

MAR 21 1916

5

ATTESTATION PAPER.

No. 724126

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *McNeal*
- 1a. What are your Christian names? *George Washington*
- 1b. What is your present address? *uphill*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dunnville*
- 3. What is the name of your next-of-kin? *Martha McNeal*
- 4. What is the address of your next-of-kin? *uphill Ont Can*
- 4a. What is the relationship of your next-of-kin? *wife*
- 5. What is the date of your birth? *17 March 1875*
- 6. What is your Trade or Calling? *Painter*
- 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? *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *George W. McNeal*, 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.

*George W. McNeal* (Signature of Recruit)

Date *MAR 21 1916* 191 . *James Smith* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George W. McNeal*, 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.

*George W. McNeal* (Signature of Recruit)

Date *MAR 21 1916* 191 . *James Smith* (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 *uphill* this *22nd* day of *March* 191*6*.

*H. W. James* (Signature of Justice)

Description of George W. McNeal on Enlistment.

Apparent Age 4 1/2 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 5 ft. 10 3/4 ins.

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... clear

Eyes ..... dark brown

Hair ..... black turning grey

Religious denominations.  
 Church of England .....  
 Presbyterian .....  
 Methodist ..... X  
 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 March 21 1916

Place Victoria Road.

George W. McNeal  
 Medical Officer  
 109th Overseas Medical Officer 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.

George W. McNeal 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.

George W. McNeal Lt. Col. (Signature of Officer)

Date MAR 21 1916 1916  
 O. C. 109th Overseas Battalion, C. E. F.

**DISCHARGE DOCUMENTS**

R. O. No.....

H. Q. No.....

Name McNeal George Washington  
Regt. No. 724126 Rank Pvt  
Corps 109<sup>th</sup> Bn.



*Compassionate Grounds*  
*Auth: A.S. 3. b. 2 me 1813.*

*5-4-18*

*1 Index ~~Removed 10-1-18~~*

*Cards - 2 Part II.*

*1 Casualty*

31636



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

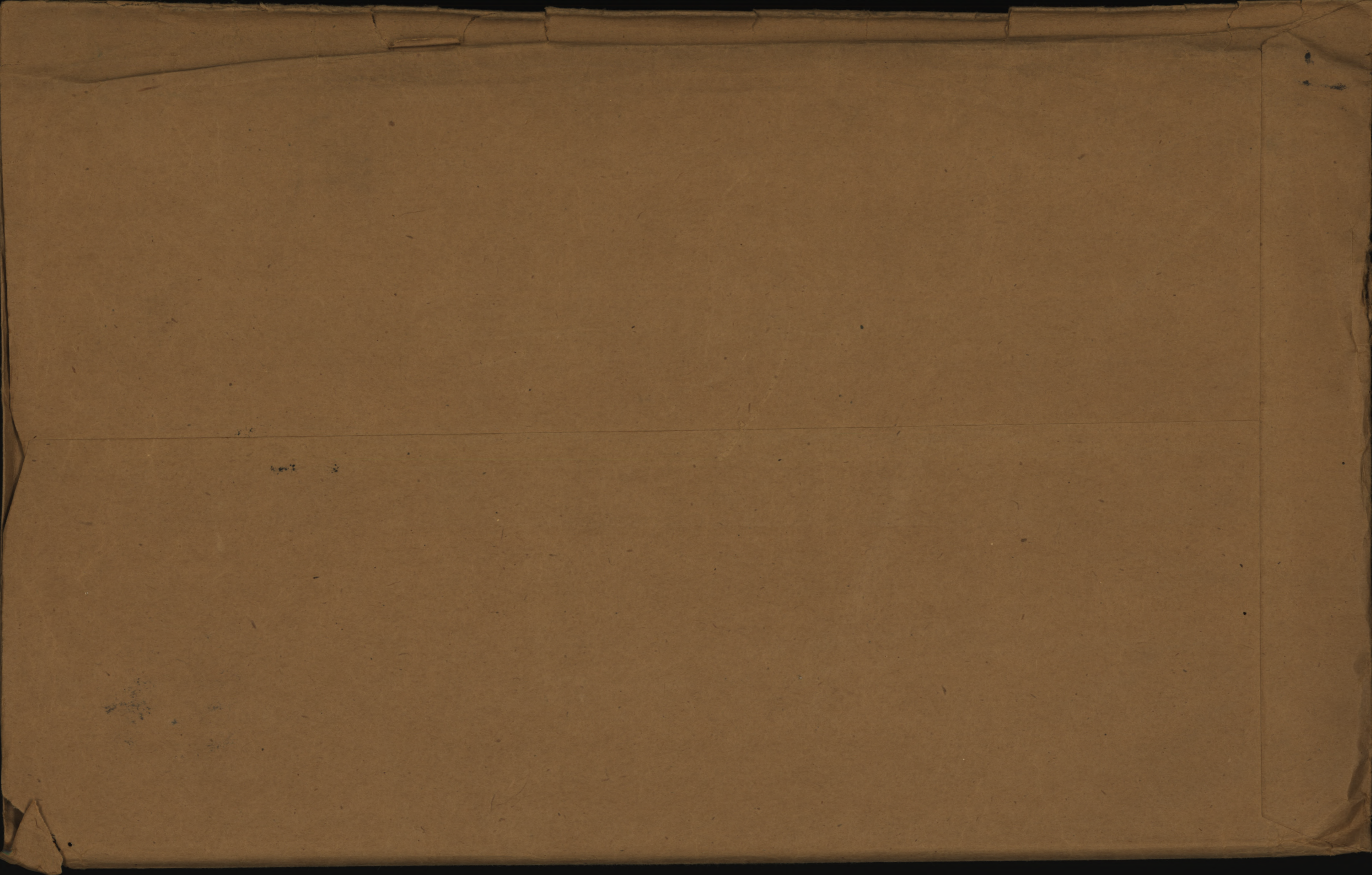
Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*A. F. B. 122-X2*  
*M. F. W. 39<sup>9</sup> /*

*Form No 30-1*  
*M. F. W. - 6*



SURNAME.

Mc Neal

CHRISTIAN NAMES

George Washington

REGL. No.

424126.

RANK

Pte

UNIT

109th

FORMER CORPS

Nil

CARD NO.

3

50.8. Wine 22-6-18.  
auth 49-4 69 of 25-6-18.

FOLL.

+3.0.0.

Batt

NEXT OF KIN.

NAMES IN FULL

Mc Neal, Mrs Martha

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Uphill, Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Hummville, Ont

DATE

Mar 17th 1875

PLACE OF ATTESTATION

Kirkfield, Ont.

DATE

Mar 22nd. 1916

Qs. 23-7-16 <sup>488</sup>/<sub>23</sub>.

RIC. 20-5-18 <sup>126</sup>/<sub>16</sub>-3

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

41

YEARS

—

MONTHS

HEIGHT

5

FEET

10  $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Clear

EYES

Dark Brown

HAIR

Black to Grey.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Victoria Rd.

