

59th Bn. A 55030 a

ATTESTATION PAPER
Original
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. Discharged 13/10/15
Folio. Auth. AAG 3rd Div
3D. 26 5 65 11

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? James Leckey.
2. In what Town, Township, or Parish, and in what Country were you born? Belfast, Ireland.
3. What is the name of your next-of-kin? (Mother)
4. What is the address of your next-of-kin? Dunmurry, Ireland.
5. What is the date of your birth? 2nd April 1887.
6. What is your trade or calling? Commercial Traveller.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? 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.

James Leckey (Signature of Man.)
W. W. Murphy (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Leckey, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date July 26th 1915 James Leckey (Signature of Recruit.)
W. W. Murphy (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Leckey, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date July 26th 1915 James Leckey (Signature of Recruit.)
W. W. Murphy (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 9.30 AM this 28th day of July 1915.

W. W. Dawson (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. W. Dawson Lt. Col. (Approving Officer.)
O. C. 59th Bn. C. E. F.

Corrected 3-12-15
+ 15

Unit: 109 Bn Rank: Lieut Name: James Leekey

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Leekey

(b) What are your Christian Names? James

2. (a) Where were you born? (State place and country) Belfast Ireland

(b) What is your present address? 179 Queen St Kingston Ontario

3. What is the date of your birth? April 2nd 1888

4. What is (a) the name of your next-of-kin? Freda Leekey

(b) the address of your next-of-kin? 179 Queen St Kingston Ontario

(c) the relationship of your next-of-kin? Wife

5. What is your profession or occupation? Commercial Traveller

6. What is your religion? English Church

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? 15th Regt

9. State particulars of any former Military Service. None

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

James Leekey Lieut (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date: Feb 5 1916

McCulloch Capt.

Place: Lindsay

Medical Officer.

*Insert here "fit" or "unfit".

Name: _____ Rank: _____

OFFICERS' DISCIPLINARY BOARD

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

QUESTIONS TO BE ANSWERED BY OFFICERS

(Answers)

1. What is your name?

2. What is your Christian name?

3. What is your rank, branch and corps?

4. What is your present address?

5. What is your date of birth?

6. How long have you been in the service?

7. How long have you been in your present rank?

8. How long have you been in your present branch and corps?

9. How long have you been in your present command?

10. How long have you been in your present position?

11. How long have you been in your present unit?

12. How long have you been in your present formation?

13. How long have you been in your present command?

14. How long have you been in your present position?

CANADIAN OVERSEAS EXPEDITIONARY FORCE

It is requested that the above answers be typed in the space provided on the reverse side of this form.

[Handwritten signature]

QUESTIONS TO BE ANSWERED BY OFFICERS

It is requested that the above answers be typed in the space provided on the reverse side of this form.

It is requested that the above answers be typed in the space provided on the reverse side of this form.

OFF. RECORDS & DOCUMENTS
WAR SERVICE RECORDS D.V.A.

LECKEY JAMES

455030

Lieut

6 BN

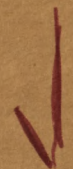
16846

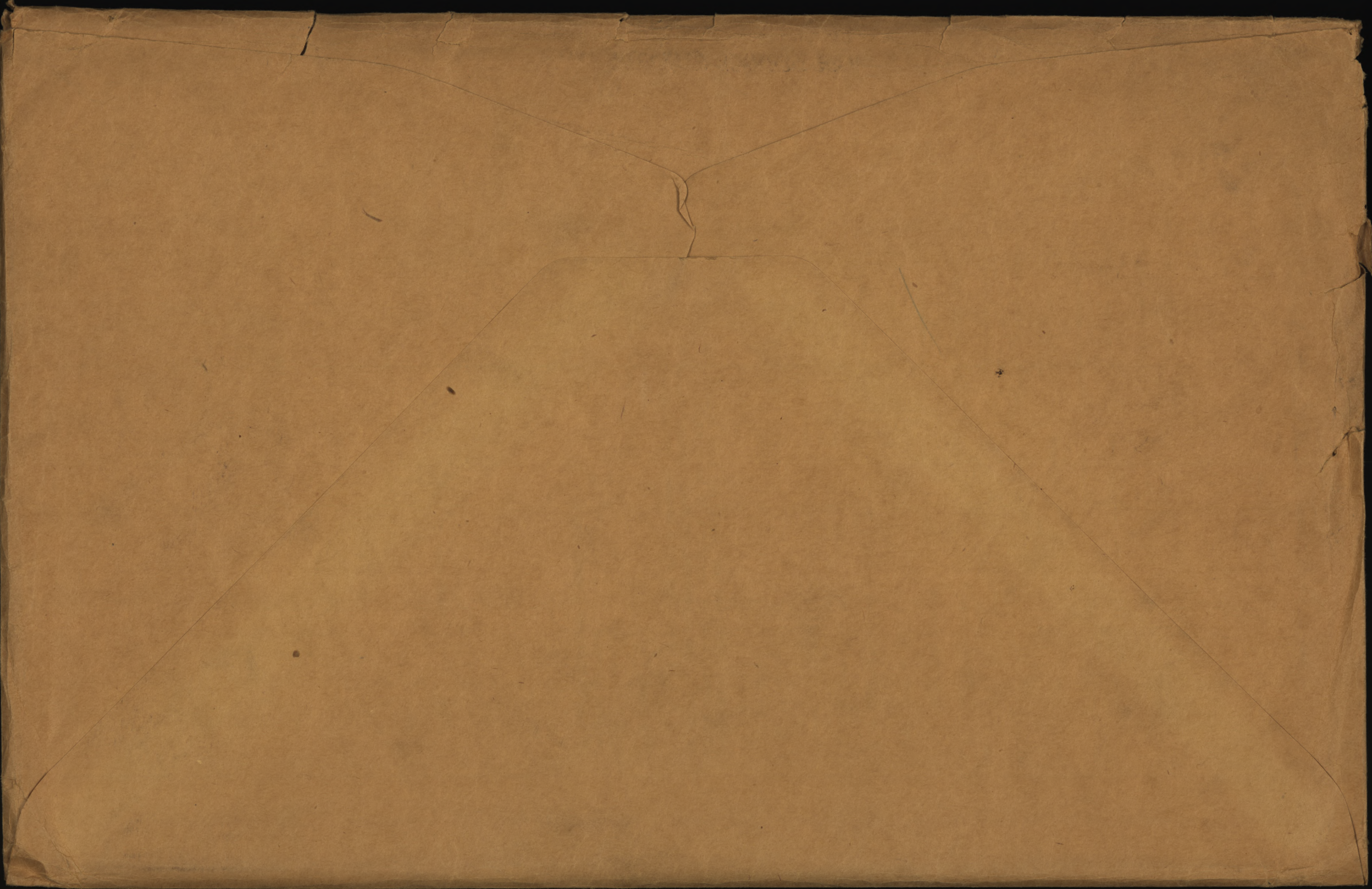
DEMOS.

PUBLIC ARCHIVES
RECORDS CENTRE



407431





No.

RANK

Lieut.

NAME

Leckie, Jas.

T. O. S.

30-11-15.

