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.				
3-1-19	Gen Dept Gen Command K Kirk Rhyt		Ho	Witley 21.12.18	No 2
Apr 2. 19	Gen Dept Ceases on com to Sig. Camp Rhyt 15 SOS to CEF Canada		Pte	Witley 18.1.19	P II 28



290

JSS

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

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 125165 Rank Private Name McLachlan Alexander  
C. E. F.

Enlisted (a) 15-1-16 Terms of Service (a) 1 of W. Service reckons from (a) 15-1-16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } 5

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Laborer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

	Embarked Canada	Halifax	24.7.16.	
	Disembarked England	Liverpool	31.7.16.	

8/12/16

O.C. 109th Bn

Transferred to 124th Bn

Witley

8/12/16

Alexander Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.  
D. O. P. II, # 413  
3

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

CERTIFIED CORRECT.  
 27 MAR. 1917  
 CAN. RECORDS LONDON.

9-22-16 124th Bn.

Taken on strength of 124th Bn., C.E.F.

Witley Camp

8-12-16

Part III Orders 265

Alexander MAJOR ADJUTANT,  
124th BATTALION C.E.F.

9-3-17 124th Bn.

Proceeded for Overseas Service.

Witley Camp

9-3-17

Part II Orders No. 69

(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.

Alexander  
 Lieut. Asst. Adj. P.T.O.  
 124th Bn. C.E.F.

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				
11.3.17	M.H.O.	Disembarked	Boulogne	11.3.17	N.R.
23.7.18	O.C. 124 Bn.	Granted 14 days leave to	England	17.2.18	B. 213 D.O. 11.d. 6.3.18
9.3.18	do.	Rejoined Unit	Fried	5.3.18	B. 213
18.5.18	do.	Proc. to Base for M. Bd.	do.	12.5.18	B. 213 K.I. 28318
16.5.18	C.G.B.D.	Class. "B.1." by M. Bd.	Etaples	16.5.18	W. 3339/510
16.5.18	A.A.G.	P.O.S. 124 Bn. on trans. to Can. Lab. Pool	do.	16.5.18	K.R. 16276 D.O. 36/d. 31.5.18
16-5-18	A.A.G.	Class B1 - 5 J.O.S. Can Lab Pool from 124th Bn		17-5-18	D.O. 45 d/31-5-18
22-5-18	C.G.B.D.	Left for Lab Commat Can Corps		22-5-18	N.R. 1231
24-5-18	Lab Pool Can Corps	Arrived from Base J.O.S.		25-5-18	N.R. 38
	A.A.G.	Trfd. to 2nd Cde. Dir. Imp. Coy		14/6/18	K.R. 25502/4 P.I. 087. 20/78
28-11-18		J.O.S. do. Trfd to England & posted to Cdn. General Depot Witley		15-6-18	P.I. 2 ord. 38 21.6.18
				28-11-18	N.R. 363-43/2 P.I. 2 ord 63.
					H. H. H. H. Capt for Lt-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon. B. E. E.
6.12.18	General	J.O.S. from 2nd Bn Imp. Coy	Witley	4.12.18	NO 290 for Colonel i/c Records
3-1-19	" "	on com R.A.L.	"	31-12-18	NO 2





**CANADIAN ARMY DENTAL CORPS, O.M.F.C.**  
**DENTAL CERTIFICATE FOR DEMOBILIZATION**

Canadian Printing and Stationery Services, London

**DIRECTIONS TO  
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) MC LACHLAN, A M-D-No-3  
 REGIMENT 124 RANK PTE. No. 725165  
 Date of Examination in England 4/1/18 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 \_\_\_\_\_
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower - 26-26.

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 - y -
- (b) In England \_\_\_\_\_
- (c) In France - z -

Signature of Dental Officer \_\_\_\_\_

*A. E. Fordham*  
 Capt

KINMEL PARK,  
 NORTH WALES

M.D. No. 3  
25512

McLACHLAN, A  
PTE

154

11/11

1-1-1

1-1-1

1-1-1

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1188 (D.P.) 250M.-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 725165 Rank Pte Name Mc Lachlan A (Surname first)
Unit 109th Bw who was\* discharged
On July 17th 1919 191 to Category C1
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st to July 17th 1919 the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. containing financial entries: Bal. Dr. or Cr. from prev. month (6.14), Regimental Pay (17.00), Field Allowance (1.70), Separation Allowance (17.00), Clothing Allowance (35.00), Post Discharge Pay, \*Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No. #4834 (17.00), \*Other Charges, Balance on transfer or on discharge, cheque No. #4835 (47.56), Total (70.70).

