Copy

ATTESTATION PAPER.

No. 724723

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McNab
1a. What are your Christian names? Melville Ross
1b. What is your present address? Orillia, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Orillia, Ont.
3. What is the name of your next-of kin? C. L. McNab
4. What is the address of your next-of-kin? Orillia Ont.
4a. What is the relationship of your next-of-kin? brother
5. What is the date of your birth? 24th Oct. 1871
6. What is your Trade or Calling? Chef.
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? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Melville R. McNab, 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.

Melville R. McNab (Signature of Recruit)

Date Dec. 10th. 1915. H. R. O'Regan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

Melville R. McNab (Signature of Recruit)

Date Dec. 10th 1915. H. R. O'Regan (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 4th day of January 1916.

G. A. Jordan (Signature of Justice)

78

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Cert. true copy [illegible] Lieut. for D. of R.

Description of Melville on Enlistment.

Apparent Age 44 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Hazel

Hair Dk. Brown

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

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date December 10th 1915.

Place Lindsay

J. McCulloch
H. O. Boyd Capt.
Medical Officer
109 Overseas Bn.

*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.

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

J. J. H. Fee (Signature of Officer)

Date Jan. 10th 1916.

109TH BN

"A" Coy.

ATTESTATION PAPER.

No. 724723

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	McGab
1a. What are your Christian names?	Melville Roes
1b. What is your present address?	Orillia
2. In what Town, Township or Parish, and in what Country were you born?	Orillia
3. What is the name of your next-of kin?	C. L. McGab
4. What is the address of your next-of-kin?	Orillia Ont.
4a. What is the relationship of your next-of-kin?	Brother
5. What is the date of your birth?	24 October 1891
6. What is your Trade or Calling?	Chef
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? If so, state particulars of former Service.	No
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, Melville R. McGab, 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.

Melville R. McGab (Signature of Recruit)

DEC 10 1915

Date ..... 191 . H. R. O'Rega (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Melville R. McGab, 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.

Melville R. McGab (Signature of Recruit)

Date DEC 10 1915 191 . H. R. O'Rega (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this 4th day of January 1916.

(Signature of Justice)

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

Description of Melville R. McKab. on Enlistment.

Apparent Age 44 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement:
- Girth when fully expanded 36½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Hazel

Hair Dk. Brown

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

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date December 10th 1915.

Place Lindsay

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date JAN 10 1916 191

1819 Pte

REGIMENTAL DOCUMENTS

NAME Mc NAB, MELVILLE, R. REGT. NO. 124723 UNIT C.C.M.C. H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REST CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Comp to B.P.C.	29/11/19	B.P.C. Spec 1904 GS	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		15-12-19			Med. unfit.
4	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				31003	DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)		Comp to B.P.C.	26/1/20	B.P.C. Spec 1641 GS	
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		Dec. B. 13-2-20			
2	misc					
1	C.R.S					
	Medical					
	Medical					
1	Med. Cert.					
						7-21
						16-21
						28-21
						1

H

W 2599
1920M-11-13
1792-33-1377

NAME McNab M. R.

H. Q. FILE No. 649-

REGT'L No. 724723

RANK AND CORPS Pte 44th Bn

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A58-1	No 23 Gen Etaples	24-10-16	Sub. Acute Rheumatism
A61	No 6 Conv. Depot Etaples	31-10-16	" " "
A69.	Base details Etaples	6-11-16	" " "

No. 724723. RANK Pte Sergt. NAME McRab. M. R.

T. O. S. 9-12-15. UNIT 109th Battalion.
D.O. 18-10-12-15.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec 9	Dec 31	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.			
	May.	✓	Pro. Sergt. 5-5-16.	D. O. 145 of 8-5-16.
	June.	✓		
	July.	✓	Reverts to Ranks. 1-7-16.	D.O. 201 of 12-7-16.

UNIT SAILED
JUL 23 1916

SURNAME. Mc Nab,

CHRISTIAN NAMES Melville Ross

REGL. No. 724723 RANK Pte

UNIT 109th Batt.

FORMER CORPS Nil.

D. 2. CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL Mc Nab, C. L.

RELATIONSHIP TO SOLDIER Brother

ADDRESS Orillia, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Orillia, Ont. DATE Oct. 24th 1871

PLACE OF ATTESTATION Lindsay DATE Jan 4th 1916

Sailed from Halifax Per S.S. 488 Ex. R/C. 8-8-1938

"Olympic. 23-7-16 28 10

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Chef RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 44 YEARS 1 MONTHS

HEIGHT 5' FEET 7½ INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Hazel HAIR Dk. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Lindsay DATE Dec. 10th 1915.

Number 724723 Rank Pte.

Surname McNAB

Christian Name Melville Ross

Units 44th Bn. Can. Inf. Theatre of War France

Date of Service 10-8-16.

Remarks

Latest Address ~~c/o McNab & Sons~~
~~Hardware dealers, Orillia, Ont.~~

Camp Borden
Ont.

Roll No.
"B" Page 9063.

DESP. NOV. 3. 1921
REGN. No. M 53723

R. 149.

Name McNab.Melville Ross. *Rank* Private. *Reg. No.* 724723.

Unit 44th Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 26 10	Hospital Troop.	Etaples	Sub-Acute. Rheumatism	68		
31-10	No.6 Conv.Depot.Etaples.		do	A61	Letter 13/11	
6-11	Base Details.Etaples.		(do)	A69		

Date		Movement	Place	Casualty	List No.	Notified N/K.O.		W.O. List

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
McNab	M. R.	724723.

Rank	Unit	Co.	Troop	Batty
Pte	44 Batty			

Hospital 23 Gen Etaples — Date of Admission 26.10.16

Transferred 6 Conv Etaples — Hosp. 31.11.16

Hosp.

Hosp.

Hosp.

