

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 725385.

Folio.

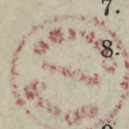
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Mc Rae*
- 1a. What are your Christian names?..... *Finley John*
- 1b. What is your present address?..... *Rushfield Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Wawa To. Ontario Co. Ont*
- 3. What is the name of your next-of-kin?..... *Mrs Annie Mc Rae*
- 4. What is the address of your next-of-kin?..... *Rushfield Ont*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *July 26th 1869*
- 6. What is your Trade or Calling?..... *Farmer*
- 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, *Finley John Mc Rae*, 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.

J J Mc Rae (Signature of Recruit)

Date *January 24* 191*6*

A J Hall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Finley John Mc Rae*, 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.

J J Mc Rae (Signature of Recruit)

Date *January 24* 191*6*

A J Hall (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 *Tenth* day of *January* 191*6*

Rubens Thomas (Signature of Justice)

Post Discharge Pay
Military District No. 5

179
118

Description of *Finlay John McRae* on Enlistment.

Apparent Age.....*19* 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. *7 1/2* ins.

Chest measurement. { Girth when fully expanded.....*38* ins.
 Range of expansion.....*3* ins.

Scars on back of neck
Scar on right instep
Scar on front of right skin

Complexion.....*Dark*

Eyes.....*Blue*

Hair.....*Black turning grey*

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



CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....*Jan 25* 191*6*

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

Place.....*Woodville*

*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.

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

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

Date..... **JAN 26 1916** 191*6*

817
13-119

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistment.....

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.....

M. F. W. 192.....

A. B. 122.....

Surf. Cash.....

JO

Name McRAE FINLEY JOHN

Regt. No. 725385 Rank Plt

Corps 109th Bn. (No 3 D.D.)

Med. Unfit



Complete record sent to BDO on 2/10/2005

Re BDO 6690 14/1/19

Ret. 23-1-19 A.C.



34418

Handwritten scribbles

37-17

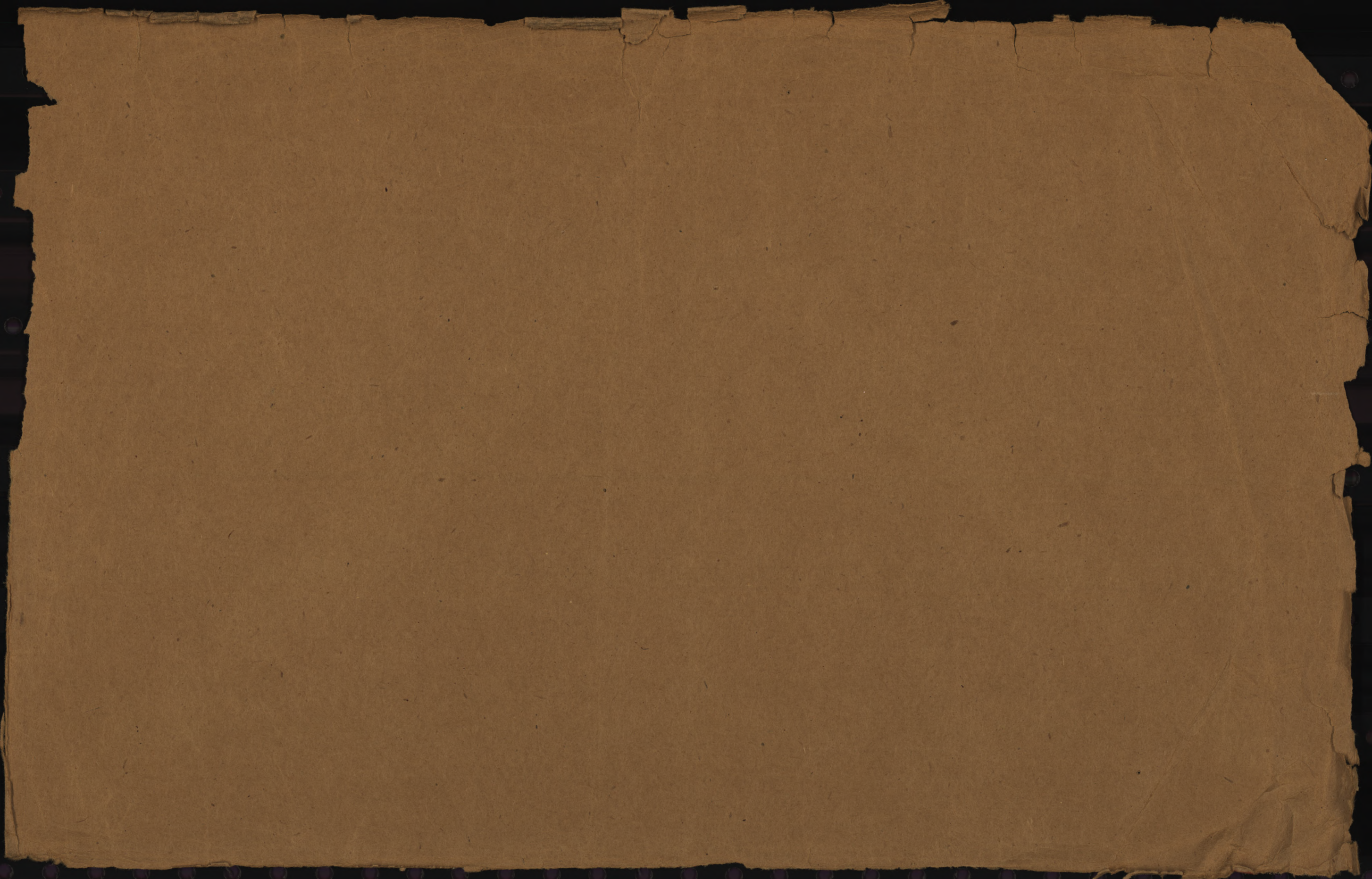
29-17

6-18

4-2



Concord



725585

SIN/NAS

MCRAE

Surname/Nom

Finley John

Given names/Prénoms

Deceased 10/08/39

Open ATA

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box
7200

COMPONENT
ÉLÉMENT

CEF



NAME

Mc Rae Lindlay John

REG'T'L. No. 725585

H. Q. FILE NO. 649

RANK AND CORPS

Pte 20th Bn form 109th

FOLLOWS

No.

Bn

CABLE

NO.

DATE

C.