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Jan 1919 by Ottawa Elizabeth Mc Lachlan and Separation Allee. for month of 1919 (to) Assignee Little Britain Ont. (Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single.....
(2) Separation Allowance, entitled or not ..... (3) Reason for discharge.....
(4) Authority for discharge or transfer ..... #300-3-Mc-448

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date July 14th 1919
Place KINGSTON

W. P. ... Captain, OFFICER IN CHARGE DEMOBILIZATION PAY DIV. MILITARY DISTRICT No. 3 Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY E. J. W.
CHECKED BY H. V. W.





725165

# MEDICAL HISTORY SHEET. ORIGINAL

Surname McLachlan Christian Name Alexander

Examined { on 15<sup>th</sup> day of January 1916.  
at Lindsay

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

Birthplace { City or Town Glasgow  
County Scotland

Apparent age 36 years

Trade or occupation Farmer

Height 5 Feet 5 1/4 Inches

Weight 130 Lbs.

Chest measurement { Minimum 35 1/2 inches.

{ Maximum expansion 38 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right nc Left 3

{ Number Four

When Vaccinated last Feb. 14<sup>th</sup> 1915.

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
14.2.15	nil	J. McCulloch M.O.
26.1.16	nil	J. McCulloch M.O.
13.3.16	good	J. McCulloch M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
15.3.15	good	J. McCulloch M.O.
25.3.15	good	J. McCulloch M.O.
8.5.16	good	J. McCulloch M.O.

Enlisted on 15<sup>th</sup> day of January 1916 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>725165</u>		<u>15.1.16.</u>
Transferred to.. ..	<u>C.E.F.</u> <u>124th OVERSEAS BATTALION C.E.F.</u> <u>P O-S</u>			<u>9 MAR 1917</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>19/12/18</u>	<u>Myalgia</u>	<u>Bill Jao. L. Hammond</u> <u>capitane</u>
<u>Bournefeldt Out</u>	<u>13-2-19</u>	<u>Myalgia - Flat feet</u>	<u>(C. H. E.) E. Small</u> <u>cap</u> <u>D. A. Coon Capt.</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.



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

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

To Whom *Elizabeth McLachlan* <sup>Wife</sup> By Whom Assigned *McLachlan. Alex.*  
 Address *Little Britain* Regtl. No. *725165*  
*Ont.* Rank *Pte* *B. Co.*  
 Corps *109 Btn.*  
 Rate *\$ 15.<sup>00</sup>* **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				



31 87  
21 10 18

2 10 18

2 10 18

2 10 18

2 10 18

17  
12  
8  
7

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Elizabeth McLachlan *Wife*  
PAYMENTS.

Name of Soldier

McLachlan Alex.

L. L. Job 310.—Req. 6574.

725165

Pte "B Coy" 109 Btn.

\$ 15.00

Remarks. AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		W 15173	15	
Sept.		818284	15	
Oct.		823502	15	
Nov.		228431	10	
Dec.		T30146	15	
Jan.	1917	939042	15	
Feb.	60	45616	15	
March		51467	15	15.10.
April		3326	15	15.10.
May		9914	10	15 (W)
June		M 16196	15	Oba
July		23545	15	CU
Aug.		30450	15	
Sept.		37409	15	2
Oct.		043695	15	
Nov.		A 31843	15	
Dec.		Y 56773	15	2537
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

a.s.