Diagnosis Sub Acute Rheumatism

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date
Base Det	6 11 16

	REMARKS
CL 4.11.16	A58
8.11.16	A61
14.11.16	A69

A.M.D. 2 DEPT.

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

10h

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 329393

THIS IS TO CERTIFY that No. 72477 (Rank) Private

Name (in full) Melville McNab enlisted in

the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 8th

day of December 1915

HE served in France in 44th Infantry Bn

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Demobilization - Medically unfit for General Service.

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

Age 49

Height 5' 8½"

Complexion Fair

Eyes Brown

Hair Black

Marks or Scars Scar right cheek

M R McNab
Signature of Soldier

W Showering
Issuing Officer

CAPT.
For O. C. Discharge Depot, Quebec.
Rank

Date of Discharge

QUEBEC DEPOT
AUG 10 1919
Clearing Services Command

Date AUG 10 1919 19

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. _____

THIS IS TO CERTIFY that No. _____ Rank _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the

day of _____ 19__

He served in _____

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

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date _____ 19__

N.B.—A certified duplicate of this certificate will be issued, any person finding same is requested to forward it in a stamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.T.P. 484
Form F. 2004-11-18
H.Q. 177-22-484

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

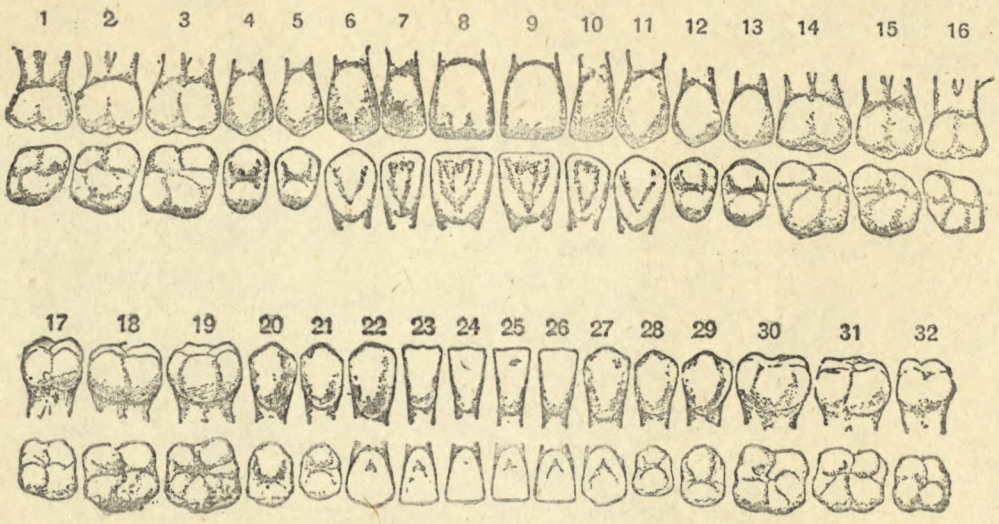
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) McNAB. M.R.

REGIMENT Cam Mc. RANK Pte. No. 724723

Date of Examination in England 17/5/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS Nil

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

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada yes
- (b) In England yes
- (c) In France

Signature of Dental Officer E. Moffatt Capt

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Hastings Sussex Aug 27 1916.

No. 224723 Rank Pte. Name McNab. M. R.

Local Unit 13 Can Gen Hosp Overseas Unit 44th Can. Bn. Age 48

Examination held at 13 Can Gen Hospital Hastings.

DISABILITY.
Overseas—Local.
(scratch one out)

Chronic Arthralgia
Corns and Bunion Left foot.

PRESENT CONDITION.

Pains at night in lower limbs hips & back. worse in damp weather, has troubled with Rheumatism before enlisting.

(Bu)

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members
- G. M. Moore Major RAMC .....President.
- Hector McGillivray Capt RAMC .....
- .....

APPROVED

Dated at Aug 27th 1916. Hugh S Smith

CAPT: C.A.M.C. REGISTRAR

For A.D.M.S.

R. & O. 6045 (Revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name ..... Age .....

Local Unit ..... Overseas Unit .....

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

Category confirmed
4 October 18
E. Darnborough Capt.

Category confirmed
18 October
E. Darnborough Capt. Cdnc.

724723.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname McNab Christian Name Melville Ross

Examined on 10th day of December 1915 at Lindsay

Birthplace City or Town Orillia County Ontario

Apparent age 44 years

Trade or occupation Chef

Height 5 Feet 7½ Inches.

Weight 148 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks numerous on back

Vaccination Marks Arm Right None Left Two Number Two

When Vaccinated last 7 years ago 2nd 1916.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Corns on left foot little toe

Approved by J. McCulloch Capt Medical Officer

Rank ~~109th Overseas Battalion, C.E.F.~~

Date	Fit or Unfit	Examined for Re-engagement. 22 NOV 1916	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
2.2.16	Good	J. McC. J. McCulloch	M.O.
			M.O.
		L.G.	M.O.

~~T. A. B. Capt. O.A.M.C.~~

Date 8 - MAY 1917 C.C.D.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18.4.16	Good	J. McCulloch	M.O.
25.4.16	"	J. McCulloch	M.O.
2.5.16	"	J. McCulloch	M.O.

Enlisted on 10th day of December 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724723.		9.12.15.
Transferred to	44th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St Leonards	4/7/17	Chr Rheumatism	B II Upper Cat
St Leonards	8/8/17	do	B II Confirmed Upper Cat
3 NOV. REC'D Hastings	11. 3. 19	Debility	B III S M Invalid Pay

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname McNab Christian Name Malcolm Ross

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Form R 122.
10287—65M—28-7-17.

2nd Sheet.

Rank | Name Mc. Nab. Melville Ross. | Reg'l No. 424423.

Unit | If in perm. Corps, What Unit? | Married or Single.

