

9

ATTESTATION PAPER.

No. 132253
Folio.

TRIPPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *McConachie, William*
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? *Alexander Mcgonachie (Father)*
4. What is the address of your next-of-kin? *Dervock County, Antrim, Ireland.*
5. What is the date of your birth? *2nd April, 1888.*
6. What is your Trade or Calling? *Laborer*
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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Sufficient Address
WCS

W. McConachie (Signature of Man.)
W. Williams (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William McConachie*, 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.

W. McConachie (Signature of Recruit)

Date *4 Sept* 191*5*. *W. Williams* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William McConachie*, 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.

W. McConachie (Signature of Recruit)

Date *4 Sept* 191*5*. *W. Williams* (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 *Montreal* this *6* day of *Sept* 191*5*.

W. S. Buchan (Signature of Justice)

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

Lieut Col. (Approving Officer)
C. 73rd Bn. Royal Highlanders of C.

Description of McConachie, William on Enlistment.

Apparent Age 27 years 5 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 4 ³/₄ ins.

Chest measurement { Girth when fully expanded 35 ¹/₂ ins.
 Range of expansion 1 ¹/₂ ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations { Church of England X
 Presbyterian
~~Wesleyan~~ Methodist
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

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 Sept 6 1915

Place MONTREAL L.S. Fosh
 Medical Officer.

*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.

W McConachie 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.

Baudouin Lieut. Col. (Signature of Officer)
 21st Bn. Royal Highlanders of Canada, C.E.F.

Date SEP 4 1915 1915

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. S. B 122

Copy will

1000 card

R 159

Form of will

R 122-1

1000 card

M. F. W. 62.

100m. - 8-17.

H. Q. 1772-39 935.

DISCHARGE DOCUMENTS

Name McCONACHIE WILLIAM

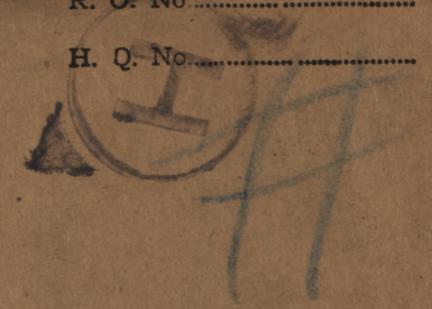
Regt. No. 132 253 Rank Plt.

