

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your surname? *McDonald*
- 1a. What are your Christian names? *Alexander*
- 1b. What is your present address? *18 Belmont St Montreal*
- 2. In what Town, Township or Parish, and in what Country were you born? *Montreal*
- 3. What is the name of your next-of-kin? *Mr W F McDonald*
- 4. What is the address of your next-of-kin? *18 Belmont St Montreal*
- 4a. What is the relationship of your next-of-kin? *mother*
- 5. What is the date of your birth? *1896*
- 6. What is your Trade or Calling? *Driver*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *yes 1902 South*
If so, state particulars of former Service. *Feb 1916 - to Nov 1917*
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? *yes*
- 13. If so, what was the nature of the disability? *injury to left leg*
- 14. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *no*
- 15. If so, what was the reason? *no*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alexander McDonald* do solemnly declare that the above are answers made by me to the above questions, and that they are true, and that I am willing to fulfil the engagement by me now made, and I hereby agree to re-engage and remain in the CANADIAN EXPEDITIONARY FORCE for the purpose of receiving further medical treatment for a disability caused or aggravated by my former service, for the term of one year, or until legally discharged.



Alexander McDonald (Signature of Recruit)

Date *Nov 8 1917* 19 *17* *M. Maurice* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alexander McDonald*, 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.



Alexander McDonald (Signature of Recruit)

Date *Nov 8 1917* 19 *17* *M. Maurice* (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 *7* with *7* day of *December* 191 *7*.

[Signature] (Signature of Justice)

Description of Alexander McDaniel on Enlistment.

Apparent Age 21 years..... months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height..... ft..... ins.

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

Complexion Dark

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above named applicant and find that he should be re-admitted into..... for treatment for disability caused or aggravated by service.

Disability Acute Pulmonary disease
N. Y. S. probably infant

Date Dec 4 - 1917

Place Montreal

McDaniel cert
 Medical Officer.

NOTE.—Should the Medical Officer consider that the applicant should not be re-admitted for further treatment, he will briefly state the reason for his decision.

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....(Signature of Officer)

Date.....191

ATTESTATION PAPER.

No. 919037

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... MacDonald.
- 1a. What are your Christian names?..... Alexander.
- 1b. What is your present address?..... 37 Balmoral Street, Montreal.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Vankleek Hill, Ont.
- 3. What is the name of your next-of kin?..... Hugh McDonald.
- 4. What is the address of your next-of-kin?..... 37 Balmoral Street, Montreal.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... 24th May, 1896.
- 6. What is your Trade or Calling?..... Driver.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Alexander McDonald (Signature of Recruit)

Date March 1st 1916 Street (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander McDonald, 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.

Alexander McDonald (Signature of Recruit)

Date March 1 1916 Street (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 first day of March 1916

Justice (Signature of Justice)

Description of ALEXANDER MACDONALD. on Enlistment.

Apparent Age.....19.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 4 1/2 ins.

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

Complexion.....Dark

Eyes.....Grey

Hair.....Dark Brown

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

*Scar on right arm
 3 scars on left
 scar on stomach
 right cheek.*

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.....Mar 1st 1916

Place.....Montreal

[Signature]
 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.

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

[Signature] (Signature of Officer)

Date.....March 1st 1916

MC DONALD ALEXANDER

919037

199 BN

07369

M.U.

MB



REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

1870
JANUARY 10

DUPLICATE

18 Belmont Street Montreal Que. McDonald, A. H.

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

McDonald, A. H.

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. 199th Duchess of Connaughts
Owa Irish Canadian Rangers

(2) Regimental Number 819037

(3) Full Name of Soldier McDonald, Alexander.

(4) Place of Birth Bankley Kill Ont.

(5) Are you married, or not? Not

(6) If married, state,
 (a) Full name of your wife NIL
 (b) Present Postal Address NIL

(7) Are you a widower? NO

(8) Have you any children? NO
 If so, give number of boys and girls NIL
 Also their names and ages NIL

(9) Is your Father alive? **Yes**
If so, state name and address **Hugh.F. McDonald 18 Belmont Street. Montreal. Que**

(10) Is your Mother alive? **Yes**
If so, state name and address **Mrs. H.F. McDonald**
Same as Above

(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.
NIL

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

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

(15) Are you insured? **No**
If so, in what Company? **NIL**
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date **Oct. 25th/16**

[Signature]
Officer Commanding.

MacDonald, A., Pte. 919037 199th ^{23rd. Res. Bn.} Bn ^{form} 649-M-20453

Med. & Dec. (Mother) Mrs. Agnes MacDonald.
582 Chateaubriand Ave., 18 Balmoral St.,
Auth. 649-M-20453. Montreal, P. Q.
5/2/21 MK.

P. & S. (Father) Hugh F. MacDonald. Esq.,
Ser # 807867
Address as above.

DESPATCHED Y1700 MAR 23 1921

Mem. Cross. (Mother) Scroll Desp. MAY 5 - 1921 " Reqn. No 241485

APR 1 1922
Plague Desp. Reqn. No P33980

not elig. for star.
not " " U.M.
m.f. Elig. " B.U.M.

1002

M

641571

JAN 18 1921

Mem x rec'd # 22-2-21.

M x Ret'd 11/9/21 not called for.

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 919137 RANK Pte

NAME McDonald Alex

T.O.S. 1-3-16
(No# 14-13-16)

UNIT 199th Battalion
(Irish Canadian Rangers)

M. D. 4

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Mar 1	Mar 31	✓		
April		✓		
May		✓	Forfeits 4 days pay.	Do 65 of 1-5-16.
June		✓	Awarded 48 hrs. detention	Do 65 of 1-5-16.
July		✓	Forfeits 3 days pay.	Do 100 of 12-6-16.
Aug.		✓	Fined \$6.00 & forfeits 2 days pay.	Do 102 of 14-6-16.
Sept.		✓	Prom. Cpl. 31-7-16	Do 140 of 31-7-16.
Oct.		✓		Do 217 of 28-10-16.
Nov.		✓	Reverts to permanent grade 2S/10/16	Do 237 of 17-11-16.
Dec.		✓	Forfeits 1 days pay.	Do 250 of 2-12-16.
		✓	Forfeits 1 days pay.	

UNIT SAILED

DEC 15 1916



com.

B

Number... 919037... Rank... Pte.

Surname... MCDONALD

Christian Name... Alexander

Units... 199th Bn. Can. Inf... Theatre of War... F.N.G.

Date of Service... 26.12.16... D.