NATURE OF CASUALTY

FOLLOWS

M 5495 29-5-17

Adm to 5-Field Ambulance May 9th 1917. (Contusions) ✓

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 523	5 Cam. 7ld. Ambl.	9-5-17	Gen. cont. Buried
a 527	Rep. from base. rij. unit.	17-5-17	Gen. Contusions
a 122-1	No 4. Gen. Camiers	21-1-18	Gastritis
a 117-1	No 3. Can. 7ld Amb.	18-1-18.	Gastritis
a 140	# 6 conv. Depot, Etaples	11-2-18	Gastritis
a 142-2	No 14 Cour. " Trouville	13-2-18.	" "
a 1754	Discharged	25-3-18	Gastritis

Wac
Number 725585 Rank Cpl

Surname Mc RAE

Christian Name Finley John

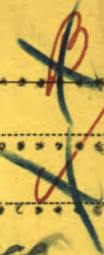
Units 20th Pnn Cav Inf Theatre of War France

Date of Service 6-10-16

Remarks

Latest Address Kirkfield Ontario

Roll No B. Page 6907 Audrie
Alta



Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date

Remarks

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

Handwritten: 1615588
1972
12/25/72

FINLEY JOHN

Name MCRAE Rank PvtReg. No. 725585Unit 6TH Can Area Emp CoNext of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u>1918</u>						
<u>18-1</u>	<u>No 307 Amb</u>	<u>Gastitis</u>		<u>A117</u>		<u>12199</u>
<u>21-1</u>	<u>No 4 S.H. Camiers</u>	<u>do</u>		<u>A122</u>		<u>HA18821/2</u>
<u>11. 2</u>	<u>6. Con. Dep. of. Staples</u>	<u>do</u>		<u>A140</u>		<u>19712/20</u>
<u>13. 2</u>	<u>No 14 S. Dep. Travellers</u>	<u>do</u>		<u>A142</u>		<u>19802</u>
<u>25-3</u>	<u>Discharged to B. Depst.</u>	<u>do</u>		<u>A175</u>		<u>490-21</u>

6 CCAE17P

LEDGER NO.

4

SERIAL NO.

C39025
~~B26561~~

REG. NUMBER

725585

NAME

Mc Rae

FJ 32

RANK

private

CORPS

3 Gas Co

AGE

19

SERVICE

23/12

NAME OF HOSPITAL

Queens Mil

PLACE

Kingston

DATE OF ADMISSION

25.11.18

DISEASE

contusion of pelvis

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Unit 2/12/18

IN CATEGORY

M. F. W. 2553.

50m.—6'18.
1772-39-1334

P. T. O.

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

No. 725585 RANK

*Pte
L/Capt.*

NAME

Mc Rae J. J.

T. O. S. 24-1-16.

UNIT

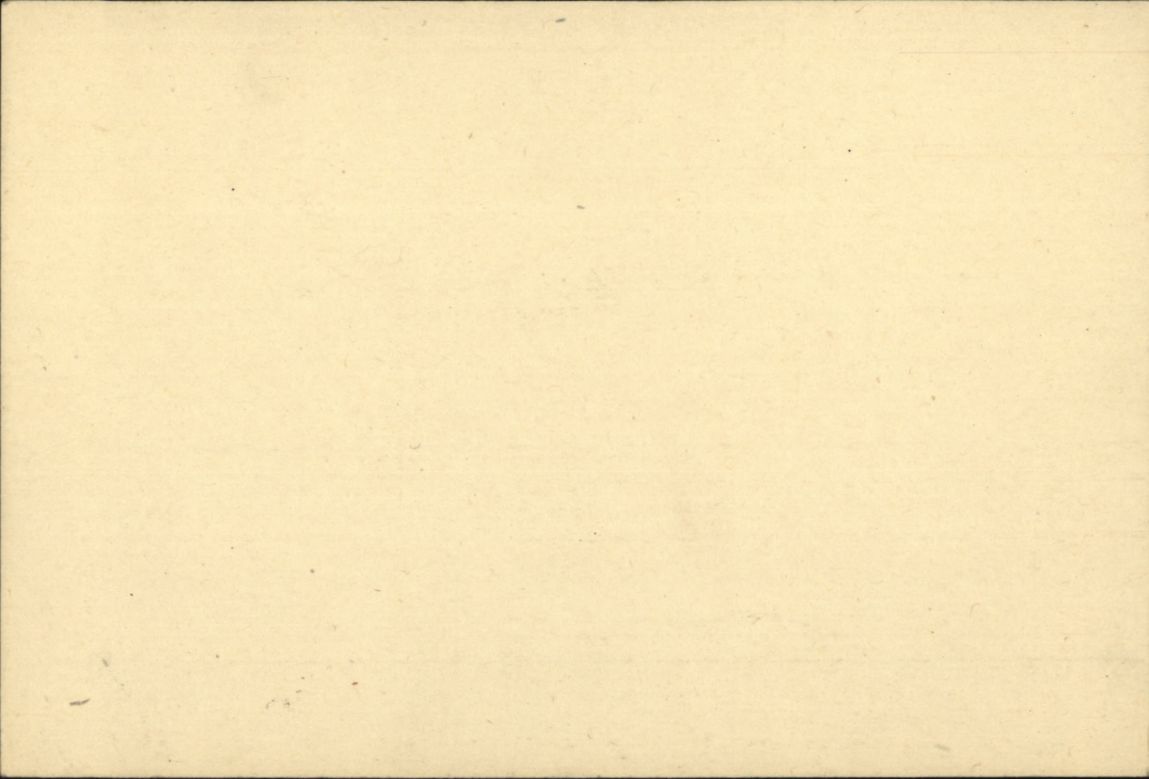
109th. Battalion

D.O.B. 26-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 24</i>	<i>1916. Jan. 31</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>	<i>Pte. L/Capt. 10-6-16.</i>	<i>D.O. 145 of 12-6-16.</i>
	<i>July.</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916



Name McRae, Finley, John Rank Pte. Regtl. No. 725585

Original unit 109th Bn Present unit 20th Bn M. or S. Age 50 Religion R.C. Ref. H.Q. Fyle Depot.....

Port, ship and date of arrival Quebec, Cardiganshire, 7-10-18

Next of kin Wife, Mrs. McRae, Kirkfield, Ont.

Address on leave do

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Farmer Date and place of enlistment Woodville, Ont. 24-1-16

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
11-10-18.	TOS. from Clearing Depot. #ffect 22-9-18.	
	Posted to Casualty Company Effect 7-10-18.	
	Granted leave with subsistence from 10-10-18. to 24-10-18.	
		CC.176

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

Date.

Remarks

Pt. 2 Order No.