Corps 73rd Bn

Died of wounds 7-11-16

R. O. No.....

H. Q. No.....



M

(4660

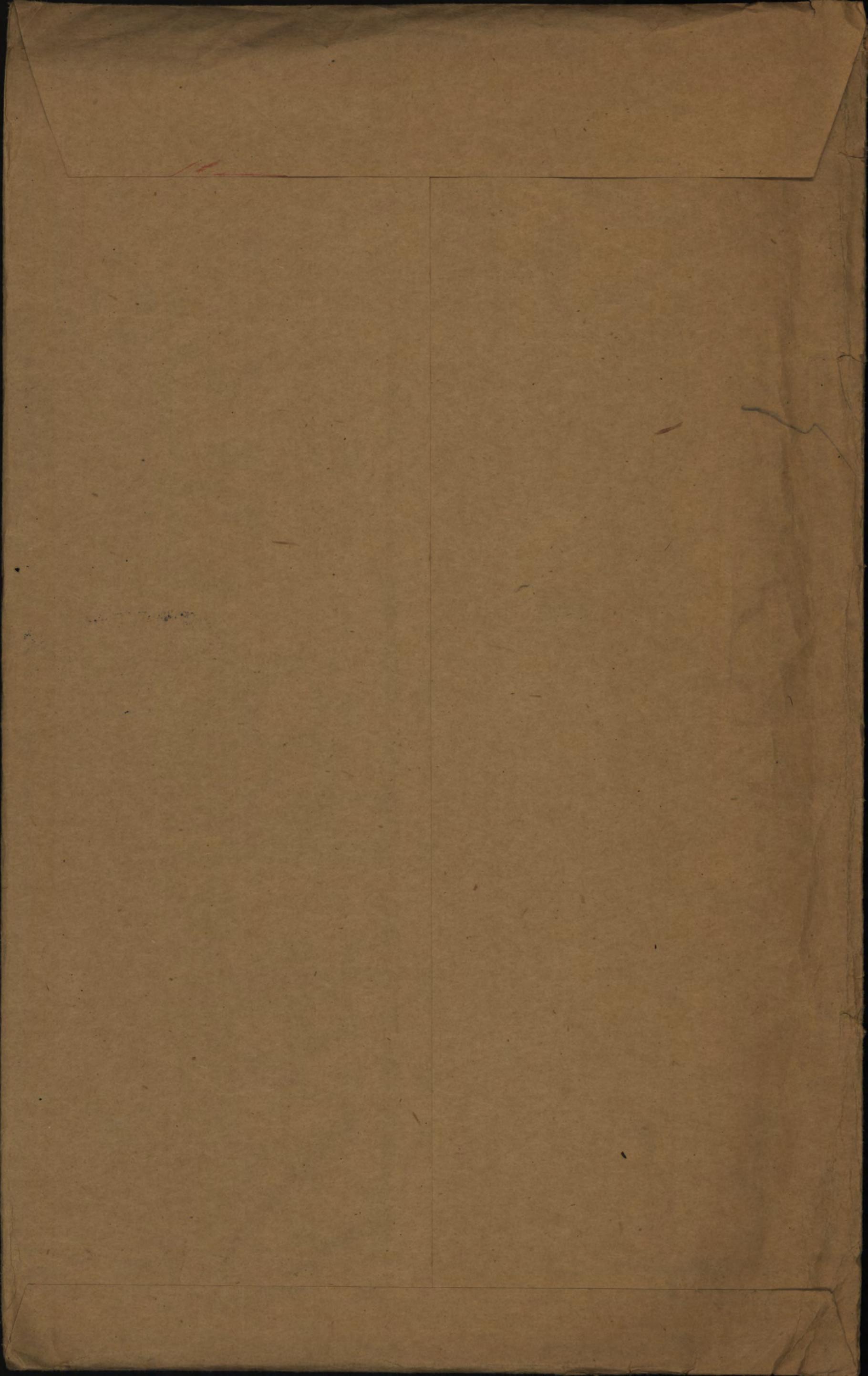


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8-3-21

Form of will
R 122-1
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S



A.D.
Smk

Number. 132253 Rank Ple- *B.*

Surname. Mc CONACHIE *X*

Christian Name. William

Units. 73rd Bn Can Inf Theatre of War, France

Date of Service. 13-8-16 *II*

Remarks.....

Latest Address..... Mrs. Grace McLaughlin ^{sister}
229 Knox Street

Roll No. *B. Page 6183.* Point St-Charles.
Montreal
P.Q.

4855988 *of*

SEP 28 1921

McConachie, Wm., Pte. 132253 73rdBn. 649-M-11096

Med. & Dec. (Sister) Mrs. Grace McLaughlin,
229 Knox Street,
Point St. Charles,
Montreal, P. Q.

M

P. & S. (Father) Alexander McConachie, Esq.,
Dercock, Co., Antrim.
Ireland.

(Ser. # 769012)

