121

ATTESTATION PAPER.

No. 72 S.S. 79

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Mac Neill
1a. What are your Christian names? — Norman
1b. What is your present address? — Argyle, Ont.
2. In what Town, Township or Parish, and in what Country were you born? — Woodville, Victoria Co. Ont.
3. What is the name of your next-of kin? — Miss Florence Mac Neill
4. What is the address of your next-of-kin? — 617 Bathurst St Toronto Ont Can
4a. What is the relationship of your next-of-kin? — Sister
5. What is the date of your birth? — September 22nd 1889
6. What is your Trade or Calling? — Farming
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, Norman Mac Neill, 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.

Norman McNeill (Signature of Recruit)

Date January 15th 1916. G. E. Hall Pte (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman Mac Neill, 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.

Norman McNeill (Signature of Recruit)

Date January 15th 1916. G. E. Hall Pte (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 Woodville this fifteenth day of January 1916

R. W. Thomas (Signature of Justice)

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

124

Description of Norman MacNeill on Enlistment.

Apparent Age 25 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3½ ins.

Chest measurement: Girth when fully expanded 35½ ins.; Range of expansion 3 ins.

Complexion Dark

Eyes Blue

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).

Mole behind right shoulder.
" on back " arm.
scar over " scapula.
" behind left shoulder.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan 15 1916.

Place Woolville

J. McCallum Capt.
J. A. Boyd Medical Officer.
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.

Norman MacNeill 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 19 1916 191

REGIMENTAL DOCUMENT

Pte NAME McNeilll, NORMAN REGT. NO. 72551 109th Bn. Q. FILE NO.

Q.M. 1/10/19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		R 21-10-19	16-10-19		DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				32300	Medunfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	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)					DESERTION
1	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)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Misc					
1	R149					
	Card					

Deceased 1959

Box 480878

9 24
18 - 24
32 - 24
2

W. 2589
100M-11-18
1272-39-1392

121

REGT'L NO. 125579.

H. Q. FILE NO. 649.

NAME McNeill, Norman.

RANK AND CORPS Pte. ~~H.St.Bn.~~ (form 109th Bn.)

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		C Lnd. Bn.
M5882 29-5	15-8-17	Adm. No. 58 Cas. Clr. Stn. July 26th. 1917 wounded. Acc. hand
		N.O.K. Miss Florence McNeill (sister) General Delivery, Regina, Sask.
15-1.		
Q592	3-10-18	Adm. 16. Gen. H. Le Treport. Sept. 28-18. Gsw R leg.

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-833.

121

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
95-82	58 Cas. Clr. Stat. Amit	26-7-17	Incised Wd Lt. Hand acc
a 48.	Rept. from Base Reports	3-8-17	" " " "
a 334 1/2	16 Gen. Hospital	28-9-18	GSW. Rt. leg (E.D.R.)
B 349-2	#16 Can. Gen. Taplow Bucks.	18-10-18	" " "
B 420-1	to Granville Can. Spec. Burton	15-1-19	GSW R. leg Amp't.
B 472.	to 5 Can. Gen. Kirkdale	14-3-19	" " " "
B 486.	Invalided to Canada	31-3-19	GSW R. leg Amp.

Form DMS 1401.

121 HOSPITAL.

A. & D. CARD

AT

A. & D. No. T 503V PL. OF ACTION

RANK Pte REG. No. 725579 UNIT 21 Bn SICK OR WOUNDED

NAME Tuckell N A AGE 26 RELIGION Pres

PLACE IN HOSPITAL PA

DIAGNOSIS Gsw Rt Leg amputated

ADMITTED 14 JAN 1919 FROM 15 Bde G Lapleasa

DISCHARGED 13 MAR 1919 TO

TRANSFERRED 5th Can Gen Hos L'pool

SERVICE AT HOME 48 IN FIELD

RESULTS

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

59 days

P.T.O.

REMARKS.

Replacement

480878

Number 725579 Rank Pte.

Surname MCNEILL

Christian Name Norman

Units 21st Bn. Can. Inf. Theatre of War France

Date of Service 22/10/16

Remarks 438 Parliament

Latest Address ~~72 Merrill Ave~~

Toronto, Ont.

Roll No. B. Page 7118.

22/2/19 ~~1/2/19~~

GV 60042-2 fesh OCT 12 1920

B. & V. War Med. Rtd 21/10 21

Re-

DESP NOV 25 1920

REGN. No. M5929

Mrs. Lillian MacNeil
5, Stonedale Placeway
Don Mills, Ont.
M3B 1W2

MAR 12 1979

121

Reg. No. 125519 Name McNeil R.A.

Rank Pte Corps 21st Bn Age — Service C 1 1/2 E 1 1/2 F 2 3/12

Ledger No. 1308 Serial No. 21993 44

HOSPITALS	DATE	DIAGNOSIS
Brant Mil Burlington	28-4-19	G.S.W. Rt Thigh (Amp.)
Trans Hamilton Military	19-5-19	" " " Rt Femur
" Dom Ortho Toronto	11-6-19	
Dis to Unit	18-9-19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

No. 725579 RANK Pte NAME MacNeil. Norman.

T. O. S. 15-1-16 UNIT 109th. Battalion.
D. O. S. 19-1-16

M. D. 3

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

UNIT SAILED
JUL 23 1916

*Name L MCNEILL, Norman Rank Pte Regtl. No. 725579

Fyle Depot

Original unit 21st Bn Present unit EO M. or S. Age 28 Religion Pres Ref. H.Q.

Port, ship and date of arrival Portland, Essequibe, 10-4-19

Next of kin Sister, Miss Florence MacNeill, 617 Bathurst St., Toronto

Address on leave 73 Merrill Ave., Toronto Ont.

Address on discharge Same address

Transportation issued Yes No Date 0-------- Character on discharge

Previous occupation Farmer Date and place of enlistment Woodville, Jan 15/16

Diagnosis Amp right thigh Date of Medical Boards 21-9-19

Date.	Remarks.	Pt. 2 Order No.
	T.OS. 31-3-19 Posted to Hos. Sec. 10-4-19 (Granted leave with subsistence 12-4-19 to 28-4-19)	104
26-4-19	Clear. Depot to BMH	HS106

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

(over)

Date	Remarks	Pt. 2 Order No.
	A.W.L. from 2 PM. 28-4-19 B.M.H.	H.S 123
	awl from 2PM28-4-19 to 7PM 2-5-19. Dismissed medical reasons. B.M.H.	H.S. 127
	B.M.H. to H.M.H. 16-5-19	H.S.140
	H.M.H. TO D.O.H. 11-6-19	H.S.164
15-9-19	D.O.H. to Cas. Co.	H.S. 258
	18-9-19 S.O.S.Dis.Med.Unfit (183 days W.S.G)	259

M. F. W. 192
150m.—5-18
1772-39-1243

121

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
McNEILL	M.	725579

Rank	Unit	Co.	Troop	Batty.
Pte.	21st Battn.	E.D		

Hospital: 58 Cas.Clg.S.

Date of Admission: 26-7-17.