UNIT

107th Battalion

D. O. g.

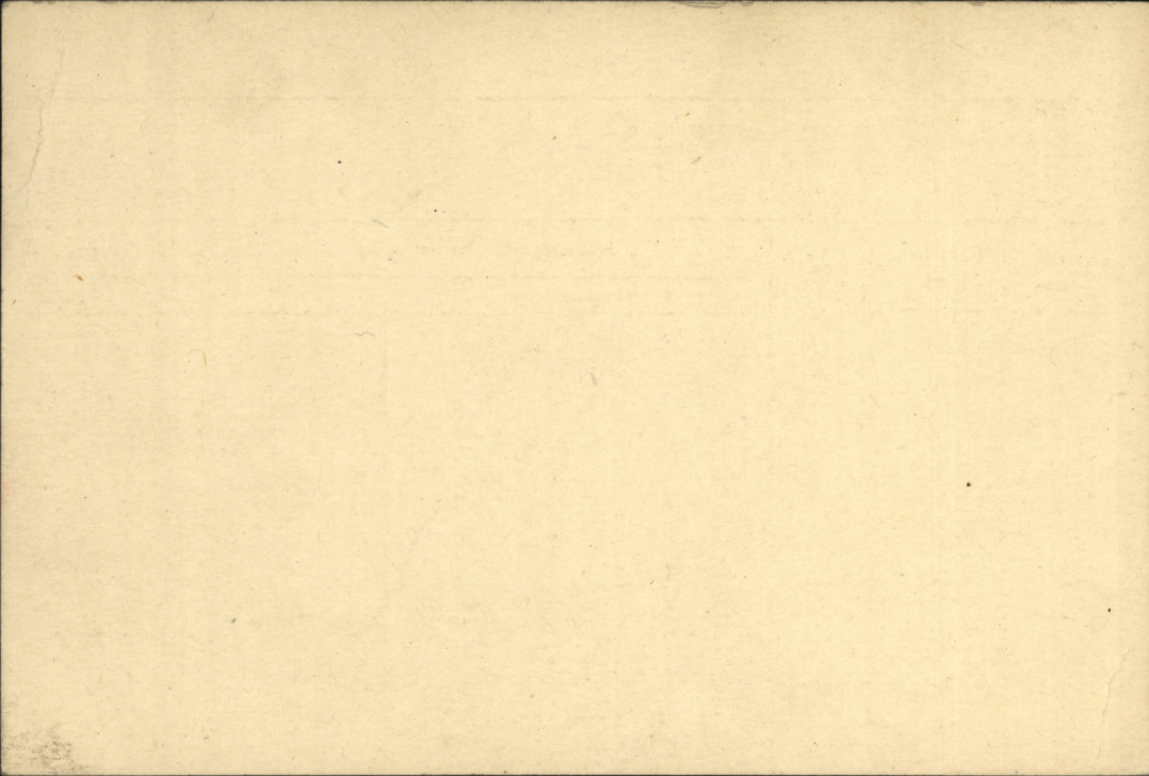
30-11-15.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Nov 30	1915. Nov 30	✓		
	Dec.	✓		
1916. Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	april	✓		
	May	✓		
	June	✓		
	July	✓	Cross. app. Lieut.	S.O. 141 of 7-6-16.

UNIT SAILED

JUL 23 1916



NAME *Leakey J.*
RANK AND CORPS *Lieut 2nd. Bn.*

REGT'L. No. _____

H. Q. FILE No. 549

FOLLOWS
No. _____
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
980 ¹	7 C.C.S	4-5-18	Influenza.
987 ¹	Lise. to Denton	13-5-18	"
1214 ¹	14 Gen.	10/2/19	pleurisy.
	Worcester		
1215 ²	St. H. St. P. of Wales	13/2/19.	" & Bronchitis
	Manplebone, N.W.		
1225 ¹	Con. Com. Officers	25/2/19	pleurisy "
	Matlock Bath		
1232	Lisei	5/3/19	" "

Number Rank *LIEUT*

Surname *LECKEY*

Christian Name *JAMES*

Unit Theatre of War *FRANCE*

Date of Service *23 7 16* *6 12 17* *23 6 19*

Remarks

Latest Address *179 Queen² St*

Roll No. *B. Page 3321* *Out*

18011

Y. 2 103-5 Draft

MAY 18 1921

Division of Agriculture

PAID

Name **LECKEY**Rank **Lieut.**

Reg. No.

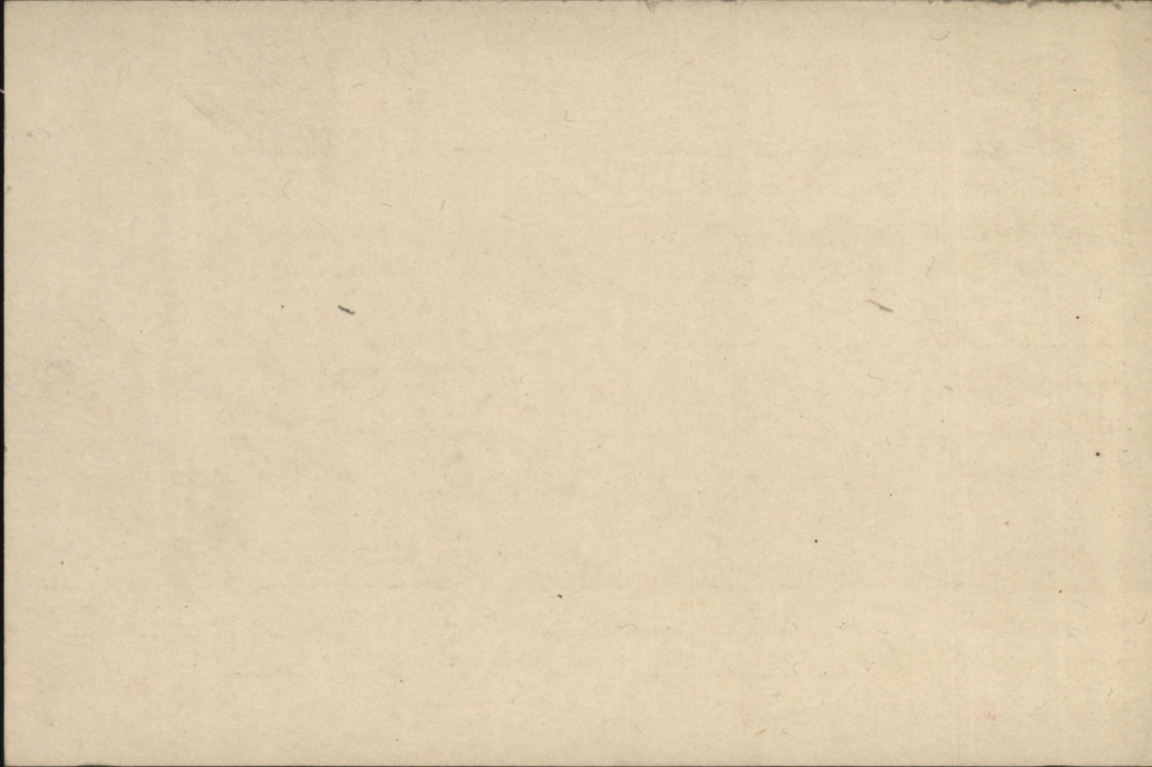
Unit **James
2nd Bn.**Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918. 4-5	7 Cas. Clr. Stn. (17733)	Influenza.		980	✓	
13-5	Back to duty	30360		987	✓	
10-2-19	14 Cents to Wimmeruse	W.D. Keweenaw		1214		
13-2-19	Some of the 100	Marquette				
25-2-19	Can bow off the Marlock	7001		1225		
5-3	Discharged	7003		1232		

Surname *Leckey* H. Q.
Christian names *James* M. D. No. *3*
Regtl. No. *4551030* Rank *Cpl* T. O. S. 19....
Unit *59th* D. O. Pt. II of
S. O. S. *13-10-1915*
Reason *To attend P.S.D.*
Auth. *Doc. on file*

Next of kin *Leckey, Mrs* Relationship *Mother*
Address *Dumfries* Also notify:
Ireland

BORN—Place *Ireland* *Belfast* Date *April 2nd 1887*
ATTESTED—Place *Barrie* *Ont* Date *July 28th 1915*
O/S R/C



Surname. Christian Name.
LECKEY J.
 Rank. Unit.