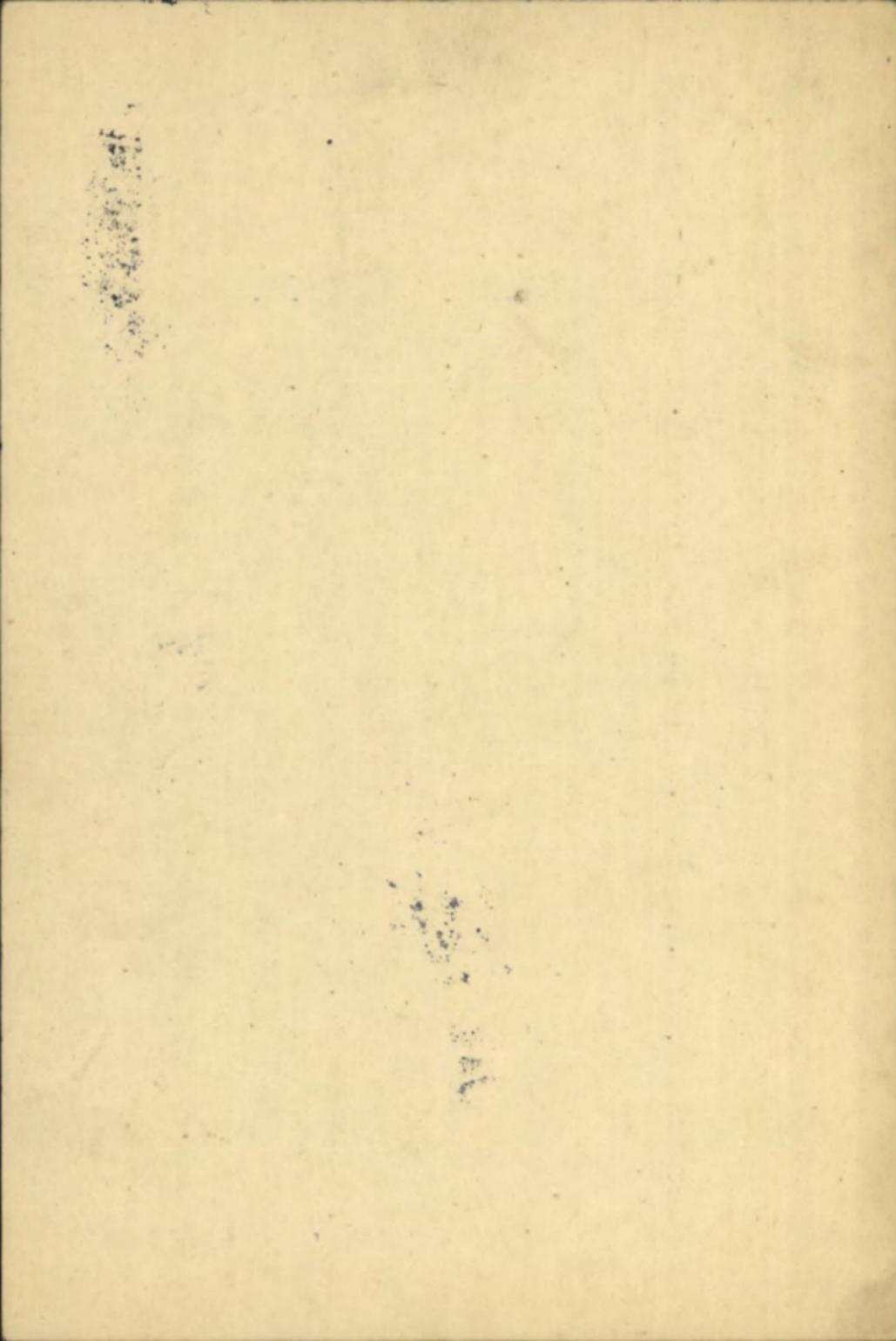
Scroll Desc. JUN 18 1921 Reg. No. 247498

Mem. Cross. JAN 9 1922 NIL P24011

50898

*not elig. 14/15 star
2d elig. U.S.M.
B.W.M.*

B-



649-m-11096

CARD NO.

✓

SURNAME.

McConachie.

CHRISTIAN NAMES

William.

FOLL.

D

REGL. NO.

132253

RANK

Plé

UNIT

73rd

Batt

FORMER CORPS

hil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McConachie, Alexander

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Derwick, Co. Antrim, Ire.

also notify David
McConachie (Brother)
156 Duke St
Montreal, P.Q.
(auth letter 29/11/16)

COUNTRY OF BIRTH

Ireland. Belfast.

DATE

April 3rd 1888.

PLACE OF ATTESTATION

Montreal. P.Q.

DATE

Sept. 6th 1915.

Sailed from Halifax per S.S.

Adriatic 31-3-16-362

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Yes

Church of England.

DESCRIPTION.

APPARENT AGE

27. YEARS

5. MONTHS

HEIGHT

5 FEET

4 ³/₄ INCHES

CHEST MEASUREMENT

35 ¹/₂ INCHES

EXPANSION

1 ¹/₂ INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Fair ¹/₂.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

In ontrial. P.D.

DATE

Sept 6th 1915

NAME *Mc Conachie William*

RANK AND CORPS *Plt 73rd Br*

REGT'L NO *132253*
H. Q. FILE NO. 649- *7M-11896*

FOLLOWS
NO.
FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
<i>04421</i>	<i>9-11-16</i>	<i>Died of wounds No 5 Gen. Hosp. Rouen Nov. 7th 1916 (Y.S.W. Shoulder)</i>
<i>A F B</i>	<i>2090^a</i>	<i>Died of wounds received in action Nov. 7th</i>
<i>Rouen</i>	<i>10-11-16</i>	<i>1916. (Received 10-3-17)</i>

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 56

O/C No 5 Gen. Ronen. Rep.

7-11-16

Y.S.W. Shoulder

Dang. ill

A 56

O/C No 5 Gen. Ronen. Rep.