Transferred 1/2 Gen. Le Treport. Hosp. 28-9-18.

1/2 C.G.H. Taplow. Hosp. 18.10.18

Granville Buxton. Hosp. 15.1.19

5 C.G. Kirkdale Hosp. 14.3.19.

Diagnosis: Incised Wd. Lt. Hand. Accid.

(1) Later Diagnosis (if changed): GSW. R. Leg & Amputd

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL. 14-8-17 A582. R.G.B. Rejunit 3.8.17

REMARKS

29-10-17 a 48

2-10-18 @ 334 (2)

22.10.18 B349.2.

17.1.19. B420/1

19.3.19. B472

4.4.19 B486 INVALIDED TO CANADA. 31.3.19

EPITOME OF HOSPITAL TREATMENT.

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

A.T. Serum Dose and date } 1st 750 26 8 14

2nd 700 - 6-9-14

FIELD AMBULANCE NOTES

Morphia Dose and time }

Date of wound or onset of illness }

Religion P

Army Form W. 31

FIELD MEDICAL CARD.

No. 725579 Rank PTE

Name McNEILL. N A

Unit 21 Can Bn 2 Div

Battle Casualty ~~Accidentally Wounded.~~ ~~"Sick"~~

(Strike out description which does not apply)

No. of F.A. IV Field Ambulance C. E. F

Date of admission 26 8 15

F.A. diagnosis MC

Sw Leg

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

(1690) Wt. W1500/P259. 3mil. 16-11-17. J.B. & C. (E 2099). Forms W. 3118/3.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O. 121

No. of C.C.S. 55
Date of entry 26/8/18

No. of Hospital 16
Date of entry 28-8-18

T+T Clean wds (Rt leg - Joint below joint involving joint no bone or vessel involved Placed in post splint Urinary
30.8.18 Leg & thigh much swollen
temp 102° Pulse under 100
1.9.18 Knee joint very tense infusion above joint excessive hot bran fom
4.9.18. Wounds excised. Tract cleaned & T & rubber drain. Patella tendon & lateral ligaments & capsule divided & patella turned back. Crd. tubes.

5.9.18 Stump clean. Flexion fading. General condition much improved.
29.9.18 Pds very clean & granulating well
30.9.18 Had some attacks of rigors & vomiting to improve rd clean
1.10.18 General condition now excellent
10.10.18 Wd dry granulating & healing well

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

3.9.18. Amp. rt. leg.
6.9.18 750 Units A.T.S. 2nd Dose

121

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

M. F. W. 54. (A. F. B. 1067)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425519 Rank Private Name McNeill Norman

Enlisted (a) 15-1-16 Terms of Service (a) D. of W. C. E. F. Service reckons from (a) 15-1-16.

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

Extended ..... Re-engaged ..... Qualification (b) Farming

CERTIFIED CORRECT. 12 OCT. 1916 CAN. RECORDS, LONDON.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Transferred for Overseas Service with 21st. Batt'n		OCT 5 1916	D.O.Pt.11. No. 279
					Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II. O. 58. d/9-10-16
	Do.	Left for unit.	en route.	20/10.	N.R. 20/10.
					A.W. Aselting CAPTAIN, ADJUTANT, 109TH BATTALION CAN. INFANTRY.
	21st BATTALION	Joined unit.	21st BATTALION	22/10.	B 213. 27/10.
17/11	do	To duty 4th Fd Coy	do	12/11	B213 Pt II O 83. d/27.11
	do.	Returned from " " "	to Unit.	18/12/16.	" 27/12/16. Pt II. O 96 30/12.
	4 C.F.A.	Incised Wd. left hand (acc) adm	4 C.F.A.	26/7/17	A 36 28/7.
	Do.	Do To	58 C.C.S.	26/7	DCS 322 d/9-8-17.
11/8	21st Bn	At duty from hospital	Field	3/8	B 213.

(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.

State Ref 20/10.

725579 McNeill, N. 121

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				
23/10	58 CCS.	No record of admission to	58 CCS.		Letter. (K.D. 16/26873/S).
25/8	21st Bn	Proceeded on Course	Field	17/8	B.213.
1/9	Do	Rejoined from Course	Do	28/8	B.213.
15/9	Do	attached 2 Can. M. G. Co.	Do	13/9	B.213.
13/10	Do.	Rejoined from M.G.Co.	Do	13-10-17	B.213
	Do.	Granted 10 days Leave	Do	21-9-17	Pt. 2.095d/31-10-17.
6/10	21st Bn	Rejoined from Leave	Field	3/10/17	B.213.
	2 C.I.B.D. (Leave) C.C. Rein. C.	Left for C.C. Rein. C. Arrived.	Field Can. Corps Rein. Camp.	7-4-18	N.R.
	2 C.D.B.D.	T.O.S. from Paris (Leave)	2 C.D.B.D.	31-3-18	N.R.
30/3	21st Bn	GRANTED 14 DAYS LEAVE.	Field	23-3-18	Part II Ord. 25 @ 9-4-18.
13/4	Do	Rejoined from Leave	Do	6-4-18	B.213.
26/8	4 C7 A.	S.W. Leg. R. - Adm & trans	C.C.S	26/8/18	A.36.
	16 Genl	Adm	16 Genl	28-8-18	H 3296.
	33 C.C.S	Adm	33 CCS	26-8-18	H. 5005.
	Do	Trans to	23 A.T.	27-8-18	
9/10	16 Genl	still a patient at	16 Genl	9-10-18	Letter. (K.D. 17-54/2)
	Do	Do	Do		
	"Western Australia"	Invalided Wounded. Posted to Eastern Ontario Regtl. Depot, Seaford.	England	16-10-18	W. 3083-6304. Part II Ord. 89 @ 29-10-18

W. Hogan Major for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

25.10.18. C.O.R.D. posted from 21st Bn. Seaford. 18/10/18 C.E. 0267

D. Lowes Lieut.
for Lt.-Col. i/c Records, O.M.F.C.

Duplicate

Fill in only.—Unit, Number, Rank and Name. 121

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 725579 Rank Pte Name McNeill Norman

Enlisted (a) Jan. 15-16 Terms of Service (a) D.of.W. C. E. F. Service reckons from (a) Jan. 15. 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) .....

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				
31-3.19		T.O.S. No. 2 District Depot, Part II, D.O. No. 104			
		W. C. Roberts Lieut. For O. C. No. 2 District Depot.			
		Dis.#2 D.D. 18th Sept. 1919 Pt. 11 D.O.#259			
		J. R. McTowan Major O. C. Casualty Company, No. 2 D. D.			

(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				

121

R—122

J.M.

H

Rank Pte Name McNEILL, Norman. Reg'l No. 725579

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

Place and Date of Enlistment Woodville, 15th Jan 1916. Place of Birth Woodville, Victoria Co Ont.

Name and Address, Next-of-Kin Miss Florence McNeill.

617 Bathurst St, Toronto, Ont, Canada. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/F. R.B. No. 1123

File R.L.