DATE

Mar 21st 1916

No. 724126 RANK

Pte

NAME

McNeal G.

W.

T. O. S. 21-3-16. UNIT

A. O. 111. 29-3-16

109th Battalion

M. D. 23

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

UNIT SAILED  
JUL 23 1916





Number *724126* Rank *Pte*

*ms*  
Surname *McNEAL*

*P*  
Christian Name *George Washington*

Units *1st Can Inf Wks Coy* Theatre of War *France*

Date of Service *2-11-17*

Remarks

Latest Address *Uphill, P.O.,  
Ont.*

Roll No *B Page 7015*

~~B~~

DESP. DEC 17 1921  
REGN. No. 494426

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

M. F. W. 54  
160M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps **109th OVERSEAS BATTALION, C. E. F.**  
 Regimental No. **24126** Rank **Pte** Name **McNeal, George Washington**  
 Enlisted (a) **21.3.16** Terms of Service (a) **D of W.** Service reckons from (a) **21.3.16**  
 Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) **Painter**

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.	
22/8/16	Transferred to C. C. A. C. 109th Bn.		Bramshott	7/9/16 13/9/16	Pert II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
<del>2/12/16</del>	<del>109th Bn transferred to 124th Bn.</del>		<del>Witley</del>	<del>8/12/16</del>	<del>Pert II No 443.</del>
					<del>ADJUTANT</del> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
19-1-17	124th Bn.	Attached to Garrison Duty Battalion.	Witley Camp	19-1-17	Pert II Order No. 19 Lieut., Asst. Adjt. 124th Bn. C. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoing 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				
6.2.17	124th Bn.	Attached to Mychett Ranges	Witley Camp	6.2.17	Pt II Orders 37 Adjutant, 124th BATTALION C.E.F.
20/3/17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. & att to 12th Rs.	West Sandling	20/3/17	Pt. II D.O. No. 11.
17.5.17	- do -	Ceases to be att to 12th Rs. Bn. and is att to Mychett Ranges	- do -	4.5.17	- do - 69
23-10-17	- do -	Ceases to be att to Mychett Ranges	- do -	22.10.17	Pt II D.O. 228
2.11.17	1st C.O.R.D.	S.O.S. on transfer to Can. Labor Pool	West Sandling	2.11.17	Pt. II D.O. No. 238 G.H. Elwell Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
14/9/16	C.E.A.C.	J.O.S. + on Com to 109th Bn.	F. Stone	8/9/16	Pt II 0396
20/3/17	1st CORD	J.O.S. from C.E.A.C. + att 12th Rs.	H. Sandling	10/3/17	- " - 11
2/11/17	"	Ceases to be Att Depot Coy + S.O.S. to Base Depot Officers	"	2/11/17	- " - 238

CAN. RECORDS, LONDON.  
 12 NOV 1917  
 12 NOV 1917

H.C. Motun... CAPT.  
 FOR LT: COL: I/C RECORDS, C.O.M.F.

**Casualty Form - Active Service.**

Regiment or Corps *Inf for pool*  
 Rank *Pvt* Surname *McNeal* Christian Name *George Washington*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>21.4.14</i>	<i>A.A.G.</i>	<i>T.O.S. CANADIAN LABOUR POOL, from Eng as perin.</i>	<i>CLP</i>	<i>2.11.14</i>	<i>P. 10166</i>
	<i>A.A.G.</i>	<i>Pro. 6. Sub. O. 1. 2/11/17. is cancelled</i>		<i>Ch. Post. Pro. 24. 18/17</i>	
	<i>A.A.G.</i>	<i>Transferred to 1st Can Lab Bn.</i>		<i>2/12/17</i>	<i>Pro 28 28/1/17 10166</i>
	<i>do.</i>	<i>1st Can Lab Bn.</i>		<i>3.11.17</i>	<i>Pro 112 1/17</i>
<i>8.11.17</i>	<i>C. G. B. A.</i>	<i>Left for Unit.</i>	<i>Field</i>	<i>8.11.17</i>	<i>A.R.</i>
<i>10.11.17</i>	<i>7c. Unit.</i>	<i>Jamaica Unit.</i>		<i>9.11.17</i>	<i>B.213.</i>
<i>18.2.18</i>	<i>D.D.M.S.</i>	<i>Class B1</i>	<i>Board</i>	<i>18.2.18</i>	<i>W.3339</i>
		<i>Designation changed to 1st Can Inf Works Bn (Auth. War Office letter 121/Overseas/4040 (A.G.12) d/11-3-18.</i>	<i>Pt. II 0/19</i>	<i>d/26-3-18</i>	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 8635 - M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B.103 E/1807. **P.T.O.**

*M. J. Deal. J.W.*

724126

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				
30.3.18	<i>D.A.G.</i>	<i>Sold to England for discharge to Canada on Compassionate Grounds &amp; posted to Cdn. Genl. Depot, Slcliffe</i>		13.4.18	<i>Cdn. Sec file K.E. 26506/4 d/30.3.18 Cdn. Corps A.31-3-392 d/24-3-18 Pt. II C/23 d/24-4-18.</i>
	<i>Cdn Corps</i>				
					<i>Pluon Row</i> <i>Lieut.</i> <i>for Lt. Col. A.W.S.</i> <i>Canadian Section</i>
17.4.18	<i>Gen Depot</i>	<i>Post from 10th Bn 11/18</i>	<i>Slcliffe</i>	15.4.18	<i>2091</i>
					<i>at Row Blows</i> <i>for Colonel i/c Records, On FC</i>
7.5.18	<i>Gen. Depot</i>	<i>Comd. C.D.D. Buxton.</i>	<i>Slcliffe</i>	6.5.18	<i>Pt II D.O. 108. 7-5-18.</i>
					<i>M. F. Wilcox</i> <i>Captain</i> <i>For O.C. Can. General Depot</i>
8. MAY 1918		TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 108.			
13 MAY 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
					<i>Lockhart J. J. J.</i> <i>Commanding</i> <i>Lieut.-Col.</i> <i>Canadian Discharge</i> <i>Depôt.</i>

J.M. Rank

*Plc*

Name

McNEAL, George Washington.

Reg'l No. 724126

Unit 109th Bn.

If in perm. Corps,  
What Unit? }

Married or Single Married.

Place and Date of Enlistment Kirkfield, 21st Mar 1916.

Place of Birth Dunnville.

Name and Address, Next-of-Kin Martha McNeal.

P.O., Uphill, Ont, Canada.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 1264
File No. L.
Category C.R. Can

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ld.—7165-16.