7-11-16

Y.S.W. Shoulder

Died of Wounds

Name **McCONACHIE.** Rank **Private.**Reg. No. **132253**Unit **73rd. Battalion.**
William,
Alexander McConachie,*R. L. 25-M-3365*Next of Kin **Dervock, County Antrim, Ireland.**

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-11	O.C.No.5 Gen.Hosp. Reports:-Dang.ill.	Rouen				
7-11	O.C.No.5 Gen.Hosp. Reports:-	Rouen	GSW Shldr.	A56	04421 C.948	No20 9-11
			-do-		8-11	
		<u>DIED OF WOUNDS.</u>				

No. 132253. RANK *Plt*

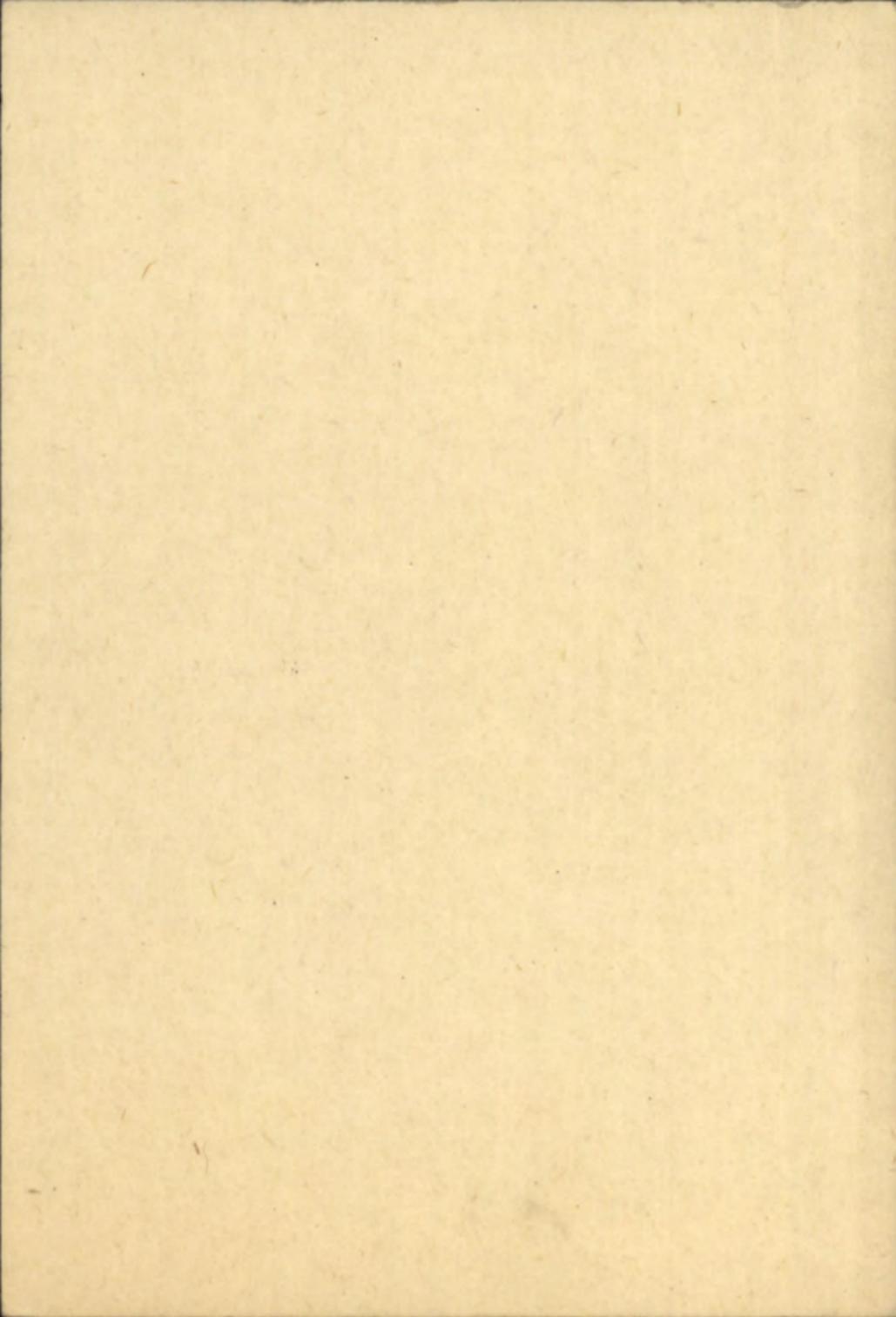
NAME *Mc Bonnachie W.*

T. O. S. *4-9-15 (no 329) 6915* UNIT *73rd. Battalion C. I. F.*

M. D. *4.*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Sept 4</i>	<i>Sept. 30</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
	<i>Dec</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>			
	<i>Jan</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		

