

Unit 109th Bn CCF Rank Major Name J M N McCrea

## OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

**ORIGINAL**

### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? McCrea
- (b) What are your Christian Names? John McNeill
2. (a) Where were you born? (State place and country) Amemee Ont Canada
- (b) What is your present address? Lindsay ont
3. What is the date of your birth? 14th April 1965
4. What is (a) the name of your next-of-kin? Jane McCrea
- (b) the address of your next-of-kin? Amemee Ont
- (c) the relationship of your next-of-kin? Mother **(H)**
5. What is your profession or occupation? Vendutator
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? R.O.
9. State particulars of any former Military Service. nineteen years in R.A.F. & Hal Regt  
one year in R.C.R. in South Africa
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.

J M N McCrea (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 Apr 20 1965

Place Lindsay

\*Insert here "fit" or "unfit"

J M Cullloch Capt.  
Medical Officer  
109th Overseas Bn CCF  
Medical Officer.



OFFICERS' DECLARATION PAPER  
CANADIAN OVERSEAS EXPEDITIONARY FORCE

**CONFIDENTIAL**

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)



DECLARATION OF OFFICER

I, the undersigned, do hereby declare that the foregoing is a true and correct statement of the facts and circumstances as they exist, and that I am not aware of any material facts which have not been stated herein.

Signature: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Name: \_\_\_\_\_



87m 14-2-17

Office  
DISCHARGE DOCUMENTS

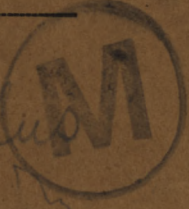
R. O. No.....

H. Q. No.....

- .....ings of Court of Inquiry or on men
- .....rted Missing on Active Service.....
- .....station Papers..... 3 2
- .....Declaration of change of name.....
- .....Authority for special enlistments.....
- .....Documents of re-enlisted men.....
- .....Regimental Conduct Sheet.....
- .....Compulsory Stoppages.....
- .....Casualty Forms..... 2
- .....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..... 2
- .....Proceedings of Regt. Court Martial.....
- .....Copies of Convictions by Civil Power.....
- .....Company Conduct Sheet.....
- .....Clothing Transfer Certificate.....
- .....Inventory of Kit.....
- .....Last Pay Certificate.....

Name McCrea John McNeely  
 Regt. No.        Rank Major  
 Corps 24th Bn.