Lieut. 2nd. Batt'n.

Date of admission.

No. 7 Casualty Clg. Station. 4-5-18.
 Hospital General Hospital, Wimereux 10-2-19
 HS. to Prince of Wales Hosp. London 13-2-19
 Transferred Hosp. 25-2-19.
 Can. Cov. Officers Hspl. Matlock
 Hosp.
 Hosp.
 Hosp.

Diagnosis. In fluenza. *Jr.*
 Later diagnosis. *Pleurisy & Bronchitis. add*

Disposition. Disch. to Duty: -13-5-18.
 do Date. 5-3-19.
 13-5-18 980.
 21-5-18 987.
 14-2-19 1214.
 15-2-19 1215-2.
 27-2-19 1225.
 7-3-19 1232-2.

C.L. Remarks.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.

A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.C. London.

Surname

Christian Name

Reg. No.

LECKEY

J.

Rank

Unit

Lieut.

2nd. Batt'n.

MEDICAL BOARD held at

Date

Serial No.

(1) **Matlock Bath**

1-3-19

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Pleuro-dynia.

Disposition Recommended

(1) **Fit for General service.**

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

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 BN., C.E.F.

(2) Regimental Number..... Lieut

(3) Full Name of Soldier..... James Leeky

(4) Place of Birth..... Belfast Ireland

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

(6) If married, state,
(a) Full name of your wife..... Freda Wilhamena Leeky

(b) Present Postal Address..... 179 Queen St Kingston
Ont. Canada

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

(8) Have you any children?..... No

If so, give number of boys and girls..... /

Also their names and ages..... /

(9) Is your Father alive?

Yes

If so, state name and address

Robert Lecky Dummurry Co Austrum Ireland

(10) Is your Mother alive?

Yes

If so, state name and address

The Park Dummurry Co Austrum Ireland

(11) If your Mother is a widow

No

Are you her sole support, or not?

No

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

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

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

Separation Applied For

(15) Are you insured?

Yes

If so, in what Company?

Federal Life + Sun Life

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

JUL 11 1916

[Signature]

Officer Commanding.

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

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. Rank Lieut. Surname L. F. C. KEV
 (Given name in full) James
 Unit or Corps 6th Res. Birthplace Ireland (Belfast)

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION :

Physique good Weight 190^{est} lbs. Height 5⁵ ft. 9 in. Colour of Eyes Blue
 Nutrition good
 Pulse 75
 Condition of arteries good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
slight F lip in R index finger
scar on back of R. Hand

Opinion as to general health and physical condition good.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of Mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

13. 2. 19 Pleurodynia
8. 5. 18 Flu

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at India.....(Overseas)

Date 22. 4. 19..... Signed H. Manning C.M.D.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Pat Lecky Leitch

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LECKEY, J.
 REGIMENT 6th Res Btn RANK Lieut. No. _____
 Date of Examination in England 22/4/19. Date of Examination in France _____



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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 31 32

2. EXTRACTIONS 17

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 _____
- (b) In England Yes
- (c) In France _____

P Brown
 Signature of Dental Officer _____

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT

1. Introduction
2. Experimental
3. Results
4. Discussion
5. Conclusions

PREPARED BY

1954

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

D.V. 3-30.
B.S.

This is to Certify that (Rank) Lieutenant

(Name in full) James LEWIS

Enlisted in The 109th Battalion,

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The 109th Battalion,

CANADIAN EXPEDITIONARY FORCE on the Fifth day

of February 191 6.

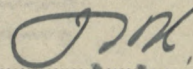
He SERVED in CANADA, ENGLAND and FRANCE with the 109th Battn.,
156th Battn., 6th Reserve Battalion, 2nd Can. Battalion, Eastern
Ontario Regimental Depot.

and was STRUCK OFF THE STRENGTH on the Twenty-first day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Twenty-seventh day

of December 191 9.



Lt.-Col.

for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank) _____ (Name in full) _____

Enlisted in _____

CANADIAN EXPEDITIONARY FORCE on the _____

and was appointed to COMMISSIONED RANK _____

in _____

CANADIAN EXPEDITIONARY FORCE on the _____

of _____

He SERVED IN CANADA _____

and was STRUCK OFF THE STRENGTH on the _____

of _____ by reason of _____

Dated at Ottawa this _____

of _____

Director of Personnel Services

ET.

Rank and Name **LECKEY, James**Lieut. *A*

25-8-16 ✓

Regimental No.

Name and Address of Next-of-Kin Wife. ✓

Unit **109th Battn.**

Freda Leckey ✓

Date of enlistment

✓ 179, Queen St, Kingston. ✓

Place of birth **Belfast, Ireland.** ✓

Ontario, Canada. ✓

Married (Yes or No)

Yes. ✓

Date and place of discharge

NR. 156 Bn. 25-3-17

If in Permanent Force

Reason for discharge

28-4-17

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	36 Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
29.8.16	109 th Bn	proceeded to Aldershot to attend ^{Super Course} Lewis MG course		29.8.16	Platoon 242
7.11.16	"	proceeded to ^{to} Mitchell Camp.		29.10.16	Platoon 312
7.1.17	O.C. Witley	To relieve Lt Barclay. F.L. Add to 202 Bn		30.12.16	R.O. 64 Platoon 9. 202 Bn
18-2-17	5 th Div.	Transferred to 156 th Bn		17-2-17	R.O. 729 Platoon 50. 156 th Bn
20.11.17	6 th Bn	T.O.S. from 156 th Bn. S.O.S. 156 th		19.11.17	Platoon 324
7.12.17	"	S.O.S. to 2 nd Bn overseas		19.11.17	Platoon 274
12.12.17	2 nd Bn	T.O.S. from England		6.12.17	Platoon 289
13.5.18	B.A.M.S.	Adm 7 Casualty Clearing Station		4.5.18	CL 980 Influenza
30.9.18	2 nd Bn	Granted 14 days leave to UK		13.5.18	CL 987 "
14.2.19	A.M.S.	Adm. 114 th Gen Hosp. ^{discharged} Winnebux		19.9.18	Platoon 294
29.2.19	am S	Adm Can Comd. Off. Hosp, Matlock Bath,		10.2.19	CL 1214 Pleurisy
		To be ^{1st} Lewis Gun Officer vice Lieut Am McNabb ^{to} England		5.3.19	CL 1232 "
				25.2.19	CL 1225 "
				6.9.18	CL 229

A.F.B. 103

14 DEC. 1917

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				
15.2.19	Arms.	Adm. Prince of Wales Hosp. Marylebone		13.2.19	C.L. 1215. Pleurisy & Bronchitis.
4.3.19	2 nd Bn	Inv. to Eng Sick and detached to EORS		13.2.19	Pt II 12
10.4.19	E.O.R.D.	1.O.S. from 2 Bn on Adm to Hosp.		13.2.19	Pt II 84.
10.4.19	E.O.R.D.	granted leave from 5.8.19 to 7.4.19			Pt II 84.
10.4.19	E.O.R.D.	8.O.S. to 6 Res Bn.		4.4.19	Pt II 84.
10.5.19	6 Res	8.O.S. on posting to 3 Reg Dep Coy.		10.5.19	Pt II 105
12.5.19	EORS	1.O.S. detached to Kimmel Park, Rhyll		10.5.19	Pt II 110
		Sailed for Canada		23.6.19	S. List 71
1.7.19	123 MAB Wg Rhyll	on trans to 687 in Canada		23.6.19	Pt II 154

19.59

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

W. S. B. CLASS "A"

Regimental No.