18-12-18

S.O.S. Cas. Co'y No. 3 D.D. on transfer to
Discharged Part Two D.O. 244

Surname **McRae** Christian Name or Names **E.J.** Reg. No. **725585**
Rank **Pte** Unit **20th Bn** Co. **Missp. (6000000)** Troop **(6000000)** Batty.
Hospital

Date of Admission
9-5-17

Transferred **5.C.F.Amb.**
3 Cav. Hld. Amb.

Hosp. **18-1-18**

4 Gen. Saniters

Hosp. **21.1.18**

6 Conv. Dep. & Staples

Hosp. **11-2-18**

14 Conv. Dep. & Staples

Hosp. **13.2-18**

Diagnosis **Gen Cont. Buried R**

(1) Later Diagnosis (if changed)

Gonorrhoea

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Rtd Unit 17-5-17 Date
Dis 25.3.18

REMARKS

C.L.30-5-17 A523

- 5-6-17 A527

28-1-18 A117

29-1-18 A122

19-2-18 A140

21-2-18 A142.2

3-4-18 A175-4

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 725585 (Rank) Private

Name (in full) McRAE, Finley John enlisted in

the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Woodville, Ont. on the 24th

day of January 1918

HE served in Canada, England and France

and is now discharged from the service by reason of being medically unfit for further

war service. Auth. Med. Board D/ 5-12-18.R.C.1080

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

Age 49 years 5 months

Height 5 feet 8 inches

Complexion Dark

Eyes Blue

Hair Grey

Marks or Scars

Scars on back and neck. Scars on

right instep. Scar on front of

right shin. Vaccination mark.

F. J. McRae
Signature of Soldier

H. C. Clarke Lieut.

O. C. Issuing Office

No. 3 District Depot

Rank

Date of Discharge 18-12-18

Appointment

Signed at Kingston, Ont. this 18th day of December 1918

in Military District No. 3

3MD 88-M-972-

File Reference No. 3DD 3-Mc-383

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. 725585 (Rank) Private Name Mellan, P. J.

Unit No. 3 District Depot

Address on Discharge Kirkfield, Ont.

Character and Conduct Very Good

Former Occupation Farmer

Special Qualifications of Value in Civil Life Farming

Medals and Decorations nil

Remarks nil

Signed at Kingston, Ont. this 18th day of December 19 18

M. B. Clarke Lieut.

O. C. Discharge Section
No. 3 District Depot

Rank

Appointment

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 725585

(3) Full Name of Soldier..... Finlay John McRae

(4) Place of Birth..... Brechin, Ontario, Canada

(5) Are you married, or not? Yes

(6) If married, state,

(a) Full name of your wife..... Jennie McRae

(b) Present Postal Address..... Kirkfield, Ontario Canada

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls..... one boy five girls

Also their names and ages..... Philip William age 19 Isabella age 18

Annie Laura 16 Mary 14 Margaret 8 Jeanette 6

(9) Is your Father alive? Yes

If so, state name and address Philip Joseph McRae, Brechin, Ontario, Canada

(10) Is your Mother alive? Yes

If so, state name and address Ann McRae, Brechin, Ontario, Canada

(11) If your Mother is a widow No.

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? Yes

If so, in what Company? Confederation Life Assce.

Have you made arrangements for payment of your Insurance premium? Yes

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

Date 4th July 1916

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

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

M. F. W. 54. (A. F. 3. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 425585 Rank Private Name McRae Finley John

Enlisted (a) 24-1-16 Terms of Service (a) D. of W. Service reckons from (a) 24-1-16

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) Farmer

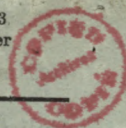
CERTIFIED CORRECT.
TO OCT. 1916
RECORDS, 109th

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	
5.8.16		Appointed ^{1st} Cpl.	Canada	5.8.16	Part II Order 2/8
		Transferred for Overseas Service with	20 th Batt'n	5 1916	D.O. Pt. 11 No. 279
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt. 2 5511/10/16 E. F.
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B213
9.5.17	4 C.F.A	you continuing from 4th 5 C.F.A	5 C.F.A	9.5.17	297d 1/6/17
20.5.17	1	admt & Admin Duties	20 Pm	17.5.17	B213 297d 1/6/17
19.5.17	20 Pm	Taken on (S.A. 4)	20 Pm	17.5.17	B213 297d 1/6/17
26.5.17		Proceeded to Con Coy for		21.5.17	B213 297d 1/6/17
27.5.17	you	Classified P. B. State to Con Coy	Comp Coy	23.5.17	B213. Pt. 2 45d 25.6.17
25-8-17	do	Ceases to be att to Comp Coy on transfer	to 6th Con Area Employ Coy	22-8-17.	B213. Auth. AG GHQ C/177/4d/11-8-17. Pt 2 6ld/4-9-17.
25-8-17	O.C. 6th Emp. Co.	Taken on Strength 6th (AREA) Employment Co.	Canadian Field	23-8-17	B213 Pt. 11 0.1 d/12-9-17
15-12-17		Granted 14 days leave		13/12/17	B213. Pt. 11 0.1 d/4-1-18

CORRECT
Amended
CORRECT

(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				
19-1-18	9/63 CFA	Gastritis	Adm. 3, Cdn. F.A.	18/1/18	} A 36/68610
			To. 18, CCS.	18/1/18	
21-1-18	4 Gen	Gastritis	adm 4 Gen. Hosp.	21-1-18	W 2024 69998
18-1-18	18. CCS.	do	To 14 A.T.	21-1-18	W 206 87131
11-2-18	4 Gen.	do	To 6 Con. Depot	11-2-18	W 2034 82448.
11-2-18	6 C. Dept	do.	adm 6 Con. Dept	11-2-18	W 2034 02879.
13-2-18	14 C. Dept	do	adm 14 C. Dept	13-2-18	" A 3151
12-2-18	6 C. Dept	do.	To 14 C. Dept	12-2-18	" A 3151
23-3-18	14 Con. Depot	do still a patient	14 C. Depot	21-3-18	TH/790/1 KH 17-65.
28-3-18	Col. B.D.	T.O.S. from 14 Con. Depot	Col. B.D.	27-3-18	W 20 767
25-3-18	14 Con. Depot	Gastritis	to Staples	25-3-18	W 20 1
1-4-18	Col. B.D.	classified B3		1-4-18	W 3339/434 PI C 22 dt 18-4-18
1-4-18	adg.	S.O.S. 6th Cdn Area Camp. Co on transfer to Cdn Lab Pool		1-4-18	KR 16276 PI 23 dt 19-4-18
	a.a.g.	T.O.S. of ban. hab. Pool on transfer from 6th Cdn Area Camp. Coy.		2.4.18.	KR 16276. PI 2.020.51 of 20.4.18.
26.5.18	Col. B.D.	To No 1 Cdn Vet Hosp		26.5.18	KR 1240
2/6/18.	Adm. Vet. Hosp.	Attached for duty		2/6/18.	B 213.
6.7.18.	do.	Discharge		6/7/18.	7339/13. B 213
11.7.18	Col. B.D.	Agred. Injury Back. Classif. B3		11/7/18	W 3339/606.13/7/18.