ME

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

1-3-16

## MILITIA AND DEFENCE

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

## SEPARATION ALLOWANCE

Name *Elizabeth Mc Lachlan* Name of Soldier *Mc Lachlan Alexander*  
 Address *Little Britain* Regtl. No. *725165*  
*Out* Rank *Pte*  
 Relation to Soldier } *wife* Corps *109<sup>th</sup> Batt'n*  
 wife, child or mother } To what Corps belonging }  
 when called out } ✓ ✓

## PAYMENTS

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



1971  
MAY 10

1971  
MAY 10

29



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Elizabeth McLaughlan wife  
PAYMENTS.Name of Soldier McLaughlan, Alexander

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G2828	40	40
May		Z 1113	20	20
June		W4463	20	20
July		Y 9494	20	20
Aug.		M 14067	20	20
Sept.		Z 16706	20	20
Oct.		U 19903	20	20
Nov.		B 23145	20	20
Dec.		D 26672	20	20
Jan.	1917	L 27321	20	20
Feb.		L 31199	20	20
March		L 34345	20	20
April		L 2163	20	20
May		M 5624	20	20
June		M 9053	20	20
July		M 12275	20	T
Aug.		U 14618	20	M
Sept.		E 19334	20	T
Oct.		I 21303	20	B
Nov.		S 24065	20	R
Dec.		Y 27195	20	V
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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

\* Strike out whichever inapplicable.

ASSIGNED PAY. <u>ENGLAND or CANADA.</u>	SEPARATION ALLOWANCE. <u>ENGLAND or CANADA.</u>
EFFECTIVE DATE: <u>1/8/16</u>	EFFECTIVE DATE: -
AMOUNT: <u>15<sup>00</sup></u>	AMOUNT: -

NAME: MCLACHLAN, Alexander  
NUMBER: 725165.

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.

Elizabeth McLaughlan wife of  
Little Britain  
Ont.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>160</u>

UNIT AND TRANSFERS

ORIGINAL UNIT: 109<sup>th</sup>  
DATE ACCOUNT FIRST OPENED: 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
<u>B.O. 36</u>	<u>31/5/18</u>	<u>16/5/18</u>	<u>Can Labor Pool</u>
<u>38</u>	<u>15.6.18</u>	<u>17.7.18</u>	<u>3rd Div Emp. L.</u>
	<u>1/2/19</u>		<u>Canada Section</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<u>29/11</u>	<u>4819</u>	<u>25/-</u>	<u>4.66</u>			<u>Dance Ledger</u>	<u>127.31</u>
<u>2/12</u>	<u>4179</u>	<u>81 hitting</u>	<u>9.73</u>			<u>L.P.C.</u>	<u>586</u>
<u>6/12</u>	<u>11477</u>	<u>-</u>	<u>97.33</u>				
<u>19/12</u>	<u>12592</u>	<u>-</u>	<u>9.73</u>				
			<u>121.45</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<u>1</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dr. to Canada by 31A 3095 24/12/18

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>Mar 31</u>	<u>Bal B. 32</u>								<u>68.37</u>		
<u>Apr.</u>	<u>P.P.</u>	<u>32</u>		<u>bal.</u>				<u>15</u>			
				<u>a 19 25 5/4</u>	<u>8 03</u>						
				<u>" 88 16/4</u>	<u>4 46</u>						
				<u>" 133. Acc. 24/4</u>	<u>4 46</u>				<u>69.42</u>		
		<u>33</u>			<u>16.95</u>			<u>15</u>			
<u>May</u>	<u>P. Pay</u>	<u>34 10</u>		<u>P.P.</u>				<u>15</u>			
				<u>DR 172 5/5</u>	<u>3 57</u>						
		<u>34 10</u>		<u>DNAR. 2895-19/5 G. G. B. D.</u>	<u>3 57</u>			<u>15</u>	<u>80.49</u>		
					<u>4 46</u>						
					<u>8 03</u>						
<u>June</u>	<u>P. P.</u>	<u>33</u>		<u>G. A. P.</u>				<u>15</u>	<u>98.49</u>		
				<u>DR 147 16/18 CEADet.</u>	<u>4 46</u>				<u>94.03</u>		
				<u>DR 147 16/18 CEADet.</u>	<u>3 57</u>				<u>90.46</u>		
				<u>" 358 Dec 13/18</u>	<u>2 43.33</u>				<u>66.13</u>		
		<u>33</u>			<u>32.36</u>			<u>15</u>			
<u>July</u>	<u>P.P.</u>	<u>34 10</u>		<u>C. A. P.</u>				<u>15</u>			
				<u>DR 970 25/7 20 Dec.</u>	<u>4 46</u>						
		<u>34 10</u>		<u>DR. 842 20. Sig. Secy. 12/7.</u>	<u>3 57</u>			<u>15</u>	<u>77.20</u>		
					<u>8 03</u>						
<u>Aug.</u>	<u>P.P.</u>	<u>34 10</u>		<u>G. A. P.</u>				<u>15</u>	<u>96.30</u>		
				<u>DR. ar 468. 3/8/18. 36. m. v. p.</u>	<u>3 57</u>				<u>92.73</u>		
				<u>" 154. 16/8. L. San Sect.</u>	<u>3 57</u>				<u>89.16</u>		
		<u>34 10</u>			<u>7.14</u>			<u>15</u>			
<u>Sept</u>	<u>P. PAY.</u>	<u>33</u>		<u>G. A. P.</u>				<u>15</u>			
				<u>774 2/9/18 46.8.5.</u>	<u>3 57</u>						
				<u>194 16/9/18</u>	<u>3 57</u>				<u>100.02</u>		
		<u>33</u>			<u>7.14</u>			<u>15</u>			