Remarks...

Latest Address... Mrs A McDonald (m)

582 Chateaubriand Ave

Roll No. A Page 1046

Montreal P Q

APR 22 1922

REGN. NO. GS. 28187

649-M-20458

S.O.S. Discharged
23/10/17
1918-4-4
D

NAME

Mac Donald, Alexander

RANK & No. Pte.

919037
Batt.

CORPS 199th.

ENLISTMENT, PLACE

Montreal, P.Q. DATE March 1st. 1916.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Vanhook Hill - Ont.

NEXT OF KIN

Mac Donald, Hugh.

ADDRESS OF NEXT OF KIN

37, Balmorel St., Montreal P.Q.

DISCHARGE, PLACE

DATE

Re-quested in Montreal 4/12/17 Deceased 13/2/18.
O/S 13/12/16.

Rtd # Canada per S. Scotia 2/17/17 (auth. J. 344)
From Halifax per S.S. "Olympic" 13/12/16.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Driver

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

19

YEARS

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Gray

HAIR

Dark Brown

DISTINGUISHING MARKS

Scar on right arm,
3 " " left "

Scar on stomach, scar on right cheek.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

March 1st 1916

REMARKS:

Surname

Christian Name or Names

Reg. No.

McDonald

A.

919,037

Rank

Unit

Co.

Troop

Batty.

Pte

199th Bde

Hospital

Inty. Hosp. Bramshott.

Date of Admission

4-4-17.

Transferred

Woodcote Park & prom

Hosp. *24.4.17*

Hosp.

Hosp.

Hosp.

Diagnosis

Varicose Infection

(1)

Later Diagnosis (if changed)

Crythemia

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 21.7.17.

Date

CL 13-4-17 #33.

REMARKS

1.5.17 #40

*27.7.17. 60 To Canada per H.S.
Jeticia from S'pool.*

21.7.17

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.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

W. A.

012271-A 26

Name **McDonald, Alexander**
Surname Christian Name

Regimental Number **919037** Rank **Pte.**

Address (in full) **18 Balmoral St.,**

Unit **199th Bn.**

Montreal, P.Q.

Original Unit

District where paid **M.D. 4.**

Date of Discharge **23-10-17.**

P. D. P. Filing Number **10-57-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance **\$20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	1131	13-12-17	53 00	1112	17-1-18	53 00	1116	21-2-18	54 10		160 10

M. F. W. 127.
50M-6 17.
1172-39-1140.

Remarks:

File No. _____

WAR SERVICE GRATUITY.

Register No. _____

Reg. No. _____ Dependent _____

Name _____ Address _____

Address _____

Pay Soldier \$ _____ Pay Dependent \$ _____

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR

Posting checked by

.....

Date.....

Name *Mr. Donald A. Re*

Regimental No. *919037*

Home
Name and address of next-of-kin *18 Balmoral St
Montreal P. Q.*

Unit *199th Bat.*

Date of enlistment *1-3-16*

*14th Med. Board Rec. Conv. Home
Pa. 20⁰⁰xx Pd. Fr 13/16 to 31st 17 Total \$360⁰⁰xx*

Place of " *Montreal P. Q.*

Married (yes or no) *Mother*

Date and place discharged *M D Y 23-10-17*

Amount of pay assigned monthly \$ *20⁰⁰xx Fr 1/16 to 31st 17 Total \$160⁰⁰xx*

a/p for Dec. 1916 received on P.P. 199th Am

Reason for discharge

To whom payable *Mrs Agnes M. Donald
18 Balmoral St.
Montreal P. Q.*

Character on discharge

Settled 2-8-17

Category D.3 H. 2 649-M-20453

b 5351-M. & D. 6880.

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	2nd. 20
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
	<i>1st 17</i>												<i>18 39</i>		<i>Eng L. P. Q.</i>	
<i>2nd 17</i>	<i>31st 17</i>	<i>61</i>	<i>1.00</i>	<i>61.00</i>	<i>61</i>	<i>10</i>	<i>6.10</i>	<i>67.10</i>					<i>40.00</i>	<i>58.39</i>	<i>L. D. Quebec</i>	
								<i>67.10</i>					<i>8.71</i>	<i>67.10</i>		

br Bal.

*Trans to A. Unit
Fr 1-9-17 with
br Bal.*



Eng Ass Pay chgd Fr 1st 17 to 31st 17

a.s.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.-7-16
 H. Q. 1772-39-819

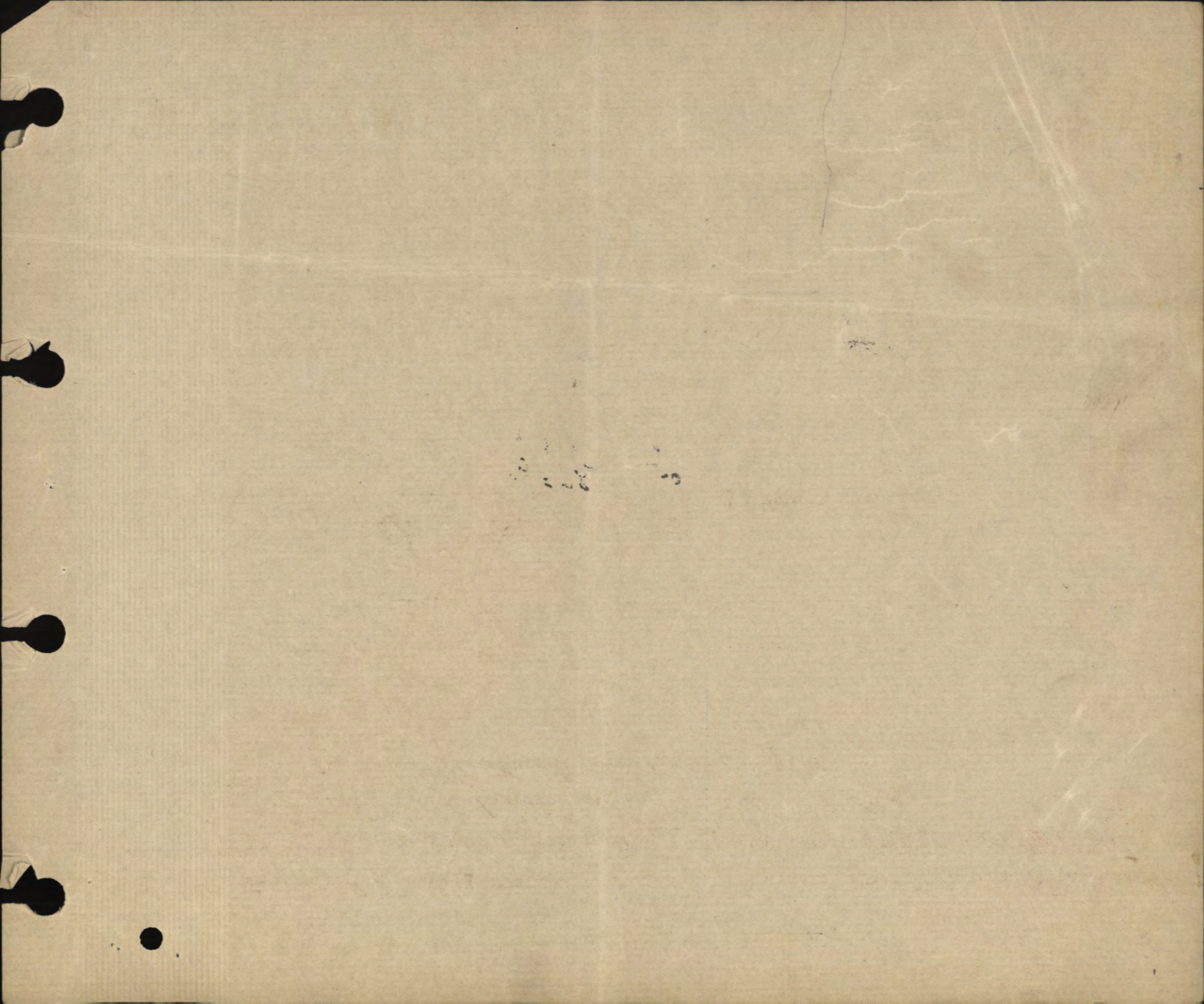
To Whom *Mrs H. J. McDonald*Address *78
37 Balmord St -
Montreal Que*Rate *20 00*By Whom Assigned *McDonald Alex*Regtl. No. *919037*Rank *Plt*Corps *199 Bat - I E. Range.*