S O S Surplus



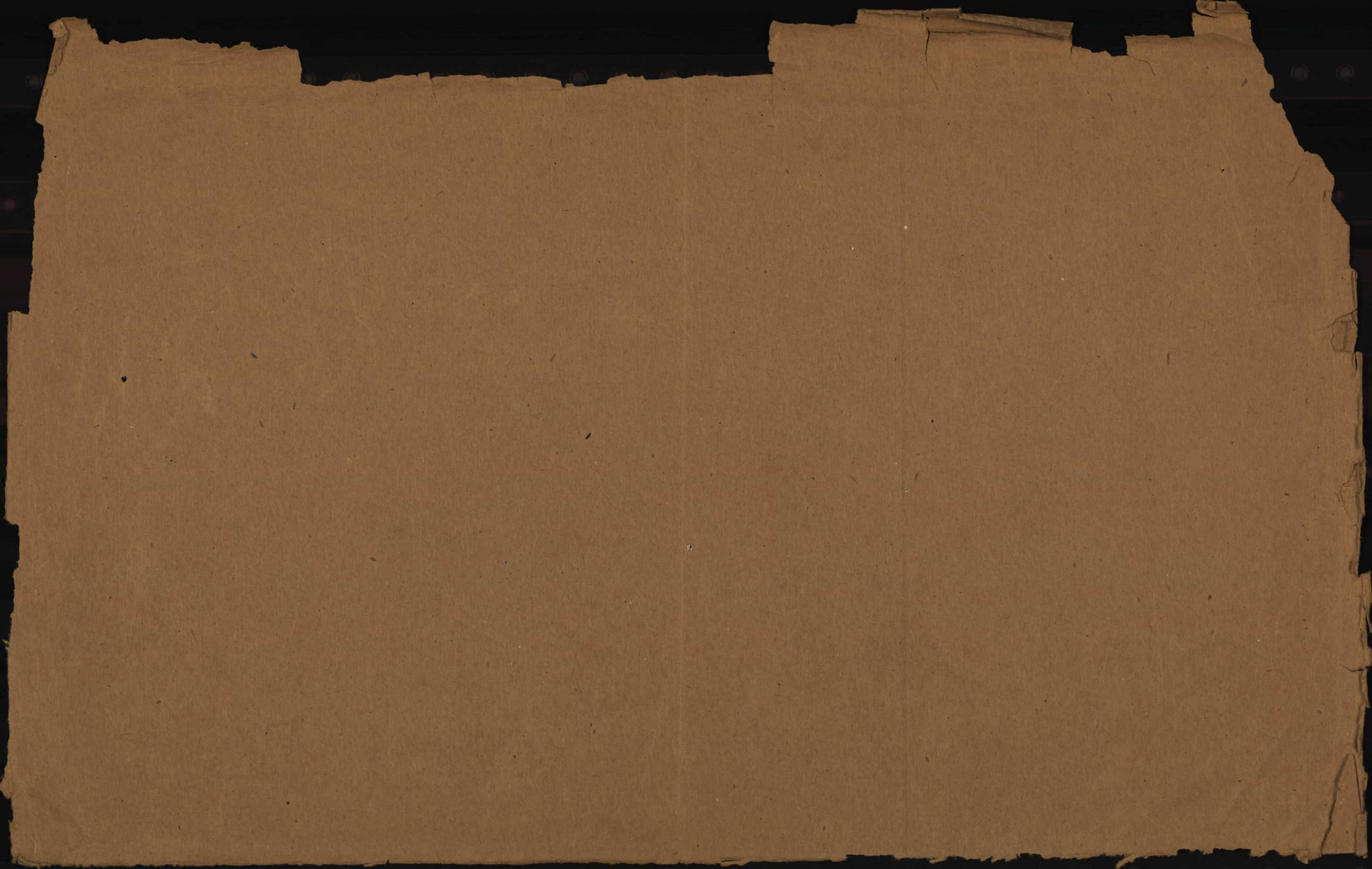
105921

BOX #  
7203

M. F. W. 67. ———— 2

Ref A.M.S 0539.







MAJ

**I.D. number**  
**No. d'identification**

McCREA

**Surname**  
**Nom de famille**

JOHN McNEELY

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**

**Lieu**

7203

**«CONTENTS CONFIDENTIAL»**  
**«CONTENU CONFIDENTIEL»**







No.

RANK

Capt.

NAME

McCrea J. M. S.

T. O. S.

UNIT

109th. Battalion.