Category Caution

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.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
	C	Arrived in England per H.M.T. 2810 31-7-16				
5-10-16	109th Bn	S.O.S to 21st Battn	Bramsdon		5-10-16	Pt II. DO 279
9-10-16	21st Bn	Taken on strength	Pte	Field	6-10-16	" II 58.
27-11-16	do	attch 4th fld Co. C.E. for duty	"	do	12-11-16	" 83.
2-12-16	2nd Div Engrs	do	"	do	12-11-16	" 64
30-12-16	21st Bn	Ceases to be attch 4th fld Coy Engrs	"	do	16-12-16	" 96
31-12-16	2nd Div Engrs	do	"	do	16-12-16	" 71
14-8-17	21st Bn	Adm no 5-8. Cas Clear Sta	"	"	26.7.17	C.L.A 5-82 Incised Wd Rt Hand acc
C 27-10-17	EOR.	Rejoined Unit	"	Field	3-8-17	C.L.A. 48 do. do.
2.10.18	EOR	Wounded	"	"	28.9.18	CLA 334. GSW R Leg.

A.F.B. 103 CHECKED 10 OCT 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS Taken from Official Documents.
25.10.18	EORD	Posted from 21st Bn.		Seaford	18.10.18	21st Bn D/0 89 PIII/0267. d/29-10-18.
3-4-19	EOR	Invalided to Canada ex No 5 CSH SL 74 MO2		Kirkdale	31-3-19	CLB.486 S.S.W. R Reg Ampt-
8-4-19	EORD	~~Hos~~ Invalided to Can Pte		Seaford	31-3-19	H/1 82

10x8 2.

121

Ward A

Date 20-11-18

No. 72579 Name Pte. McNeil, N.A. Corps 21st Can

Age 26 Part to be X-Rayed Stump r. leg.

Short history of case Amputated r. leg. Abscess formation in stump.

Report.

Plate No. 1792

Sequestra present & marked opac formation present

Signature of M.O. J. Patrick Lieut

Sign. of Radiographer Wabaghlen

121

D.O.H. Sept. 12th.1919 Condition when finally boarded for discharge
725579 Pte. McNeill, N

Wounded G.S.W. 26/8/18 in France. Right thigh amputated next day at 33rd. C.C.S. No subsequent operations.

Objective :- Right thigh amputated 8" below perineum. Well healed. Med. shrunken stump. No nerve buds. Wears an artificial limb.
Subjective:- Artificial leg is satisfactory.

W. Lakes

PATHOLOGICAL LABORATORY. 121 Lab. No. 2164

Date 20-10-19 Ward D.

Name McNeill A H Regtl. No. 72559 Unit 21 Cam

URINALYSIS

Quantity in 24 hours _____ Sp. Gr. 1010 Reaction acid

Consistence Turbid Colour Pale amber Sediment Light Sediment

CHEMICAL.

Albumin approx. None Sugar None Urea _____

Remarks _____

MICROSCOPICAL.

Casts _____

Pus _____

Blood _____

Other Elements _____

D H Paterson Capt
Pathologist. Camc.

FORM 1.

Registration Form for Amputation Cases.

This Form shall be used for the **notification of all Amputation Cases immediately on admission to any Hospital,** *vide* **"Army Council Instructions" (No. 1009 of 1918),** in order that the Patients' names may be placed on the Central Registry for Limbless Sailors and Soldiers and returned to:—

The Central Registry for Limbless Sailors and Soldiers,
Thorney House, Smith Square, Westminster, S.W. 1.

Name of Hospital or Convalescent Home .....

Address .....

Surname.	Christian Name.	Rank.
Mc Neill		Pte

Home Address .....

Regiment 21st Bn Canadians.

Regimental No. 425579 Pension .....

Wounded, date ..... at .....

Amputation, date .....

Mark with a X the exact position of the Amputation.

	Hip.	Thigh.	Knee.	Ankle.		Shoulder	Forearm	Wrist.
Right Leg					Right Arm			
	Hip.	Thigh.	Knee.	Ankle.		Shoulder	Forearm	Wrist.
Left Leg					Left Arm			

Has the patient got an Artificial Limb? .....

Signature of M.O. .....

Address .....

Date .....

(65715)

To be made out in duplicate. H.Q. 54-21-23-53

DUPLICATE

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725579.

(3) Full Name of Soldier NormanMcNeill.

(4) Place of Birth Woodville Ontario Canada.

(5) Are you married, or not ? No.

(6) If married, state,
(a) Full name of your wife Nil.

(b) Present Postal Address Nil.

(7) Are you a widower ? No.

(8) Have you any children ? Nil.

If so, give number of boys and girls Nil.

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(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.

.....Miss Florence McNeill.....

.....621½Bathurst St. Toronto Canada.....

.....

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

.....Nil.....

15) Are you insured ?....No.....

If so, in what Company ?...Nil.....

Have you made arrangements for payment of your Insurance premium.....Nil.....

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

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

Date.....July 7, 1916.....

725579.

ORIGINAL. 121 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Mac Neill Christian Name Norman

Examined on 15 day of Jan 1916 at Wordville

Birthplace City or Town Wordville County Victoria

Apparent age 26 years

Trade or occupation Farmer

Height 5-8 Feet 3 1/4 Inches.

Weight 130 Lbs.

Chest measurement Minimum 32 1/2 inches. Maximum expansion 35 1/2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right none Left four Number four.

When Vaccinated last 1899 Feb 25th 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection slightly flat footed a couple of teeth decayed

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

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

Date	Result	Vaccinations.	
25.2.16	Good.	J. McCulloch	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
12.6.16	Good	J McCulloch	M.O.
20.6.16	"	J McCulloch	M.O.
28.6.16	"	J McCulloch	M.O.
TAB 23.9.16	"	H O Boyd	M.O.

2d. 6.17 DAB 2d. 6.17

Enlisted on 15th day of January 1916 at Wordville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt. C.E.F.	725579.		15.1.16.
Transferred to	21st Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Granville Sanatorium	Jan 31/19	Amputation right thigh. Amp Right Thigh	J. C. McCulloch Discharged as medically unfit

Dominion Military Orthopaedic Hospital DO..... JUL 23 1919 Curtis St. Toronto

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.