Place and Date of Enlistment Lindsay 10 Dec. 15 | Place of Birth Orillia

Name and Address, Next-of-Kin C. L. McNabb

Orillia. Ont. Canada. | Relationship Brother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
12. 8. 19	N. King	CAMC Ceases on Conv.			
		+ S.O.S. to Canada	Pte. Witley	28.7.19	D.O. 188.
			D. 25.	28.7.19	S.L.

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.					

Army Form B. 103. Sheet "3" Regimental Number 224223

Casualty Form—Active Service.

Regiment or Corps C.A.M.C. No. 13 Can. Gen. Hospital

Rank Pte. Surname McNab Christian Name Melville R.

Religion Presbyterian Age on Enlistment 44 years 2 months.

Enlisted (a) 10/12/15 Terms of Service (a) Dur. War Service reckons from (a) 10/12/15

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) Chef

or Corps Trade and Rate

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
31-8-18	13 C G H	Part 2 D.O No 50 Paras 445 are cancelled	Hastings	7/6/18	Part 2 DO No 63.
10/4/19	" "	S.O.S. C.P.P.C.R.X.H. Cooden	"	10/4/19	Pt. 2 DO No 26
			Officer Commanding No. 13 Canadian General Hospital		Lieut. Col. Hastings
11-4-19	OC PPCRCH	T.O.S. on reposting from No 13 CGH Hastings	Cooden Camp	10-4-19	Pt ii D/O 69
17-4-19	do	S.O.S. on Posting to C.A.M.C. Cas Coy. for return to Canada.	Cooden Camp	17-4-19	Pt II D/O 74
					Adjutant, Princess Patricia Canadian Red Cross Hospital

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

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25/4/19	C.A.M.C. Cas.C.	T.O.S. Gen. Hosp. Rouen	Seaville	23/4/19	Pt 2 96.
28/5/19	DO	On Common to 1 C.D.D. Buxton	Corrals Camp	28/5/19	Pt 2 120
24-5-19	Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 129				
28.7.19	Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No. ~~129~~ 173.				
		Embarked S.S. Canada	L'Pool	28.7.19	
29.7.19	T. O. S. Quebec Depot Clearing Services Command Part 11. Order No. 223 D/11.8.19				
10.8.19	O. S. Quebec Depot, Clearing Services Command, being discharged from the Service under Demob'n. Daily Orders Pt. 11 No. 223 D/11.8.19		Ro 1420		

S.H. Lock CAPT.
FOR OFFICER COMMANDING
CANADIAN DISCHARGE DEPOT.

LIEUT
OFFICER IN CHARGE RECORDS
CLEARING SERVICES COMMAND

Army Form B. 103. Temporary Form. Regimental Number 724743

Casualty Form—Active Service.

Regiment or Corps 44th Bn

Rank Pte Surname McCrabb Christian Name Melville

Religion ..... Age on Enlistment ..... years ..... months.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) ..... or Corps Trade and Rate Clerk

..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
28-9-17		Discharged from 1st C.C.D. C. Sandling to Manitoba Bn. Part II D.O. No. 198		28-9-17	
					Adjutant, Canadian Command Depôt,
4.6.17	W.R.D.	T.O.T. Man Reg. Depot & Com 1st CCD.	Dibgate	4.5.17	Pr 20 5/6
			Hastings	10.3.17	
29.9.17	"	Cease Com 1st CCD + DETS to Dep Coy	Sandling	28.9.17	— — 204
			Dibgate		
22.1.18	"	~~Can C.T.S. Bexhill for duty at Camp~~ Com C.T.S. Bexhill for duty at Camp	Shorncliffe	21-1-18	— — 22

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

Lieut. & Adjutant P.T.O.
Manitoba Regimental Depot.

[M1101] 1,000/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

[redacted] 72473 McNab Melville R. Sheet 2.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25-1-18	OC PPCRXH	Att from Man. Reg. Depot	Cooden Camp	25-1-18	Pt ii D/O 6 d/25-1-18
30-5-18	OC PPCRCH	Ceases to be attached on Posting to Man.Reg.Depot.	do	30-5-18	Pt.A1 D/O 102 d/30-5-18 RH Cutler Lt Col ADJ Major.
31.5.18	M.R.D.	Cease Com. Princess Pat. Can. Red X. Hosp. Cooden Beach. Lt Tarbed Lept. Cy.	Seaford.	30.5.18	PRINCESS PAT CANADIAN RED CROSS HOSPITAL 751
4.6.18	"	S.O.S. Transferred To CAMC. Hastings	"	6.6.18	158.
					Commanding, Manitoba Regimental Depot.
14.6.18	13 G G H	2.O.A S from MRD	Hastings	7.6.18	Part 2 DO No 45
				With: R D	39-1 Seaford d/16-6-18
					H.C. Scott Lieut.
17.6.18	CAMCRD	Taken on Strength	S Cliffe	6.6.18	Pt 2 168.
do	do	S.O.S. No 13 G.G.H.	do		
					Capt. Adjutant, for O.C., C.A.M.C. Depot
19.6.18	13 G G H	2.O.S from C.A.M.C.D	Hastings	7/6/18	Pt 2 DO No 46.
6.7.18	"	Part 2 Daily Orders No 46 Para 5 is Cancelled.		7/6/18	Pt 2 DO No 50.
6.7.18	"	Part 2 Daily Orders No 43 Para 2 is amended to read: "On Command from C.A.M.C. Depot, Hastings 7/6/18 Ishlf. (Auth: C.A.M.C. Depot Part 2 D.O. No 183 of 7-18.)			Pt 2 DO No 50.

LIEUT. COL. CANADIAN HOSPITAL HASTINGS.

W.L.B. Class A

Sheet I

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

Ottf 39488 9.6.K.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

CERTIFIED CORRECT.
30 AUG. 1916
CAN. RECORDS, LONDON.

Casualty Form—Active Service.

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

Regimental No. 724423. Rank Private Name McGillivray Melville Ross

Enlisted (a) 10-12-15 Terms of Service (a) D. of W. C. E. F. Service reckons from (a) 10-12-15

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

Extended — Re-engaged — Qualification (b) Chef.