UNIT SAILED
MAR 31 1916



Surname **McConachie** Christian Name or Names **W.** Reg. No. **132253**
 Rank **Pte.** Unit **73rd Bn.** Co. Troop Batty.
 Hospital **5 Gen. Rouen** Date of Admission **7.11.16**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W.Shldr.(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 7.11.16

DISPOSITION

Date

C.L. 9.11.16 A56

REMARKS

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.

FORM OF WILL.

D.
I, William M. Couache (Name in full)
Regimental Number 132253 serving in 73rd Bn. R.H. of Canada
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs G. M. C. Laughlin Sister } Name & Address
42 Reading St } of person or
Pt. St. Charles Montreal } persons to whom
Canada } it is to go.
absolutely, and my personal estate I bequeath to

Mrs G. M. C. Laughlin } Name & Address
42 Reading St } of person or
Pt. St. Charles Montreal } persons to receive
Canada } personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 9th day of June A.D. 1916
W. M. Couache Signature

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence, at
his request, and in the presence of each other have hereunto subscribed
our names as Witnesses.

Name of Witness William Henry Cooke
Address of Witness 623 Marquette St
Occupation of Witness Soldier
Name of Witness Edward Tyler
Address of Witness D. Co. 73rd R.H.C.
Occupation of Witness Soldier.

20764

FORM OF WILL

I, Mr. William M. Campbell
of the County of Rock State of Mississippi
do hereby certify that the foregoing is a true and correct copy
of the original of the above and last will and testament of the
said William M. Campbell as the same appears from the records
of the said County of Rock State of Mississippi this 15th day of
August 1885.

Witness my hand and seal of office at the City of Rock
State of Mississippi this 15th day of August 1885.

Notary Public for the State of Mississippi
My commission expires on the 15th day of August 1886
My office is at Rock Mississippi

Subscribed and sworn to before me this 15th day of August 1885
at Rock Mississippi

Signed and acknowledged by the Testator and for his heirs in
the presence of us both present at the same time who in the presence of
his regular and in the presence of each other have hereunto subscribed
our names as Witnesses

Name of Witness Mr. William M. Campbell
Address of Witness Rock, Miss.
Occupation of Witness
Name of Witness
Address of Witness
Occupation of Witness

CERTIFIED COPY
28 AUG. 1916
CAN. RECORDS, LONDON.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 73rd (Overseas) Bn. Royal Highlanders of Canada, C.I.F.

Regimental No. 132253 Rank Private Name McConachie, William

Duration of War

Enlisted (a) 4/9/15 Terms of Service (a) _____ Service reckons from (a) 4/9/15

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) Labourer

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked at Halifax on R.M.S. "Adriatic", March 31st, 1916. Arrived at Liverpool, April 9th, 1916.			
		Proceeded for service Overseas		AUG 12 1916	<i>James Buchanan</i> Adj. 73rd Bn. Canadian Infantry. Royal Highlanders of Canada.
7 1/6	5 Gen. Hosp.	DISEMBARKED Died of Wounds received in Action	HAVRE Field	13 5/16 7 1/6	Det. K1137/2076, Lt II Orders 252, dt 10 1/6 D.O. 38, dt 10/11/16 <i>James Buchanan</i> for Lieut. Colonel, Adj. G.

(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.

Form 100-10 (Rev. 1-27-60)