H. Lasserby Capt. for Pres. S.M.B.

Surname Maxwell Christian Name Norman 121

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
15 CANADIAN GENERAL (BUCKS) HOSPITAL TAPLOW BUCKS (CANADIAN RED CROSS)		17 OCT. 1918			14.	1.	19.	G.S.W. Leg. R (Amp).	90	Large unhealthy area over stump on admission. Re amputation done 25/11/18 removing 3" of femur. Healing well. Go Buxton. Gran. Can. Spec. Hosp.	H. Messenger Capt
Granville Can. Spec. Hosp Buxton Derbyshire		14	1	19	13	3	19.	Amp	59.	Amputation lower third right leg. Good healing. Go discharge. C.S.B 179 To Canada.	W. Tranly Capt Canadian
No. 5 CANADIAN GENERAL HOSPITAL		13 MAR 1919						do.		No change. For Naval to Can.	J. Simmons Capt R.A.M.C.
					31 MAR 1919						
H. M. A. T. "ESSEQUIBO"		MAR 31 1919			MAR 11 1919			DO	12	Condition unchanged	Capt & Adjt B Cav Coy
BRANT MILITARY HOSPITAL		7	5	19							

C.A.D.C. 5009A

121

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

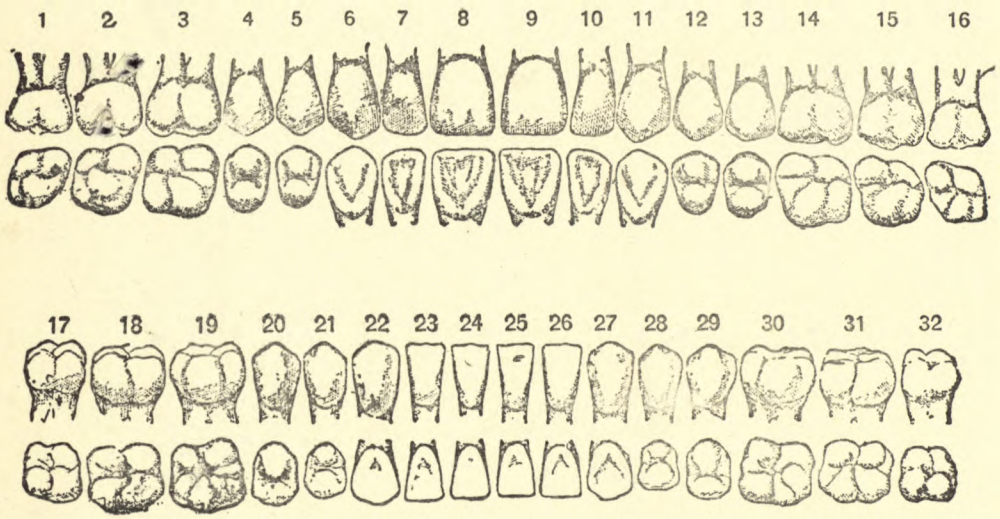
DIRECTIONS TO DENTAL OFFICERS

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) McNEILL. N.A.

REGIMENT 21st Bn. RANK Pte No. 725-5-79

Date of Examination in England Mar. 18. 19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 19
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
- (*c*) In France

Signature of Dental Officer L D Steele

Capt CADC

121

CASE HISTORY SHEET.

BRANT MILITARY HOSPITAL ... Hospital. Burlington Station.

No. 725579 Rank Pte. Name McNeil, Norman Age 28

Unit #2 D.D. Completed years of service (Where and how long) C 6/12 E 9/12 F 3 yrs

Date of admission APR 28 1919 Date of discharge 11-6-19

Diagnosis G.S.W. Frac Femur (amp R. Thigh) Place of origin Arras 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE

Amputation Right thigh 4" above knee joint. Anterior flap. Scar 6" adherent not tender. Good rotation of Hip joint. Has pain deep. Takes opiates at bed.
7/5/19. Patient wears L-C fitted over Reg Leg. Stump stiff & little soft.
10/5/19 Patient feeling well

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Being fitted artifical limb

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Stump Healed

(and disposal made of case.)

Date 11-6-19

R R Walker. Capt.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 725579 Rank Pte Name McNeill N.
(Surname first)

Unit No. 2 DISTRICT DEPOT who was* DISCHARGED

On 18-9- 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1. to 18-9- 1919 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 18 days at $ 1.10			19	80
Field Allowance days at $ c.				
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay			70	
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 151252	124	80		
Total	124	80	124	80

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

121

CANADIAN EXPEDITIONARY FORCE

War Service Badge.
Class A
No. 283291
Issued.

Discharge Certificate

EG

This is to Certify that No. #725579 (Rank) PTE.

Name (in full) MCNEIL, Norman. enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Woodville, Ont. on the 15th.

day of January 1916

HE served in ENGLAND & FRANCE::::::

and is now discharged from the service by reason of "MEDICALLY UNFIT"

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

Age 28 Yrs.

Height 5' 3½"

Complexion Clear

Eyes Blue

Hair Light

Marks or Scars Vacc. scars left arm.
Amputation right thigh.
G.S.W. RIGHT LEG 26-8-18
GOLD STRIPE ONE.....1

N. McNeill
Signature of Soldier

H. Sargent Capt.
Issuing Officer
Capt.
FOR O. C. No. 2 D. D.
Rank
Appointment

Date of Discharge 18th September 1919

Signed at Toronto, Ont. this 18th. day of September 1919

in Military District No. #2.

File Reference No.

No 2 DISTRICT DEPOT
SEP 18 1919
TORONTO.

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by Permission of G. O. C. Military District.

L. L. Job 310—M. & D. 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom John McNeil

Address Lorneville
R. R. #2 Ont.

Rate $15.00 AUG 1 1918

By Whom Assigned McNeil N.

Regtl. No. 725579

Rank Pte.

Corps 109 Btn.

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				

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. John McNeil

L. L. Job 310.—Req. 6674.

Name of Soldier McNeil. N. 425579 Pte. 109 Btn.

$15.00

Remarks. AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		W15229	15	
Sept.		W18619	15	
Oct.		W 23826	15	
Nov.		M29031	15	
Dec.		T31375	15	
Jan.	1917	M39764	15	
Feb.		M45645	15	
March		H51727	15	15. W. G51727 Canad
April		C3283	15	15. E.
May		C9518	15	15 A
June		B17374	15	B.
July		C22970	15	6
Aug.		O30902	15	
Sept.		M39313	15	03
Oct.		T44044	15	
Nov.		V50288	15	
Dec.		M60968	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

255

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

P. 559

Married or Single: Single

Place of Birth: Woodville Ont

Name and Address of Next of Kin: Miss Florence McNeil 617 Bathurst St Toronto Ont Can

Relationship of Next of Kin: Sister

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l No. 725579 Rank: Pte Name: McNeil Norman

If in Permt. Corps What Unit: Unit: 109th Bn Transferred to: 21st Bn Date: 6/10/16 Authority: 50279

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Woodville Ont — Transferred to — Date — Authority

Date of Attestation: Jan 15th 1916 — Transferred to — Date — Authority

Assigned Pay Monthly $15 00/100 Date Effective: Aug 1st 1916

Payable to: John McNeil Lorneville Ont Relationship

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)