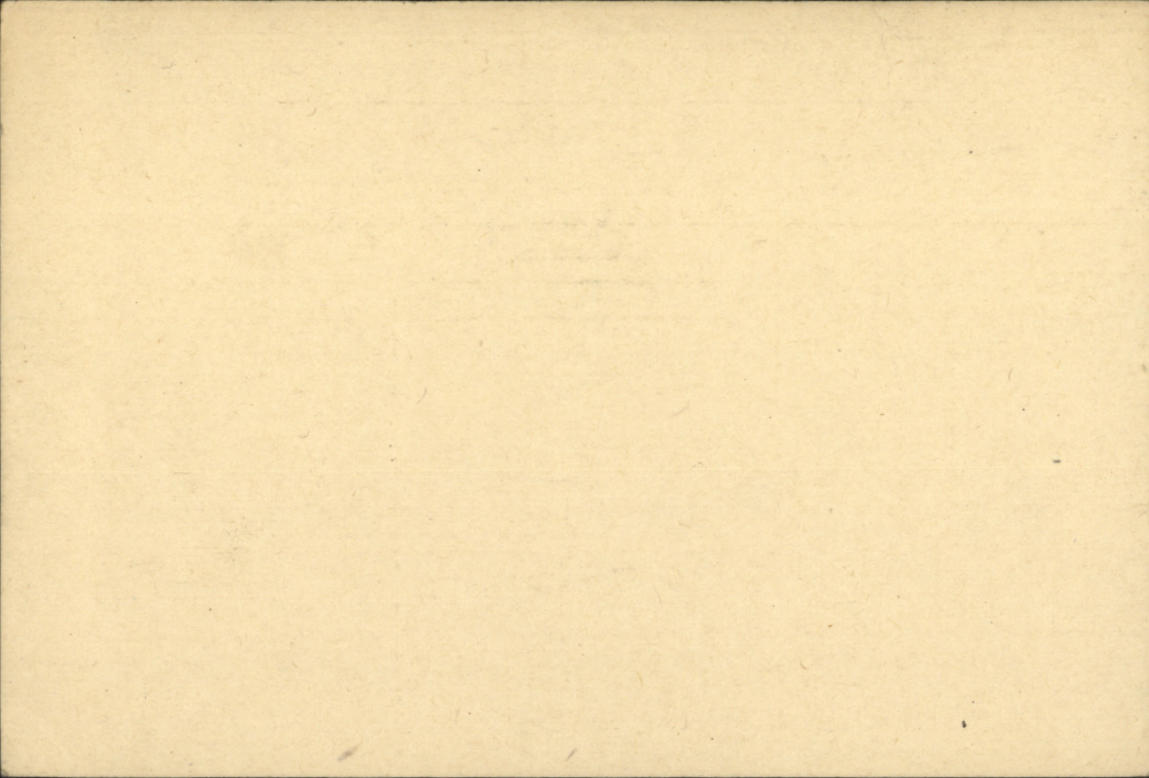
M. D. 17

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 6	1915. Dec. 31	✓	Prom. to Major. 1-1-16.	D. O. S. 19-1-16.
1916. Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓	Proc. app. o. c.	S. O. 141 of 7-6-16

UNIT SAILED

JUL 23 1916







MAJOR

Number.....

Rank.....

Surname.....

MC CREA

Christian Name.....

JOHN MC NEELY

Units.....

Theatre of War.....

ENGLAND

Date of Service.....

23. 7. 16

Remarks.....

Latest Address.....

Omemeo, Ontario

Roll No.....

at Page 3561

200m. 2-21.M.

new Reg

DATE

HISTORY















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

NE. 505

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 OVERSEAS BATTALION, C. E. F.

Regimental No. \_\_\_\_\_ Rank Major Name M. Crae John McNeilly  
C. E. F. brae

Enlisted (a) 24.4.16 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				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.4.16.</u>	
	<u>Disembarked England.</u>		<u>Liverpool</u>	<u>31.7.16.</u>	

E. F. LeCraw Lt. Col.  
for O. C. 109th Overseas Battalion, C. E. F.

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







Original

# MEDICAL HISTORY SHEET.

Surname McBrea Christian Name John McElloch

Examined { on 20 day of April 1916  
at Sunday

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

Birthplace { City or Town Brenell  
County Dumfriesshire

Apparent age 50 years

Trade or occupation Undertaker

Height 5 Feet 7 Inches

Weight 135 Lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 36 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm None Right None Left One  
Number One

When Vaccinated last Feb. 5<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

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

Date	Result	VACCINATIONS.
<u>5-2-16</u>	<u>Good</u>	<u>J McElloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15-4-16</u>	<u>Good</u>	<u>J McElloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J McElloch</u> M.O.
<u>2-5-16</u>	<u>"</u>	<u>J McElloch</u> M.O.
<u>10-11-16</u>	<u>"</u>	<u>M. Boyd</u>

Enlisted on 20 day of April 1916 at Sunday

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>Major</u>		<u>20-4-16</u>
Transferred to.. ..				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Canada</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.







**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 .....

(3) Full Name of Soldier ~~Soldier~~ **Officer John McNeely McCrea Major**

**O.C. "B" Company**

(4) Place of Birth..... **Omemee Ontario Canada**

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

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

(b) Present Postal Address.....

(7) Are you a widower? ..... **Yes**

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

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

Also their names and ages.....







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*Mc. 1138.*

*12236-5-1.*

Name **McCrea, John McNeely**  
Surname Christian Name

Regimental Number \_\_\_\_\_ Rank **Maj.** Address (in full): **Omemeo, Ont.**

Unit **109th Bn.**

Original Unit \_\_\_\_\_

District where paid **Ottawa**

Date of Discharge **25. 5. 17.**

P. D. P. Filing Number **14 Mc5**

Rates:—Regimental pay \$ **4.00** per diem: Field Allowance \$ **1.00** per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L. L. 22573—M. & D. 800P.