Casualty Form - Active Service.

Rank *Pte* Surname *Mc Rae* Christian Name *Finlay John*
 Regiment or Corps *1st Lt Col Wood*
 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 _____

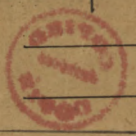


Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>24.7.18.</i>	<i>69.1300 A.A.S</i>	<i>Dept of Enlist. (duplus Kaplt.) and booked to Gen Dept. Stores Dept.</i>		<i>23/7/18.</i>	<i>N/R 398. KR 31257 No. N-110. 26.7.18.</i>
		<i>C. Johnston</i>	<i>Captain for Lt. Col.</i>		
<i>29.7.18</i>	<i>Genl Depot</i>	<i>LOS from En Lab Pod</i>	<i>Canadian Section</i>	<i>1.40</i>	<i>3rd Echelon</i>
			<i>Schffe</i>	<i>25.7.18</i>	<i>20178</i>

By [Signature] 1/c Records, etc.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c. (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) **[P.T.O.]**

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				
10-9-18 2-9-18	B.S. Depot	On command 1st Lt. D.D. Buxton <i>Attached to 8th Recs for Mrs. Buxton's dis.</i>	Schliffe	9-9-18 31-8-18	2159-10-9-18 PTO 208 ^a -2-9-18
			<i>Arbenthauf</i>		
			for O.C. CANADIAN GENERAL DEPOT.		
		Attached C.D.D. Buxton for return to Canada, Part II Order No. <i>215.</i>			
		23-9-18 Ceases to be attached C.D.D. Buxton on embarking for Canada.			
			<i>W. Fitcher, MC</i>		
			Lt. for Lt. Col.		
			Commanding Canadian Discharge Depot.		
OCT 11 1918	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. <i>176</i>	<i>Kingston</i>		OCT 10 1918	
<i>11/2/18</i>	<i>S.C.D.</i>	<i>Discharged P.M. Grogan</i>		<i>11/2/18</i>	<i>F.R. 245</i>
			<i>W.H. Clark</i>		
			O. C. Discharge Section No. 3 District Depot		



J.M. Rank *2nd Lt* Name **McRAE, Finley John.** Reg'l No. 725585 ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Woodville, 24th Jan 1916.** Place of Birth **Mara Tp, Ontario Co, Ont.**
 Name and Address, Next-of-Kin **Mrs Jennie McRae.**
P.O., Kirkfield, Ont, Canada. Relationship **Wife.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



N/E, R.B. No. **3006**
 File R.L.
 Category **OR Len**

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5.8.16	O.C. 109 th	App'd Prov. S. Col	Oseney		Pt. II 80. 218
5-10-16	do	S.O.S. to 20 th Batta	Bramshott	5-10-16	Pt. II 50. 279 <i>M.B.</i>
11-10-16	20 th Bn	T.O.S. from 109 th "	Field	6-10-16	" II 55
do.	do.	Reverts to rank of Private	do	do	do.
30.5.17	do.	To No 5 ban Field Amb.	do.	9.5.17.	b.l.a 523. Genl Santos Bried
5.6.17	do.	Rejoined Unit.	do.	17.5.17.	b.l.a 521
25.6.17.	do.	Classified P.B. 1 st Att. Can. Corps. Comp. Coy.	do	23.5.17.	Pt. II 0 45.4 584/27.7. H.CAC. H.2.
4.9.17.	✓	comes to be att. C. B. C. band	do ✓	22.8.17.	Pt. II 0 61.9 6.e.a.s.c. No 2
19.4.19	6 th Const. Coy.	S.O.S. trans to Labour Pool	Field	1-4-18	Pt. II 0.23. <i>Sp. Pool 1/29.7. M.I.D. 51/20.4-18</i>

A.F.B. 103 CHECKED

16 OCT 1916

Law

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.				
26-7-18.	6666 Pool.	SPS to Gen Depot, Schiff	Pt. Field	23-7-18.	Pt P 110. Surplus Unfit
29.7.18	Gen. Depot	T.O.S from Labor Pool	Pt Schiff	25.7.18	D.O. 178
11.9.18	Gen. Depot	On Com. C.D.D. Buaton	Pt Schiff	10.9.18	D.O. 216
9/10 18	Gen Dep	Ceases Comm Bux & S	Osto Can	23 9 18	DO 240 ⇒ N, S E



ORIGINAL
MEDICAL HISTORY SHEET. **ORIGINAL**

Surname McPac Christian Name Finlay John

2 - AUG 1918

Examined { on 24 day of January 1916
 at Woodville
 Birthplace { City or Town Sp. of Mara
 County Ontario

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

Apparent age 40 years
 Trade or occupation Farmer
 Height 5 Feet 7 1/8 Inches
 Weight 143 1/2 Lbs.
 Chest measurement { Minimum 35 inches
 Maximum expansion 38 inches
 Physical development good
 Small-Pox Marks none

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

Vaccination Marks { Arm Right none Left Two
 Number Two
 When Vaccinated last February 19^E 1916

Date	Result	VACCINATIONS,
<u>19-2-16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Scars on back of neck
caused by carbuncles

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12.6.16</u>	<u>good</u>	<u>J. McCulloch</u>
<u>20.6.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>28.6.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>7th 23-9-16</u>	<u>"</u>	<u>St. Boyd</u>
		M.O.
		M.O.
		M.O.
		M.O.

Enlisted on 24^E day of January 1916 at Woodville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109^E Batt.</u>	<u>725585</u>		<u>24/1.16.</u>
Transferred to.. ..	<u>C. E. F.</u> <u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shorncliffe</u>	<u>15-8-18</u>	<u>Myelocia</u> <u>Burnts</u>	<u>Fit</u> <u>per</u> <u>Griffiths</u>
<u>Kingston</u> <u>8161 907</u>	<u>5-12-18.</u>	<u>average</u> <u>Acute Toxicosis Pelvis</u>	<u>J. W. Finlay</u> FOR A. D. M. S. CANADIANS, SHORNCLIFFE

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

CANADIAN

5

CASE HISTORY SHEET.