CJ

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													Balance from Canada																		18 10				
														18 10	18 10																				
Aug 1-31	31	1 00	31		31	10	3 10								34 10	24	9/8/16							9 74				15		24 74	27 46				
Sep.	30		30		30		3								33	55	31/8/16	87	15/9/16					7 30	7 30			15	4 40 36	34 36	26 10				50266 PP2 4 days pd issue on repaid O #005 1/8 50279 Pay to 21st Bn 6/10/16 O.1005-107-4/10/16
Oct 1-5	5		5		5		50								5 50													15	25	15 29	16 35				
Oct	26		26		26		2 60								28 60					3341 10	C.B.D.					4 36				14 10	30 85				
																				126 30-9	109th Bn.					9 74									
Nov.	30		30		30		3								33			1777	12-11					26	2 61			15		17 61	46 24				
Dec.	31		31		31		3 10								34 10	1807	27/11							8 72				15		23 72	56 62				
			15 30																																
1917 Jan	31	1 10	34 10												34 10	1937	29/12							2 61				15		20 22	70 50				
																1897	17/1							2 61											
Feb	28		30 80												30 80	2076	28							2 61				15		20 23	81 07				
																2002	4-18/1							2 62											
																		3544	28-3						2 62										
Mar	31		34 10												34 10	2107	3/2	2178	5/3					2 62	5 23			15		28 17	89 70				
Apr	30		33												33	17	4/4							2 62				15		17 62	105 08				
May	31		34 10												34 10	82	25/4							2 62				15		17 62	121 56				
			334 40											18 10	352 50									44 04	17 76	14 10		160	5 02	230 94	121 56				

Checked: McNeil

735579 Pte. McNeil N. #15.

DATE 1917	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
July			334	40									18 70	18 10	352 50
June	30	100/10	33												33
July	31	-	34	10											34 10
Aug	31		34	10											34 10
Sept	30		33	-											33

Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
140	17/5	201	5/6				
255	22/6						
				Trans 15 C.P.O.			
382	24/7	488	15				
322	7/7	461	7/8				

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
44 07	17 76	14 10		160	5 01	230 94	121 56				
268	535			15		2303	131 53				
268				15 -		17 68	149 95				
		446		15 -		19 46	162 59				
268	267										W 8069. 25/6.
268	536			15	254	30 93	164 66				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLOW. ENG.
		~~164 66~~							164 66		
Octr.	P. Pay	34.10		Can. A.P.			15				
		34 10		AR. 564 10/9. 21 Bn.	268		15.		181 08		
				AR. 593. 20/9. " "	98 14.						
Novr.	P. Pay	33 -		AR 643 13/10 " "	4 46.						
				AR. 714 26/10. " "	3 57.						
				Can. A.P.			15.				
Decr.	P.P.	34 10		Can. A.P.			15		112 01		
1918		67 10			106 17		30.				
Jan	" "	34 10		Can. A.P.			15				
				AR 778 18/11/17 21 Bn	4 46						
				AR 835 1/12/17 " "	12 49						
				" 893 23/12 "	8 03				106 13		
		34 10			24 98		15				
Feb	P.P.	30 80		Can. A.P.			15				
				AR 967 17/1/18 21 Bn	4 46						
				" 1015 30/1/18 " "	3 57				113 90		
		30 80			8 03		15				
Mch		34 10		Can. A.P.			15				
				4540 W 8069 16/10/17	1 6						
				4537 " " 1/11/17	4 05						
				AR 1081 27/2/18 21 Bn	8 03						
				" 1149 9/3 " "	4 46						
				" 2665 25 24/3 Dets Paris	38 69						
				" 1198 20/3 21 Bn	3 57						
				" 27460 26/3 Dets Paris	17 84						
				" 27811 28/3 " "	17 84						
				" 1249 23/3 21 Bn	8 92				36 04		
		34 10			96 96		15				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-16		EFFECTIVE DATE:-	
AMOUNT:- #15.00		AMOUNT:-	

NAME:- McNEIL Norman

NUMBER:- 725579

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.

John McNeil
Lorneville Ont. Canada
Transferred to Canada
Stopped Eff 1/2/19

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
			21st Bn
			Canada S

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
3/2/19	45321	Buxton 28/2 £10.0.0	#48.67				
S.J.	13/23-2-19.	10 days 27/2	#7.30				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	.10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada. 3/19. NR A-125 Buxton 1/3/19. MO 2 - Buxton L.P.C. & Bal. #109th

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Mch	Bal Fwd								36.04		
Apr	P.C	33		AR 14 9-4-18 21st Bn	4.46						
				Can a/c				15	49.58		
		33			4.46			15			
May	"	34.10		Can a/c				15			
				AR 79 3-5-18 21st Bn	8.03						
				" 145 19/5/18 "	3.57				57.08		
		34.10			11.60			15			
June	"	33		Can a/c				15			
				AR 213 8/6 "	4.46						
				" 276 23/6 "	3.57				67.05		
		33			8.03			15			
July	"	34.10		Can a/c				15			
				AR 38 7/7 21st Bn	4.46						
				" 621 21/7 "	3.57				78.12		
		34.10			8.03			15			
Aug	"	34.10		a/c				15			
				AR 741 2/8 "	3.57						
				" 945 24/8 "	3.57				90.08		
		34.10			7.14			15			
Sep	"	33		a/c				15	108.08		
		33						15			
Oct		34.10		3221 25/10/18 15 Cdn H	4.87			15	122.31		
		32.10		3450 8/11/18 "	4.87						
				3517 5/12 "	9.73						
				Nov & Dec.				30			
	Nov Dec Jan L.P.	101.20		Jan.				15	163.91		
		101.20			14.60			45			
Feby	a/c	30.80		4219 6/1/19 "	4.87						
	S.J. 13/2/19-23/2/19 Bo 40 17/3/19 Eo Ep	7.30		4039 21/2 "	21.33						
				a/c				15			
		38.10			29.20						

Checked by McNeil 18/2/19

Checked.....

NUMBER 725579 RANK NAME McNeil R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		38 10		Ford	39 20			15	163 91		
				14324 3/3/19 Burston	48 67	77 87					
				15542 24/2 ✓ (Ford)	48 7						
				16150 17/3 ✓ (Ford)	48 7						
				794 18/3 Ford (Ford)	48 7				94 53		
		38 10			92 48			15			
				20201							
				10748							
				9453							
				Joshua 31/3 8274 21d							

"ESSEQUIBO" 10-4-19

W. 4465 — No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

18

M. OR S.

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

REGT. No. 725579 RANK Pte. NAME (IN FULL) Mc NEILL N. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. E O R D | IF IN P.F. WHAT UNIT? 73 Merrill Ave. Toronto.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 5/1/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE ~~30-4-19~~ 1-5-19

PAYABLE TO John McNeil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS all to: Leitz Rep. League 24/11/19

ADDRESS Lorneville R R ½ Cut

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 18-9-19 | REASON Mu | AUTHORITY AO 259 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	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 28.2.19		1.10					109	14																													T. 31/3 D.O. 604
									109	14			155	42			4	87																			SUBS. 214 TO 26/4 D.O. 704
													161	30			4	87																			
													79	94			4	87																			
													Boat				5	00																			
																	5	00																			
																							30	00							99	61			95	3	Mar & April C.I.
1.3.19	31	1.10	34	10	13	-	9	53	55	63																									55	63	
April	30	1.10	33	-			55	63	88	63																									88	63	
May	31	1.10	34	10	16	00	88	63	124	33	69	50	140	25	140	75 / 141	88	63	10	-	10	70	15	00			80				124	33					Sub 2/4 28/4 - 140122 Awk. 28/4 Diamond Med Reno.
June	30	1.10	33						33		142	96	143	22 / 144	143	45 / 144	10	-			8	-	15	-							33	-					
July	31	1.10	34	10					34	10	145	81	146	94 / 147	146	99 / 147	10	-			9	10	15								34	10					
Aug	31	1.10	34	10					34	10			149	119 / 149	149	122 / 149					19	10	15	-							34	10					
Sept	18	1.10	19	80	35	-									140	17 / 141																					
					70	-			124	80					151	152					124	80									124	80					
					W.S.G.																						W.S.G.						AMOUNT DUE SOLDIER DEPENDENT				
183 days					420				420																		70	-			70	-	350	-			
																			1724135												140	70	280	00			
																	O 117		1 a 165		70	00									210		210				
																	Nov 17		1427925 G.R. 191		70	-									280	-	140				
																	OR 213		Dec 12		1733758		70	-							350		70				
																	239		Jan 14		1739472		70								420	-					
																	265		Feb 13		1744646		70	-							420						
									420.	00											350.						70	-			420.						