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				

25-M-3365

W.W.J. Rank Name **McCONACHIE, William.** Reg'l No. **132253.**
 Unit **73rd. Bn.** If in perm. Corps, }
 What Unit? } **Montreal.** Married or Single **Single.**
 Place and Date of Enlistment **4th. September 1915.** Place of Birth **Belfast.**
Ireland.
 Name and Address, Next-of-Kin **Alexander McConachie.**
Dervock County, Antrim, Ireland. Relationship **Father.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

mx
8.3.21
21

Discharge, Date and Place Reason Character

Date.	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.				
						<i>D.W.</i> A.F.B. 103 CHECKED 18 AUG. 1916 <i>mm</i>
	Auth. S.R.O. 594	10/4/16	<i>Arrived in England</i>	10 APR 1916		S.S. Adriatic
	11 8-16	73rd.	Embarked For France	Bramshott	12-8-16	Part 2 D. O. 201
9.11.16		73rd Bn	Adm No 5 General Hosp	Rouen	7.11.16	62 No A 56. S.S. W. Shoulder <i>Dangerously ill</i>
9.11.16		73rd Bn	<i>Died of Wounds</i>	Rouen	7.11.16	62 No A 56. S.S. W. Shoulder
10.11.16		<i>v v</i>	<i>Died of Wounds</i>	Field	7.11.16	Part 2 D. O. 201



2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

465

Mrs

To Whom

Address

CGM

Grace McLaughlin
~~527 Knox St.~~
 42 Reading St
 St Charles Montreal
 P. Q.

By Whom Assigned

Regtl. No.

Rank

Corps

McConachie W.

132253 ✓

Pte

D Coy. 73rd Bn.