Rank

Name

C. E. F.

Enlisted (a) *52-16*

Terms of Service (a) *Regt*

Service reckons from (a) *52-16 23.7.16*

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) *Comp Traveller*

W. S. B. CLASS "A"

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.	
20-2-17	O.C. 109th.	Transferred to the 156th. Battalion.	Witley	20-2-17 18 Routine Order #748 dated 20-2-17.
				<i>A. W. Thelting</i> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
20-2-17	NO. 748	Taken on strength 156th Bn. Can. Inf	Witley	78-247. Part II D.O. 64
19.11.17	<i>156th Bn.</i>	Transferred to 156th Bn. Reserve Battalion	Witley	19.11.17. Part II W.O. 322.
20-11-17	<i>156th Bn.</i>	156th Res. A.O.S. 6th Res Bn	Seaford	19-11-17 Part II 274

ADJUTANT,
For O.O., 156th CANADIAN INFANTRY BATTN.

(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, Shooring Smith, etc., etc., also special qualifications in technical Corps duties.

CHECKED CORRECT
 2 DEC 1917
 CANADIAN RECORD OFFICE

of Court - L-012
6th Reg

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				
8-12-17	OC. 6th Reg	S.O.S. reporting to 2nd Bn Canadians	Seaford	6-12-17	Pt. II 289 <i>A. W. Adams</i>
OFFICER IN CHARGE RECORDS 6th CAN. RES. BN.					
7-12-17	1 CBD	Arrived No. 1 C.B.D.	France	7-12-17	Pt. II Ord. 119 d/12-12-17
10-12-17	do	Left for C.C.R.C.	Field	10-12-17	N.R.
10-12-17	C.C.R.C.	Joined C.C.R.C.	do	10-12-17	N.R.
27-1-18	do	Left for 2nd Bn.	do	26-1-18	MR
2-2-18	2nd Bn	Joined 2nd Bn.	do	26-1-18	B213
5-5-18	1 C.F.A.	Influenza to	42. C.C.S.	4-5-18	Eg 752
4-5-18	7 C.C.S.	do Adm	7 C.C.S.	4-5-18	Eg 897
11-5-18	2nd Bn	Sick to	1 C.F.A.	5-5-18	B213.
11-5-18	7 C.C.S.	do Rmg	7 C.C.S.	11-5-18	F1342
13-5-18	7 C.C.S.	do Duty	Field	13-5-18	F1937
18-5-18	2nd Bn	Returned from hosp.	do	13-5-18	B213.
21-9-18	2 Bn	Granted 14 day leave	U.K.	19-9-18	B213. Pt II O No 97 d/20-9-18.
12-10-18	2 Bn	From leave	Field.	5-10-18	B213.
4-2-19	1 C.F.A.	Pleurisy & Bronchitis Adm to	to 5000	4-2-19	N 7220
8-2-19	5000	do Adm 1/2 to	6 A.F.	8-2-19	N. 7365.
13-2-19	14 Gen	do To	England	13-2-19	N. 7699.
10-2-19	do	do Adm	14 Gen	10-2-19	N. 7699.
13-2-19	do	Invalided to England "Sick" and detached to EOR Depot. Seaford	England	13-2-19	U 2083/6792 Jan. 1919. Part 11 Orders No. 12 d/4-3-19.

A. W. Adams

Lieut.
for Lt-Col. A.A.G.
Canadian Section.

ORIGINAL MEDICAL HISTORY SHEET.

Original

Surname Lickey Christian Name James

Examined { on 15 day of Feb. 1916
 at Sunday
 Birthplace { City or Town Belfast
 County Ireland

Approved by McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, G. S. F.

Apparent age 28 years
 Trade or occupation Traveller
 Height 5 Feet 8 1/2 Inches.
 Weight 185 Lbs.
 Chest measurement { Minimum 34 1/2 inches.
 Maximum expansion 39 inches.

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

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

Date	Result	VACCINATIONS.
<u>1.3.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 1st 1916
 (a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28.4.17</u>		<u>TAB #310</u>
<u>17.8.15</u>	<u>Good</u>	<u>McCulloch</u> M.O.
<u>27.8.15</u>		<u>McCulloch</u> M.O.
<u>10.11.16</u>		<u>McCulloch</u> M.O.
<u>27.11.17</u>	<u>J.O.B.</u>	<u>James Dunbar</u> M.O.

Enlisted on 15 day of Feb 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>Lieut.</u>		<u>15.2.16</u>
Transferred to.....	<u>156th Bn C.I.</u>			<u>18.2.17</u>
	<u>6th Reserve.</u>			<u>19.11.17</u>
	<u>2nd Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISCASE.	RESULT.
<u>Maxwell Barr</u>	<u>1-3-19</u>	<u>Neurosyphilis</u>	<u>Ad. A. Dis. white man.</u>

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

J.M.C.

Surname

Siskey

Christian Name

Jama

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
THE PRINCE OF WALES' HOSPITAL, FOR OFFICERS, MARYLEBONE, N.W. 1		13	2	19	25	2	19	Pleurodynia.	-	Patker.	<i>CG Belton Capt Rayer</i>
C.C.M. Medical Bank		20	2	19	05	3	9	do.	8	No distressing condition now.	<i>Spencer White M.D.</i>

MEDICAL CASE SHEET.*

No. in admission and Discharge Book. *12386*

Regimental No. Rank. Surname. Christian Name.
Leuit. Leckey James

Year 1919 Unit. Age. Service.
26antatt 32 CANADA 15/12
FRANCE
TOTAL 44/12

Station and Date. Disease *Pleurodynia*

S.O.C.H. ONSET. *4-2-19*

ELCCK *Belgium*

BATH.

Set 25 MEMORIAL OF DISABILITY.

Admitted to S.O.C.H. 4-2-19 Pain left side. No pleurisy found. To 14th Gen. Hosp
 10-2-19 Temp normal, no physical signs. To P. of Wales HP 14-2-19
 Feeling better. No ps. To C.C.H. 25-2-19.

PERSONAL AND FAMILY HISTORY.

States he had influenza for awhile in spring 1918.

PRESENT CONDITION. *General condition good*

DIGESTIVE SYSTEM. *O.K.*

CIRCULATORY SYSTEM. *O.K.*

RESPIRATORY SYSTEM. *O.K.*

NERVOUS SYSTEM. *O.K.*

G.U. SYSTEM. *O.K.*

LOCAL CONDITION.

No p.s. now. Has a boil on scalp. In M.B.

Discharge for lent.

1-3-19 Boarded Cat. A

J. M. [Signature]

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

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Sept 1916
James Leckey

Name of Soldier

Leckey
James Leckey (Lieut.)

L. L. Job 310.—Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 30	<i>Sept-1-16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>V20926</i>	30	
Oct.		<i>V23418</i>	30	
Nov.		<i>Y25004</i>	30	
Dec.		<i>D33234</i>	30	
Jan.	1917	<i>340441</i>	30	
Feb.		<i>245783</i>	30	
March		<i>S51830</i>	30	<i>30</i>
April		<i>P3095</i>	30	<i>30</i>
May		<i>P9253</i>	30	
June		<i>D15867</i>	30	<i>Ca</i>
July		<i>P23100</i>	30	<i>Ca</i>
Aug.		<i>Z32134</i>	30	
Sept.		<i>S37624</i>	30	<i>J</i>
Oct.		<i>D43788</i>	30	
Nov.		<i>A30096</i>	30	
Dec.		<i>M60131</i>	30	<i>M60150</i>
Jan.	1918	<i>M60150</i>		<i>Ca</i>
Feb.			<i>8480</i>	
March			<i>1/2</i>	
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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Leckey*
Mrs James Leckey
 Address *179 Queen St,*
Kingston, Ont.

By Whom Assigned *Leckey*
James Leckey

Regtl. No.