Queen's Univ., Military Hospital.

Kingston, Ont. Station.

No. 725585 Rank Pte. Name McRae, F.J. Age 49

Unit #3 Gas. Co. Completed years of service 2 3/12 ^{Where and how long} Overseas.

Date of admission Nov. 25/18. Date of discharge December 2/18.

Diagnosis Contusion pelvis. Place of origin Fresnoy.

CONDITION ON ADMISSION AND PROGRESS OF CASE Sent in from the Casualty Co. for X Ray examination of the right hip.
X Ray findings - Normal.

FAMILY HISTORY Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT 27-11-18 Calomel grs 2. Saline A.M.
(Especially any specific or special form.)

CONDITION ON DISCHARGE, Condition as per M.F.B. 227.
(and disposal made of case.)

Date 27-11-18. H. Stevenson Capt.
Medical Officer i/c case.

Handwritten: 26567
C39025

Kingston, Ont. *Nov 27/15*

URINE ANALYSIS

FOR DR. *Med Board*

Patient's Name *McRae F.G.*

Reaction *alkaline*

Amount voided 24 hours

Specific Gravity *1020*

Amount examined

Clearness *clear*

Color *amber*

Character of sediment (if any)

Odor *normal*

CHEMICAL EXAMINATION

Albumin

Bile *none*

Sugar

Indican *no increase*

Acetone

Urea

Diacetic Acid

} *none*

MICROSCOPICAL EXAMINATION

Epithelium

Pus

Blood

Casts

Chemical sediments

Bacteria

Remarks

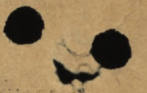
} *none*

W. T. Connell

Examiner.

2

pen D.C.



THE AMERICAN

1917

THE AMERICAN

THE AMERICAN

Albany
Burr
Albany
Trenton

Albany
Trenton
Albany
Trenton

7.25583

DENTAL CERTIFICATE.

The Rae. F. J. Pte.

C. Y. D.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>11. 9. 18</i>	<i>Partial upper</i>	<i>12</i>	<i>no</i> <i>Capt B.A.D.C.</i>	<i>Public Expense</i>

2804 1909

1909

1909

1909

To give

1909

1909

1909

1909

The records of the...

The records of the...

The records of the...

DEPARTMENT OF AGRICULTURE

1909-5-18

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

/HVW

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

Regimental No. 725585 Rank Pte. Name McRae, F.J.

Corps. 109th Battalion who was* Discharged

On December 18th 1918, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1918, to December 18th 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	101	73
Advances } No.....			Reg't Pay..... 18 days at \$ 1 c.....	18	00
by } No. <u>Cheque 12229</u>	25	00	Field Allow. 18 days at \$ c.....	10	1 80
Assigned Pay and Sep'n Allce. No.....			Separation Allowances* (Monthly)		
Other charges <u>A.P. Dec.</u>	15	00	Other Allowances* <u>Clothing</u>	35	00
Payment on <u>transfer or</u> discharge No. <u>12566</u>	116	53	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	156	53	Total.....	156	53

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of Dec. by Ottawa 1918 } (to) Assignee Mrs. J. McRae.
 and Sep'n Allce. for month of 191..... }
 (Address)

A.P. & S.A. PAID BY OTTAWA.

(†) 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 24/1/16.
- (2) if married and if a Separation Allowance Card has been submitted S/A paid by Ottawa.
- (3) cause of discharge..... authority MD3 88-M-972. 14/12/18.
- (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.

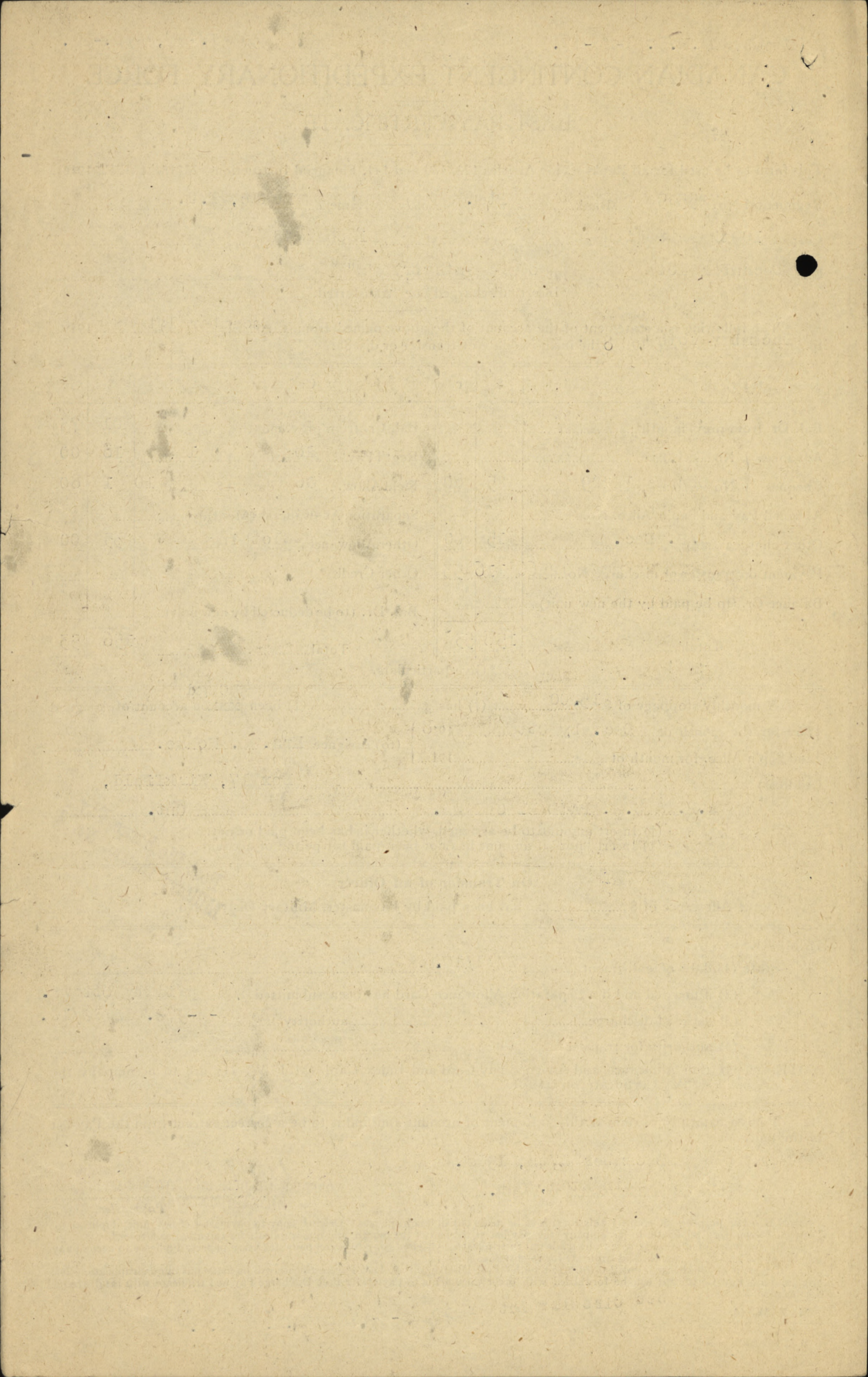
Date..... December 17th, 1918.