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 Halifax H. M. T. 2810	24	7/16	
		Disembarked Liverpool	31	7/16	A. II D.O. 222 d/9.8.16
		Transferred to 44th Bn		8.8.16	A W Aselline Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
		Proceeded for service	Overseas	10.8.16	
10-8-16	44th.Bn.	Disembarked France	Havre	12-8-16	Nominal Roll
28-10-16	do.	Missing after action	Field	25-10-16	B.213.D.C.S.49,d/-4-11-16
4-11-16	Records.	Sub-acute. Rheum.	23 Genl.	26-10-16	Cas. List a.58
"	"	"Missing" entry amended.		9-11-16	G.C.S. 53, 9-11-16.
31-10-16	23 Gen.	Myalgia To	6 Con. Dep.	31-10-16	W.3034/88
"	6 Con. Dep.	" Adm.	6 Con. Dep.	31-10-16	do.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date.	From whom received				
28-10-16	9.C.C.S.	Myalgia adm.	9 C.C.S.	25-10-16	a.36. 4.C.S. 56, 13-11-16
"	"	" To	22 Tramp	25-10-16	
"	11 C.F.A.	Sub-acute Rheu. adm.	11 C.F.A.	24-10-16	a.36. 4.C.S. 59, 16-11-16
"	"	" To	C.R.S.	"	
10-11-16	C.B.H.	Taken on Str. "T.B"	Havre	10-11-16	A.R.
6-11-16	6 Con.	Class "a" To	Details	6-11-16	W.3034/106
29-10-16	90.F.A.	Myalgia adm.	2nd. C.R.S.	24-10-16	a.36. 4.C.S. 66, 24-11-16
"	"	" To	9 C.C.S.	"	
21-11-16	C.C.B.H.	Classified "b" by Medical Board & transferred C.C.A.C.	England	21-11-16	A.R. Part II O.298, 24-11-16.

Kenneth McFay
Lieut.
for Lt. Col. A.A.G.
Canadian Section

Taken on Strength C.C.A.C. Pt. II D.O. No. 515 22 11 16

ATTACHED

TRANSFERRED FROM C.C.A.C. TO CCD Hastings 29.11.16 PART II D.O. No. 527 16 1.12.16

St. Leonard Capt
for O/C C.C.A.C.

20-6-17	1st C.C.D.	Granted permission to marry. V.O. pt. II #104	St. Leonards on Sea Sussex	20-6-17	

R.H. Giant
Lieut. for O.C. 1st C.C.D.

P. 559

Married or Single: Single

Place of Birth: Orillia Ont

Name and Address of Next of Kin: C L McNabb, Orillia Ont Can

Relationship of Next of Kin: Brother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ ~~20 00/100~~ 25.50 Effective (Date) ~~25/7/17~~ 1.12.17

Payable to: Mrs. Amy J McNab, 219 Battle Rd. Hollington, St Leonards.

Relationship of Dependant: Wife

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Marriage approved	25.7.17	B.O. 209. 4.10.17 in R.O.

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 724723 Rank: Pte Name: McNabb Melville Ross (Manitoba)

If in Permt. Corps What Unit: Unit 109th Bn Transferred to 4th Bn Date Aug 8th Authority 50222

Permanent Force Allowances: Transferred to C.C.C.C. Date 16-12-16 Authority C.C.A.C.H 515-22-11-16

Place of Attestation: Lindsay Ont Transferred to 1st C.C.D. Date 31/5/17 Authority AR.

Date of Attestation: Dec 10th/1915 Transferred to Man R.D. Date - 1-11-17 Authority

Assigned Pay Monthly $ 20.00 Date Effective Sept. 1st. 1917. (Authy. A2H found. 1.C.C.R. 8th Aug 1917)

Payable to Mrs. Amy J. McNab. 219, Battle Road, Hollington, St. Leonards-on-Sea, Sussex. Relationship Wife.

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C.J.

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														5.50	5.50	Balance from Canada															5.50				
Checked D.O. Richards Aug 8	8	1.00	8			10		80							8.80																14.30				
9/16-20/16	52	1.00	52		52	10	5	20							58.20	9	24/3	117	8/9					7.61	7.67					5.22	67.37				
1.31.10.16	31	1	31		31	10	3	10							34.10	185	25/9/16							2.61						5.23	96.24				
1.30.11.16	30	1	30		30	10	3								33.	109 225 288	70 1/10/16 21/10/16			4067-11-11-16				2.62 2.62		3.49				6.11	123.13	20	63.13		
Checked P.M. Roffey 1.15.12.16	15	1	15		15	10	1	50							16.50					8538-12-11-16						6.97				6.97	132.66				Trans to C.C.C.C. 16-12-16 C.C.A.C.H 515-17/1/16
16 Dec	16	1	16		16			1.60							17.60	1431	23/11	388	16/12					2.43 2.43 2.44	58.93					73.33	132.66	75.00			
			13.30																																
Jan 31	31	1.00	34	10											34.10										9.73	4.36				14.09	90.74				
Feb 28			30	80											30.80	5043	6/2/17							9.73						9.73	117.81				
Mch 1-31	31		34	10											34.10	2457	15/3	182 185 374	13.3 27.2 29.3					9.86	9.86 4.87					29.45	122.46				
Apr.	30		33												33.																155.46	135.00			
May	30		33												33.																188.46				To 1 C.C.D. authy A2
1	1		1	10											1.10	194 38	2/4 13/4							9.73 4.99						14.72	174.84	150			
			334	40										5.50	339.90									59.37	90.87	14.82				165.06					

#724723 Ste McNabb

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			334	40										5 50	339 90									59 37	90 87	14 82				765 06	174 84		150 -		
June	30	1½	33												33	291	18/5							7 85						9 85	197 99				
July	31		34	10											34 10																232 09		180 -		
Aug	31		34	10											34 10																266 19		195 -		
Sept	30		33												33	548	15/6	133	17/7					4 99	14 60 9 73			20		49 32	249 87		195		unpaid