Rank *Lieut.*

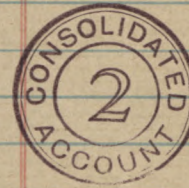
Corps *109 of 3 Bu. O.C.T.*

Rate *\$ 30⁰⁰ Sept. 1-16*

2 M. - 4 9/16 20.9.26 9/16

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				



OC 11.11.11

OC 11.11.11

27-4-16

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-18.
1772-30-518.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Name of Soldier

Leda Leckey Wife

Leckey James

PAYMENTS.

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916		<i>Lieut</i>		
May		<i>W 2633</i>	<i>34</i>	<i>34</i>	
June		<i>S 8158</i>	<i>30</i>	<i>30</i>	
July		<i>J 10413</i>	<i>30</i>	<i>30</i>	
Aug.		<i>1011596</i>	<i>30</i>	<i>30</i>	
Sept.		<i>K 17239</i>	<i>30</i>	<i>30</i>	
Oct.		<i>K 19772</i>	<i>30</i>	<i>30</i>	
Nov.		<i>T 23146</i>	<i>30</i>	<i>30</i>	
Dec.		<i>T 25803</i>	<i>30</i>	<i>30</i>	
Jan.	1917	<i>Z 29199</i>	<i>30</i>	<i>30</i>	
Feb.		<i>Z 32124</i>	<i>30</i>	<i>30</i>	
March		<i>Z 35076</i>	<i>30</i>	<i>30</i>	
April		<i>B 1400</i>	<i>30</i>	<i>30</i>	
May		<i>Z 4319</i>	<i>30</i>	<i>30</i>	
June		<i>B 9235</i> <i>B 9234</i>	<i>30</i>	<i>30</i>	<i>B 9234 cancelled.</i>
July		<i>Z 11326</i>	<i>30</i>	<i>30</i>	
Aug.		<i>J 14544</i>	<i>30</i>	<i>m</i>	
Sept.		<i>X 16916</i> <i>J 17731</i>	<i>30</i>	<i>T</i>	<i>7 17731 cancelled</i>
Oct.		<i>V 20331</i>	<i>30</i>	<i>100</i>	
Nov.		<i>J 23649</i>	<i>30</i>	<i>m</i>	
Dec.		<i>W 25911</i>	<i>30</i>	<i>100</i>	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

604
8604

RE-WRITE

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.				

Married 24-4-16

SEPARATION ALLOWANCE

Name *Freda Leckey*Name of Soldier *Leckey James*Address *149 Queens St
Kingston
Ontario*

Regtl. No.

Rank *Lieut*Corps *109 Batt*

Relation to Soldier

wife, child or mother

} *Wife*

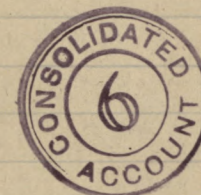
To what Corps belonging

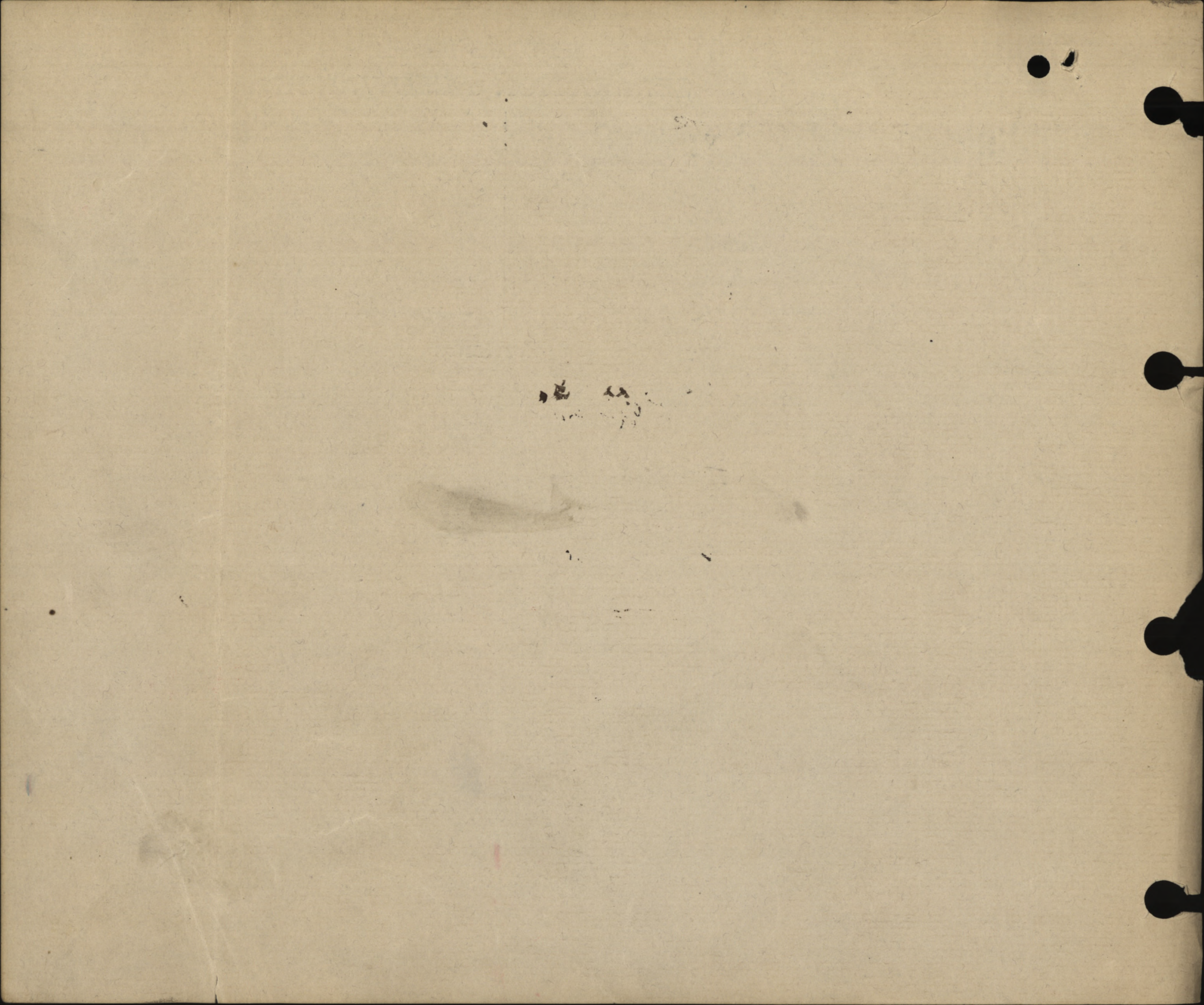
when called out

u

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				





POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

211

Name **LECKEY, J.**
Surname Christian Name

Regimental Number

Rank **LIEUT.**

Address (in full) **Returned to Canada**

Unit

1/7/19, "Belgie" proceeded to

Original Unit

M.D. 3, Kingston, Ont. This advance

District where paid

was issued by Capt. R.N.M. Robertson,

Date of Discharge

Transport Paymaster, reimbursed by

P. D. P. Filing Number **1--L--79.**

Paymaster, Quebec Depot.