Place..... Kingston, Ont.

W. J. ... Captain,
 OFFICER I/C DEMOBILIZATION PAY DIV.
 MILITARY DISTRICT NO. 3
 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.

See Circular Letter 3D 26-3-47 re S.A. & A.P.



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

0

F-2.

leg

Name **McRae, Finley John**
Surname Christian Name

Regimental Number **725585** Rank **Pte.**

Address (in full) **Kirkfield, Ont.**

Unit **109th Bn.**

Original Unit

District where paid **M.D. 3**

Date of Discharge **18-12-18**

P. D. P. Filing Number

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

L. L. 22573—M. & D. 8009.

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		

Remarks: **1st cheque issued 18-12-18.**

M. F. W. 127.
 50M-6 17.
 1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. Dependent.....

Name..... Address.....

Address.....

Dec'n No.....	File No.....
Award..... days at \$..... per day \$.....	
S. A..... months at \$..... per mo. \$.....	\$.....
Less P. D. P. Credited.....	\$.....
	\$.....

Pay Soldier \$..... Less further debit balance
Net due paid as below..... Pay Dependent \$.....

TO SOLDIER OR DEPENDENT				
Days	Rate	Due		
0				
1				
2				
3				
4				
5				
6				

Clerk..... Less P.D.P. credited.....
Less further Dr. Bal. or overpayment.....
Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Jennie McRae*

Wife

By Whom Assigned *McRae, Finley, John*

Address *Sturkfield*
Box 17 Ont.

Regtl. No. *425583*

Rank *Pte.*

C. Co.

Corps *109 Btn.*

Rate *\$ 15.00* **AUG 1 1916**

PAYMENTS

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



Handwritten marks, possibly a signature or initials, located in the upper center of the page.

A small, dark, irregular mark or smudge located below the main handwritten marks.

A small, faint handwritten mark or signature located in the lower center of the page.



ASSIGNED PAY

Sheet No. 2.

Mrs Jennie McRae Wife
OVERSEAS CONTINGENTS
PAYMENTS.

Name of Soldier

725585

McRae, Finley, John
Pte "C Coy" 109 Btn

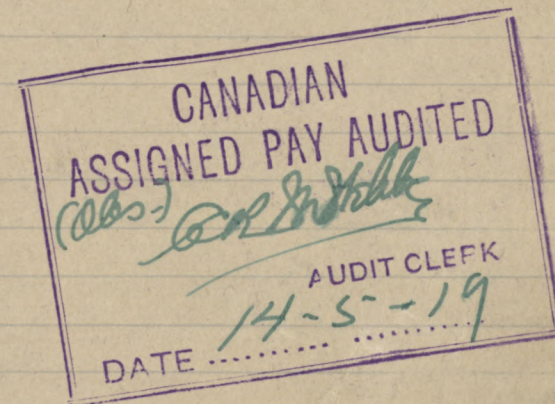
L. L. Job 310.—Req. 6574.

\$15.⁰⁰

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		W 15242	15	
Sept.		X 18645	15	
Oct.		X 23757	15	
Nov.		V 28263	15	
Dec.		Y 30563	15	
Jan.	1917	A 40425	15	
Feb.		V 46679	15	
March		H 51060	15	15. E.
April		D 3434	15	15. Ch
May		W 10112	15	15 (W)
June		C 16060	15	Ch
July		D 23941	15	B.
Aug.		F 30848	15	
Sept.		N 37646	15	Ch
Oct.		Y 43590	15	
Nov.		K 50405	15	
Dec.		O 58780	15	
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.				

1.3.16

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name Jennie McRae
Address P.O. Box 17,
Kirkfield
Ont.
Relation to Soldier } wife
wife, child or mother }

Name of Soldier McRae, Finley John
Regtl. No. 725585
Rank plc
Corps 109th Batta
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		<u>m7896</u>	<u>20 - 20</u>	



11/18/40

11/18/40

11/18/40

11

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Jennie McRaeWife
PAYMENTS.

Name of Soldier

McRae, Lenley John
725585
PC

L. L. Job 89002.-Req. 6215.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G3096	20 -	20
May		H7221	20	20
June		X4409	20	20
July		Q 10704	20 -	20
Aug.		J 12540	20 -	20
Sept.		61687.6	20	20
Oct.		X 19819	20	20
Nov.		622949	20	20
Dec.		E26369	20	20
Jan.	1917	Q 29736	20	20
Feb.		Q 33028	20	20
March		Q 36339	20	20
April		P 2144	20	20
May		Q 5532	20	20
June		Q 9163	20	20
July		Q 12501	20	T
Aug.		215693	20	B
Sept.		I 18564	20	T
Oct.		M 21514	20	T
Nov.	X 23458	21813	20	T
Dec.		L 27992	20	F
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

27
20
20
40
/

↑ 320
T
B
T
T
F

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

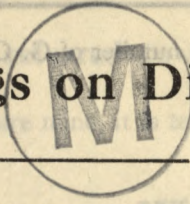
PAYMENTS.

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.				

9-5-39

This space to be for numbers

Proceedings on Discharge.



DEPT. MILITIA & REFERENCE
JAN - 8 1919
H.Q. CANADA

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

No. **725585**

Rank **Private**

Surname **McRae**

Christian Name **Finley John**
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **No. 3 District Depot.**

Date of Discharge **18-12-18**

Place of Discharge **Kingston, Ont.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age... 49 years..... 5 months.	Scars on back and neck. Scars on right instep. Scar on front of right shin. Vaccination scar.
Height... 5 feet..... 8 inches.	
Complexion Dark	
Eyes Blue	
Hair Grey	
Trade Farmer	
Intended place of residence } Kirkfield, Ont. (To be given as fully as practicable.)	