1st Payment, War Service Gratuity

1st W. S. G. Paid by #2 D.D.

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER

100M-1-19.—L. L. 53962-M. & D. 9723.

M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Aug 1-16

RATE OF SEPARATION ALLOWANCE

~~15~~			

m 10552

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725579

Rank Pte Promoted Reverted Discharge

Soldier's Name M. Mc. Neil

Battalion 109 Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name John Mc. Neil

Address Lorneville R.R. #2 Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31.	—		255	255	012528 - N-27
Jan 1918	62511 G		15	15	✓
Feb	74647 Y		15	15	
Mar	94647 m		15	15	
April	3264 F		15	15	
May	15531 P		15	15	
June	19882 L		15	15	
July	28063 J		15	15	
Aug	37918 N		15	15	
Sep	50555 Q		15	15	
Oct	52126 V.		15	15	
Nov	57723 R.		15	15	
Dec	61953 Y.		15	15	
Jan	71970 V.		15	15	
Feb	77241 T		15	15	✓
Mar	85903 K		15	15	✓
Apr	2089 N		15	15	✓
			495	495	

1 MD 2

A/c Closed 30/4/19

Ret'd per E. Seguin

Date 10/4/19 M.F.W.187 17/4/19

Clerk G. Reynolds

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

MR086310 Dest 17/4/19 GR

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

16-6

121

H

MASUALTIES

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.) EG

War Service Badge.
Class A
No. 283291
issued.

1. No. #725579

2. Rank PTE.

3. Name McNEILL, Norman.

4. Unit 109th Battalion (#2 D.D.)

5. Date of Discharge SEP 18 1919 Place TORONTO, ONT.

6. Reason for Discharge

"MEDICALLY UNFIT"

7. Authority (#2 D.D. Part 11 Daily Order #259)

8. Proposed Residence after Discharge

73 Merrill Ave., Toronto, 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. ?

Deceased 1959

N McNeill
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date SEP 18 1919

No. 2 DISTRICT DEPOT
SEP 18 1919
TORONTO.

Signature H Sargent Capt.
(O. C. Discharging Unit.)
for O. C. No. 2 D. D.

M.F.B. 218a—50M.-2-19 1772-39-113.

K L D
18.10.19
mod

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

CLINICAL CHART.

1303

Hamilton Military Hospital.

Corps #2 b.b. Hospital Station Hamilton

No. 725579 Rank and Name Pte McNeil Age 28 Service

Disease G.S.W. Fractured Date of Admission 19-5-19 Date of Discharge 11-6-19 Result Returned Serial No. A. & D. Book

Dates of Observation	May 19	20	21	22	23	24	25	26	27	28	29	30	31	June 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Days of Disease		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	21	22	23	24	25	26	27	28	29
Temperature Fahrenheit (TIME a.m. p.m.) 107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
Pulse per Minute	72																80						80								
Respirations per Minute	18																28						22								
Motions																															

Carbl 1% Carbl 1% Carbl 1% Carbl 1% Carbl 1% Carbl 1%

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature R R Walker Capt In charge of case.

G/

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ 1303 Military Hospital _____

No. _____ Rank and Name Pte McNeill J A. Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation	1916 Oct 17	18	19	20	21	22	23	24	25	26	27	28	29
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13

Temperature Fahrenheit: 107°, 106°, 105°, 104°, 103°, 102°, 101°

On admission

Pulse per minute	104	100	100	96	92	88	80	80	84	88	88	92	88	88	80	80	80
Respirations per Minute	20	18	20	20	18	18	18	20	20	24	20	22	20	20	20	18	18
Motions per 24 Hours																	

(29842) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature _____ In charge of case.

[illegible]TORY SHEET. 121

Dominion Orthopa[illegible] Hospital. Christie Street Station.

No. 725579 Rank Pte Name McNeill N.A. Age

Unit 21st Bn Completed years of service (Where and how long) F. 25/12 E. 7/12 C. 11/12.

Date of admission 11/6/19 Date of discharge Sept 18th 1919

Diagnosis Amp. R. Thigh Place of origin Arras 26-8-18

CONDITION ON ADMISSION AND PROGRESS OF CASE R.A.K.

17/6/19 Amputation R. Thigh length of stump 8"

Healed well small shrunken stump.

Has a peg (Brayton)

Leg ordered from Hamilton about 4/5/19

To be ready in about a wk.

30/6 - Leg still being fitted.

7/7 - Leg turned in to be finished.

Will be ready 14/7.

14.7.19 Awaiting Leg

17/7/19 Leg fitted.

Walking Classes.

24/7 - Leg Satisfactory

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) nil

A. E. Brownlow Capt.

TREATMENT 29/7 - New Bucket ordered

(Especially any specific or special form.)

13/7 - Bucket completed. relin

27/8/19 18/8 - Bucket has been relined. Not satisfactory - New bucket ordered.

Has not worn leg for this week as somebody "bumped" her. 2. Bn appealed to

CONDITION ON DISCHARGE

(and disposal made of case.)

4/9 - To see Maj Robertson re stolen boots. Ready for [illegible]

Date

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

a1993

~~4~~ ~~86~~ M.H. 12 4/184

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5032	725599	Pte	McNeill	N. A.
Year 4	Unit.		Age.	Service.
	21st Canadians		26	4 8/12 36/12

Station and Date

Disease Gsw R Leg Amp

Occupation Locomotive Fireman
Enlisted Jan. 18. 1916. Lindsay Ont.
Came to England Aug. 1916
Went to France Oct. 1916.
Wounded Aug. 26. 1918 Arras.
Ret. to England Oct. 17. 1918.
Hospitals C.C.S. 33. 2 days.
15 Amb. Gen. 6 weeks.
15 Can. Gen. 3 mos.
G.C.S.H. Buxton Jan. 14/19 to date

Jan 16/19 Machine gun bullet in right leg behind knee. bone not injured. Dressed in C.C.S. transfusion & 15 Amb. Gen. Had abundant granulations infection in knee joint. Joint opened & drained Oct. 9. & Sept 8. Had hemorrhage in wound Sept. 9. & thigh was amputated same day. Right amputated Nov. 25. 18. 15 Can Gen. on acct of sepsis. Wound healed.