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red Pay	Sep. Allce. Eng.
		~~340 87~~							249 87	195	
Oct/17	Pte Pay	34 10		B6420			20				
				314 673 Sa avy. 25/7/17 - 31/7/17						6 52	
		34 10		1310 1st C.C.D 14/9/17	9 74		20		254 23	195 ~~225~~	
Nov.	P.P.	33 00		B66140. a.a. 4a.			20			20	
Dec.	P.P	34 10		B.93134.			20			25	
				Dr. AR. 1080 4/8/17. 1st C.C.D.	9 73						
				" " HIV. 29/5/17.	9 73						
				AR. 281. 29.10.17 MRD	9 73						
				AR. 375. 27.11/17. MRD.	7 30						
				Dr. AR. 1183 28/8/17. 1st C.C.D	9 74						
				AR. 317. 13.11/17. MRD.	7 30						
				AR. 574. 6.10/17. MRD.	14 60				213 20	195 00	
1918 Jan.	P.P	67 10			68 13		40				45
		34 10		C.54309.			20				25
				AR. 567. 18/12/17. do.	12 17.						
				Dr. AR. 1377. 26/9/17. 1st C.C.D.	9 73						
				AR. 456. 7/11/17. MRD.	7 30						
Feb.	L/Cpl 2037 - Coy Pay. claim 1/6/15 - 12/6/15 - 30/6/15 - 31/12/15	34 10			29 20		20		198 10	195 00	25
	P.P.	259									
		30 80		D6586.			20				25
				AR. 115 10/1/18 MRD.	9 73						
				" 25 PPC Rx Hosp 30/1/18	4 20						
				Dr. P. 813/187. Tot of bank bonus from sal & by pied.	16						
		289 80			33 03		20		134 87	195	25

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red	Sep. Allce. Eng.
1918 Mar	Ford.								134 87	195	
	P.P.		34 10	D25972.							25 00
				AR 112. 12/2/18 1 C.C.H. Sedgh.	7 30					20	
				" 168 26/2/18 1 C.C.H.	7 30						
				" 48. 14/3/18 1 C.C.H. Redell	7 30						
				" 109. 20/3/18 "	7 30						
			34 10		94 90					20	
									354 07	195	25 00

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND ~~or CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND ~~or CANADA~~.
EFFECTIVE DATE:- 1/9/17		EFFECTIVE DATE:- 25/1/17 1/9/18	
AMOUNT:- £20.00		AMOUNT:- ~~£25.00~~ 30.00	

NAME:- Mc NABB Melville Ross

NUMBER:- 724723

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.

Mrs. Amy J. McNabb,
219 Battle Road,
Hollington,
St Leonards-on-Sea.
Sussex.

Same

Stopped 1.8.19

Can Add Dominion Bank.
Orillia Ont
P856 16/7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn.

DATE ACCOUNT FIRST OPENED:- 1.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M.R.D
168	1.7.18	22.7.18	Camp D 9

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
29/4	789	Cooden	~~7 30~~				
13/5	1125	"	~~48 67~~				
			55 97			Ledger Bal. Cr.	409 57
						L.P.C. Bal. Cr.	353 54

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1/-	10	. .	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 1.6.19 vide Gs 8937 Berkiel 14/5/19 Berkiel mid x.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Jan. 31	Bal. Fwd.								354 07	195	
Apr.	P.P.	33		Cok. A12151 Zq 4 11			20				25
	Working Pay 1/7/17 to 31/12/17			Refund books Bonus. Sale of Dry prod.	17 03						
	184d 0 5d	92		AR. 141 12/4/18 RPCRC Hap	48 67						
				" 315 - 26/4/18 - "	14 60				378 77	241	
		125			80 30		20				25
May.	P.P.	34 10		B 84113			20				25
				AR 575 14/5/18 PPCRH. Bkell	48 7						
				" 862 - 28/5/18 - "	14 60				393 40	256	
		34 10			19 47		20				25
June	P.P.	33		B 59581			20				25
				AR 248 14/6/18 - 13 CGH.	9 73						
				" 302 - 27.6.18 - "	9 73						
					9 73				366 94	241	
		33			19 46		20				25
July	P.P.	34 10							401 04		
				B.94707 Ex 9-4-11			20		381 04		25
				AR 369. 12/7.18 13 CGH Mr 3	9 73				371 31		
				450 29.7.18. do 10	9 73				361 58	241	
Aug	P.P.	34 10			19 46		20		395 68		25
		34 10									
				C 45308 Ex 9-4-11			20		375 68		25
				AR 547. 10.8.18 13 CGH Mr 11	4 87				370 81	~~24~~	
				634 28 8 18 do 12	13 30				363 51	370 -	
		34 10			19 47		20		396 81		25
Sep	P.P.	33 -									
				D 19710 Ex 9-4-11			20		376 81		25
				AR 655 9.9.18 13 CGH Mr 3	17 03				359 48		
		33 -		~~631 10.10.18~~ " 21	~~17 03~~		20				25

COMPILED BY ...
CHECKED BY ...