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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					
22-9-16	109 <sup>th</sup> Bn	Trans as Loc. Cos. C.C.A.C	Bramhall	7-9-16	PT II D.O. 266 } PT II D.O. 396 + D.O. 292
22-9-16	do	Attached from C.C.A.C for Rat. Dis. Pay. Equip. Clo + Quarters	do	8-9-16	PT II D.O. 266 } C.C.A.C.
14-9-16	l.b.l.b.	T.O.S. + On loan to 109 <sup>th</sup> Bn	F'stme	8-9-16	PT II D.O. 396
8-12-16	109 <sup>th</sup> Bn	ceases to be att'd to 109 <sup>th</sup> Bn is att'd to 124 <sup>th</sup> Bn	Witley	8-12-16	343
9. 12. 16	124 <sup>th</sup>	Attached for all purposes	Witley	8. 12. 16	265.
19. 1. 17	"	ceases to be att'd to 124 <sup>th</sup> Bn	"	19. 1. 17	19. <span style="color: red;">D.O. 26</span>
20. 3. 17	1 <sup>st</sup> Bn R.T.	T.O.S. from l.b.l.b. att'd 12 <sup>th</sup> Res. W Sandling	"	10. 3. 17	PT II D.O. 11.
17-5-17	"	ceases to be att'd 12 <sup>th</sup> Res. 4 on Com. at Mychett Camp, Ash-Vale	"	14-5-17	69
23. 10. 17.	✓	ceases to be att'd Mychett Camp, Pa.	✓	22. 10. 17.	-u- 278

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.				
2.11.17	1st CO RD	Beases to leave Depot Coy 4 is S.O.S. to Base Pte. W. Selling		2.11.17	Pt. II 0 238 <sup>20</sup> 8 NOV. 1917
20-11-17	1st Lab	T. OS. from 1st CO RD. <sup>Depot of 93. Can Lab Pool. amended by Pt. II 0 102 d/5/11/12.17.</sup> Pte Field		2-11-17	Pt II 0 94 #28 d/28 <sup>12</sup> 77 <sub>Pool</sub>
21.11.17.	Can Lab Pool	T.O.S. from 1st CO 12 B	-	2.11.17	- 6.
26-3-18	1st Lab	Designated 1st Can Inf Wks Bn			Red 19
17.4.18	Genl Depot	T.O.S. from 1st C.I.W.B.	Pte Schiffe	15.4.18	Pt. II 0. 91.
24.4.18	162 W.B.	S.O.S to gen. Depot for discharge to Canada on compassionate grounds.	Pte Field	13.4.18	N.O. 23 }
7. 5.18	Gen. Depot	On Com. C.D.D. Buxton (ret. to Can.)	Pte Schiffe	6.5.18	N.O. 108
22.5.18	Gen. Depot	Beases on Com. C.D.D. Buxton	Pte Schiffe	13.5.18	N.O. 121
		+ is S.O.S having proc. to Canada (A.G. 3d-2-Mc-1813 d/5.4.18)			(N.R.F.O. Para. 392 Sect. 16)

A.F.B. 103 CHECK



File in Officers' or Other Ranks' envelope attached to Regimental Documents.

Reg.No. *724126* .....

Rank *Pte* .....

Name *Mc Neal George* .....

Medical Documents forwarded to B.P.C. on  
M.F.W. 2505, Ref. B.P.C. *368 of 15-7-18* .....

Medical History Sheet (MFW. 313) or (AFB. 178) *J* .....

Dental " " (MFB. 465) .....

Medical Report on Invalid (MFB.227) or (AFB.179) .....

Medical Board Proceeding (MFB. 380) .....

" " " (on discharge)(MFB.227) .....

Medical examination on leaving service (MFW.129) .....

Examination Standing Medical Board (DMS.1323) .....

Miscellaneous .....

EBM.

Doc. 14.

2000-7/18.

*M. 713 227 - 1*  
*Can. Med Bd. - 1*

*Y.S.*  
Clerk's Initials.

also in Officers, or Other Ranks,  
and in the Hospital or Regimental

Reg. No. ....

Rank .....

Name .....

Medical Department forwarded to S. G. on

M. F. W. 252, and M. F. 111

Medical History No. (111) or (252) (178)

Dental " " (111) or (252)

Medical Report on Injury (M. F. 252) or (M. F. 111)

Medical Board Proceedings (M. F. 252)

" " " " (on discharge) (M. F. 252)

Medical examination on leaving service (M. F. 111)

Examination Standing Medical Board (M. F. 111)

Miscellaneous .....

Clerk's Initials

2000-718  
Dec. 14  
1898

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 727/126 (Rank) Pte

Name (in full) Mc Neil George enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 21st

day of March 19

HE served in Canada England France

and is now discharged from the service by reason of Being medically unfit for further service arising from overage

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

Age 48 years

Marks or Scars

Height 5 feet 11 inches

Scar left leg

Complexion Fair

Eyes Brown

Hair Grey

G. M. McNeil

Signature of Soldier

Shant

Issuing Officer Major  
for O. C. District Depot No. 3

Rank

Date of Discharge 22-6-18

Appointment

Signed at Kingsman this 22 day of June 1918

in Military District No. 3

File Reference No. L-3-Mc-224

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. 494126 (Rank) Pte Name McNeil F.W.

Unit No 3 District Depot

Address on Discharge Victoria Rd Ontario

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Kemptville this 22<sup>nd</sup> day of June 19 18

S. Grant Major

for O. C. District Depot No. 3

Rank

Appointment

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

**ORIGINAL**

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724126 Rank Pte. Name McNeal, G.

Corps 109th Battalion who was\* Discharged

On June 22nd 1918, to Class "E"

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1918, to June 22nd 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>L.P.C.</u>	<u>12</u>	<u>19</u>	Bal. Cr. from prev. month		
Advances by Cheques } No. <u>3213</u>	<u>5</u>	<u>00</u>	Reg'tl Pay <u>22</u> days at \$ <u>1</u> c.	<u>22</u>	<u>00</u>
Assigned Pay and Sep'n Allice. No. <u>3251</u>	<u>40</u>	<u>00</u>	Field Allow. <u>22</u> days at \$ <u>10</u> c.	<u>2</u>	<u>20</u>
Other charges <u>o/pd S/A June</u>	<u>7</u>	<u>00</u>	Separation Allowances* (Monthly)	<u>25</u>	<u>00</u>
Payment on transfer or discharge No. <u>4803</u>	<u>4</u>	<u>21</u>	Other Allowances* <u>Clothing</u>	<u>8</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Other Credits* <u>D.O. 40 Subs. 1/2</u>	<u>11</u>	<u>20</u>
			<u>Landing Leave</u>		
			Bal. Dr. (to be deducted by new unit)		
Total	<u>68</u>	<u>40</u>	Total	<u>68</u>	<u>40</u>

\* Give particulars.

A monthly stoppage of \$ 15.00 (†) has ( ) been paid on account of Assigned Pay for the month of June 1918 and Sep'n Allice. for month of June 1918 (to assignee Mrs. M. McNeal, (Address) Aphill, Ont.)

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

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

### REMARKS:—

- State (1) date of enlistment March 21st, 1916
- (2) if married and if a Separation Allowance Card has been submitted paid to date of disch.
- (3) cause of discharge..... authority 3MD 88-Mc-706, June 19/18
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date June 22nd, 1918

Place Kingston, Ont.