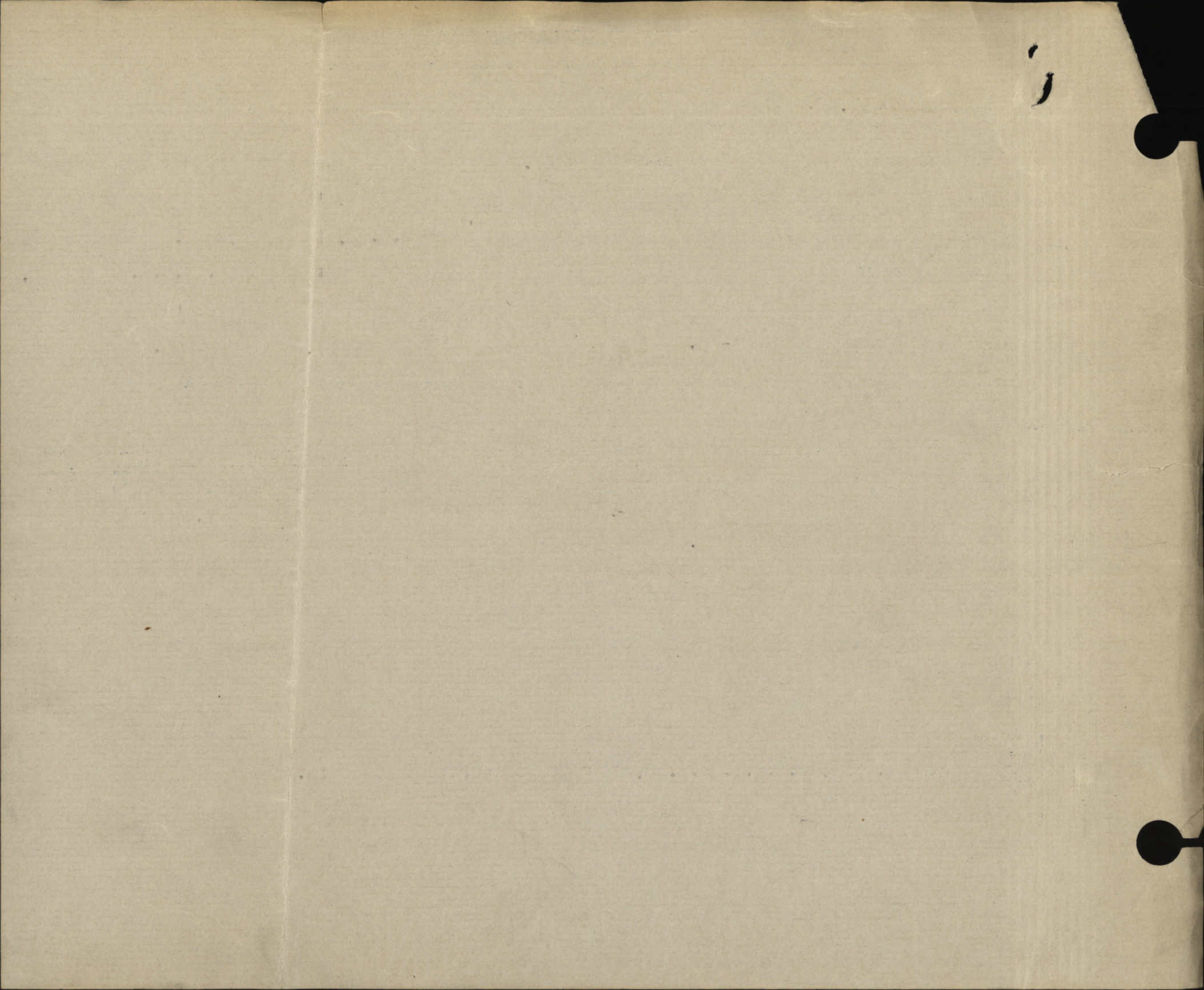
Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 40038—M. & D. 9245.

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		
	314	2/7/19	150.00	<i>Revised - A.O.P.s M.D. 3 - Ref. Lpc/P.M. 3-2-19</i>						<i>3-2-19</i>	<i>97</i>
				<i>29⁸/19 further request to M.D. 3 to recover.</i>							<i>d/6⁹/19.</i>

M. F. W. 127.
25M-8-18.
1772-80-1140.

Remarks: **Ck. 314, A.D.P.S. M.D. 3, Kingston requested to recover.**
endorsed on last Pay certificate.



(A)

A-2-M-1-9-16

New

E. de.

*Assignment as at
SEPTEMBER 1 1916*

Lecky, Lieut James 109 Bn

30 —

Mrs. James Lecky
179 Queen St
Kingston Ont.

RETURNED TO CANADA
L.P.C. TO 31.5.19
TRANSFER TO N.E. LEDGER

Sheet still
in Ledger
of pay for to
5/19

From	To	No. of Days	Rate	Amount	PAY		Field Allowance	Other Credits	Total Credits	Voucher No. Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
					Rate	Amount										

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

Then DATE

AUTHORITY

Beneficiary

Address

Amount 30 \$

Separation Allowance issued. Yes or No.....

156 P^m

Pay

2

F.A.

600

Messing

1

Lieut 31⁴/₁₆

To Canada
D.R. 1225.C.D.D.
d 7⁸/₁₆.

Name

Initials

Bank

Trafalgar Square

Canada

Advtl Outfit all'ce 18/18 \$ 100

19

Lickey

James

Bank of Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918.

Apr 11

A.P. Can

30

15

Pay April (R)

108

23

Bank 0959

48

May 9

A.P. Can

30

14

Pay May (R)

111 60

22

Bank 2541

81 60

June 10

A.P. Can

30

14

Pay June (R)

108

21

Bank 4063

48

July 11

A.P. Can

30

18

Pay R.

111 60

22

Bank 5404

81 60

Aug 10

A.P. Can

30

16

Pay R.

111 60

22

Bank 6953

81 60

Sept 10

A.P. Can

30

18

Sept Pay R.

108

24

Bank 8930

78

Oct 10

Clothing. 3m R, U Goods 19/18, 16-10-6, List 2 Oct.

10 221

31 76

10

A.P. Can

30

17

Oct Pay R.

111 60

21

Bank 10667

49 84

28 Advtl Outfit all'ce

eff 18/18

100

Bank 10997

100

Nov A.P. Can

30

30. Fund

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address *Canada*

2 *Rw*

Pay 2

Lieut

Name *Leebey*

Amount. \$ *30.*

F.A. 1

Initials *J Montreal*

Messing 1

Bank *Trafalgar*

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Nov 23	<i>Brought Forward</i>					<i>30.</i>		
23	<i>Pay R (Capt 7 a for 12 20)</i>		<i>140 -</i>					
	<i>Bank 12569</i>			<i>110 -</i>				
Dec	<i>Pay R.</i>		<i>124.</i>					
	<i>A.P. Can.</i>				<i>30</i>			
1919								
Jan	<i>Pay R.</i>		<i>124</i>					
	<i>A.P. Canada.</i>				<i>30</i>			
Feb 10	<i>Pay R.</i>		<i>112.</i>					
	<i>all Can</i>				<i>30</i>			
24								
Mar 10	<i>Pay R.</i>		<i>124</i>					
10	<i>A.P. Can.</i>				<i>30</i>			
24								
Apr	<i>Pay R.</i>		<i>120</i>					
	<i>A.P. Can.</i>				<i>30</i>			
24								
26	<i>Bank may 24</i>	<i>1054</i>		<i>90 -</i>				
	<i>Bank 1122</i>			<i>94 -</i>				
May	<i>all Can</i>				<i>30</i>			
June 13	<i>Advt by P.M., Remitted P.K. 10. 20/19</i>		<i>124</i>					
18	<i>Advt by P.M., Remitted P.K. 10. 20/19</i>				<i>48 67</i>			
20	<i>Advt by P.M., Remitted P.K. 10. 20/19</i>				<i>48 67</i>			
21	<i>Advt by P.M., Remitted P.K. 10. 20/19</i>				<i>97 34</i>			
Dec 31	<i>chgd to Can</i>		<i>97 34</i>					

*Rel'd. to Canada
C.F. to 31/12 (Sicford)
Yan 6 N.E. League
Joseph 10/19*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Mrs. Jas. Lecky*
 Address *Canada*
 Amount. \$ *30⁰⁰* *Fr-1-9-16*
 Separation Allowance issued. Yes or No.....