NUMBER 725165 RANK

Pte


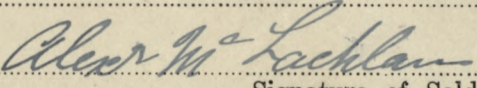
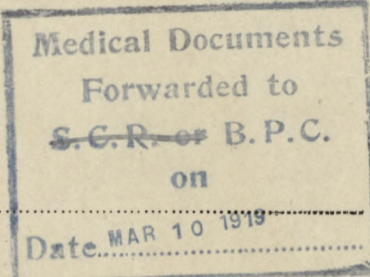
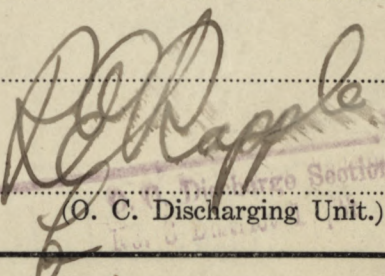
NAME Mr. Kachlam Alexander.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				Peace Bonds					100 02		
Oct	P.P.	3410		Cap				15	119 12		
				1789 8/10	14	373			115 39		
		3410			373			15			
Nov		33		B.A.P.				15			
				1099 17/11/18	66	F.A.	746				
				1452 30/10/18	F.A.	360	373				
				4427 24/11/18	64	P	1309				
Dec		3410		B.A.P.				15	127 21		
				11179 2 12/8	50	2	973				
				12592 20/12			973				
				4817 8/12	2d	Dome	466				
				11477 6/12	64	D	9733		386		
		6710			14663			30			
				B187 2RC endorsed.	243				343		
				9/11/19 Kimmel Pk.	243						
					243						





SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No. 725165	
2 Rank. Private	
3. Name. McLachlan, Alexander	
4. Unit. No. 3 District Detet.	
5 Date of Discharge 17.2.19.	Place Kingston, Ont.
6 Reason for Discharge..... Medically unfit.	
	
7. Authority. 3DD 3. Mc. 448. D. 13. 2. 19. .... R.O. 1420	
8. Proposed Residence after Discharge..... Little Btittain, 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.? 39	
 Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Kingston, Ont. Date..... 17.2.19	
  Signature..... (C. C. Discharging Unit.)	

*Decreed 3-5-19*

*KCP  
5-3-20  
M*

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Demobilization)

1. Name	
2. Rank	
3. Date of Discharge	
4. Reason for Discharge	
5. Authority	
6. I hereby certify that the undersigned has received the discharge Certificate	
CERTIFICATE TO BE SIGNED BY SOLDIER	
Signature of Soldier	



CONFIRMATION

The discharge of the above named man is hereby confirmed.

Date

Signature





**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







INSTRUCTIONS

THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO  
LIBRARY

Reserved for M.H.C.