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		
455.00	2184	6/8/17	150.00	2087	4/9/17	150.00	2061	5/10/17	155.00		455.00

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

Remarks:



File No. 12236-J-93.

**WAR SERVICE GRATUITY.**

Register No. MC 1138.

Passed to Qu. W. 11. 22/9/19.

Reg. No. Major. Dependent \_\_\_\_\_

Name Mc Brea, John, Mc Neely File No. \_\_\_\_\_  
Address \_\_\_\_\_

Address Box 173 Award ..... days at \$ ..... per day \$ .....  
Omamee, Ont. S. A. .... months at \$ ..... per mo. \$ ..... \$ .....  
Less P. D. P. Credited \$ ..... \$ .....

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

Pay Soldier \$ 155.00 TO SOLDIER TO DEPENDENT  
Pay Dependent \$ ..... Amount

Inw. Captain } 29/9/19 Days 122 Rate 5.00 Due 610.00  
6th. Haydon }  
Less P.D.P. credited 455.00

Clerk RH 30/9/19. Less further Dr. Bal. or overpayment. ✓  
Total ..... Net. 155.00

R  
w/31  
23/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
11/10/19	30/9/19 29446	528199	155.00		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 20.9.19



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

109th Bn.

DATE

AUTHORITY

DATE

AUTHORITY

Address

Major

31-7-16

From Canada

Name

McLara J. McL.

Initials

D.R.O. # 1225.C.T.D.

Bank

2/7-8-16

of Montreal

Amount. \$

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.

1916

Aug 16 Bank

80

21 Pay Aug mess from 31/7/16

187

Bank from Can

80

28 Bank

187

Sep 20 Pay Sep R.

