

ORIGINAL

M

ATTESTATION PAPER.

No. 418162

Folio. 27

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *John Robert McLeod*
2. In what Town, Township or Parish, and in what Country were you born? *Halifax, N. S. Can.*
3. What is the name of your next-of-kin? *(mother) Miss Jane McLeod*
4. What is the address of your next-of-kin? *2111 Waverley St., Montreal Que*
5. What is the date of your birth? *June 11, 1876*
6. What is your Trade or Calling? *clerk*
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? *Yes (63rd Halifax Rifles 6 years
No 1 Bearer Co. A.M.C. 3 years
3rd V. Rifles 3 years)*
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*

John Robert McLeod (Signature of Man).
A. R. McEwen (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Robert McLeod*, 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.

John Robert McLeod (Signature of Recruit)
 Date *March 1* 191*5* *A. R. McEwen* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Robert McLeod*, 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.

John Robert McLeod (Signature of Recruit)
 Date *March 1* 191*5* *A. R. McEwen* (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 *1* day of *March* 191*5*.

W. D. Bruchard (Signature of Justice)

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

Geo. Scaunter (Approving Officer)

Description of John Robert McLeod on Enlistment.

Apparent Age 38 years 8 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 7 ins.
 Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.
 Complexion Dark
 Eyes Blue
 Hair Black

18 vaccination marks
moles on right hip

Religious denominations.
 Church of England.....
 Presbyterian Yes.....
 Wesleyan.....
 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 March 1st 1915.

Place Montreal, Que.

H. B. ...
 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.

John Robert McLeod 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.

H. B. ... (Signature of Officer)

Date.....191 .

RF 20-11-18

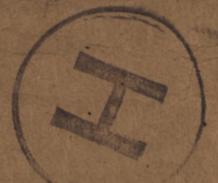


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

42
1 card



DISCHARGE DOCUMENTS



R. O. No.....
H. Q. No.....

Name MCLEOD JOHN ROBERT

Regt. No. 418162 Rank Pte.

Corps 42nd Bn.