DEC 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				

Acc closed.



1-3-16
SEPARATION ALLOWANCE

Name *Mrs. Agnes Mc Donald* Name of Soldier *Mc Donald Alex.*
 Address ~~37~~ *18* *Balmoral St.* Regtl. No. *919037*
Montreal Rank *Pte.*
Que. Corps *199th. Bom.*
 Relation to Soldier }
 wife, child or mother } *Wid Mother* To what Corps belonging }
 when called out } ✓ ✓

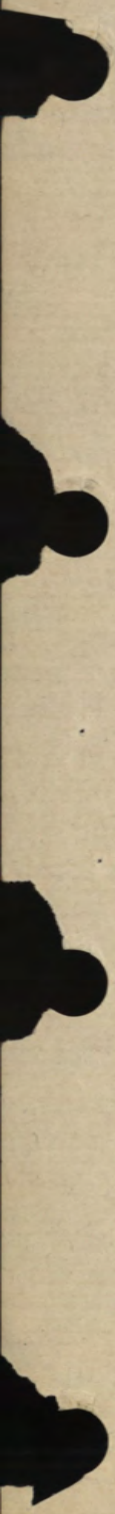
PAYMENTS

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

COPIED
FOR
CASUALTIES.



ACCOUNT CLOSED
DATE..... PER.....
W



11
11
11
11
11



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2. *Mrs H. J. McDonald*

Name of Soldier *McDonald Alex*

L. L. Job 4503. - Req. 6832.

PAYMENTS.

919037 - Plt. 199 Pat. JCRanges

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20 00</i> DEC 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<i>Ch</i> 1917	<i>3634738</i>	<i>40</i>	
Feb.		<i>45948</i>	<i>20</i>	<i>20.00</i>
March		<i>451782</i>	<i>20</i>	<i>20.8.</i>
April		<i>3406</i>	<i>20</i>	
May		<i>9766</i>	<i>20</i>	<i>20.8.</i>
June		<i>15908</i>	<i>20</i>	<i>2</i>
July		<i>23828</i>	<i>20</i>	<i>20 R</i>
Aug.				<i>160</i>
Sept.				<i>A/c Closed 3/17/17</i>
Oct.				<i>Ret'd per Titata</i>
Nov.				<i>Date 3/17/17 F. X. 1/8/17</i>
Dec.				<i>Clerk [Signature]</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

mother

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. Agnes Mc Donald*

Name of Soldier *Mc Donald Alex*
Pte.

L. L. Job 310.-Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		<i>d 11614</i>	<i>120</i>	}
Aug.		<i>-</i>	<i>-</i>	
Sept.		<i>L 16561</i>	<i>20</i>	<i>20</i>
Oct.		<i>P 20237</i>	<i>20</i>	<i>20</i>
Nov.		<i>W 23822</i>	<i>20</i>	<i>20</i>
Dec.		<i>W 26732</i>	<i>20</i>	<i>20</i>
Jan.	<i>1917</i>	<i>29820</i>	<i>20</i>	<i>20</i> <i>Dis. (M.U.) 23/10/17 # 4 DPMX</i>
Feb.		<i>G 22944</i>	<i>20</i>	<i>20</i> <i>20/10/17</i> <i>Imors 10/17</i>
March		<i>136100</i>	<i>20</i>	<i>20</i>
April		<i>3265-4 2034</i>	<i>20</i>	<i>20</i> <i>g 2034 Cancelled</i> RE-WRITE
May		<i>H 5081</i>	<i>20</i>	<i>20</i>
June		<i>H 3398</i>	<i>20</i>	<i>20</i>
July		<i>H 11588</i>	<i>20</i>	<i>20</i>
Aug.		<i>P 11891</i>	<i>20</i>	<i>20</i> <i>mailed 31/8/17 J.K.F.</i>
Sept.				
Oct.				<i>..... A/c Closed 31/11</i>
Nov.				<i>Ret'd per Letitia</i>
Dec.				<i>Date 21/11/17 20/11</i>
Jan.	1918			<i>..... Clerk M. Rochow</i>
Feb.				
March				
April				
May				
June				
July				

360

ACCOUNT CLOSED

DATE..... PER..... *W*

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.				

FORM OF WILL.

Name in full.

I Alexander MacDonald.

Regimental Number 919037 serving in 199 Batt

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mrs H.F. MacDonald

18 Balmoral St

Montreal

Canada

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 26th day of February A.D. 1917.