NAME OF UNIT *156 Bn.*
 DATE *May 2-16*
 AUTHORITY *Ha. 60. 14 7/16/16
Total 3-60 p.d.*

RANK. *Lieut*
 DATE *3-7-16*
 AUTHORITY *From Canada
P.R.O. # 1225 67.D.
d/7-8-16*

Name *Lecky*
 Initials *Jamds.*
 Bank *of Montreal
Trust Co. 1/16*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
April 18	A.P. Can.				30			
23	Pay April (R)		108					
25	<u>Bank</u>	3017		78				
May 16	A.P. Canada				30			
21	Pay May (R)		111 60					
24	<u>Bank</u>	6029		81 60				
June 18	A.P. Can.				30			
18	Pay June (R)		108					
20	<u>Bank</u>	9012		78				
July 17	A.P. Can.				30			
18	Pay July (R)		111 60					
25	<u>Bank</u>	13082		81 60				
Aug 16	A.P. Can.				30			
20	Pay Aug. (R)		111 60					
22	<u>Bank</u>	17394		81 60				
Sept 13	A.P. Can.				30			
15	Pay Sept (R)		108					
22	<u>Bank</u>	21814		78				
Oct 9	A.P. Can.				30			
11	Pay Oct (R)		111 60					
20	<u>Bank</u>	26118		81 60				
Nov 14	A.P. Can.				30			
16	Pay Nov (R)		108					
22	<u>Bank</u>	30433		78				
Dec 6	A.P. Can.				30	30		
" 7	Rations 21 days ⁶ / ₁₇ Cans Form	7418						

1917-18

£1.8.0

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary Mrs. Jas Leckey

NAME OF UNIT
109th Bn.

DATE

AUTHORITY

RANK.
Lieut.

mess. DATE

AUTHORITY

Name

Leckey, J

Address

Canada

From Canada
W.R.O.#1225 C.T.O.

Initials

Bank

of Montreal.

Amount. \$ 30.-

1916

Separation Allowance issued. Yes or No.....

DATE

1916

PARTICULARS

1916-17

CHK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS.

Aug 16 Bank

36 63

17 Pay Aug. (R) mess. fr. 31st 7c.
Gr. Bal. from Canada.

112 60

36 63

20 Bank

7462

112 60

Sept 10 Pay Sept R

108

22 A.P. Can.

30

24 Bank

78

Oct 19 Pay Oct R

111 60

23 A.P. Can.

30

21 Bank

81 60

Nov 11 Pay Nov R

108

22 A.P. Can.

30

24 Bank

78

Dec 11 A.P. Can.

30

Pay Dec R.

111 60

16 Bank

81 60

1917
Jan 17 A.P. Can.

30

27 Pay Jan (R)

111 60

23 Bank

19289

81 60

Feb 17 A.P. Can.

30

20 Pay Feb (R)

100 80

24 Bank

21932

70 80

Mar 13 A.P. Can.

30

20 Pay March (R)

111 60

24 Bank

24838

81 60

1943

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Proceedings on Discharge.

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

No. <i>A 455030</i>	
Rank <i>Corporal</i>	
Name <i>James Leckey</i> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>A Coy 59th Bn C.E.F.</i>	
Date of Discharge <i>October 13th 1915</i>	
Place of Discharge <i>Barnfield Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>28</i> years <i>6</i> months.	Descriptive Marks. <i>Nil</i>
Height <i>5</i> feet <i>4 1/2</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Light Brown</i>	
Trade <i>Commercial Traveller</i>	
Intended place of residence. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>to attend Provisional School of Infantry</i> <i>Authority AAG. 3rd Division</i> <i>Letter 37. 26. 5. 65 11</i>	
<small>N.B.—The causes 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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Commercial Traveller</i>	

Cancelled 8-12-15

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place).....

Barrifield Ontario

W L Grant Capt

(Date).....

Commanding.....

W

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).....

Barrifield Ontario

Jas Lecky

(Signature of Soldier.)

(Date).....

W L Grant

(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 ^{13/}~~14/~~₁₈ (the date to which the Record of Service is completed)..... years ⁸⁰ days.

Total..... years ⁸⁰ days.

11.

Confirmation of Discharge.

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

(Place).....

Barrifield Ont

(Signature).....

W L Grant Lt. Col
O. C. 59th Bn. C. E. F.

(Date).....

Reservations referred to at Para. 8.

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

List of Discharge Documents.

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

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.

Sheet (2)
Fill in Only.—Unit, Number, Rank and Name.

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Inf. Reg.

Regimental No. _____ Rank Lieut. Name Lickey James.

C. E. F.

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

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				
10-4-19	EORR.	TOD on paty from service sent & shown in hosp.	Seaford.	13-2-19	Pt to DD 100 88.
10-4-19	EORR.	Leave to 26-3-19.	Seaford.	5-3-19	Pt to DD 100 88
10-4-19	EORR.	Extension of leave to 5-4-19	Seaford.	26-3-19	Pt to DD 100 88
10-4-19	EORR.	Extension of leave to 7-4-19	Seaford.	5-4-19	Pt to DD 100 88
10-4-19	EORR.	SD on paty to 6th Mas Bn	Seaford.	7-4-19	Pt to DD 88.
					St. for Off Command Cont Regtl Depot.

(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, Shoering 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				
9.8-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	27 /19	C.E.F. R.O. No. 2115-19
20-8-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 3	21-7-19	C.E.F. R.O. No. 2135-19

W. Hunter, Capt
for Director Personal Services

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	LECKEY.	J.
Year	Unit.	Age.	Service.	
	2 nd Canadian.	32	4 yrs	
Station and Date.	Disease			
Prince of Wales' Hp	Admitted 13.ii.19 from 14 General Hp: Wainewick.			
14.ii.19.	Went sick on 4.ii.19 with pain in left side. No cough.			
	No p.s. in chest.			
	P.C. Feels much better. Ap: good. B. reg. Sleeps well.			
	For Medical Board with a view to leave	C. G. Schum		
		Capt Raux.		

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____
No. _____

Rank and Name _____

Military Hospital _____
Age _____ Service _____

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

Dates of Observation																																	
	Days of Disease																																
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time				
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.				
107°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	
Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 hours																																	

Signature _____ In charge of case.

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.

C.C.O.H.

STATION Matlock Bath, Derbys. DATE 1-3-19.

1. 1 (a) Unit 2nd Can. Bn. (b) Regimental No. ----- (c) Rank Lieut.
 (d) Surname LECKEY (e) Christian name JAMES,
 (f) Home address 179 Queen St. Kingston. Ont.
 (g) Next of Kin Mrs. James Leckey (h) Relationship Wife.
 (i) Address of Next of Kin Same address.

2. Age last birthday 32 Date of birth Apr. 2nd, 1886.

3. Enlistment, or ~~Appointment~~ (if an Officer) (a) Place Kingston. (b) Date July 26 '15.

4. Personal description: (Officer's Statement)
 (a) Height 5' 9½" (b) Weight 175 (c) Complexion Fair.
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Scar on back of hand. R.

5. Former trade or occupation Traveller.

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	216.

	PERIODS	
	From	To
(Officer's Statement). Canada	26-7-15.	24-7-16.
England.....	29-7-16.	6-12-17.
France or other theatres of War.....	6-12-17.	14-2-19.

7. Original disease, or injury PLEURO DYNIA.

(a) Date of origin 4-2-19. (b) Place of origin Belgium.
 (c) Cause Service conditons.

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.)

No disability.

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.)