Rec'd 22-3-16

28405

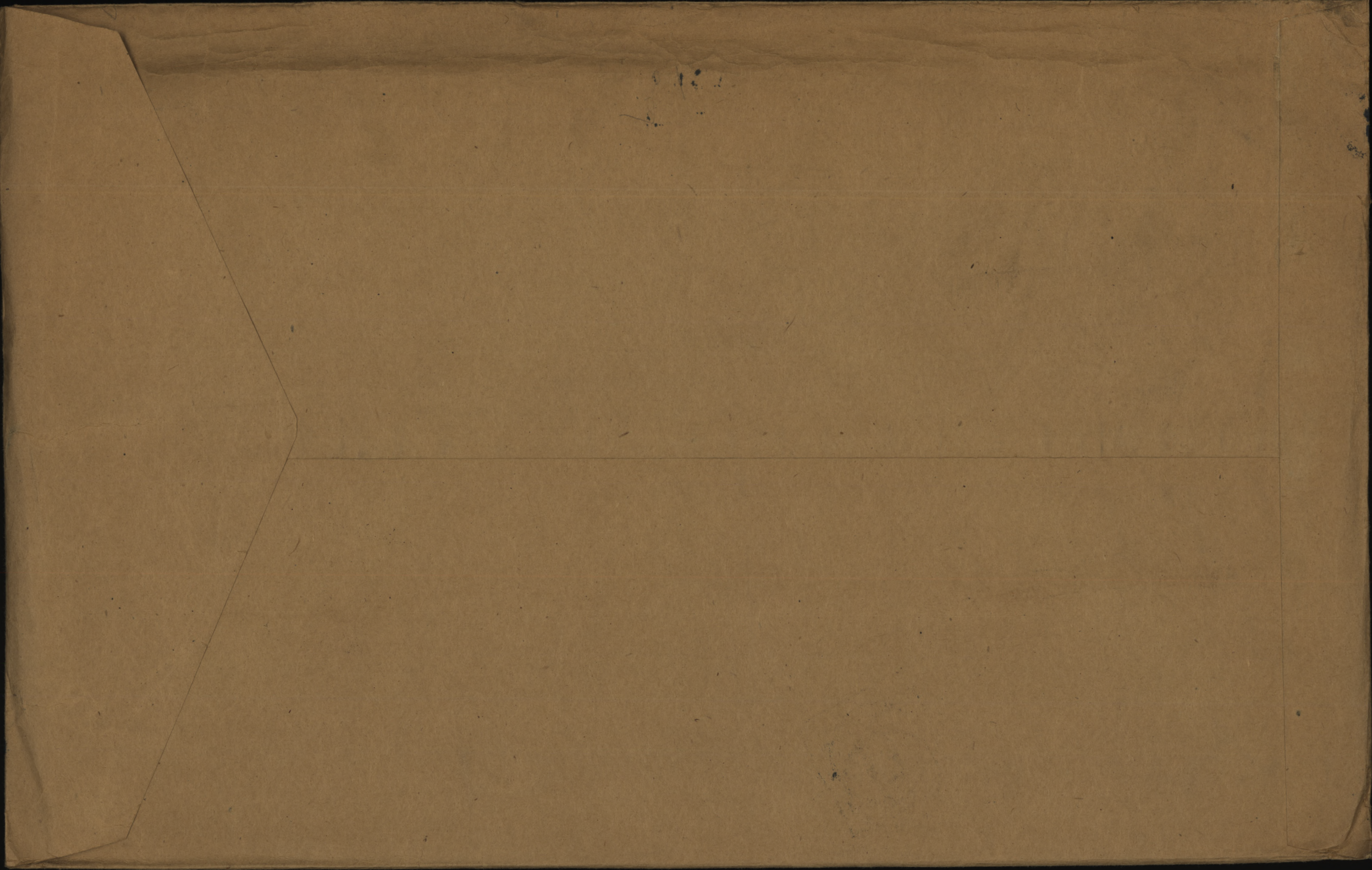
A7B122-1
Cas card

MX
81220

Rinn



7-15
22-15
29-16
1



REG'TL NO 418162

H. Q. FILE NO. 649-M-3448.

NAME McLeod, John Robert.

RANK AND CORPS 2/Cpl. 42nd Battalion.

FOLLOWS

No. 16441X

CABLE

NATURE OF CASUALTY

FOLLOWS

No. DATE

No.	DATE	NATURE OF CASUALTY
M. 4940	6-4-16	Killed in action, March 22 nd 1916
a. 7. B2090 a.		
Raven	7-4-16	Killed in action 22-3-16

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 127. O.C. Battin reports 22-3-16 Killed in action

No. 18162

RANK

Pte.

NAME

McLeod, J.

R.

T. O. S. 1-3-15

(DO 16 1-3-15)

UNIT

4 2nd Battalion

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		

UNIT SAILED
JUN 10 1915



Review
no

B
X

Number..... *418162* Rank..... *L/Cpl*

Surname..... *McLEOD*

Christian Name..... *John Robert*

Units..... *H2nd Can Coy* Theatre of War..... *France*

Date of Service..... *9-10-15*

Remarks..... *D*

Latest Address..... *Mrs. Jane McLeod (m)*

..... *9 W. E. Sanford Mfg Co. Ltd*

Roll No..... *B*

Page 453

Hamilton, Ont

DESP. OCT 26 1921

REGN. NO. 484816

Name McLeod, J.R. Rank L/Corporal. Reg. No. 418162.

Unit 42nd Battalion.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916.						
22-3.	O.C. Battalion Reports:- KILLED IN ACTION.			A. -- M. 127--4940.		11/4.
File. 25-17-1097						

Had

✓ ✓ ✓ ✓ ✓ ✓
McLeod, E.R., L/Cpl. 418162 42nd Bn. 649-M- 3448

Med. & Dec. (Mother) Mrs. Jane McLeod,
c/o W. E. Sanford Mfg. Co., Ltd.
Hamilton, Ont.

M

P. & S. (Mother) Address as above.

(Serial no. 769297.)

Mem. Cross.