Alex MacDonald

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Clarence F. Potter Sergeant

Address of Witness 667 Front ST St Lambert Que Canada

Occupation of Witness Bank Clerk

Name of Witness Cornelius A. Regan Sergeant.

Address of Witness 1011 Green Ave Westmount P.Q. Canada

Occupation of Witness Electrician.

Certified as a true copy of the original will of

for Lt.-Col. i/c Estates

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. McDonald, A. No.919037, 199th Battn.

The original will was forwarded to Ottawa, as requested (cable)

FORM OF WILL

I, Alexander McDonald

Testamentary Number 019037 serving in 1952

of the Dominion Republic hereby revoke all former Wills made by me and hereby this to be my last Will

I HEREBY BEQUEATH ALL MY LAST ACQUIRED AND ABSOLUTE AND MY PERSONAL ESTATE I HEREBY TO

Name & Address of person or persons to receive bequest (see Note 1)

Mrs. A. McDonald

19 St. James St

Montreal

Quebec

IN WITNESS WHEREOF I have hereunto set my hand and seal

Alex McDonald

Alex McDonald

19 St. James St

Montreal

Quebec

1911 Green Ave

Montreal

Quebec

[Handwritten signature]

[Handwritten signature]

NOTE

The original will was forwarded to Ottawa, as requested (copy)

FORM OF WILL.

Name in full.

I Alexander MacDonald.

Regimental Number 919037 serving in 199 Batt

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

.....
.....
.....

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mrs H.F. Mac Donald
18 Balmoral St
Montreal
Canada

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 26th day of February A.D. 1917.

Alex MacDonald
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Clarence F. Potter Sergeant
Address of Witness 667 Front St. St. Lambert Que Canada
Occupation of Witness Bank Clerk
Name of Witness Concettina A. Regan. Sergeant.
Address of Witness 1011 Green Ave Westmount Pk. Canada
Occupation of Witness Electrician.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

Name of Testator

Residential Number

Address

I, the undersigned, being of legal age and sound mind, do hereby make and declare this to be my last Will

Name & Address of Executor or Person to whom I leave my Estate

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____ 19____

I have read this will and know the contents thereof and it is my free will and choice to make the same

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

I hereby give, devise and bequeath all my personal estate I own to

Name & Address of Beneficiary

FORM OF WILL

I, Alexander MacDonald (Name in full)

Regimental Number 919037 serving in 199 Batt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

and bequeath
I devise all my real estate unto

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Name and Address
of person or
persons to receive
personal estate*
(See note).

Mrs. H. F. MacDonald
18 Balmoral St
Montreal Canada.

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 26th day of February A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Alex MacDonald Signature of Soldier.

*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.

Signature of First Witness Clarence P. Potter Sergeant
667 Front St. St. Lambert Que. Canada
Address of Witness

THE TWO WITNESSES Occupation of Witness Bank Clerk

MUST SIGN HERE Signature of Second Witness Cornelius A. Regan Sergeant

1011 Green Ave. Westmount P.Q. Canada
Address of Witness

Occupation of Witness Electrician

I hereby certify that this document is a true copy of an original document now in possession of this office.
14/5/18
W. H. Taylor
Director Military Estates.

1940

FORM OF WILL

WILL OF

BRUCE W. WEAVER JR.

WADSWORTH, MASSACHUSETTS

I hereby certify that this document is a true copy of an original document now in possession of this office

Notary Public for the State of Massachusetts
J. W. [Signature]

FORM OF WILL.

Name in full. I Alexander MacDonald.

Regimental Number 919037 serving in 199 Batt

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto

RECORDS & IDENTITY O.M.F. OF C.	
GREEN ARBOUR HOUSE.	
OLD BAILY LONDON, E.C. 4.	
REF TO	<u>RMA1</u>
26 APR 1918	
%o	<u>L</u>
FILE CHARGE	SPACE
TO	
ACTED	

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

Mrs H. F. MacDonald

18 Balmoral St

Montreal

Canada

Fill in Date and Year. IN WITNESS WHEREOF I have hereunto set my hand this 26th day of February A.D. 191 7

Alex MacDonald

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness	<u>Clarence F. Potter Sergeant</u>
Address of Witness	<u>667 Front St St Lambert Que Canada</u>
Occupation of Witness	<u>Bank Clerk</u>
Name of Witness	<u>Cornelius A Regan Sergeant.</u>
Address of Witness	<u>1011 Green Ave Westmount P.Q. Canada</u>
Occupation of Witness	<u>Electrician.</u>

Certified as a true copy of the original will of Lt.-Col. J. E. Esdales.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. McDonald, A. No. 919037, 199th Battn.
The original will was forwarded to Ottawa, as requested (cable)

24948

FORM OF WILL

Name of full

Regimental Number serving in

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will

I HEREBY BEQUEATH all my real estate into

Name & address of person to whom it is to go

absolutely, and my personal estate I bequeath to

Name & address of person to receive personal estate (see Note 1)

IN WITNESS WHEREOF I have hereunto set my hand this

day of

Attest that the said I have at the date of the last Will and Testament the same legal capacity as at the date of the said Will and Testament and in the execution of the same I have been fully advised of the contents thereof and of the nature and extent of the property to be disposed of and of the persons and their relations to me who are named as witnesses

Name of Witness
Address of Witness
Occupation of Witness

I hereby declare that I have not been insane at any time during my lifetime and that I have not been adjudged insane by any court of law

Name **McDONALD A.** Rank **Pte.** Regt. No. **919037** Unit **A**
 Battn. **199th.** Camp or O. S. **0** File M. H. C. C. **1227A-20** H. Q. File. **649-M-20453**
 Next of kin **Mother- 18 Balmoral Str. Montreal P.Q.** available
 Discharged to Class. **3** D. of D. **20% 3/4 Due to Service** Conduct **Documents not**
 Pension awarded **\$60.00** Date of first payment **11-10-17**
 Address on discharge **do.**
 Diagnosis **Venous Obstruction L. Leg** Date boarded **14-8-17**

DATE	CLASS	REMARKS	Part 2 Order
16-8-17	2	G.N.C.H. (Furlough Until 27-8-17	#208
28-8-17	2	Breaking out of Convalescent Home 2 days C.B.	#217
30-8-17			
2-9-17		A.W.I. Fpts. 4 days pay	#223
27-9-17	2	Trans. to HQ "A" unit Pending Discharge	#243
23-10-17	23	DISCHARGED UNIT.	#270
8-11-17	2	H.Q. "A" Unit Contentient M.G.H. ReAttested	#45
		over	

Station
and Date.