W. Peters CAPTAIN  
 PAYMASTER, NO. 2 DISTRICT DEPOT  
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



**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 **724I26**.....

(3) Full Name of Soldier **George Washington McNeal**.....

(4) Place of Birth **Dunnville, Ontario, Canada**.....

(5) Are you married, or not? **Yes**.....

(6) If married, state,

(a) Full name of your wife **Martha McNeal**.....

(b) Present Postal Address **Uphill, Ontario, Canada**.....

(7) Are you a widower? **No**.....

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

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

Also their names and ages **Roy George age 19 Lyle Thomas 16**.....

**Gordon age 14 Harry age 11 Gerald Gerald age 9**.....

**Goldie 7**.....

(9) Is your Father alive? No

If so, state name and address Nil

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow Nil

Are you her sole support, or not? Nil

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

Nil

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

Nil

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

Yes

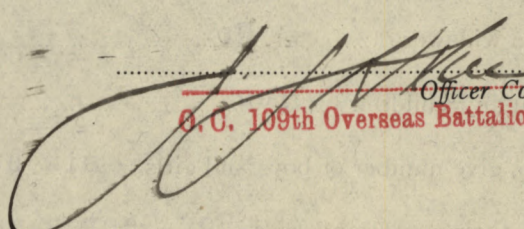
(15) Are you insured? No

If so, in what Company? Nil

Have you made arrangements for payment of your Insurance premium Nil

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

Date 4th July 1916

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



ORIGINAL  
724126

ORIGINAL

MEDICAL HISTORY SHEET.

Surname McNeat Christian Name George Washington

Examined { on 21 day of March 1916  
at Victoria Road  
Birthplace { City or Town Summerville  
County Kent

Approved by J McCulloch Capt. 134  
Medical Officer  
Rank 109th Overseas Battalion, C. E.F.

Apparent age 40 years  
Trade or occupation Painter  
Height 5 Feet 10 3/4 Inches.  
Weight 144 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 36 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
	<u>Fit</u>	M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good  
Small-Pox Marks None  
Vaccination Marks { Arm Right Two Left One  
Number Three

Date.	Result.	VACCINATIONS.
<u>21.3.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 21st 1916  
(a) Marks indicating congenital peculiarities or previous disease Dark scars from scald on part of left shin  
(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23.6.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>27.6.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>30.6.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

Enlisted on 21 day of March 1916 at Victoria Road

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>724126</u>		<u>21.3.16</u>
Transferred to	<u>124th BATTALION, C.E.F.</u> <u>CCAC - 13.9.16</u> <u>G.D.B. - 19.1.17</u> <u>Witchett Camp - 6.2.17</u> <u>Lat Pool</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott,</u> Bramshott Camp, Hants.	<u>8/9/16</u>	<u>Flat Feet.</u>	<u>Per Base</u> <u>D. Stewart Maj</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
<u>8- SEP 1916</u> <b>APPROVED</b>	<u>28.11.16</u>	<u>Flat Feet</u>	<u>Class (1)</u> <u>Cooperable</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
<u>D.A.D.M.S. for A.D.M.S.,</u> Canadian Troops, Bramshott Camp			

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

**APPROVED.**







ORIGINAL

ORIGINAL

724126

MEDICAL HISTORY SHEET.

Surname *McNeill* Christian Name *Jesse Washington*

Mc 299

Examined { on *21st* day of *March* 1916  
at *Victoria Road*  
Birthplace { City or Town *Summerville*  
County *Kent*

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

Apparent age *40 years*  
Trade or occupation *Painter*  
Height *5* Feet *10 3/4* Inches.  
Weight *144* Lbs.  
Chest measurement { Minimum *33* inches.  
Maximum expansion *36* inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<i>20 APR 1918</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development *Good*  
Small-Pox Marks *None*

Vaccination Marks { Arm Right *Two* Left *One*  
Number *Three*

Date.	Result.	VACCINATIONS.
<i>21.3.16</i>	<i>Good</i>	<i>J. McCulloch</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last *March 21st 1916*  
(a) Marks indicating congenital peculiarities or previous disease *Dark scars from scald on front of left shin*

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>23/6/16</i>	<i>Good</i>	<i>J. McCulloch</i>
<i>27/6/16</i>	<i>"</i>	<i>J. McCulloch</i>
<i>30/6/16</i>	<i>"</i>	<i>J. McCulloch</i>
		M.O.
		M.O.
		M.O.

Enlisted on *21* day of *March* 1916 at *Victoria Road*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Bn. C.E.F.</i>	<i>724126.</i>		<i>21.3.16.</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Somerset Bn</i>	<i>27-4-18</i>	<i>swellings</i>	<i>DI advised</i>
<i>Kingston Bn</i>	<i>15-6-18</i>	<i>over age.</i>	<i>E. Coelett Capt.</i>

CANADIAN

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



OTTAWA.

Nov. 12/21.

From;

The Adjutant-General,  
Canadian Militia.

To; 724126 G. H. Mc Neal

Victoria Rd.,

Ont.

Sir:-

Enclosed herewith please find  
Military Will created by you while in the  
C.E.F., and returned, the same being your  
own property.

W. P. Augman

for Colonel,  
Director of Records,  
for Adjutant-General.

D-1  
MBM





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

33709/673

Name McNeal, G.W.  
Surname

Christian Name

125-24-2-1  
*[Signature]*

Regimental Number 724126

Rank Pte.

Address (in full) Uphill, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge 22-6-18.

P. D. P. Filing Number 12-134-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$ .10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
17510	2636	22-6-18	58 00	2527	23-7-18	58 00	2238	23-8-18	59 10		175 10

Remarks:

M. F. W. 127.  
60M-617.  
1772 39-1140.

*True*  
16/5/19

Dec'n No. 33709/673 W.S.G. File No. 1252494  
 Award 153 days at \$ 100. per day \$ 500.  
 S. A. .... months at \$ ..... per mo. \$ ..... \$ 500.  
 Less P. D. P. Credited \$ 175.10  
 Less further debit balance \$ .....  
 Net due paid as below \$ 324.90

	TO SOLDIER		TO DEPENDENT			
0	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	5234	47047	140.00	5234	47048	60.00
2						
3	46315	54337	34.90	46314	54336	30.00
4				10280	4905930	30.00
5					490350	30.00
6						
	Total		174.90	Total		150.00

*uphill*  
*Out.*

23-5-19

2/12/19

23-5-19 Mrs G McNeil

same add.

30/6/19

Dependent deceased.

*JM*

aco 28/11/19.

GEN'L AUDITOR  
Posting checked by  
*Melton*  
Date 14/10/19

*Sold.*

470148 } these cheques received  
480593 }  
490350 } cashed by soldier

Mr. Murray 28/11/19

R.  
W.  
134  
6-12-19.

Soldier requested to return  
cheques issued to Dept who is  
dead 30/9/19.

21-3-16  
SEPARATION ALLOWANCE

Name Mrs Martha Mc Neal

Name of Soldier Mc Neal Geo Washington

Address

Uphill  
Ontario

Regtl. No. # 724 126

Rank

Pte.