Deceased 10-8-39
649-M-18501

2. The above-named man is discharged in consequence of being medically unfit for further war service. Auth. Med. Board D/ 5-12-18. R.O. 1080.
3MD 88- M-972
3DD 3-Mc-383



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.)

Warming

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

Post Discharge Pay
Military District No. 3

(OVER)

Handwritten initials and date: 21-20

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

NIL

No reference to G. O. 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, Ont.

M. B. Clarke Lieut.

(Date) 18-12-18

O. C. Discharge Section
No. 3 District Depot
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, Ont.

A. J. McRae

(Signature of Soldier.)

(Date) 18-12-18

J. P. Hassen

(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...324 days.

Total....2 years...324 days.

11. Confirmation of Discharge.

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

(Place) Kingston, Ont.

(Signature) *M. B. Clarke* Lieut.

(Date) 18-12-18

O. C. Discharge Section
No. 3 District Depot

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

F. J. Mac

<p>Militia Form B. 262 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B. 263</p>
<p>B. 218 Proceedings on Discharge</p>	<p>B. 263a Conduct Sheet Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions by C. P. in MS.</p>
<p>(a) Proceedings on Discharge</p>	<p>Med. Hist. Sheet Militia Form B. 313</p>
<p>(b) Attestation</p>	<p>Medical Report for Invalid* B. 227</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Co. D. 877</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.

868 - 1-19

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.

[Handwritten signature]

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- 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.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION..... Kingston, Ont...... DATE 27-11-18.

1. 1 (a) Unit..... #3. CCDD. (b) Regimental No..... 725585. (c) Rank..... Pte.
(d) Surname..... McRae. (e) Christian name..... Finley John.

2. Age last birthday..... 49. (50) Date of birth..... 26th July 1868.

3. Enlisted at..... Woodville, Ont. on 24th Jan. 1916.

4. Personal description:—

(a) Height..... 5' 8". (b) Weight..... 155. (c) Complexion..... Dark.
(d) Colour of hair..... Grey. (e) Colour of eyes..... Blue. (f) Identification marks.....
(stripped)

Vaccination.

5. Address after discharge (for the use of the Board of Pension Commissioners).....

Kirkfield, Ont.

6. Former trade or occupation..... Farmer.

7. (a) Service..... France.

	Years	Days

109th Batt.

24 Jan From 1916.

Oct. 1916.

20th Batt.

Oct. 1916.

June 1917.

#3 C.C.D.D.

10 Oct. 1918.

Date.

(b) Has he been overseas?..... Yes. 8. Original disease or disability..... Wound 1. Contusion

Pelvis. 2. Overage.

(a) Date of origin..... 1. 1917. 2 N/A. (b) Place of origin..... 1. France. 2 N/A.

(c) Cause*..... 1. Shell fire. 2 N/A.

(d) Present disease or disability..... 1. TUMOR^r Tremor. right gluteal region.
2. 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.]

1. Was buried by shell fire in 1917, was able to hobble to dressing station, was in C.C.S. in France 3 weeks, then returned to duty, but was unable to carry on, on account of the right hip bothering him so much, and was sent to base. When he walks any distance it gets weak and sore and pain is rather severe, has a slight limp, cannot lie on right side on hard floor.

118

9. Present condition.—(Continued.)

OBJECTIVE - X-Ray findings normal. There is a mass easily palpable over right hip joint which slides beneath the ~~mass~~. This is evidently tumor of some sort about 3" in diameter smooth in contour and in one small focus it is tender and ~~ixz~~ to the touch. Might possibly be a Bursitis. No limitation of movement or loss of function in leg. Has an almost imperceptible limp. Says bump is getting a little larger. Does not wish operation.
 2. Man age 50. Heart and lungs negative. Urine negative. Looks age stated.

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

Nervous. normal. Digestive. normal. Respiratory. normal. Cardiac. normal.

Genito-Urinary. neg. Skin, Middle Ear, Eye or any other part. as above.

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

Complains of constipation at times also some slight stomach trouble. English board states Digestive system normal and no doubt when this man returns to civil life and food, he will have no more trouble.

(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.

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

1. N/A. 2 N/A/

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

1. No. 2 No.

The regimental documents will be referred to.

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

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

1. Impossible to say. 2 N/A.

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

C.C.S. in France for 3 weeks.

No. 4 Base Hospital France 3 weeks with gastritis.

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.)

No.

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

Yes with limitations.

17. Recommendations

Category "E", with some disability due to service.

W. S. Seeger

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.....

F. J. McRae
Signature of soldier examinee.

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).
- (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~~). "E"

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).

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

With pensionable disability.

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.

W. H. ... Capt. A.M.C. President.

C. F. Bracker Capt. A.M.C. } Members.

PLACE... Kingston, Ont.

DATE... Dec. 5-18.

APPROVED BY *D. K. Innes* Major, A.M.C.

for *D/ A. D. ...* Assistant Director of Medical Services.

For A.D.M.S. Mil. District No. 3

DATE DEC. 10. 1918

APPROVED BY

Director-General of Medical Services.

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.

..... President.

PLACE..... } Members.
DATE.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

M.F.B. 465,
150M. - 6-18,
1772-98-950.

NAME OF SOLDIER

McCrea F.J.

RANK

Pte.

REGIMENT

#2 C.C.O.

No.

728888



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.

8

Condition on first Examination	Date	Amalgam Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
	<i>Dec 2/18</i>									<i>6</i>												
	<i>" 4/18</i>				<i>Proph.</i>					<i>2.3.5</i> <i>12.13.14.</i>									<i>M. G. Thompson</i>		<i>Incomplete</i>	
																			<i>M. G. Thompson</i>		<i>Complete</i>	

DEPARTMENT OF HISTORY SHEET 1

1875
1876
1877
1878

1875
1876
1877
1878

SMITHSONIAN INSTITUTION

Reserved for M.H.C.

Regt. No. 725586 Rank Pvt Surname McRae Christian Name Finley John
 Unit or Corps—(a) Overseas from United Kingdom 6 Area Emp. Co (b) In United Kingdom S.D.G.
 Born at—Town Breechin County or Province Ontario Country Canada
 Date of Birth—Day 26 Month July Year 1868 Age 50 yrs 1 months.
 Joined at Woodville Ont Date 24. 1. 16
 Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification

Scars on back of neck from carbuncle
 Scar over head of astragalus right foot
 from axe wound 20 yrs ago

Height—feet 5 inches 7/8 Colour of eyes Bluish-grey
 Signature of Soldier (for identification purposes) J. McRae

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)

Bursitis - Rt. Gluteal region.