" " " "

*{ Reg. 14/15 Star Pte 42nd Bn
" " U.M.
" " B.M.*

37853
[Signature]

M 636432

DEC 14 1920

609

Place Desp. 2617/21 Regn. No. 808

Scroll Desp. JAN 7 1921 Regn. No. 8357

D

SURNAME.

McLeod

CHRISTIAN NAMES

John Robert

FOLL.

REGL. NO.

418162

RANK

Pte

UNIT

42nd

B.W.

FORMER CORPS

63rd Halifax Rifles & A.M.C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McLeod, Mrs. Jane

RELATIONSHIP TO SOLDIER

mother

ADDR

90 W. C. Sanford,
Manufacturing Co. Ltd.
Hamilton, Ont.

COUNTRY OF BIRTH

Canada, Halifax, N.S.

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Mar. 1st 1915

1/5 10-6-15 ¹⁰²/₁₂

From Montreal Rev "S. S. Kesperian" 10-6-15.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address-

Surname

Christian Name or Names

Reg. No.

McLeod

J. R.

418162

Rank

Unit

Co.

Troop

Batty.

L/Pl

42 Batten

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Killed in Action 22.3.16

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

b.L. 4. 4. 16 #a 124

REMARKS

*6.C. Battalion reports
as above 22.3.16*

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

R

EPITOME OF HOSPITAL TREATMENT.

Surname

Adm: _____

Unit _____ Hospital _____ Troop _____ Battery _____

1.					
2.					
3.					
4.					
5.					
6.					
7.					

Diagnosis
(1)
(2)
(3)

Additional Diagnoses if more than one state present

DISPOSITION _____

Date _____

REMARKS

To be attached to Attestation Form.

Name *John Robert McLeod*

Address *2111 Waverly St Montreal*

Are you your parents' sole support (if an only son) *yes.*

BOOK BOND.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at the City of New York, this _____ day of _____, 19____.

Notary Public in and for the State of New York

THE STATE OF NEW YORK, County of _____, ss. I, _____, Notary Public in and for the State of New York, do hereby certify that _____ is the true and correct copy of the _____ of _____, as the same appears from the records of said _____.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name
Surname Christian Name

Regimental Number Rank

Unit

REMARKS :
 Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

Date

Address (in full)

Clerk

Balance due \$

Total Deductions \$

L.L. 58961—M. & D. 0731

M. F. W. 127

300M-1-19
1772-99-1140

Total Credits of days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: Date of casualty B.P.C. File No.
 Unit Rank Date of enlistment
 Reg't No. Name (Christian Name) (Surname)

DEPENDENTS OF DECEASED SOLDIERS
 10
 WAR SERVICE GRATUITY

Register No.

File No.

6
g

Register No. *D. Mc 85'*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

Reg'tl No. *418162* Name *John Robert McLeod*
(Christian Name) (Surname)
Unit *42nd Bn.* Rank *L/Cpl.* Date of enlistment
Date of casualty *22.3.16* B.P.C. File No. *4741*
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Jane McLeod* Relationship *w Mother*
Address *% W E Sanford Mfg Co, Ltd,*
Hamilton,
Ontario
Amount of Special Pension Bonus \$ *nil* Abstracted by *M Knox*

D 927

M.F.W. 2652
25M-6-20.
H.Q. 1772-80-1473

Eligible for Gratuity \$ *180⁰⁰*
Less amount of Special Pension Bonus paid \$ *nil*
Less Debit Balance of S. A. or A.P. \$
Total deductions \$ *nil*
Balance due \$ *180⁰⁰*
Cheque No. *1891395* Date issued *15-7-21*

REMARKS :
.....
.....
.....
.....