Corps 109th O/S Battalion C E F

Relation to Soldier

wife, child or mother

} Wife

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				



10228



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

## SEPARATION ALLOWANCE

Name *Martha McNeal*Name of Soldier *McNeal George Washington*Address *Uphill P.O.*Regtl. No. *724126**Om-*Rank *Pte*Corps *109<sup>th</sup> Batt C.E.F.*

Relation to Soldier

To what Corps belonging

wife, child or mother

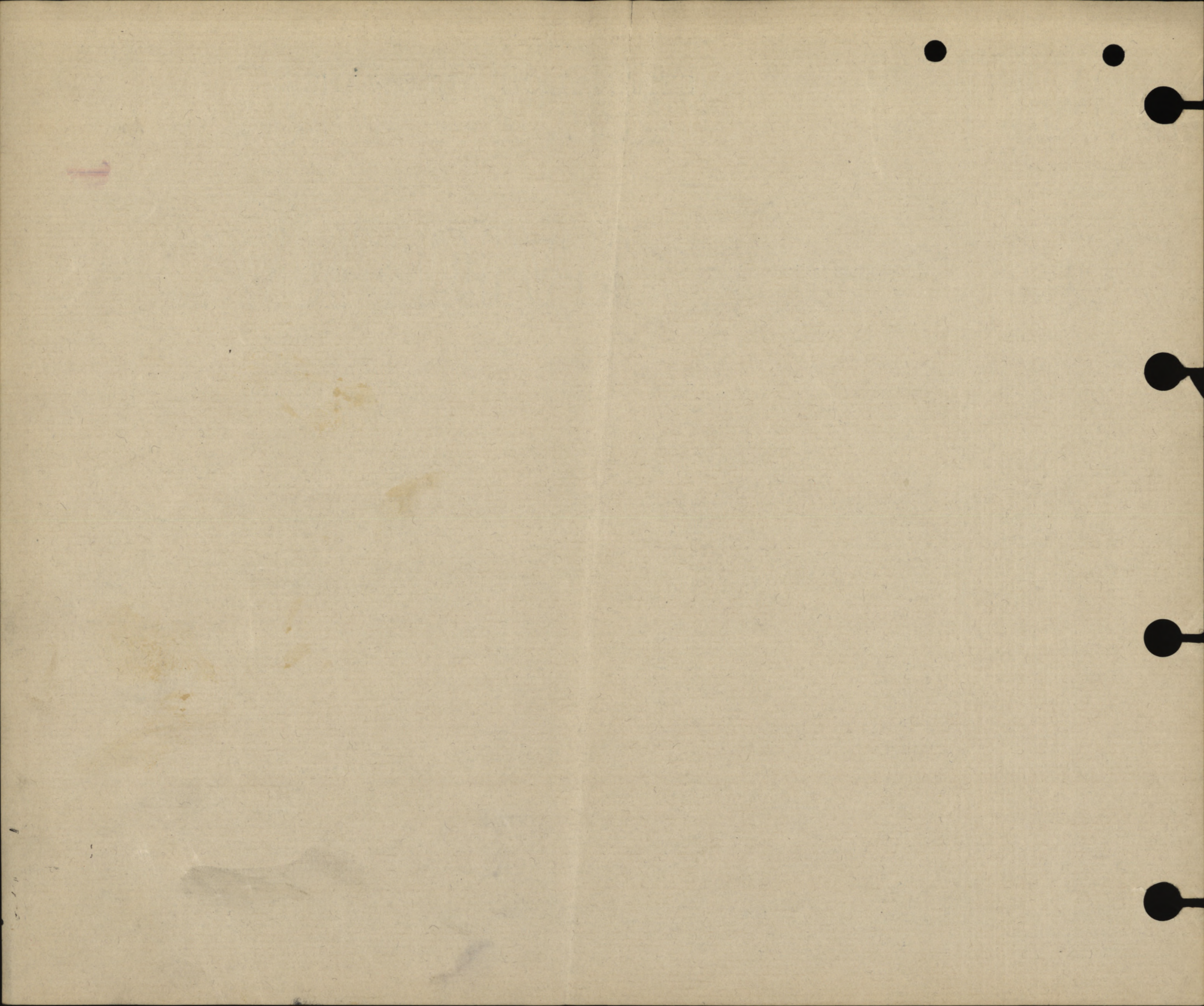
when called out

} *wife*

## 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				

*Destroyed**Sub 7/2*





21-3-16  
MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-4-16.  
1772-30-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

*Mr*  
*Martha McKeal*

*wife*

Name of Soldier

*McKeal Geo. W.*

*pl*

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		<del>VJJ60 66</del>	<del>66</del>	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
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.				

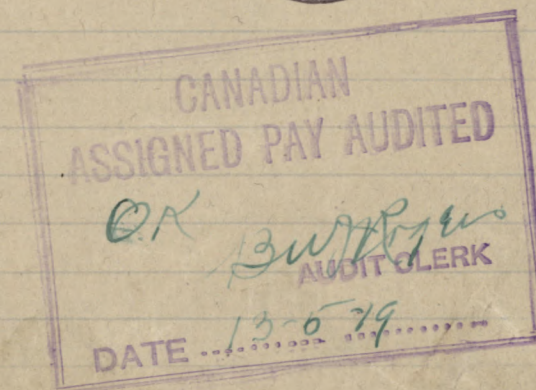
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Wife* Mrs Martha McNeal By Whom Assigned McNeal. G. W.  
Address Uphill Regtl. No. 724126  
Ont. Rank Pte.  
Rate \$ ~~15.00~~ AUG 1 1916 Corps 109 Btn. "6" Co

## 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				



11/14/20  
2  
3

11/14/20

2

11/14/20

11/14/20

## ASSIGNED PAY

Sheet No. 2.

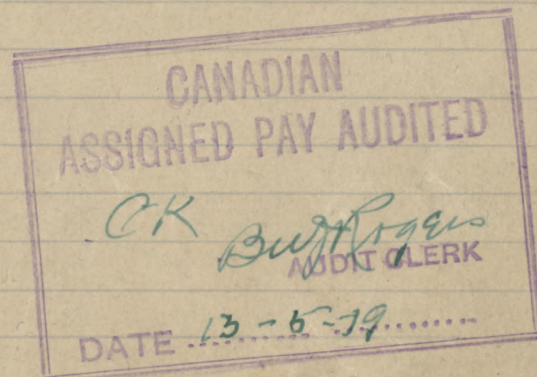
Mrs Martha McNeal *Wife*  
OVERSEAS CONTINGENTS  
PAYMENTS.