NUMBER 724723 RANK Pte NAME McNABB Melville Ross

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				fwd					359 48	370	agreed
Oct	P.P.	34 10		A 7711 £9-4-11			20		37358		20
				aR831 16.10.18 13 CLN 21	487				36871		
		34 10		900 29/10 " 54	730				36141		25
					17 17		20		36141		
Nov	P.P.	33		A 9518 £12.6.7			20		37441		40
				aR963 17/11 13 CLN 6	487				36954		
				1037 27/11 " 29	730				36224		
Dec	P.P.	34 10		C 5518 £10.5.6			20		37634		30
				DnaR 4 17/11 " 35	37				37597		
				aR66 19.12 " 66	124 60				36137		
Jan	"	34 10		7 4117 7 £10.56.	27 14		20		37541		30
Feb	"	101 70 30 80		7 7 4 104 £10.5.6	37 14		60 20		38627		100 30
				1197 13/1 " 17	487				38140		
				1717 27/1 " 37	973				37167		
				1794 13/4 " 85	487 ✓				36680		
				1339 25.7 " 106	487 ✓				36193		
Mar	"	34 10		9 9 9 07 £10.5.6	21 34		20		37603		30
				1367 13.3 " 138	487 ✓				37116		
		64 90			29 21		40				60
Apl	"	33		a 3991 £10.5.6			20		38416		30
				aR 1409 26/3 " 7	730 ✓				37686		
				69 10.4 " 18	487 ✓				37199		
May	"	34 10		a 75084 May £10.56	12 14		20		38609		30
	Int. on Def. Pay	43 42							42951		
		77 52		aR. 787 29.4 Camera 55	730				42221		
				a 75085 June £10.56			20		40221		30
				aR 1125 17/5 " 68	487				35354		
		110 57			68 14		60				90
				9105 30/5 CAAB 11	973				34381	Rmd	
				June £10.5.6			~~20~~		~~40951~~		~~30~~
				aR+Sa. July B 106 140			20		32381	End	30
					973		20				30
				6022. 3-7-19 Burton	14 60				309 21	End	
				8843 18-7-19 "	9 73				299 48	End	
					24 33						

SOS. 28/7/19

649-M-47381

(Militia Service)

October 22nd, 1935.

STATEMENT OF SERVICE

No.724723 Private McNAB, Melville Ross.

1. Enlisted in the 109th Battalion, C.E.F. 9-12-15.
2. Embarked for England, 23-7-16.
3. Transferred to 44th Battalion, 8-8-16.
4. Proceeded to France with 44th Battalion, 10-8-16.
5. Admitted 11th Can.Field Amb. 24-10-16. "Rheumatism"
6. Discharged to Base Details, Havre, 6-11-16.
7. Classified "C" and transferred to C.C.A.C. England, 21-11-16.
8. Transferred to Manitoba Regtl. Depot, 10-3-17.
9. Transferred to C.A.M.C. 15-6-18.
10. Returned to Canada, 28-7-19.
11. Struck off strength C.E.F. in Canada, 10-8-19. "ON DEMOBILIZATION MEDICALLY UNFIT".

(W.E.L.Coleman),Major,
Officer i/c Records,
for Adjutant-General.

1641 1304 5-10-42

NO. OF DEPENDENTS 1 SHORT FORM. DISPERSAL AREA 9 2

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

RELIGION Pres NEXT OF KIN Wife

1. No. 724723 War Service Badge Class "A" No. 329393

2 Rank. Pte

3. Name. McNab M. R.

4. Unit. C.A.M.C. 109 Battery

5 Date of Discharge AUG 10 1919 Place QUEBEC

6 Reason for Discharge Demobilization - Medically unfit for General Service. CATEGORY B 3

TRADE Cook OCCUPATIONAL GROUP 4

SERVICE IN FRANCE 5 months

7. Authority. Routine Order 1420

8. Proposed Residence after Discharge ~~Orillia Ont.~~

~~152 York St. Toronto, Ont~~

% McNab and Sons Hardware Dealers Orillia 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

M R McNab

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place QUEBEC

Date AUG 8 - 1919

Embarked Liverpool

S.S. Canada 28 July 1919.

Disembarked Quebec 7 Aug 1919

Deceased 3-8-42 649-M-47381

Signature W Sloseling

(O. C. Discharging Unit.)

CAPT.

For O. C. Discharge Depot, Quebec.

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M F W. 23). or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.W. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 50(b)).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.F. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (2601)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6
Checked by No. 4
O.S.N.
Date 22/7/18

Form R & O 6045
1288-150M-29/11/16

162389

PROCEEDINGS OF A MEDICAL BOARD.

Dated at St. Leonards on Sea 11/5/17 1916.

No. 724723 Rank pte Name Mc nab M.R.

Local Unit ..... Overseas Unit 44th Bn. Age 47

Examination held at 1st CANADIAN COMMAND DEPOT.

DISABILITY.
Overseas—~~Local~~.
(scratch one out)

Chronic Myalgia
Corns & small bunion on Lt foot.

PRESENT CONDITION.

Unable to do P.T.
Suffered with Rheumatism before enlisting. Is able to walk four or five miles.

Cat. B II

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members
- L. Lynn ..... President.
- H.S. White Capt Came.
- A. L. Shanks Capt Came

APPROVED

15 MAY 1917

Dated at Hastings, Sussex 1916.

Captain C.A.M.C.
for A.D.M.S., Canadian Corps.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1916

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas — Incept.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

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 No.13 Can.Gen.Hosp., Hastings, Sussex. DATE 10.3.19.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 724723 (c) Rank Pte.

(d) Surname MC NAB. (e) Christian name MELVILLE ROSS.

(f) Home address 152, York Street, Toronto, Canada.

(g) Next of Kin Mc Nab, Amy Jane. (h) Relationship Wife.

(i) Address of Next of Kin 152, York Street, Toronto, Canada.

2. Age last birthday 48 Date of birth Oct. 24th, 1871.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date 8.12.15.

4. Personal description:

(a) Height 5' 7½" (b) Weight 142 (stripped) (c) Complexion Fair.

(d) Colour of hair Brown, Dk. (e) Colour of eyes Hazel (f) Identification marks, Scars, etc.

Scar on right cheek. Small scar on Left 3rd finger (2" long).

5. Former trade or occupation Caterer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	92.

	Periods From	Periods To
Canada	8.12.15	20. 7.16
England. Patient's	20. 7.16	27. 8.16.
France or other theatres of War. Statement.	27. 8.16	30.11.16.
England.	30.11.16	to present.