Rate

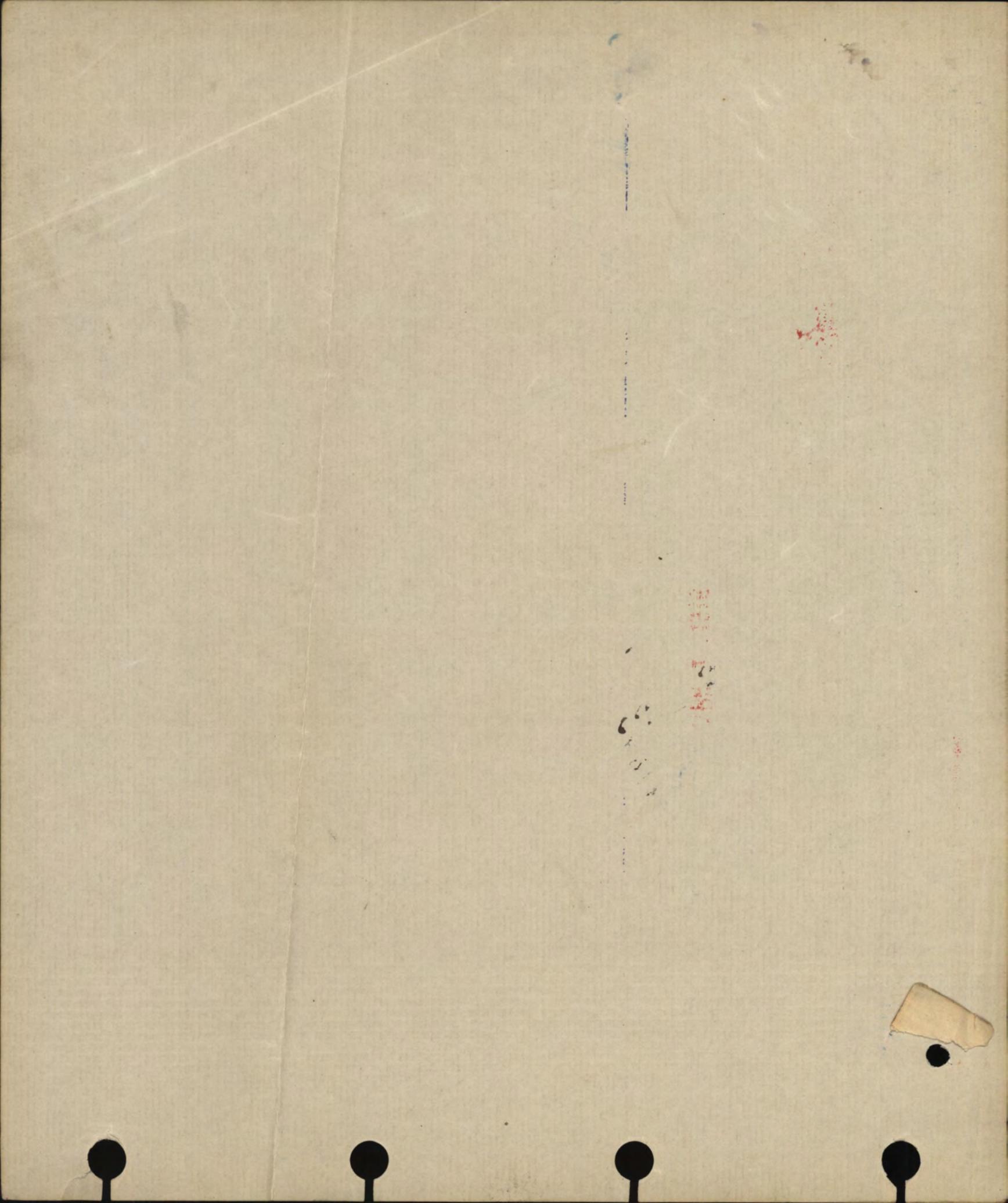
\$16.00

APR 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				

Deed of wounds Nov 7/16 to (11)
 9/6 EA/B



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 Form. 216.
 H. O. 1172-23-319.

Sheet No. 2. *Mrs Grace McLaughlin*

OVERSEAS CONTINGENTS

Name of Soldier *McC Donachie W.*
 132 257

PAYMENTS.

L. L. Job 95618-M. & D. 6555.

10 May 73 Sett.

Month.	Year.	Cheque No.	Amt.
April	1916	W2313	16 ✓
May		44902	16
June		W8818	16
July		W10957	16
Aug.		B12887	16
Sept.		Q17319	16
Oct.		521908	16
Nov.		Q27214	16
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

16⁰⁰ APR 1 1916
 Remarks
Re Marked June 9/16.

account closed bas

E.X. Rend. Date Serial by .1.2...
E.F.X. " 8 1/2 by SUP...

1917

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.				

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Belfast Ireland*
 NAME AND ADDRESS OF NEXT OF KIN *Alexander Mc bonachie*
Dervock. County. Antrim. Ireland
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Died of Wounds.</i>	<i>8-11-16</i>	<i>C.P.A. 56</i>
	<i>9/11/16</i>	

REG'L No. *132253* RANK *Pte.* NAME *Mc bonachie. William*
 IF IN PERM. CORPS
 WHAT UNIT *73rd Bn* TRANSFERRED TO *N.E. Branch* DATE *8-11-16* AUTHORITY *C.P.A. 56*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *14th Sept 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *16.00* DATE EFFECTIVE *4/5/16*
 PAYABLE TO *Wm G. MacLennan, 522 Avenue R. Montreal* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *11/11/16* EFFECTIVE *1/12/16* REASON *Died of wounds, C.P.A. 56*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *8-11-16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

NOV 30 1916
 Entered on N.E. Card Index
 Checked by *E.J. Martin*

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT												
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE	
<i>1-31</i>																																								
<i>May 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>10</i>																																<i>6' from previous acc.</i>
<i>June 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>00</i>																																
<i>July 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>																																
<i>Aug 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>																																
<i>Sep 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>00</i>																																
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>31</i>	<i>10</i>																																
<i>Nov 1-7</i>	<i>7</i>		<i>7</i>		<i>7</i>		<i>7</i>	<i>70</i>																																

Checked *W. Ward*

W. July 17

Statement of
 JUN 20 1917
 See next render

Trans to N.E. Branch 8-11-16
 Died of Wounds 9/11/16
 C.P.A. 56

State Ottawa for Feb. 25/17 v 95.

HWTB

ORIGINAL

132253

MEDICAL HISTORY SHEET.

7

Surname Mcgonachie Christian Name William

Examined { on 6 day of Sept 1915
at MONTREAL
Birthplace { City or Town Belfast, Ireland.
County _____

Approved by L S Fashli
Rank Captain M.O.

Apparent age 27 years
Trade or occupation Laborer
Height 5 Feet 4 3/4 Inches.
Weight 126 1/2 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 35 1/2 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.

Vaccination Marks { Arm Right Left
Number 4
When Vaccinated last Childhood

Date	Result	VACCINATIONS.
<u>FEB 1 1 1916</u>		M.O.
		<u>L.S.F</u> M.O.
		<u>Positive</u> M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection
Referred to Dental Corps

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/9/15</u>	<u>Good</u>	<u>Good</u> ✓ M.O.
<u>SEP 17 1915</u>		M.O.
<u>OCT 29 1915</u>		M.O.
<u>July 22nd 1916</u>		<u>TAD L7</u> M.O.

Enlisted on 6 day of Sept 1915 at MONTREAL

Corps	REG'TL NUMBER.	HABITS.	DATE.
<u>73rd Bn. Royal Highlanders of C...</u>	<u>132253</u>		
Joined on enlistment			
Transferred to.. ..			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