Name of Soldier

McNeal. G. W.  
424126 Pte *Coey* 109 Btn.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15.00
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		W 15226	15	
Sept.		W 18548	15	
Oct.		W 23753	15	10 5
Nov.		M 28959	15	15
Dec.		T 31302	15	25 5
Jan.	1917	K 40933	15	
Feb.		L 46017	15	
March		F 51336	15	15 60
April		B 3639	15	15 13
May		B 2900	15	15 13
June		Z 18540	15	Me
July		B 25281	15	Bu
Aug.		N 30889	15	
Sept.		L 38208	15	00
Oct.		T 43917	15	
Nov.		V 50160	15	
Dec.		M 60842	15	25 5
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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

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

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>Mc NEAL Geo W.</i>
EFFECTIVE DATE:- <i>1-8-16.</i>		EFFECTIVE DATE:-		NUMBER:- <i>724126.</i>
AMOUNT:- <i>\$ 75<sup>00</sup> Stop eff 6/18</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
<i>Mrs Martha Mc Neal (Wife) Uphill Ont.</i>				DATE EFFECTIVE
				RANK OR APPOINTMENT
				<i>PTE</i>
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>109<sup>th</sup> Bn</i>				
DATE ACCOUNT FIRST OPENED:- <i>1-8-16.</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S P O	UNIT TRANSFERRED TO
				<i>Lat Pool</i>

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DAILY RATES OF PAY AND ALLOWANCES				
<i>6/5/17</i>	<i>2095</i>	<i>2095</i>	<i>974</i>	<i>6/5/17</i>	<i>529</i>	<i>2095</i>	<i>974</i>	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>9/7/17</i>	<i>1400</i>	<i>82<sup>00</sup> fine</i>	<i>1740</i>	<i>30/4/17</i>	<i>1022</i>	<i>1022</i>	<i>1460</i>					
<i>10/4/18</i>	<i>30</i>	<i>1022</i>	<i>487</i>	<i>4/5</i>	<i>10</i>	<i>10</i>	<i>487</i>		<i>1.50</i>	<i>10.</i>		
<i>L.P. 6 \$22<sup>50</sup> 31/5/18</i>												

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada 6/18 Auth: AG. 3 B. 2. M/1813. 478 For Disposal*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>March 31</i>	<i>Balance Forward.</i>								<i>4406</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>P. R. 1542. No Bouligne. 15-4-18</i>	<i>178</i>				<i>4228</i>		
<i>May</i>	<i>P.P.</i>	<i>3410</i>		<i>Can. P.P.</i>				<i>15</i>	<i>6028</i>		
				<i>N.K. 1<sup>st</sup> C.I. W. BN. 4R. 31. 15-4-18</i>	<i>803</i>				<i>5225</i>		
				<i>Can a pay may</i>				<i>15</i>	<i>7135</i>		
				<i>P.N. 4an. Depot. 4R. 529. 16/5.</i>	<i>973</i>				<i>6162</i>		
		<i>6710</i>		<i>AK 10 4/5/18 CGD</i>	<i>487</i>			<i>30</i>	<i>5675</i>		
				<i>Lat 10 30/4/18 Detat. Luff</i>	<i>1460</i>				<i>4415</i>		
					<i>1944</i>				<i>00</i>		
<i>May 15</i>				<i>14 days Post + 200 June 9/18</i>		<i>1740</i>			<i>2255</i>		
				<i>Lat 2 days Post. 6/17</i>		<i>220</i>					

CANADIAN  
 ASSIGNED PAY AUDITED  
*OK*  
*AB Bach*  
 AUDIT CLERK  
 DATE *13-5-19*









This space to be for numbers

# Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	724 126
Rank	Private
Surname	Mc Neal
Christian Name	George Washington
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	109 Bn.
Date of Discharge	22-6-18
Place of Discharge	Kingston

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....4.....8..... years..... months.	
Height.....5..... feet..... 11 1/2..... inches.	
Complexion Fair	Scars left leg
Eyes Brown	
Hair Gray	
Trade Farmer	
Intended place of residence (To be given as fully as practicable.)	
Victoria Road etc.	

2. The above-named man is discharged in consequence of *medical unfitness for further service, arising from overage*

*3 m O. - 88 - MC 706 Dated 19-6-18*

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

*— Very Good —*

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*— Farmer —*

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M. - 1-17.  
H. Q. 1772-39-113.

(OVER)

*wsg 1/5/19*

5. He is in possession of the following number of G. C. Badges:

*nil*

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

*nil*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Kingston*

*[Signature]* Major  
for O. O. District Depot No. 3

(Date) *22-6-18*

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Kingston* *[Signature]* (Signature of Soldier.)

(Date) *27th June 1918* *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) *2 years 93 days*.

Total *2 years 93 days*.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Kingston*

*[Signature]* Major  
for O. O. District Depot No. 3

(Date) *22-6-18*

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents.**

*None*

*W. M. McNeal*

<p>Militia Form B. 235 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B. 203</p>
<p>B. 218 Proceedings on Discharge</p>	<p>Conduct Sheet " B. 203a Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of: (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions, by C.P. in MS. Med. Hist. Sheet Militia Form B. 313 Medical Report for Invalid* " B. 237 Statement of Man's Account on Transfer and Last Pay Certificate " D. 877 *Only if discharged "Medically unfit"</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

*Received 11-6-18*

are referred to and given, according to the records in

(D. & R. K. 332, K. R. & O. 32, this is to be noted)

*W. M. McNeal*

Reservations referred to at Para. 8. (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

\*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

**CONFIDENTIAL INFORMATION.**

Report No. 20300 CATEGORY McNeal, George W. No. of M.H.C. File \_\_\_\_\_ No. of Local File \_\_\_\_\_ No. of H.Q. File \_\_\_\_\_  
 Unit \_\_\_\_\_ Surname \_\_\_\_\_ Christian Name \_\_\_\_\_  
 Permanent Address Uphill  
 M.D. No. 3 Victoria Co. Ont.

No.\* 724126 Rank Pte Original Unit 109<sup>th</sup> Service Unit\* 41<sup>st</sup> C. I.D.  
 Age\* 48 Height 5 ft. 11 1/2 ins. Complexion Clear Eyes Brown Hair Black Conduct \_\_\_\_\_  
 Date of enlistment 2/3/16 Where enlisted Victoria B.C. Where seen service\* France  
 Ship returned by Samra 10 Date of arrival MAY 20 1918 Port of arrival Halifax  
 Birthplace\* Canada Religion Meth.