General health good. Eating and sleeping well. Good nourishment. Heart and lungs sound. Urinalysis negative for Alb. & Sugar. No subjective symptoms. No abnormalities. Special senses good. No venereal history.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No Cardio-Vascular System..... No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..... No (Albumen and Sugar will be excluded.)
Special Senses..... No Respiratory System..... No Integumentary System..... No
Disturbances of Mentality..... No Digestive System..... No Muscular System..... No
Osseous and Joint Systems..... No Any other general condition..... No

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

Admitted to C.C.S., 4-2-19, complaining of pain in Left side. No pleurisy found. To 14th Gen.Hospital 10-2-19. Temperature normal. No physical signs. To Prince of Wales Hosp., 14-2-19. Feeling better. To C.C.O.H., 25-2-19. On admission had furuncle of scalp and otherwise good shape.

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

No serious illnesses before or since enlistment.

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

No deformities.

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? No, disability.

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

Convalescence at C.O.O.H.

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

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

17. Recommendations.

W.J. McAlister, Major C.A.M.C.

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, Lieut. Leckey James, 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

W.J. McA.

James Leckey, Lieut.

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

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

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.)
Fit for duty.

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.

PLACE Matlock Bath, Derbys. W. J. McAlister, Major. C.A.M.C. President.
Bruce Cannon, Capt. C.A.M.C. Members
DATE 1-3-19. W. F. Taylor, Capt. C.A.M.C. 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.

PLACE..... DATE.....
APPROVED BY..... APPROVED BY.....
Assistant Director of Medical Services. Director-General of Medical Services.
DATE..... DATE.....

I concur in the findings of the Board of Medical Officers here recorded.
President
Members
Capt. B.A.D.M.S. D.M.S.
for Canadian Services.

Date of Enlistment

27-4-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

L 3905

Date of Assignment

Sep. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30	40		
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PC2753
M030358

RATE OF ASSIGNMENT

30			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.
 Rank *Lieut* Promoted Reverted Discharge
 Soldier's Name *James Leckey*
 Battalion *109 Battr.*
 Beneficiary *Frida Leckey (Wife)*
 Relationship *wife*
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs James Leckey*
 Address *74 Queen St. Kingston Out.*
 Change of Address
 1
 2
 3
 4

M.F.W. 2534. 1/8/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		604	480	1084	
Jan 18	569017	30	30	60	
Feb	972139	30	30	60	
March	92108	30	30	60	
April	K15657	30	30	60	✓
May	L15903	30	30	60	✓
June	H22830	30	30	60	✓
July	P32831	30	30	60	✓
Aug	J37501	30	30	60	✓
Sept	K48004	30	30	60	✓
Oct	P52793	30	30	60	✓
Nov	J58123	30	30	60	✓
Dec	L63803	70	30	100	✓
Jan	P71627	40	30	70	✓
Feb	K81301	40	30	70	✓
Mar	J83041	40	30	70	✓
April	J1619	40	30	70	✓
May	J7718	40	30	70	✓
June	J10846	40	30	70	✓
July	R13040	40	30	70	✓
		1244	1050		

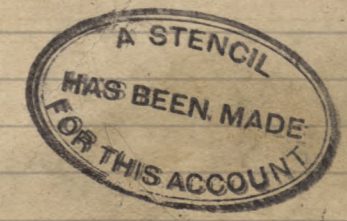
10816 of 17

X MRO. 1^B 6/4/18 J.W.

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7483.

..... A/c Closed 31-7-19
 Ret'd per *Belgae*
 Date *26/1/19*
 Casanov
 MRO 105 623 desb.

AUDITED



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.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

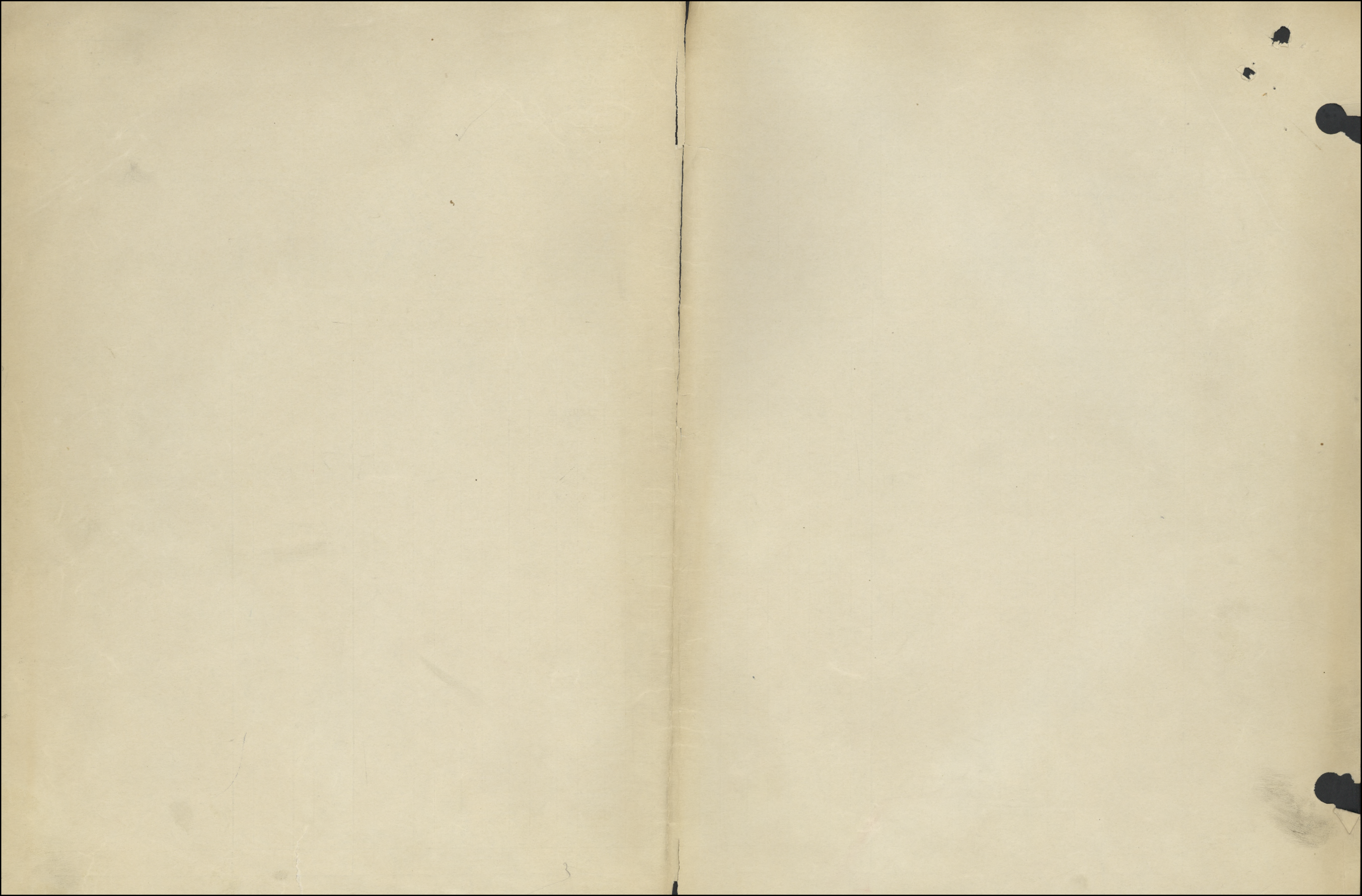
Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7393.



Date of Dis-embarkation.....

Place.....

M. F. W. 84.
5m.-2-17.
1772-39-993.
L. L. 15315. - M. & D. 7567.

Luit J. Lockey
att PCB

PERIOD		PAY			FIELD		CREDIT LAST ACCOUNT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount										
<i>July</i>	<i>11</i>			<i>3226</i>					<i>117 12</i>	<i>Trawl</i>	<i>23/5/19-23/6/19</i>				<i>11712</i>	