180

26 Bank

180

Oct 19 Pay Oct R

186

21 Bank

186

Nov 17 Pay Nov R

180

25 Bank

180

Dec 11 Pay Dec R

186

1917 13 Bank

186

Jan 20 Pay

186

23 Bank

19283

186

Feb 19 Pay

168

21 Bank

21903

168

Mar 17 Pay Mar R

186

26

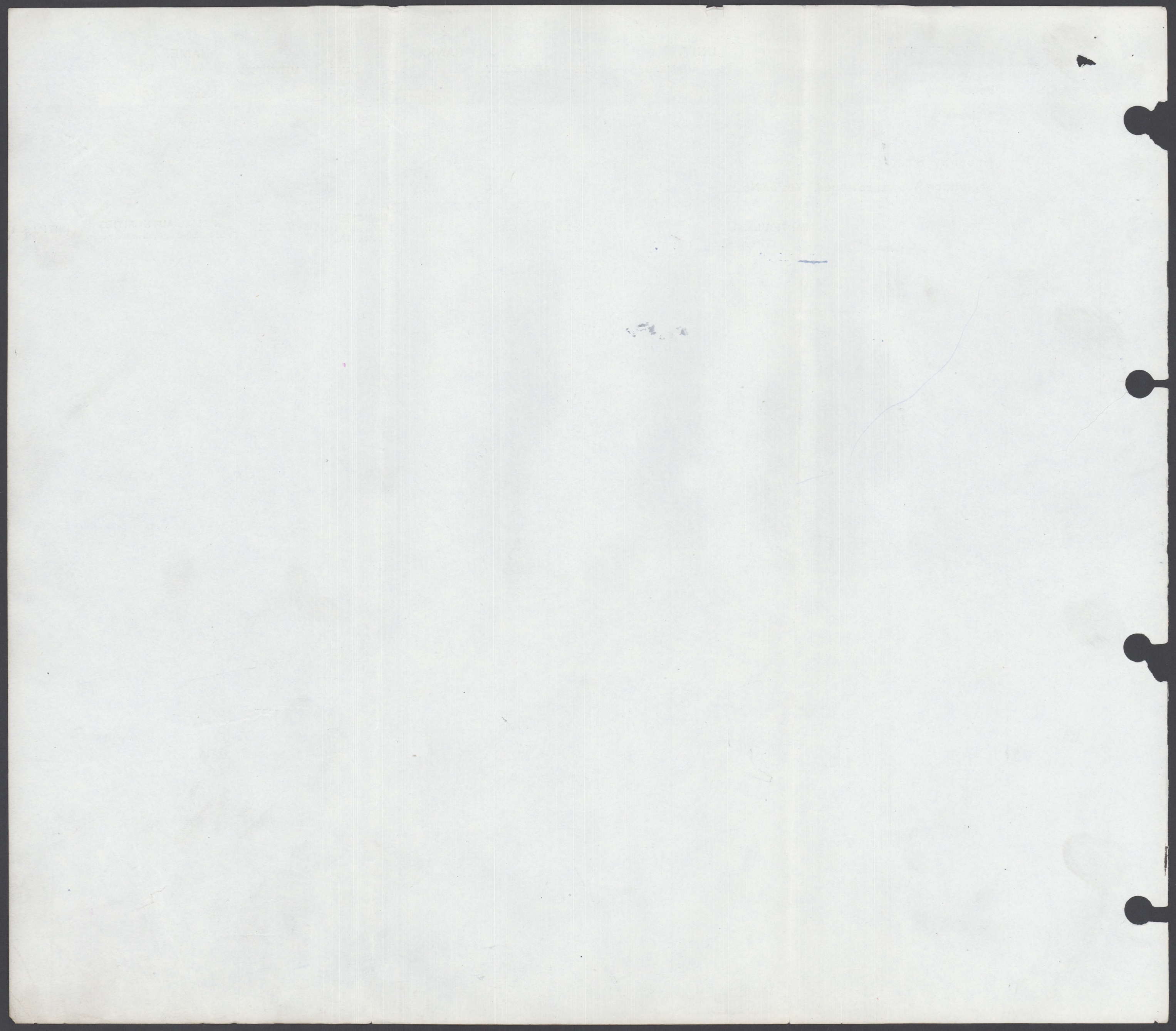
Bank

24836

186

Reb'd to Canada  
L.T. 6 to 31/3/17  
Trf. to M.E. Ledger  
Transfer from Ledger 216  
Ledger 12. 15/7







ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

109 Batten  
124 "

Major - 18/16. Fr. Canada.  
S.R.O. 1225.  
C.T.D. 7/16.

Name M<sup>c</sup> Brae  
Initials J. M<sup>c</sup> N  
Bank of Montreal.

1917-18

S.O. in Canada 3<sup>4</sup>/<sub>17</sub> Surplus to Establishment G.O. 67 B. 9 1150. 13<sup>4</sup>/<sub>7</sub>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
							<p>Ret'd to Canada L.P. 6 to 31<sup>3</sup>/<sub>7</sub>. If to L. Ledger. Transfer from Ledger 21 to Ledger 12. 15<sup>4</sup>/<sub>7</sub>.</p>	



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

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

INITIALS

*Handwritten mark*



Rank and Name

McCrea, John McNeely.

Major.

25-8-16

Regimental No.

Name and Address of Next-of-Kin

Mother

Unit 109th Battn.

Jane McCrea.

Date of enlistment

P.O. Omemeo, Ontario, Canada.

Place of birth Omemeo, Ontario, Canada.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-16



Report

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
8-1-17.	52. Bn	Att'd from 109 Bn for instructional purposes.		29.12.16	PO 4023
10-1-17.	O.C. Bn	On Command of		24.12.16	PO 128 amended by RO 148. A.9.
12-1-17.	A. G.	Transferred to Gen List		23.12.16	PO 78
1-2-17	Witley	Granted leave on Recom. Med Bd.	1-2-17	19-2-17	PO 454
12-1-17	52 Bn	ceases to be att'd on Return to Eng. Field		6-1-17.	Part II ord 4.
16-4-17	AG	Self. 6.2.7 surplus to establishment		3.4.17	PO 572 RO 1150 CEF
31-3-17	24 <sup>th</sup> Bn	att for 10 days course of instruction from		8-3-17	PO 24

4028

From  
109  
19  
9-2  
to  
26