Cause of disability **DISABILITY NOT STATED**  
 Condition in detail which prevents the soldier from earning a full livelihood

**This man has been returned to Canada on furlough of ten weeks from date of embarkation May 14th 1918.**

*3-9-18-224*

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity—Eng. Board \_\_\_\_\_ Canadian Board \_\_\_\_\_

Is disability due to or aggravated by Service? \_\_\_\_\_

Probable duration of incapacity \_\_\_\_\_

Does it render him permanently unfit for Military Service? \_\_\_\_\_

Is further treatment or use of appliances recommended, if so which? \_\_\_\_\_

Destination to which transportation issued Krugston

Members of Board \_\_\_\_\_

**INFORMATION TO BE FURNISHED BY SOLDIER**

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<u>Wife</u>	<u>51</u>	<u>In frame</u>	<u>21<sup>st</sup> R.R.</u>	<u>Poorly</u>
Children 1	<u>6 Boys</u>	<u>18</u>	<u>"</u>	<u>21<sup>st</sup></u>	<u>Good</u>
2		<u>15</u>			
3		<u>13</u>			
4		<u>11</u>			
5		<u>9</u>			

Name and address next of kin Geo Martha Mc Neal

Notification of return to be sent to above address

Occupation prior to enlistment Farmer And for how long followed 12 years

Regular trade or occupation Farmer 12

Average earnings previous to enlistment Good Any other income? \_\_\_\_\_

Name and address of last employer Own Farm

Rent per month \_\_\_\_\_ If owner of or purchasing property amount due and annual payment, \$ \_\_\_\_\_

Taxes 45.00 If Homestead, or Farm, where located Victoria County, Uphill

If carrying life or accident insurance, annual premium \$ \_\_\_\_\_ Name of Society \_\_\_\_\_

If unable to follow previous occupation, name preference Farming

References N.A. I declare that the above statement is correct.

Witness H.L. Fisher Signature George W. Mc Neal

Date MAY 20 1918 Place Halifax

Remarks by Interviewer: \_\_\_\_\_

Last Pay Cert. Cr., \$ \_\_\_\_\_ Dr., \$ \_\_\_\_\_ Amount paid at Depot H.Q., \$ \_\_\_\_\_ L.P.C. leaving Depot, \$ \_\_\_\_\_

Amount forwarded to H.Q. Unit, \$ \_\_\_\_\_ Credit Clothing allowances, \$ \_\_\_\_\_

PENSION—Class \_\_\_\_\_ Amount per year, \$ \_\_\_\_\_ Period granted for \_\_\_\_\_ Dating from \_\_\_\_\_

First payment date \_\_\_\_\_

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.  
 E. 1. Discharge, no pensionable disability. (Yellow copies).  
 E. 2. Waiting Reclassification. (Pink copies).  
 E. 3. Discharge with claim for pension. (Blue copies).

Reports of men returned for duty to be typed on White (Red printed) Forms.  
 A. General Service.  
 B. Service abroad, not general.  
 C. Service in Canada.  
 D. Treatment. (Pink copies).





GCC- 88 M-706  
DEPT. MILITIA & DEFENCE  
14-M-2967  
CANADA

# 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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Kingston DATE 14/6/1918

1. 1 (a) Unit No 3 C C D D (b) Regimental No. 724126 (c) Rank Pte.

(d) Surname McNeal (e) Christian name George.

2. Age last birthday 48 - March 17. Date of birth 1870 March 17

3. Enlisted at Victoria Rd, Ont on March 21st., 1916.

4. Personal description:—

(a) Height 5' 11½" (b) Weight 162 (c) Complexion Fair  
(stripped)

(d) Colour of hair gray (e) Colour of eyes brown (f) Identification marks scars

left leg.

5. Address after discharge (for the use of the Board of Pension Commissioners) Up Hill, Ont.

6. Former trade or occupation Farmer.

7. (a) Service	PERIODS	
	From	To
107th. Battn.	March 21, 1916	
1st. Can Works	Nov. 1st., 1917.	

(b) Has he been overseas? France 8. Original disease or disability Overage.

(a) Date of origin Born March 17th., 1870 (b) Place of origin Not applicable.

(c) Cause\* Not applicable.

(d) Present disease or disability Overage.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Man in good physical condition apart from being overage.

9. Present condition.—(Continued.)

1. In using the Form the instructions issued for the guidance of Medical Officers serving on Medical Boards... 2. The Medical Officer in charge of the case is responsible for the proper completion of sections 1 to 11 on this form... 3. In answering the questions Medical Officers will carefully obtain and record the soldier's statements concerning his condition... 4. Special care is required in answering question 12. Please read the questions carefully. All questions must be answered.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous normal Digestive normal Respiratory normal Cardiac normal  
Genito-Urinary normal Skin, Middle Ear, Eye or any other part normal

STATION 1188 CO. 1188  
DATE 12 11 18  
REGIMENTAL NO. 1188  
CHRISTIAN NAME  
DATE OF BIRTH  
RANK

10. History: (a) of Condition referred to in "a" section 9.

not applicable.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Extensive wine colored scar on left shin, following a scald years ago.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? not applicable.

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 applicable.

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

not applicable.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

Not applicable.

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

17. Recommendations *Discharge from Service.*

*[Signature]*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier 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

*[Signature]*  
Signature of soldier 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 criticized.

*yes.*

19. Is the soldier fit for

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

20. It is certified that the soldier

(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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category E.

No disability due to service.

81-6-21  
5221  
505  
5220

81-6-18

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Kingston, Ont.

DATE 15-6-18.

*James X. Parnock* Captain  
President.  
Members.

APPROVED BY

APPROVED BY

*W. C. Gray* Captain A. M. C.  
For A. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE JUN 18 1918

DATE

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

PLACE

DATE

President.

Members.

returned to Can. on

**CONFIDENTIAL INFORMATION.**

88 m-706

Report No. 20300

Unit **MCNEAL** Surname **George. W.** Christian Name

Permanent Address **Uphill, Victoria Co. Ont.**

M.D. No. **3**

No. of M.H.C. File No. of Local File No. of H.Q. File

No. \*724126 Rank **Pte.** Original Unit **109th** Service Unit **1st.C.F.W.**

Age \* **48** Height **5** ft. **11½** ins. Complexion **clear** Eyes **d. brn** Hair **black** Conduct

Date of enlistment **21-3-16** Where enlisted **Victoria Rd. Ont.** Where seen service \* **France.**

Ship returned by **Gamma 10** Date of arrival **20-5-18** Port of arrival **Halifax.**

Birthplace \* **Canada.** Religion **Meth.**

Cause of disability **Not stated.**

Condition in detail which prevents the soldier from earning a full livelihood

This man has been returned to Canada on furlough of ten weeks from date of embarkation May 14th 1918.

Degree of incapacity—Eng. Board **Canadian Board**

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended, if so which?

Destination to which transportation issued **Kingston.**

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	wife,	51			Poorly
Children 1	6 boys.	21-	in France	R.C.R.	Good.
2		18	" "	21st.	
3		15			
4		13			
5		11			

Name and address next of kin **Martha McNeal, Wife, above address.**

Notification of return to be sent to

Occupation prior to enlistment **Painter.** And for how long followed **12 years.**

Regular trade or occupation **Farmer.** **12 "**

Average earnings previous to enlistment **Good Living** any other income?

Name and address of last employer **Own Farm.**

Rent per month If owner of or purchasing property amount due and annual payment, \$

Taxes **45.00** If Homestead, or Farm, where located **Victoria County, Uphill.**

If carrying life or accident insurance, annual premium \$ Name of Society

If unable to follow previous occupation, name preference **Farming.**

References **N.A.** I declare that the above statement is correct.

