

6. M. D. 1st. Depot Battalion N.S. Regiment

Regtl. No. 4050733

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname MCDONALD
2. Christian name AUSTIN JAMES Ballantynes
3. Present address ~~Valentine's Cove~~, Antigonish Co., N.S.
4. Military Service Act letter and number Defaulter (Did not Register)
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth April 2nd. 1897
6. Place of birth Ballantynes Cove
(town, township or county and country)
7. Married, widower or single Single
8. Religion R.C.
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. Margaret McDonald,
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Ballantynes Cove.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act :—
(a) Place Aldershot Camp. (b) Date 3-7-18 (c) Category "E"

DECLARATION OF RECRUIT

I, AUSTIN JAMES MCDONALD, do solemnly declare that the above particulars refer to me, and are true.

Austin James McDonald (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 3 mths.

Height 5 ft. 8½ ins.

Chest measurement { fully expanded 34 ins.
range of expansion 2½ ins.

Complexion Fair

Eyes Blue

Hair light

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

Lt. Col.

O. C. 1st. Depot Btin.

N.S. Regt.

Place Aldershot Camp Date 3-7-18



20-9-18
C.P.

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

Attestation Papers.....4

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

1 Indef band

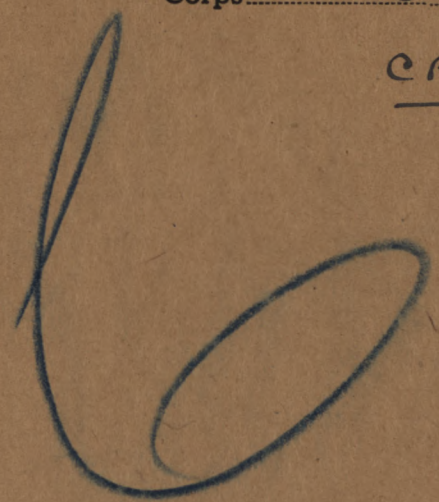
DISCHARGE DOCUMENTS

Name McDONALD, AUSTIN

Regt. No. 4050733 Rank PTE

Corps 1ST DEP: BN: N.S. REGT

CAT "E"



R. O. No.....

H. Q. No.....

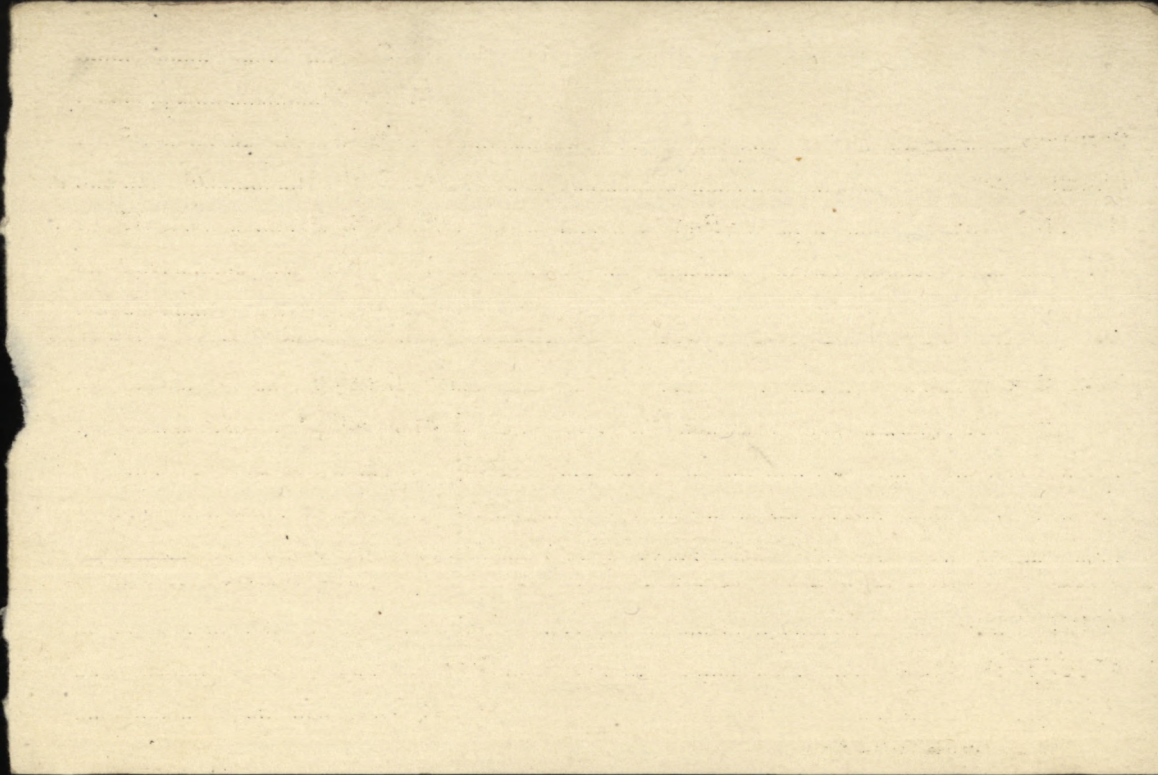


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Surname *McC Donald* H. Q.
Christian names *Austin James* M. D. No. *6*
Regtl. No. *4050733* Rank *Pte* T. O. S. *Nov. 11th 1917*
Unit *A. S. Regt - 1st - Depo - Bu* D. O. Pt. II *185* of *6-7-18*
S. O. S. *Dec 8/17* 19 *18*
Reason *M. N.*
Auth. *1887 9/7/18* *1/n.s.*