Present Condition
Stump amputated 7" below perinium long ant flap. Wound healed fair. fad ends of bone. Movements of hip normal.
Rt. for peg. Wts. 8 st 14 lb. Not tested

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

(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

G. W. Lobley
Capt

Station and Date.	
18 JAN. 1919	Measured for peg leg. AFB 179 9/6 C. Dr Gall
	EXAMINING BOARD 31 JAN. 1919 G. C. S. H.
	No 5 Can Gen Hosp amputation right thigh. 7" 21-3-19 Stump. Scar is healed not adherent. Stump is in good condition. Fit to wear D. Leg
	Capt Can C

Forms I. 1237 / 12

121

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1911	725579	Pte	McNeill	Norman Archie

Year	Unit.	Age.	Service.
1918	21st Can. Bn	26	4 8/12

Station and Date.	Disease.
	G.S.W. Leg R.
	Skin wounded — 26-8-18
	Service overseas — 3 6/12
	Civil occupation — Locomotive Fireman
	Home address — Longueuil Ont. Canada
	A.T.S. given — 750 26/8/18 / 750 6-9-18
	Hosp. Treat 33 C.C.S. 26-8-18 Wd cleaned 10 Gen. Hos
	Leg placed in splint Temp 102° Pulse under 100. Wd
	excised cleaned & drained 1-9-18. Amp R Leg 3-9-18
	A.T.S. given 750 units 6-9-18 2nd Dose.
	Urinalysis — Turbid
17/10/18	Present Condition. G.C. only fair. Is thin and anaemic looking. Has a ~~amp~~ wound of stump about size of palm of hand and fairly clean. G.B. Ferguson Capt.
5-11-18	Complains of good deal of pain in stump during last 24 hrs. Area of inflammation developing under skin of ant. surface of stump.
6-10-18	Incision made over inflammatory area but no pus found. Question of Erysipelas condition. Transferred to Convalescent. D.P. Patrick Lieut
11-11-18.	Pt has all chases up. 7. hours at. D.B.
10-11-18	Complains of slight pain in stump with relaxing slight over ant. portion.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

~~67~~ 562 McNeill

Xray report 20-11-18 Shows sequestra present & marked ossification present.

25-11-18 To O.R. under ether. Re-amputation of stump removing about 3" of femur and making new flaps. Two tube drains left in between sutures.

Some oozing after Op., no haemorrhage.

26-11-18 G.C. good.

14-1-19. To Butler - Can. Spec. Hosp. pressure ex.

Station and Date.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

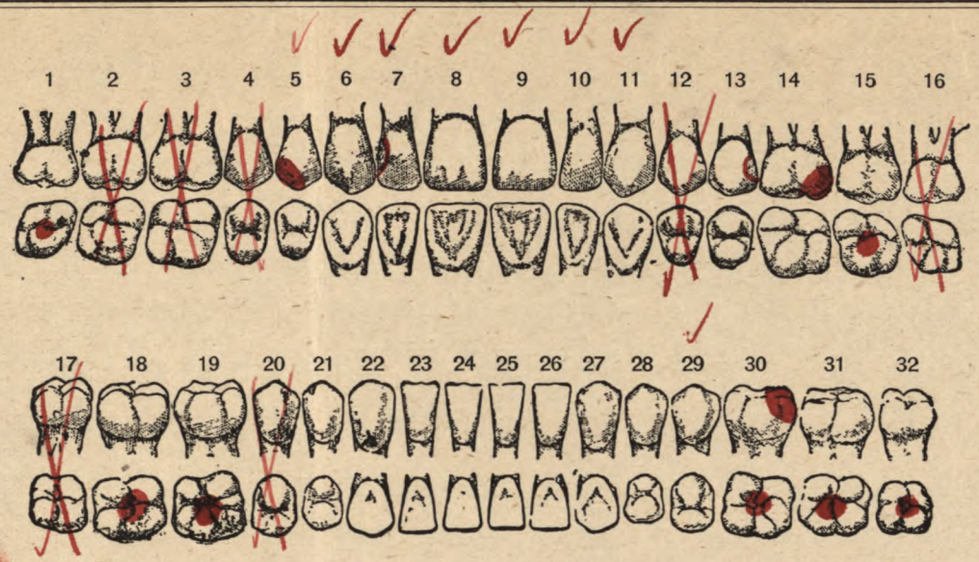
NAME OF SOLDIER Norman McNeill

REGIMENT 21st Batt.

RANK Pte

No. 735579

121



N. McNeill

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Operator	Military District	Remarks
July	8 19	Amalgam in 13. Operation 7																				
"	9/19	pulp removal, filled roots, 1 synthetic #7, 1 synthetic #8 prophl																		C. P. Lewis Capt		
		Completed																				
Sep 12/19		Final Board Exam																		R O R Toronto		
		Requires fillings																				
		Fever Certificate																		H. E. Thomson Major		

725579.

DUPLICATE. 121 DUPLICATE

MEDICAL HISTORY SHEET.

Surname: MacNeill Christian Name: Norman.

Examined: on 15th day of January 1916. at Woodville

Birthplace: City or Town: Woodville; County: Victoria

Apparent age: 26 years.

Trade or occupation: Farmer.

Height: 5 Feet 3¼ Inches.

Weight: 130 Lbs.

Chest measurement: Minimum 32½ inches. Maximum expansion 35½ inches.

Physical development: Good

Small-Pox Marks: none.

Vaccination Marks: Arm Right. none Left. Four; Number: Four.

When Vaccinated last: February 25th 1916

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

(b) Slight defects but not sufficient to cause rejection: Slightly Flat Footed. A couple of teeth decayed.

Approved by J. McCullock Capt. Medical Officer

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
25.2.16.	good	J. McC. J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12/6/16	good	J. McCullock M.O.
20/6/16	"	J. McCullock M.O.
28/6/16	"	J. McCullock M.O.
22/9/16	Sick	H. O'Boyd

22.2.17 Sick R.L. 6. 42. 18

Enlisted on 15th day of January 1916 at Woodville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt.	725579.		15. 1. 16.
Transferred to..	C. E. F.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

121

Surname MacNeill Christian Name Norman

[illegible] when [illegible] ally boarded fo
[illegible]579 Pte. McNeill, N
[illegible] tat

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	[illegible] given. [illegible] of inquiry was h[illegible] appliances supplied. [illegible] if com[illegible]ed. In [illegible]s been [illegible] Court [illegible] surgical	Signature of Medical Officer.
Hamilton Military Hospital. Hamilton, Ontario		19	5	19	16	6	19	Amp Rt thigh	24	Stump healed + in good condition. artificial limb being supplied. Trans for to D.O.H	R K Walker Capt
D.O.H		11	6	19				Amp R thigh.		Artificial leg supplied.	A. E. Boomer Capt

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12485. 50M. 18-2-18.