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 199th Battalion, IRISH CANADIAN RANGERS, C. E. F.

Regimental No. 919037 Rank Private. Name McDonald, Alexander
C. E. F.

Enlisted (a) 1/3/16 Terms of Service (a) sofa + mos. Service reckons from (a) 1/3/16

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Embarked</i>	<i>Canada</i>	<i>14/2/16</i>	} <i>S.S. Olympic</i>
		<i>Disembarked</i>	<i>England</i>	<i>28/12/16</i>	
10-5-17	O.C. 199	Transferred to 23rd Reserve Bn., Shoreham	Witley	10-5-17	Part 11 D.O. 130/17. <i>FOR LIEUT. COL. G. C. 199TH BN. C. E. F.</i>
10.5.17.		23rd, R. Bn. Taken on strength	Shoreham	10.5.17.	D.O. 11. O. 127.
<i>27/8/17-22nd Rbn</i>		<i>S.O.S. on discharge to Canada</i>	<i>Shoreham</i>	<i>21-7-17</i>	<i>D.O. 236</i>
					<i>clout.</i> <i>for O.C. 23rd. Gen. Rec. Unit.</i>

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

H.Q. CANADA
 MILITARY FENCE
 SEP 24 1917
 [P.T.O.]

E.T.

Rank

Pte

Name McDONALD, Alexander ✓

Reg'l No. 919037 ✓

Unit

199th Battn. /

If in perm. Corps
What Unit? }

Married or Single Single ✓

Place and Date of Enlistment Montreal. March. 1st. 1916. /

Place of Birth Vankleak Hill. ✓

Name and Address, Next-of-Kin

Hugh McDonald. /

Ontario. ✓

37. Balmoral Street. Montreal. Quebec. Canada. Relationship

Father. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 8896

File R.L.

Category *Will Can*

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 26.12.16 H M T Ship 2810					
13. 4. 17	199 th Bn.	Adm. Mil Hosp	Bournemouth.	4. 4. 17	<i>Pt II DO # 94/17</i> <i>Bl. 33</i> ✓ <i>T. Teics.</i>
1. 5. 17	"	Transp. Co. Gen. Hpt Woodcote Epsom	Witley	24. 4. 17	<i>n 140.</i> ✓ <i>Erythema</i>
10. 5. 17	✓	S.O.S. to 23 Res B	Witley	10. 5. 17	<i>PT 130. S.O.S. PT 110 128 d/11-5-17, 23 Res</i>
27. 7. 17	✓	Discharged on Gen. Hosp	Epsom	27. 7. 17	<i>CF 4060.</i> ✓ <i>Erythema</i>
27. 8. 17	23 Res.	S.O.S. being discharged to Canada, Sham	Sham	21. 7. 17	<i>PT 110 286.</i>
	Dis Exp	To Con Home	Montreal	28. 17	<i>RR 331.</i>
<i>Inv. to con 21. 7. 17 Ref D.O.S. 2. 1. 15</i>					

CHANGE OF ADDRESS

No. 919037 Rank Pte Surname McDonald Christian Names Alexander

Address of ~~next~~ Mrs. Agnes McDonald (Mother)
582. Chateaubriand Ave.
Montreal, P.Q.

Section

~~Next Letter dated 16-2-21)~~

D-19
LHP.

THE
DAILY

1870

RECEIVED

NO. 1

1870

RECEIVED
CHANGING
OFFICE OF CHANGING

1870

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Standing Medical Board.

assembled at THE MONTREAL GENERAL HOSPITAL.

on the 14th day of February 1918.

by order of The O.C. M.D. #4.

for the purpose of examining the Late #919037 Pte. Alexander McDonald,
"A" Unit, M.H.C.C. (Originally 199th Battalion, C.E.F.).

PRESIDENT.

Major W.H.P. Hill, A.M.C.

MEMBERS.

Capt. R.E. Powell, A.M.C.

The Board having assembled pursuant to order, proceed to examine the Late #919037 Pte. Alexander McDonald, "A" Unit, M.H.C.C. (199th Battalion, C.E.F.) and find:-

1. He was admitted on November 8th 1917 suffering from acute Haemoptysis and Dyspnoea. The condition grew steadily worse with remissions of Dyspnoea.
2. He developed several fresh pulmonary infarcts and a diagnosis was made of Pulmonary Thrombosis of the femoral veins and Pulmonary embolism.
3. He died at 4.30 p.m. the 13th day of February 1918.
4. Autopsy findings show Thrombosis of both femoral veins, almost complete thrombosis of the pulmonary artery and subclavian veins, multiple infarcts of both lungs and kidneys.
5. Cause of death was Pulmonary Thrombosis.

Dated at Montreal, P.Q.
February 14th 1918.

I concur in the findings of the Board

M. F. B. 503
of Medical Officers here recorded:

100m.—446
H. Q. 1772—32—153

W. H. P. Hill
R. E. Powell
Lieut. Colonel.
A. D. M. S. Mil. District No. 4.

Major, Pres.

Capt. 56

81281
b/c

Alb. 19²/₁₈.

397-18-2-18

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3
			\$	c.						\$	c.	No.	DATE	No.	DATE			
MONTH	PARTICULARS		CR 1	CR 2		DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SERIALIZED						
	Net Breakfast									25 41								
										20 54								
										18 40								
										38 94								
										Balance transferred to N. E. Branch					NIL			

Net Breakfast

No

22/4/19 488 b.b. 4 87

do. 1534 Epsom 25/6/17 4 87

do 1612 do. 27/6. 34 07

4 87
4 87
4 87
34 07
38 94

25 41

20 54

18 40

NIL

This space to be for numbers

MILITARY DISTRICT No. 10
FEB 20 1918

M 1342
649-2-2 945-3
MILITARY DISTRICT
FEB 24 1918
H.Q.

Proceedings on Discharge.

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

17-9-38

No.	919037	
Rank	Private	
Surname	McDonald	
Christian Name	Alexander	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	199th Battalion	
Date of Discharge	13th February 1918.	
Place of Discharge	Montreal.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	21..... years.....	months.
Height.....	5..... feet.....	8..... inches.
Complexion	Dark	
Eyes	Brown	
Hair	Dark	
Trade	Teamster.	
Intended place of residence	Deceased.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of Deceased. February 13th 1918.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
100M. - 1-17.
H. Q. 1772-39-113.

(OVER)

Not off. branch.
28-2-18.

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... Montreal..... (Signature of Soldier.)