7. Original disease, or injury Debility.

(a) Date of origin May, 1918. (b) Place of origin England.

(c) Cause Service conditions.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Debility - Weakness (moderate) and loss of energy.

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.)

Thin and poorly nourished.

General weakness worse at night. Tires out readily on exertion.

Could not walk further than 1 mile.

Shortness of breath on exertion.

Feet tire readily and ache when moving about.

Appetite only fair.

Good sleeper.

Has cough worse at night.

(*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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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*).)

Began about May, 1918. Says he had shell shock while in France, but after returning to England recovered and felt well until May, 1918, when he began to be tired on exertion. Then shortness of breath occurred at intervals. Also noticed that his feet ached when standing long time.

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).)

He says "Typhoid at 14 years. Recovery good.
Had loss of power in both legs in France from shell shock.
Recovery in 4 weeks. Also had Myalgia in France."

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

Scar over right molar bone - slight. Scar 2" on dorsum of lt. 3rd finger.

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? (a) No. (b) No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Not less than 3 months.

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

Tonics and Cod liver oil. Dieting. Light work.

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

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

17. Recommendations B.iii.

W. R. Carstairs Capt. Cam.
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 M. R. McNab 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

Melville R. McNab 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.

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~~.)	B.iii.
(*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.)

Boarded for return to Canada.

Authority - A.G. Telegram 9083. 11.11.18.

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

(Sgd.) E. W. CONNOLLY, Major CAMC. *President.*

PLACE Hastings, Eng. (Sgd.) W. E. R. COAD, Capt. CAMC. } Members

DATE 11.3.19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

President.

PLACE ..... } Members

DATE .....

APPROVED BY

Assistant Director of Medical Services.

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

OFFICE OF THE INVALIDING MEDICAL BOARD
18 MAR 1919
SEAFORD, SUSSEX.

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: No 13 Canadian Hosp Hastings Sussex DATE: 10-3-19

1. 1 (a) Unit: Camp (b) Regimental No. 724723 (c) Rank: Pte

(d) Surname: McNab (e) Christian name: Melville Ross.

(f) Home address: 152 York St Toronto. Canada.

(g) Next of Kin: McNab Amy Jane (h) Relationship: Wife

(i) Address of Next of Kin: 152 York St Toronto Canada.

2. Age last birthday: 48 yrs Date of birth: Oct 24. 1871.

3. Enlistment, or Appointment (if an Officer) (a) Place: Lindsay. Ont. (b) Date: Dec 8: 1915

4. Personal description:

(a) Height: 5' 7½" (b) Weight: 148 (stripped) (c) Complexion: Fair.

(d) Colour of hair: Brown (Dark) (e) Colour of eyes: Hazel (f) Identification marks, Scars, etc.: Scar on right cheek. Small scar on left 3rd finger (½" long)

5. Former trade or occupation: Caterer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	92

	Periods From	Periods To
Canada	Dec 8 1915	July 20 1916
England. Patients Statement	July 20 1916	Aug 27 1916
France or other theatres of War. England	Aug 27 1916	Nov 30 1916
	Nov 30 1916	to present.

7. Original disease, or injury: Debility

(a) Date of origin: May 1918 (b) Place of origin: England

(c) Cause: Service conditions

M. F. B. 227.

300M.—8-18.
1772-39-117.

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, therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Debility — weakness (moderate) and loss of energy

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.)

Thin & poorly nourished
General weakness worse at night ~~tires~~ tires out readily on exertion. Could not walk further than 1 mile.
Shortness of breath on exertion.
Feet tire readily & ache when moving about.
Appetite only fair.
Good sleeper.
Has cough worse at night.

(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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: no (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).)

Began about May 1918. Says he had shell shock while in France but after returning to England recovered and felt well until May 1918 when he began to tire readily on exertion. Then shortness of breath occurred at intervals. Also noticed that his feet ached when standing long time.

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).)

Hx Sys "Typhoid at 14 yrs. recovery good.
Had loss of power in both legs in France from shell shock.
Recovery in 4 weeks. Also had myalgia in France."

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

Scar over right malar bone - slight. Scar 2" on dorsum of left 3rd finger

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.)

NA

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? not less than 3 mos

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

Tonics & Cod liver oil & Dieting Light work

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 B iii

W R Lt Col Capt Cmdg
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 M R McNab 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

Melville R. McNab 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.

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.~~) Bmf
(*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.)

Board for return to Canada
authority A.B. Tel # 9083 11-11-18

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

E. Connolly McCrae President

PLACE Hastings Eng

DATE 1/3/19

W. E. Chas Capt Canad } 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..... } Members

DATE.....

APPROVED BY

W. Wallace Capt.
for *Assistant Director of Medical Services.*

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

OFFICE STANDING MEDICAL BOARD
18 MAR 1919
SEAFORD SUSSEX.

"CANADA" 6-8-19 M 8980

DISPERSAL

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 724723 RANK Pte. NAME (IN FULL) McNABB, M.K. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

Yes Closed in England 31-7-19

TO WHOM PAID | RELATIONSHIP

ADDRESS Same

PARTICULARS	EFFECTIVE DATE	AUTHORITY
See ledgr		

ORIGINAL UNIT C.E.F. C.A.M.C.D. | IF IN P.F. WHAT UNIT? Dominion Bank of Canada Toronto Ont

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 10/12/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE Closed in England 31-7-19

PAYABLE TO Mrs A J McNabb | RELATIONSHIP

ADDRESS Dominion Bank Orillia Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE Lotz Repat League | EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS Lotz Repat League Gen Delivery GPO Ottawa Ont