Disabilities Group (b)

Myalgia

Disabilities Group (c)

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.	<u>Crushed - when buried - Shell exp.</u>	<u>France</u>	<u>May 1917.</u>
(ii.) As to Group (b) above.	<u>Exposure and age</u>	<u>Canada</u> <u>France</u>	<u>Prior to</u> <u>Enlistment J.D.</u>
(iii.) As to Group (c) above.			

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? NO If yes, has Active Service aggravated it? Yes
 (ii.) As to Group (b) above? yes. If yes, has Active Service aggravated it? yes.
 (iii.) As to Group (c) above? yes. If yes, has Active Service aggravated it? yes.

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? no.
 (iii.) As to Group (c) above? yes.

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

(i.) While on duty? **A. Yes.**

(ii.) While off duty? **No.**

(iii.) Was a Court of Inquiry held? **No.**

(iv.) Where? **Not applicable.**

(v.) When?

(vi.) Opinion of the Court?

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).

Family History - negative. Personal History - cut his foot right with axe twenty years ago - always with a splint. Enlisted 24.1.16 - proceeded to England July. 1916. carried on until May 10. 1917 when he was killed by bursting shell. He was crushed but no external wound. No entries on M.H.S.

Subj - The pain in the hip has been getting gradually worse since that time and to walk two miles causes aching pain. He cannot lie on this hip in bed. He has pain in lumbar region and often suffers from severe pains in his legs.

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

Obj - Man looks his stated age of 50 years. A swelling can be seen ~~on~~ right gluteal region. On palpation a soft nodular mass can be felt in this region which slides beneath the fingers and which is the point of tenderness. There are slight signs of moisture central left chest front. Resp system otherwise normal. Circulatory system normal. Digestive, nervous & G.U. system normal. The man moves in a stiff and painful manner.

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

No.

(ii.) If so, state what.

(iii.) Was one advised and declined?

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?

No.

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

No.

(b) Fit for base duty?

Yes. B III permanent.

(c) Invalid to Canada?

No.

(d) Discharge from the Service as permanently unfit?

No.

Date of Report 15. 8. 1918.

Signed James Duxbury

Officer in medical charge of case.

Station St. Martin's Plains.

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

James Duxbury

Officer i/c Hospital S.M.O. Strike out one of these. Brigade

Dated at St. Martin's Plain.

Station, on 15. 8. 1918.

* Delete if inapplicable.

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 (b) Misconduct of the Soldier

Caused? Aggravated? no

Caused? 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%.)

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, 1/4, 2/4, 3/4, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15) (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

NO ANSWER

19. Recommendation :—(a) Fit for duty? no (b) Fit for base duty? yes 13 1/2 months permanently (c) Invalid to Canada? no (d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 15-8-18

Station Thorneville

Signatures of the Board. Geoffrey Cooper Capt President. [Signature]

Approved [Signature] Dated at [Signature] FOR A.D.M.S. CANADIANS, SHORNcliffe

A.D.M.S. Station 16 AUG 1918

HC

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:—

Handwritten notes and signatures in the center of the page, including a large 'X' and various initials.

Classification for the
Military Pensions
Commission

Handwritten notes and signatures in the middle section, including the name 'Stanley'.

Dated at _____ this _____ day of _____ 191_____

Handwritten signatures and notes on the left side of the bottom section.

Signatures of
the Board

President.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

Separation and Assigned Pay Branch

M

Aug. 1, 1916,

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30/1/14
----	----------	---------

RATE OF ASSIGNMENT

15.			
-----	--	--	--

1-12-17
P.C. 3257
10-38294

11338

PARTICULARS OF SEPARATION ALLOWANCE

No. 725583,
 Rank Pte., Promoted Reverted Discharge
 Soldier's Name Finley John Mc Rae,
 Battalion 109th Battr., "C" Coy.
 Beneficiary Jennie Mc Rae
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Jennie Mc Rae [wife]
 Address Kirkfield Ont., Box 17.
 Change of Address

1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sec. 31 st	-	440 ⁰⁰	255 ⁰⁰	695 ⁰⁰	
Jan 18	V 68529	30	15	45	✓
Feb.	T 75099	25	15	40	
Mar	M 95349	25	15	40	
April	F 4005	25	15	40	✓
May	P 16782	25	15	40	✓
June	L 20621	25	15	40	✓
July	J 28821	25	15	40	✓
Aug	H 38677	25	15	40	
Sept.	V 42151	25	15	40	
Oct	V 52933	25	15	40	
Nov.	Q 58527	25	15	40	
Dec	L 68546	45	15	60	

M.F.W. 2574

Account closed Acit Opened 20/9/18
 Ret'd per... Card signature...
 Date 9/10/18 F.X. 11/10/18
 Clerk... J. J. Foley

Spa P.A.P. acct closed 31/12/18
 Soldier Dis 18/12/18
 auth P.M. Letter 16/12/18 on file R012534-1
 from M.D. # 3 J.H. 9/12/18

P.N. 51326
 V. 72670 Cancelled 21/1/19 L.N. 9236
 J.U.D. T78414-45⁰⁰ Case No L.H. 9709. M.R.O. Destroy 64963 15-2-19.

CANADIAN
 ASSIGNED PAY AUDITED
 (Obs.) J. J. Foley
 AUDIT CLERK
 DATE 14-5-19

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
Rank Promoted Reverted Discharge
Soldier's Name
Battalion
Beneficiary
Relationship
Address

Name
Address
Change of Address
1
2
3
4

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

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7493.

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

M. & R.S.		REGT. No. 725585 RANK Sgt. NAME (IN FULL) <i>McCree J.J.</i>			IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)						
NEXT OF KIN		RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
ADDRESS			Jules J. McCree			109 In					
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
						21/1/16					
TO WHOM PAID		RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE				
Mrs. McCree		wife	16 with field								
ADDRESS			Zouls			PAYABLE TO					
						RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS					
						ADDRESS					
						STOP PAYMENT FORM RENDERED, DATE					
						DISCHARGED					
						16 August	PLACE	DATE 15	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
								Rec'd.			

BALANCE FROM PREVIOUS ACCOUNT

MAR 29 1919
apert.

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REG-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS					
	NO. OF DAYS	RATE	AMOUNT		U.S.G.	Sept.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	U.S.G.	Sept.	U.S.G.		Sept.	DEBIT	CREDIT		
			\$	C.				C.				\$				C.								\$	C.
	150	dp			350	180	500									100	10	90	190	10	1189	90	60	Sgt	
																179	90	30	400	00	70		30		M. & R. 31 50 38 19
																70	30	500							