(Date)..... 13/2/18..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.

Total 1 years 343 days.

11. Confirmation of Discharge.

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

(Place).....

(Date)..... FEB 16 1918

(Signature).....

[Handwritten Signature]



Military Hospitals Commission Command.

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.

None.

<p>Attestation Paper, Military Form B. 313</p> <p>Proceedings on Discharge, B. 318</p>	<p>Reg. Conduct Sheet, Military Form B. 303</p> <p>Statement of History (Conduct Sheet, Company), B. 304</p>
<p>In the case of recruits who are rejected on final appeal, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions, by C. P. in M.S.</p> <p>Med. Hist. Sheet, Military Form B. 313</p> <p>Medical Report for Invalids*, B. 317</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit."</p>

V. 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.

11/21/18

Reservations referred to
 81-2-2-18

(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.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Deer-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

20 ⁰⁰	15 ⁰⁰	20	
1-3-18		1-12-16	
per 2375			

PARTICULARS OF SEPARATION ALLOWANCE

No. 919037
 Rank *Rte* Promoted Reverted Discharge
 Soldier's Name *Alex McDonald*
 Battalion *199th Battrn*
 Beneficiary *Mrs Agnes McDonald*
 Relationship *Wid - Mother*
 Address *18 Balmoral St., Montreal, Que.*

PARTICULARS OF ASSIGNMENT

Name *Mrs Agnes McDonald*
 Address *18 Balmoral St. Montreal*
 Change of Address *Que*

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS												
<i>Aug 31</i>		<i>318.17</i>	<i>31.7-17</i>	<i>360</i>	<i>012271-a-21</i>												
		<i>360</i>	<i>160</i>	<i>360</i>	<i>Account closed 31-8-17</i>												
		<i>X</i>	<i>X</i>	<i>X</i>	<i>Returned on Letitia 21-7-17</i>												
					<i>F.X. 20-8-17</i>												
					<i>Last S.A. cheque issued Aug 1917</i>												
					<i>28.17 1/2</i>												
					<i>67x. 160⁰⁰ to 31-7-17.</i>												
					<i>Acct. suspended.</i>												
					<i>Closed</i>												
					<table border="1"> <tr> <td>Pensions Notified Date</td> <td>4.3.18</td> </tr> <tr> <td>Called in section</td> <td></td> </tr> <tr> <td>Died or Wounds</td> <td>Date 1.3.18</td> </tr> <tr> <td>Missing</td> <td></td> </tr> <tr> <td>J. L. 1(10) 22-2-18</td> <td>Clerk</td> </tr> <tr> <td>Date Noted</td> <td>4.3.18</td> </tr> </table>	Pensions Notified Date	4.3.18	Called in section		Died or Wounds	Date 1.3.18	Missing		J. L. 1(10) 22-2-18	Clerk	Date Noted	4.3.18
Pensions Notified Date	4.3.18																
Called in section																	
Died or Wounds	Date 1.3.18																
Missing																	
J. L. 1(10) 22-2-18	Clerk																
Date Noted	4.3.18																
					<i>See ofc # 1078591 @ McDonald (file 012272-c-1) Sq.</i>												
					<i>in force from 1-9-17 per S.B. writing. 28.7.18</i>												
					<i>S.A. & A.P. paid by M.S. 4. to 30-6-18.</i>												
					<i>Referred to P.A.B. re-assignment. 23-7-18.</i>												

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 25220-M. & D. 7886.

25-4-16 S. Traan of
15-5-16 Ankle

15-5-16
2-6-16 V D G.

3-4-17 Varicose
21-9-17 Veins &
Phlebitis

8-11-17²⁵⁷ Femoral Thrombosis
13-2-18 Pul. Embolism
037
938



B. P. C.

MEDICAL HISTORY OF AN INVALID.

4D.22-M-

1. Station. Military District No. 4. 8. General remarks on his:—
2. Regiment or Corps. 199th Battalion, C.E.F. (a) Conduct.
3. Regimental No. and Rank. #919037, (b) Habits.
Private,
4. Name. MacDonald, A., (c) Temperance.
5. Age last Birthday. 21, (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on March 1st, 1916.
at Montreal, P. Q.,
7. Former trade or occupation. Driver, Date. September 7th, 1917.

DEPT MILITIA & DEFENCE
SEP 20 1917

H.C.

9. Service. Years. 1 Days. 190.

Permanent Address:—
18 Balmoral St.,
Montreal, P.Q.

PERIODS

FROM	TO
<u>March 1st, 1916.</u>	<u>September 7th, 1917.</u>

199th Battalion, C. E. F.

10. (a) Disease or disability. Thrombo-phlebitis, of veins of left leg, with interference of circulation.
- (b) Date of origin. February 1st, 1917.
- (c) Place of origin. England.
- (d) Cause. Unknown.

11. Present condition. (Most Important.) General condition good. Heart and lungs normal. Left leg much larger than the right.
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Swelling is more marked about 3" above the left ankle. No oedema.
No Varicose Veins, no signs of inflammation. Right calf measures 37 centimeters the left 40 centimeters. There is some pain on walking, distances of over a mile, and the leg swells up.

12. (a) Is the disability the result of service or climate? Service.
- (b) Has it been aggravated by intemperance, vice or misconduct? No.

3 B.L.
2nd Section
8/16/17
134

MEDICAL HISTORY OF AN INVALID.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Two small scars on the left forearm.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

On duty.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

Rest.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

20%.

18. State if for discharge on account of unfitness for Service.

Class C. 3.

W. Thompson M.D.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. 10/100

18. Is he unfit for Military Service. Yes unfit.

Recommendations: That he be discharged as medically unfit Class E - May pass under his own control - no further treatment necessary - Compensation 10/100 permanent.

Address:

18 Belmont St.,
Montreal.

Signatures :-

[Signature] President.

[Signature] Members.

Station. Montreal, Que.

Date. Sept. 13th, 1917.

Date.

Approved.

Date.



Asst. Director of Medical Services.
For A.D.M.S.

Director-General of Medical Services.

8995-2119/17

OPINION OF THE MEDICAL BOARD

Bl-A-71 ABQ

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. _____

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

30th, 8 & 6
H. Q. 1772-30-11.

Name	Regimental No.	Rank	Corps	Station	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

MEDICAL HISTORY SHEET.

Surname McDonald Christian Name Alexander

Examined { on 1st day of March 1916
at Montreal, Can.
Birthplace { City or Town Vanklekk Hill, Ont.
County _____

Approved by Dr Campbell
Rank Capt M.O.