DISCHARGED | PLACE Quebec | DATE 10-8-19 | REASON Demob | M.D. 5 | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							353	54	353	54																									353	54	Bal Eng. L.O.C.
31-5-19					35	00					(9205	6022	8843)				9	73	14	60	9	73															Clothing all 1st pay W.S.G.
12-8-19	73	1.10	80	30	70	00			185	30	(44	27)					4	74	4	87	5	00	20	00													Bonus cheque. P. Lotz, Treas. Ca p July
									538	84																					538	84					
					W.S.G.		S.A.																				W.S.G.		S.A.						AMOUNT DUE SOLDIER DEPENDENT		
																											70	00									W.S.G. paid in advance
																											2	20									2 days pay & allowances credited
							1.10	00																													S.A. 10 days under credited
183 dys			420	00	180	00	610	00									August 8th														72	20	347	80	190	00	
																	Sept 10	1410065 2.R.135					67	80							140	—	280	—	190	—	Taken W.S.G. Paid by #2 D.D.
																	Sept 13	AR 137 144 145											70	00	210	00	280	00	120	00	
																	Oct 8	1418 Final AR 188					70		1418	418			30		310		210		90		
																	Nov 6	1425833 2.R.182					70	—	30	—	1425839 2.R.182				410	—	140	—	60	—	
																	AR 2 of	Dec 8	1730932				70		30		1730933				510		70		30		
																	" 7933	Jan 7	1737939				70		30		1737940				610				0		W.S.G. PAID IN FULL
			420	—	190	—	610	—											347	80	90	—	72	20	100	—					610						
25.1.18																																					CAPTAIN MASTER WAR SERVICE GRATUITY
29.5.18	125	50			62	50																															
6.6.18																																					PC 602 Cook
10.8.19	431	50			215	50			278	00													278	—							278	—					$278 cheque no 7465 18 4/30/20

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

R—122

J.M. Rank Name McNABB, Melville Ross. Reg'l No. 724723

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

Place and Date of Enlistment Lindsay, 10th Dec 1915. Place of Birth Orillia.

Name and Address, Next-of-Kin C. L. McNabb.

Orillia, Ont, Canada. Relationship Brother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character B1132

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810 31-7-16			
9.8.16	O.C. 109th	S.O.S. & Amtd 44th Bn.	Orkney	8.8.16	S.O.S. Pt. II 221 d 18.8.16 Pt. II D.O. 222 (a.a. & Q.Mr. G.) a.7.B103 Checked 22.8.16 J.G.K.
31-8-16	44th	Embarked For France		10-8-16	Pt-11-224
4.11.16	"	Adm to 23 Gen Hosp	Étaples	26.10.16	C.L. 458 Sub-Acute Rheumatism
8.11.16	"	Tfd to Convl Depot	"	31.10.16	C.L. 461
17.11.16	"	Dis to Base Details Shoreham-on-Sea	"	6.11.16	C.L. 469
27.11.16	"	Classified C. Tfd to C.C.A.C	Field	21.11.16	Pt II Order 298 E.V.C.
22-1-16	C.C.A.C.	Taken on strength. + Dept	S'ham	22-1-16	Pt II O 515.
1.12.16.	do.	Posted to C.C.D. for P.B.D.	Hastings	29.11.16.	Pt. II O 527.
27.4.17	C.C.A.C.	S.O.S. on transfer to Regiment & remains in Can	Hastings	10.3.17	Pt. II D.O. 164. 1st C.C.D.

Manitoba

Came

Man.

724723 McNab, M. R.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
4.5.17	Man Dep	To S & on Commb 1st C.C.D	Bilgate	10.3.17	P II D056
20.6.17	1st C.C.D	Granted permission to Marry St Leonards 20.6.17			104 P II 0.209. d 2.10.17 M.R.D
29.9.17	M.R.D.	Leave on Command 1st C.C.D.	Bilgate Pte	28.9.17	204 P II 1.194 d 29.9.17
22.1.18.	"	On Com to ~~Cooden Beach Camp~~ C.T.S. at Cooden Beach Camp			P II 0.24. d 24-1-18.
		Bexhill for duty as labourer	Seaford	" 21-1-18	22
31.5.18	MRD	Cease on com PPCRC Hosp Bexhill Cooden Beach	Seaford	" 30.5.18	D0102 d 30.5.18 D0131 PPCRC Hosp Bexhill
7.6.18	"	On Com C-amc Hastings	"	6.6.18	D0158
18.6.18	MRD	Cease on com C am C Hastings & S D S to C am C	"	13.6.18	D0169
14-6-18.	13. C.G.Hp	~~attd for duty from M.R.D. Seaford~~	Hastings	Pt 7-6-18	P II 0.45 Amended by H.O. 4/19-6-18
17-6-18	CAMCD.	To S from M.R.D.	Seaford	6-6-18	P II 0.168
17-6-18	do	~~on Comm~~ ~~To S. To 13. C.G.Hp.~~ amended by H.O. 4/19-6-18	Hastings	7-6-18	168 ~~13th C.G.Hp~~ cancelled by S.O. 5 of 6-7-18 ~~H.O. 4/19-6-18~~
6-7-18.	13 C.G.Hp.	H.O. H.O. Para 5. of 14-6-18 is Cancelled	Hastings		P II 0.50. cancelled by P II 6.34 31-8-18 of 13th C.G.H.
do	do	H.O. 45 Para 2. of 14-6-18 is amended to read on Comm to this Hosp from CAMCD. & not as stated			50
10-7-18.	CAMCD.	H.O. 183-8 of 12-7-18 is Cancelled.	Seaford		P II 0.191
11.4.19	PPCRCH	To S. from 13 C-G Hosp	Bexhill Pte	10.4.19.	~~13 C.G.H.~~ D.O. 69. D.O. 27. d 12.4.19 Clem & B C
14.4.19	PPCRCH	To S. to C am C Gas Coy	Bexhill Pte.	14.4.19	D.O. 74 D.O. 96. d 25.4.19
23-5-19	CAMCD.	O/C to 1st C.D.D. Burton for R.T.C.	Cooden "	23-5-19	D.O. 120 D 25-I-11. 28 7/19.