Clerk *J. LeCourt*

Audited by
[Signature]
Date *15/7/20*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

642

To Whom *Mrs. Jane McLeod*By Whom Assigned *McLeod, John R.*Address *% W. E. Sanford Manufacturing Co.
Hamilton, Ont.*Regtl. No. *418162 A 18162*Rank *Pte*Corps *"C" Coy 42nd Batt.*Rate *\$15 ~~px~~* JUL 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		<i>R2427</i>	<i>30 00</i>	
Aug.		<i>S2836</i>	<i>15 -</i>	
Sept.		<i>V4384</i>	<i>15 00</i>	
Oct.		<i>W1624</i>	<i>15 00</i>	
Nov.		<i>Z2989</i>	<i>15 -</i>	
Dec.		<i>X6278</i>	<i>15 -</i>	
Jan.	1916	<i>K9003</i>	<i>15 -</i>	<i>killed in action Mar 22/16</i>
Feb.		<i>L11552</i>	<i>15 -</i>	<i>C. L. 7/16 F.F.W.</i>
March		<i>Q15443</i>	<i>15</i>	<i>\$150.00 F.X 6/9/16 A.K.</i>

Pension granted March 23/16 A.K.

520

THE UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

1950

MILITIA AND DEFENCE

1-3-15
add, changed 12/5/15.

SEPARATION ALLOWANCE

Name

Mrs Jane McLeod

Name of Soldier

McLeod, John R.

Address

2211 Maryville St.
% W.E. Sanford. Montreal
Mfg. Co. Hamilton Ont. Que.

Regtl. No.

18,162.

Rank

PTE

Corps

42nd Battn

Relation to Soldier

wife, child or mother

Widowed
Mother

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		99700	60 - 60	
June		25325	20 - 20	
July		24426	20 20	
Aug.		113800	20 20	
Sept.		03525	20 20	
Oct.		26174	20 20	
Nov.		112258	20 20	
Dec.		920843	20 20	
Jan.	1916	973656	20 - 20	
Feb.		0123059	20 20	
March		927537	20 20	

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

1111
12/20/40

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 7.

Name of Soldier

L. L. Job 89002.-Rev. 6213.

Mrs.

Jane M^e LeadM^e Lead John R.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	2538	20	20
May		4-6545	20	20
June		R 467	20	20
July		F-11196	20	20
Aug.		M-4469	20	20
Sept.		M-15849	20	20
Oct.		20153	20	20 Acct Closed.
Nov.				
Dec.				Pension Granted Feb 23/16 24.
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

✓ 20153 Cancelled

ACCOUNT CLOSED

DATE.....PER.....

#125⁸¹ Recovered as per Pension Lists Nov 1916 cost 14²/₁₇

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

Rank *Private* Name *McLEOD, John Robert*

Reg'l No. *A.18162*

Unit *42nd Bn.* If in perm. Corps, What Unit?

Married or Single *Single*

Place and Date of Enlistment *Montreal P.Q. 1st March, 1915* Place of Birth *Halifax N.S.*

Name and Address, Next-of-Kin *Mrs Jane McLeod.*

2111 Waverley St., Montreal Que. Relationship *Mother*

Assigned Pay Monthly \$ *15.00* Payable to *Jane McLeod, 1/2 Sanford Mfg Co. Hamilton*

Separation Allowance \$ Payable to

Relationship

Relationship

Discharge, Date and Place *Killed in action 22/3/16* Reason *Casualty list A-127* Character



ADJUSTMENT OF A.P. FROM OTTAWA
 Authority *HA 649-M-348*
 Amount *15.00* Reason *credit*
Apr. 16 not paid.
Statement No. 10

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date						
1915 July 1	July 31	31	1 ⁰⁰	31.00	31	10	3.10	3410			14.60	15.00		29.60	16.50	
Aug 1	Aug 31	31	1	31.	31	10	3.10	3410			17.03	15.00		32.03	6.57	
Sept 1	Sept 30	30	1	30.	30	10	3.	33.			17.04	15.		32.04	7.58	
Oct 1	Oct 31	31	1 ⁰⁰	31.00	31	10	3.10	3410			5.23	15.00		20.23	21.10	
Nov 1	Nov 30	30	1	30	30	10	3	33			5.36	15.		20.36	34.04	
Dec 1	Dec 31	31	1	31	31	10	3.10	44.10			7.85	15		22.85	55.29	blo. Ref.
Jan 1	31	31	1	31	31	10	3.10	34.10			5.24	15.		20.24	69.15	
Feb 1	8	8	1	8												
" 9	29	21	1 ⁰⁵	22.05	29	10	2.90	32.95			5.23	15		20.23	81.87	
Mar 1	31	31	1 ⁰⁵	32.55	31	10	3.10	35.65			2.61	15	10.35	42.96	94.56	Killed in action 22/3/16 Casualty list A.127 @ 15 per diem