Apparent age 19
Trade or occupation Driver.
Height 5 Feet 7 1/2 Inches.
Weight 154 Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Physical development good
Small-Pox Marks Nil.
Vaccination Marks { Arm Right Left.
Number 2

Date.	Result.	VACCINATIONS.

When Vaccinated last Childhood.
(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.
7.7.16	Good	<u>J.P. Bramble</u> Capt and
13.7.16	Good	
24.7.16	Good	

Enlisted on 1st day of March 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>199th Batt.,</u>	<u>9190 37</u>		
Transferred to	<u>I.C.R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Montreal</u>	<u>24/10/16</u>		<u>PASSED MED. BOARD</u> <u>J.P. Bramble</u> Capt. A. M. C.
<u>Widby</u>	<u>March 30th 1917</u>	<u>Deep varicose veins</u> <u>leg legs</u> <u>Strabismus.</u>	<u>D 3</u> <u>J.P. Cook Capt</u> <u>St.C. a. H. Hayward Maj</u>
<u>Epson</u>	<u>12.6.17.</u>		

A.D.M.S. CANADIANS LONDON AREA.
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.
Approved: W. McDonald
for A.D.M.S., Canadians, London Area.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES						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				
Montreal. Stade Genessee's Home		26	April	16	15	May	16	Strain of ankle. 22	Transferred to R.V.H. with fractured feet to R.	A. M. Roberts Capt.	
Royal Victoria Hospital		15	5	16	2	6	16	Gonorrhoea 18 Great toe <u>not</u> fractured as shown by X Ray.	W. Rose Colleen		
Braunschweig		3	4	17				20 Erysipelas Erysipelas 21	marked in left leg. much improved. Transfer to Epsom	Col. P. W. Capt.	
		3	4	17	23	4	17	Thrombosis deep vein lt. leg.	Leg swollen & becomes markedly swollen on walking - aches & pains constantly. Refuses to improve after five months treatment. Invalid of Canada.	G. B. Carpenter Capt.	
Montreal Letitia		21	7	17	1	8	17	- do -	Condition remains the same.	G. R. Johnson Capt. Camo At. M. B. L. L. L.	
Montreal Que, G.N.C.H.		27	8	17	21	9	17	venous obstruction left leg.	25 Thrombo-phlebitis of Veins of Left Leg. with interference of Circulation Discharged P.C. 506 unfit		

Reserved for M.H.C.

Regt. No. 919037 Rank Pte Surname McDONALD Christian Name ALEXANDER
 Unit or Corps—(a) Overseas from United Kingdom 199th B.M. (b) In United Kingdom 199th Bn.
 Born at—Town Vankleeb Hill County or Province Ontario Country Canada
 Date of Birth—Day 24 Month May Year 1896 Age 21 yrs. months.
 Joined at Montreal Quebec Canada Date 1/3/16
 Former Trade or Occupation Driver

Permanent marks or peculiarities that will serve for future identification:—

Two small scars on rt. cheek.
Three scars on lt. forearm from abscess formation.

Height—feet 5 inches 7½ Colour of eyes grey
 Signature of Soldier (for identification purposes) Alex McDonald

Medical Report.

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

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

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

Disabilities Group (a) ① PAIN IN LEFT LEG. ② WEAKNESS LT. LEG.
③ SWELLING LEFT LEG.
 Disabilities Group (b).
 Disabilities Group (c).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>THROMBOSIS DEEP VEINS LT. LEG.</u>	<u>Montreal Quebec</u>	<u>6/1906</u>
(ii.) As to Group (b) above.	<u>—————</u>	<u>—————</u>	<u>—————</u>
(iii.) As to Group (c) above.	<u>—————</u>	<u>—————</u>	<u>—————</u>

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? yes.
 (i.) As to Group (a) above? yes. If yes, has Active Service aggravated it? yes.
 (ii.) As to Group (b) above? ————— If yes, has Active Service aggravated it? —————
 (iii.) As to Group (c) above? ————— If yes, has Active Service aggravated it? —————
4. Is the disability due to disease contracted or injuries received while on Active Service— no.
 (i.) As to Group (a) above? no.
 (ii.) As to Group (b) above? —————
 (iii.) As to Group (c) above? —————

Despatch 10-11-17
Mc

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

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

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

no

Aggravated?

no

(b) Misconduct of the Soldier

Caused?

no

Aggravated?

no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

50%

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/4, 1/2, 3/4, or all.)

all

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

no

(ii.) If not permanent, what is its probable minimum duration (in months)?

12 months

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

not applicable.

18. Remarks.

no 3. is answered wrong. there was no sign of swelling in his leg until after he arrived in England.

no 6 also - he states that it came on gradually as a result of route marches. it was while he was on duty.

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

yes

(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

12.6.17.

Signatures of the Board

A. K. Jaywood Maj. President.
H. L. Peverly Maj.

Station

Epsom

Approved

[Signature] A.D.M.S.

A.D.M.S. CANADIANS,
LONDON AREA,
LONDON.

Dated at

..... Captain C.A.M.C. Station
for A.D.M.S., Canadians, London Area.

21 JUN 1917

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

(i.) While on duty? no(ii.) While off duty? —(iii.) Was a Court of Inquiry held? —(iv.) Where? —(v.) When? —(vi.) Opinion of the Court? —

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

In 1906, June horse fell on left leg - was in bed for two weeks following it - leg never became swollen during the ~~two~~ years followed - not until he landed in England when all long marches it began to swell - took about two weeks & swelling has never gone down. Has had treatment for five months - no improvement.

Khalik G.H. Montreal 25/4/16

Royal Vict. Hosp. .. 18/5/16

Stranstaff 3/4/17

Strain of ankle from 4/5/17

X-ray done

Erythema nodosum

WASSERMAN: NEG.

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

Left leg is swollen from knee to ankle - no sign of open injury - veins superficial - appear O.K. Rt. leg calf 14 3/4" H. leg 16". Leg becomes larger at walking & very painful - cannot do any marching - has not improved under five months treatment.

Otherwise is apparently normal.

8. OPERATION. (i.) Was one performed? no.(ii.) If so, state what. —(iii.) Was one advised and declined? no.

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? no.(ii.) If so, describe. —

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada? Yes.(d) Discharge from the Service as permanently unfit? —Date of Report 6/6 1917Station Epsom, M.C.H.Signed J. H. Carpenter Capt
Officer in medical charge of case.