Regt. No. 725165 Rank Pvt Surname McLACHLAN Christian Name Alex  
 Unit or Corps—(a) Overseas from United Kingdom 124th Bn (b) in United Kingdom Gen. Depot  
 Born at—Town Glasgow County or Province Scotland Country Scotland  
 Date of Birth—Day 18 Month June Year 1873 Age 45 yrs. 6 months.  
 Joined at London, Ont. Date 15-1-16  
 Former trade or occupation Farmer

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

Nil

Height—feet 5 inches 5-1/4 Colour of eyes Blue

Signature of Soldier (for identification purposes) Alex McLachlan

**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)

MYALGIA (BACK)

Disabilities Group (b)

Disabilities Group (c)

**2. CAUSE OF DISABILITY**

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>GENERAL SERVICE CONDITIONS</u>	<u>FRANCE</u>	<u>1918</u>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

**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? na
- (ii.) As to Group (b) above? na If yes, has Active Service aggravated it? na
- (iii.) As to Group (c) above? na If yes, has Active Service aggravated it? na

**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? na
- (iii.) As to Group (c) above? na

## 5. MEDICAL HISTORY. Pres. Hist.:- Neg.

Pres. Hist.:- Enlisted 15-1-16 rolls available.  
 He states that he came to Eng. March 1916. To France  
 March 1917. Carried on as an "A" man in Eng & Canada  
 in France until March 1918 when he began to have  
 pains in back. He continued + was boarded in May  
 + placed in <sup>Canada</sup> ~~France~~ in. Has been doing light duty  
 since.  
 No hospital record or record of medical boards.

## 6. PRESENT CONDITION.

Complaint:- Pain across small of back if he has  
 to bend much while working or if he carries a  
 pack. Pain not aggravated in wet weather.  
 No other complaint.

Examination

Age 45 yrs 6 mos - fairly well developed + nourished  
 Heart & lungs apparently normal. Pulse 90 regular.  
 Movements of spine apparently normal. Tendency  
 to flat feet. Other systems normal.

7. OPERATION. (i.) Was one performed? *no* (ii.) If so, state what. *na*  
 (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? *yes*

(ii.) If so, describe

*two lower + inc upper*

## 9. DO YOU RECOMMEND:—

(a) Fit for duty? *B 7*  
 (state category)

(b) Invalid to Canada?

(c) Discharge from the Service  
 as permanently unfit?

Date of Report *19-12-18* 191...

Signed *A. H. Mayhew Capt RMC*  
 Officer in medical charge of case.

Station *Witley Camp Surrey*

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

*Not in Hospital* (Officer i/c Hospital) Strike out one  
 {S.M.O. Brigade} of these

Dated at ..... Station, on ..... 191.....

\*Delete if inapplicable.



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

10. 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? no	(b) Misconduct of the Soldier	Caused? no
	Aggravated? no		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.)

ten per cent

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.)

all

15. Permanency of the Disability due to Service estimated next above in (14).  
(i.) Is it permanent?

no

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

six months

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:—

Authenticity of 1 (9083) d. 11-11-18  
His feet cause no disability

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 19/12/18

Station Witley

Signatures of the Board

Maudicot Lt Col *President.*  
Geo. L. Hammond *apt came*

Approved

*[Signature]*  
CAPTAIN,  
CANADIAN TROOPS, WITLEY.

A.D.M.S.

Dated at

Station



For A.D.M.S. CANADIAN TROOPS, WITLEY.



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Kingston, Ont. DATE 12-2-19.

1. 1 (a) Unit #3 C.G.D.D. (b) Regimental No. 725165. (c) Rank Pte.  
 (d) Surname McLachlan. (e) Christian name Alexander.  
 (f) Home address Little Britain, Ont.  
 (g) Next of Kin Elizabeth McLachlan. (h) Relationship wife.  
 (i) Address of Next of Kin Little Britain.

2. Age last birthday 45 Date of birth 18-6-1873.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay. (b) Date 15-1-16.

4. Personal description:  
 (a) Height 5' 5" (b) Weight 145 (c) Complexion Fair.  
(stripped)  
 (d) Colour of hair Fair. (e) Colour of eyes blue (f) Identification marks, Scars, etc.

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	Days
	<b>3 yrs. 1 month.</b>	

	PERIODS	
	From	To
Canada	15-1-16	15-7-16.
England	15-7-16	9-3-17.
France or other theatres of War	Eng. 9-3-17	2-12-18.
	Can. 2-12-18.	18-1-19.
	24-1-19	Date.