121

Reserved for M.H.C.

Regt. No. 125579 Rank Pte. Surname McNEILL Christian Name NORMAN

Unit or Corps—(a) Overseas from United Kingdom 21 Bn. (b) In United Kingdom 109 Bn.

Born at—Town Woodville ~~County or~~ Province Ontario Country CANADA

Date of Birth—Day 26 Month Sept. Year 1890 Age 28 yrs 4 months.

Joined at Woodville Ontario Date 15/1/16

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification
Small scar metacarpal bone left thumb (dorsum)
7" irregular scar right thigh (amputation)

Height—feet 5 inches 3 1/4 Colour of eyes blue.

Signature of Soldier (*for identification purposes*) N. McNeill Pte.

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY ~~(State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted)~~.
(*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*)	AMPUTATION RIGHT THIGH LOWER THIRD.
Disabilities Group (*b*)	N. A.
Disabilities Group (*c*).	N. A.

BURLINGTON FURLOUGH

2. CAUSE OF DISABILITY. (~~Follow the official nomenclature in stating the disease or injury.~~)

	~~Disease or injury to which the disability is due.~~	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Due to machine-gun bullet	Avrais	26/8/18
(*ii.*) As to Group (*b*) above.	N. A	N. A	
(*iii.*) As to Group (*c*) above.	N. A	N. A.	

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

(*i.*) As to Group (*a*) above? N. A If yes, has Active Service aggravated it? N. A

(*ii.*) As to Group (*b*) above? N. A If yes, has Active Service aggravated it? N. A

(*iii.*) As to Group (*c*) above? N. A If yes, has Active Service aggravated it? N. A.

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

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above? N. A

(*iii.*) As to Group (*c*) above? N. A.

121

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? Yes (ii.) While off duty? N.A

(iii.) Was a Court of Inquiry held N.A (iv.) Where? N.A (v.) When? N.A.

(vi.) Opinion of the Court? N.A

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

States he was hit by a machine-gun in right leg. Thigh was amputated in lower third at 33 C.C.S. States stump is but painful. It has been healed about one month.
Has been in the following hospitals:- 33 C.C.S. 20 days, 15 Can. General 6 weeks, and Granville Can. Special hospital 3 weeks.
Has been in France three years.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

General condition good. Thigh is amputated in lower third. Stump well covered and not painful. Scar irregular and slightly adherent.
Good movement at hip joint.
Heart and lung negative.
Urinary system negative.
Abdomen negative.

8. OPERATION. (i.) Was one performed? Yes

(ii.) If so, state what. Amputation thigh.

(iii.) Was one advised and declined? N.A.

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? N.A

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

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report 22/1/19 191 Signed W. T. Tenney Capt
Officer in medical charge of case.

Station Granville Can. Spec. Hospital Canada

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

Capt C.A.M.C.
Registrar, for O.C.,
Granville Can. Sp. Hosp.
{Officer i/c S.M.O. / Hospital Brigade} Strike out one of these.

Dated at 2 JAN. 1919 Station, on 191

* Delete if inapplicable.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 2 JAN. 1919

Buffalo

PART II.

121

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.
yes -

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.
yes -

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
no

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
no

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? no
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? no

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no -

18. Remarks.

Crutch case
Peg

19. Recommendation :—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes -
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.
A

Date of Board

EXAM. MED. BOARD
31 JAN. 1919
G. C. S. H.

Station

Signatures of the Board. { G. H. Dobson Capt Cam President. / W. Lallin Capt Cam }

Approved

A.D.M.S.

Dated at

Station

191

V. Allen Ross
MAJOR, D.A.D.M.S.
FOR A.D.M.S. CANADIANS
BUXTON AREA.

ASSISTANT DIRECTOR OF MEDICAL SERVICES
10 FEB. 1919
CANADIANS
BUXTON AREA.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

121

Monday

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 Dost. Toronto DATE ~~25/7/19~~ Sept. 11-9-19

1. 1 (a) Unit DD # 2 (b) Regimental No. 725579 (c) Rank Pte

(d) Surname Mc NEILL (e) Christian name NORMAN.

(f) Home address 73 Merrill Ave Toronto

(g) Next of Kin Miss J. McNeill (h) Relationship Sister

(i) Address of Next of Kin 1758 Hamilton St Regina.

2. Age last birthday 28. Date of birth 26/9/1890

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

4. Personal description:

(a) Height 5' 3½" (b) Weight 130 (stripped) (c) Complexion Clear

(d) Colour of hair light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Amputation right thigh

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	190

	Periods From	Periods To
Canada	15/1/16	15/7/16
England	15/7/16	15/10/16
France or other theatres of War	15/10/16	17/10/18.
England	17/10/18	21/3/19
Canada	21/3/19	~~present~~

7. Original disease, or injury

Amputation right thigh.

(a) Date of origin 26/8/18 (b) Place of origin France

(c) Cause G.S.W.

M. F. B. 227.

400M—11-18.
1772-39-117.

121

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.)

Amputation right thigh.

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

Obj. Right thigh amputated 8" below perineum. Well healed, good shrunken stump. No nerve bunds. Wears an artificial limb.
Subj. – Artificial leg is satisfactory.

(*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 (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

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

Urinalysis – Neg for sugar & albumen.

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

Wounded G.S.W. 26/8/18 in France. Right thigh amputated next day at 33rd CCS. No subsequent operation.

121

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

Nil.

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

Amputation right thigh

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

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

N. A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitalization France 26/8/18 - 17/10/18
England 17/10/18 - 31/3/19
Canada 31/3/19 - 25/7/19

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? No
(If not, briefly state why)

17. Recommendations

Discharge as medically unfit

H. W. Brownlaff.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned.....have heard the description of my disability and present condition read, and ~~am satisfied~~ (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)
Not satisfied

I complain in addition of

Has had a relining on breeches. Is not satisfied. He does not require a new breeches unless he is further shortened. The breeches is good at present for walking

J. McGill Capt. Rank.
Signature of invalid examined.

121

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.

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

We recommend that he be discharged
" having been found medically unfit
for service.

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.

Dominion Military Orthopaedic Hospital
DO
SEP 12 1919
Christie St., Toronto

PLACE

DATE

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

Members

APPROVED BY

APPROVED
Assistant Director of Medical Services.
DATE SEP 16 1919
CAPT.
FOR A. D. M. S. M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE

1303

0

No. 735579
Name. Pte. McNeil, N.

Hamilton Military Hospital,
Hamilton, Ont.

Date: 16-6-19

This is to certify that the marginally noted is free from Venereal, Parasitic and Contagious Diseases.

R K Walker Capt.
.....C.A.M.C.

DAILY S

ens	Incinerators	Garbage Sinks	Ablution and S

in duplicate to the O. C. Unit, who wil

DOMINION ORTHOPAEDIC HOSPITAL. 1303

Date 25/7/19, 1919

0

This is to certify that I have this day examined the marginally noted man, and find him free from Venereal or other Infectious Disease.

Captain C.A.M.C.

25/7/19

McKee

Pte.