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

Dated at M.C.H. EpsomStation, on 8 JUN 1917

191

* Delete if inapplicable.

8061

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

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

on the _____ day of _____ 191_____

Members of the Board:—

350-14-1-100

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

[Faint, illegible handwritten text, likely the recommendation of the board]

[Faint, illegible handwritten text, possibly a signature or date]

Dated at _____ this _____ day of _____ 191_____

Signatures of
the Board

President.

2117 161111

Ward..... 2 1917
 Reg. No. 919037 Name Pte. MacDonald Rank 4-4-4 Unit 199
 Disease.....
 Sp. Gr..... 1005
 Reac..... Amphoteric
 Albumen..... 00
 Sugar..... negative

Special Request 18
 after pus cells

Capt Puvlow
 M.O. i/c Ward

Flowers
 M.O. i/c Laboratory
 Capt. C.A.M.C.

1891
New York

1891

CL

Army Form B. 181

Corps 199 (Cand)
No. 919037

(To be attached to Case Sheet.)

Military Hospital

Rank and Name Pte. Mac Donald

Age 20

Service

13/12

Disease

Date of admission

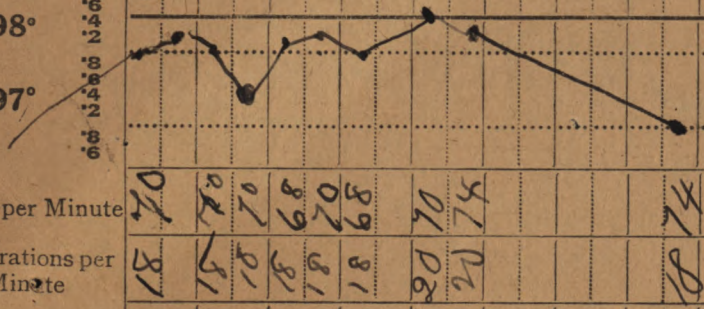
Apr. 3rd

Date of discharge

Result

Dates of Observation	Days of Disease																												
	3		4		5		6		7		8		9		10														
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.
107°																													
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97°																													
Pulse per Minute	70	70	70	68	70	68	70	74																					
Respirations per Minute	18	15	18	18	18	18	20	20																					
Motions per 24 hours																													

Cox observation



Signature

In charge of case.



Does.

CHANGE OF ADDRESS

No. 919037 Rank

Surname MacDonald Christian Names Alexander

Address

Mrs. A. McDonald Bn 1
552 Chateaubriand Ave.
Montreal, P.Q.

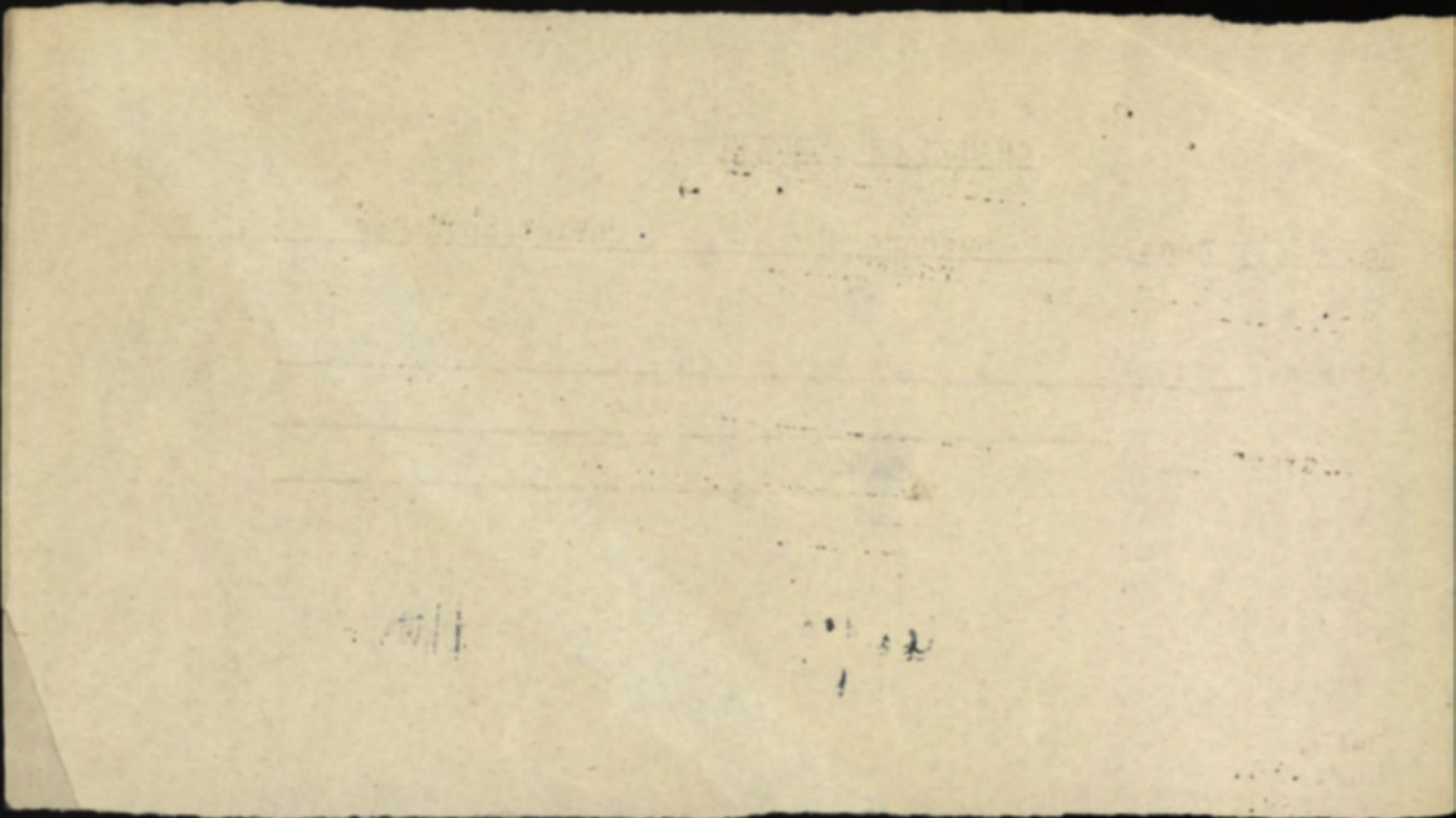
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D-19.
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M



EXTRACT FROM THE RECORDS OF THE

RECORDS

1861