7. Original disease, or injury Myalgia. Flat feet.(moderate).

(a) Date of origin 1. May 1918. (b) Place of origin 1. France. 2. Unknown.  
 (c) Cause 1. General service conditions. 2. Unknown.

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.)

1. Man states his back is stiff in the mornings (Myalgia)

2. Moderate flat feet.

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.)

Subjective symptoms. (1) Man states that his back is stiff and pains when he gets up in the mornings and hurts when he bends over, and is worse in wet weather. He says when he gets warmed up during the day it feels better.

2. Man states the feet do not bother him unless he walks 4 or 5 miles.

Objective symptoms. Man is fairly developed, rather poor action is slightly weak. Pulse 100, Double marking time 10 sec. 120, returns in one minute to 100. There is tenderness on pressure around the sacro-Iliac joints, he states. No other objective symptoms of Myalgia. Both feet are moderately flat and look as though they are anatomically flat. Do not appear to have been broken down. Man states he is 45 yrs. of age and appears to be age given.

(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... as above.  
Osseous and Joint Systems... as above. Any other general condition... no

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

Man states that he was working on repairing trenches in France when pain came on in back. He was sent down to base for three weeks and returned to duty and given a lighter job.

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).)

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.....

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

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.....

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? **1. Impossible to estimate. 2. Permanent.**

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

**He has had no treatment.**

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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? **yes.**

(If not, briefly state why)

17. Recommendations.....

**That he be placed in Category CI. Disabilities 1 due to Service. 2. Arose previous to enlistment.**

.....

.....

**D.A. Coon, Capt.**

*Medical Officer by whom the case is brought forward.*

#### STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned..... 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.....

.....

.....

**Alexr. Mc Lachlan**

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.) C 3.
- (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.)

Placed in Cat. C I. Disabilities, 1 arose on service.

2. Arose previous to enlistment.

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.

E. N. Bissell, Capt. President.

W. Fred Jackson, Capt. C.A.M.C. Members

PLACE Barriefield.

DATE Feb. 13th., 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President.

PLACE

Members

DATE

APPROVED BY

APPROVED BY

E.M. MacCoy, Lieut. For / Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 13-2-19.

DATE

Hist -

Myalgia 2005

France May 1918.  
Flat feet prior  
to enlistment.

Madam,  
Your obedient servant,

*For the Board of Pension  
Commissioners for Canada.*

that these forms should be properly filled out,  
I request you to please call at the local District  
officers.

of the Board of Pension Commissioners in your  
the local office of the Patriotic Fund, who will  
fill out the attached form.



Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

22617

Aug 1-16

OVERSEAS CONTINGENTS

M

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

<del>20</del>	<del>25.00</del>	30.	
	1-12-17		

15			
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P.C.3257 1-9-18. 26.2753. no 36791.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 725165  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Alex McLachlan  
 Battalion 109th. Battr. "B" Coy.  
 Beneficiary Mrs Elizabeth McLachlan  
 Relationship Wife  
 Address

Name Elizabeth McLachlan wife  
 Address Little Britain Ont  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					12461-9-13.
Dec		440	255	695	
Jan 1918	V 67561	30	15	45	✓
Feb	E 67292	25	15	40	✓
Mar	M 92271	25	15	40	✓
Apr	F 811	25	15	40	✓
May	P 13034	25	15	40	✓
June	J 25343	25	15	40	✓
July	L 32101	25	15	40	✓ M/W 2554 Ret'd O.K. 24-11-18
Aug	H 35421	25	15	40	✓
Sept	A 47874	25	15	40	✓
Oct	J. 55123	25	15	40	✓
Nov.	P. 60599	25	15	40	✓
Dec.	L 67650	45	15	60	✓
Jan	V 69490	30	15	45	✓
		795	450	1245	

.....A/c Closed 31-1-19.  
 Ret'd per *Agustina*  
 Date 25-1-19. F.X. 1-2-19.  
 Clerk *Christian*  
 In. R.O. Dept. 56777 -1-2-19.

M. F. W. 128 400M. -6-17-1772-39-141 L. L. 25220 -M. & D. 7896.