N.C. Br Paid on trip to N.S. Bch. Sept 1/16

N.C. Oct 1/16
" 1/16

74.56

74.56
15 - 89.56

89.56

74.56 74.56

89.56

74.56

74.56 sent to Ottawa for settlement 18/8/16

Balance credit to adjust. 1500 Dec stamp 89.56 paid by Ottawa

Cash found in effects *here*

Statement of JUL 28 1916 Account rendered

PAY BOOK CHECKED, Date *12-18-17* By *[Signature]* N.E. BRANCH.

Casualty Form—Active Service.

Regiment or Corps 42nd Batt. C.C.F.
 418162
 Regimental No. ~~418162~~ Rank Pvt. 1st Lt. Name 16^c Lead J. R.
 Enlisted (a) Nov 1915 Terms of Service (a) dur of war + 6 months. Service reckons from (a) enlistment
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				
Oct 12/15	242nd	N. R.	DISMISSED	BOULOCHE	
Feb 10/16	242nd	Is appointed 1st Lt/Capt.	In the field	9/2/16	B 213. Part II Order No 9 d 21/2/16.
Mar 30/16	242nd	Killed in action.	In the field.	22-3-16	B 213. Part II Order No 15 d 7/4/16.

J. Johnston
 Lieutenant
 for Lt Col. A. A. G.

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				

Rank *L/Cpl.* Name **McLEOD, John Robert** Reg'l No. **4.18162**
 Unit **42nd Bn.** If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Montreal P.Q. 1st March. 1915** Place of Birth **Halifax N.S.**
 Name and Address, Next-of-Kin **Mrs Jane McLeod.**

2111 Waverley St., Montreal Que. Relationship **Mother**

Assigned Pay Monthly \$ Payable to

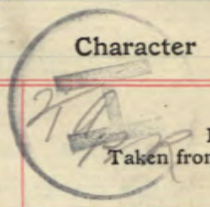
Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

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	England	19-6-15	
		Embarked for France.	France	9.10.15	
<i>21/2/16</i>	<i>OC 42nd</i>	<i>In appointed Lance Cpl</i>	<i>In the Field</i>	<i>9.2.16</i>	<i>D.O. Pt IV No 9.</i>
<i>7.4.16</i>	<i>CLA 124 42nd</i>	<i>Killed in Action</i>	<i>France</i>	<i>22.3.16</i>	
<i>7.4.16</i>	<i>OC 42nd</i>	<i>(OC Best reports) Killed in Action</i>	<i>In the Field</i>	<i>22-3-16</i>	<i>authy OC 42nd Batt } Pt IV 15. AFB 213 30-3-16</i>



*MX
81220
21*

MEDICAL HISTORY SHEET.

A. 18162

Surname McLeod Christian Name John Robert

Examined { on 1st day of March 1915
 at Montreal Que
 Birthplace { City or Town Halifax
 County N.S. Canada
 Apparent age 38 yrs 8 mths.
 Trade or occupation Clerk
 Height 5 Feet 7 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 24 inches.
 Maximum expansion 2 inches.
 Physical development Good
 Small-Pox Marks no

Approved by A. A. Mackay
 Rank Capt M.O.

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 1)
 When Vaccinated last 1898

Date	Result	VACCINATIONS.
<u>29/6/15</u>		<u>A. A. Mackay Capt</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease mole right lip
 (b) Slight defects but not sufficient to cause rejection no

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/15</u>		<u>500 million A. A. Mackay</u> M.O.
<u>17/5/15</u>		<u>1000 Do A. A. Mackay</u> M.O.
<u>26/5/15</u>		<u>1000 Do A. A. Mackay</u> M.O.

Enlisted on MAR 1 1915 day of 191 at Montreal Que

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>42nd Bn C.E.F.</u>	<u>A. 18162</u>		<u>MAR 1 1915</u>
Transferred to..		<u>418162</u>		

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.