Witness **H.L. Fisher.**

Date **20-5-18** Place **Halifax.** Signature **G.W. McNeal.**

Remarks by Interviewer:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L.P.C. leaving Depot, \$

Amount forwarded to H.Q. Unit, \$ Credit Clothing allowances, \$

PENSION—Class Amount per year, \$ Period granted for Dating from

First payment date

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.

Reports of men returned for duty to be typed on White (Red printed) Forms.

E. 1. Discharge, no pensionable disability. (Yellow copies).

E. 2. Waiting Reclassification. (Pink copies).

E. 3. Discharge with claim for pension. (Blue copies).

C. Service in Canada.

D. Treatment. (Pink copies).

A. General Service.

B. Service abroad, not general.

NAME: [illegible] ADDRESS: [illegible] CITY: [illegible] STATE: [illegible]

DATE OF BIRTH: [illegible] DATE OF ARRIVAL: [illegible] PLACE OF BIRTH: [illegible]

REASON FOR ENTRY: [illegible] TYPE OF VISA: [illegible]

EDUCATION: [illegible] OCCUPATION: [illegible]

RELIGION: [illegible] POLITICAL OPINIONS: [illegible]

REFERENCES: [illegible]

ADDITIONAL INFORMATION: [illegible]

REMARKS: [illegible]

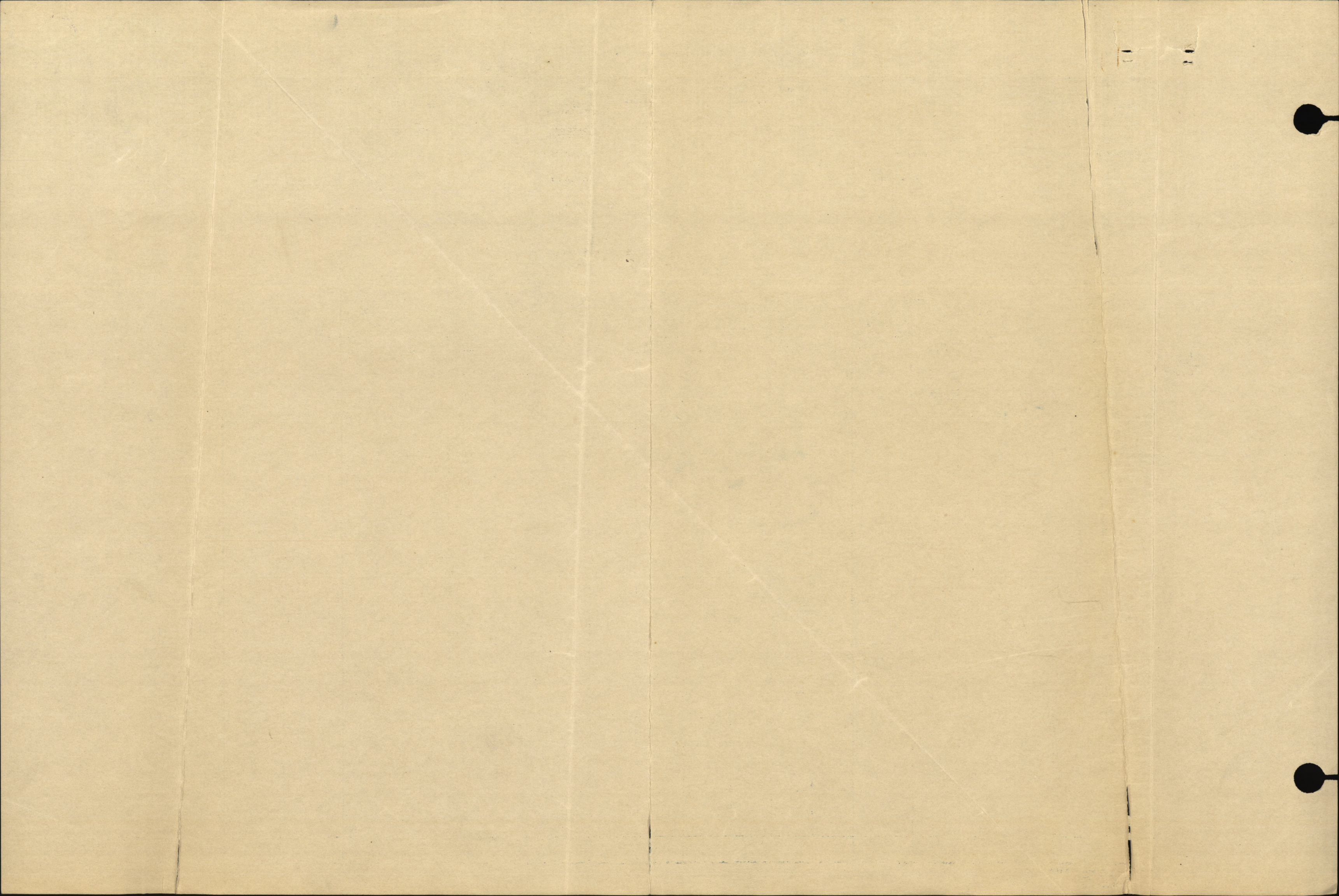
SIGNATURE: [illegible] OFFICIAL: [illegible]

DATE: [illegible] PLACE: [illegible]

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Vertical text on the right edge, possibly a stamp or reference code.







Date of Enlistment

21-3-16

MILITIA AND DEFENCE

Date of Assignment

Aug 1-1916

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P.C.3257

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724126

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Geo. Washington Mc Neal.*

Battalion *109<sup>th</sup> Battr.*

Beneficiary *Mrs. Martha Mc Neal*

Relationship *Wife.*

Address *Uphill, Ont.*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Martha Mc Neal*

Address *Uphill Ont*

Change of Address

1

2

3

4

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

<i>Dec. 31</i>	<i>—</i>	<i>4 20</i>	<i>2 55</i>	<i>6 75</i>	<i>S.A.</i>
<i>Jan 1918</i>	<i>H 62314</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>6<sup>00</sup> was deducted from Sept. 1916 cheque due to an a/c in same name.</i>
<i>Feb</i>	<i>G 74501</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>Mar</i>	<i>M 94499</i>	<i>25</i>	<i>15</i>	<i>40</i>	
<i>April</i>	<i>F 3109</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>S.A. 550.<sup>00</sup></i>
<i>May</i>	<i>P 15367</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>A.P. 330.<sup>00</sup></i>
<i>June</i>		<del><i>25</i></del>	<del><i>15</i></del>	<del><i>40</i></del>	

*A/c Closed 30-5-1918*  
 Ret'd per *Maurelania*  
 Date *23-5-18* F.X. *29-5-18*  
 Clerk *J.H. Reilly*

CANADIAN  
 ASSIGNED PAY AUDITED  
 OK  
*Burrows*  
 AUDIT CLERK  
 DATE *13-5-19*

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT

*M.R.D.2B*  
*issued 29-5-18 MOK*

M. F. W. 128.  
 400M-1-17-1773 30-1141  
 L. L. 22220-M. & D. 7993.