Next of kin *McC Donald Mrs Margaret* Relationship *mother*
Address *Ballantynes Cove* Also notify:
Antigonish Co N.S.

BORN—Place *Canada Ballantynes Co N.S.* Date *Apr. 2nd. 1897*
ATTESTED—Place *Aldershot N.S.* Date *July 3rd. 1918*
O/S. R/C



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Donald, Christian name Austin
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... Valentine's Cove, N.S., Antigonish Co.
- The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of July, 1918, by the undersigned medical board sitting at Aldershot Camp N.S.
5. Age as stated 21 Years 3 Months. 6. Apparent age..... Years..... Months
7. Height 5 Feet 8½ Inches. 8. Weight 130 Pounds.
9. Chest measurement { Minimum 31½ Ins. 10. Complexion fair { Eyes Blue
Maximum 34 Ins. { Hair light
11. Physical development..... { Good
Fair
Poor 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm Nil
Left arm Nil 14. When vaccinated last Nil
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism
Tuberculosis
Syphilis We find no evidence of past { Rheumatism
Tuberculosis
Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

E

Rx 20
Lx 20
Hearing: normal

H. C. Blauvelt Member. D. C. Blauvelt President. H. C. Blauvelt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 3rd day of July, 1918 at Aldershot

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st. Depot Bn.</u>			
Transferred to.....	<u>N.S.R.</u>	<u>4050733</u>		<u>3-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Aldershot Camp</u>	<u>5/7/18</u>	<u>Pulmonary T. B.</u>	<u>Cat E</u>

Signature of Man: Austin Donald

AUSTIN JAMES

Christian Name.

McDONALD

Surname

[illegible]

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 4050733 Rank Pte. Name McDonald A.J.

Corps. No. 1 Depot Batt'n N. S. Reg't. who was* Discharged

On July 9th 1918, to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 11/11 1917,
to 8/7 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't'l Pay. <u>240</u> days at \$ <u>1</u>c.	<u>240</u>	<u>00</u>
by } No.....			Field Allow. <u>240</u> days at \$ <u>.10</u>c.	<u>24</u>	<u>00</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Other charges	<u>264</u>	<u>00</u>	Other Credits*		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>264</u>	<u>00</u>	Total.....	<u>264</u>	<u>00</u>

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned
{ Pay for the month of.....191... }
{ and Sep'n Allce. for month of.....191... } (to) Assignee.....
(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 11/11/17
(2) if married and if a Separation Allowance Card has been submitted Single
(3) cause of discharge Category E. authority D.O.P. 188
(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date AUG 30 1918

Place ALDERSHOT CAMP

A. J. Cameron
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. DEPOT BATTALION, Nova Scotia Regiment

Regimental No. 4050733 Rank Pte. Name Austin Jas. McDonald
C. E. F. 3-7-18

Enlisted (a) 3-7-18. Terms of Service (a) War & 6 mos. Service reckons from (a) 11-11-17.

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) Farmer.

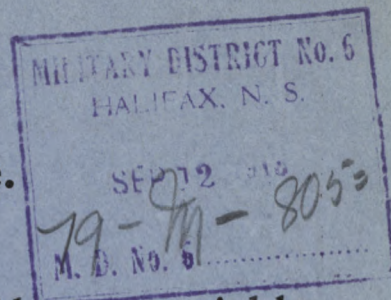
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Discharged, Cate. "E".		9-7-18.	<i>W. B. Arthur Hunt</i> Adj. 1st Depot B'n N. S. Regiment

ALDERSHOT CAMP

(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.

This space to be for numbers.

Proceedings on Discharge.



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

No.	4050733
Rank	<i>Private</i>
Name	<i>Auster McDonald</i>
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	<i>1st. Depot Batt'n N.S. Regt.</i>
Date of Discharge	<i>July 9th 18.</i>
Place of Discharge	<i>Aldershot N.S.</i>
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....21.....years.....3.....months. Height.....feet.....inches. Complexion Fair. Eyes Blue. Hair Light. Trade Farmer. Intended place of residence Ballantynes Cove. (To be given as fully as practicable.) Antigonish, Co. N.S.	Descriptive Marks NIL.
2. The above-named man is discharged in consequence of <i>Being Catagory "E".</i> Auth. 237.22.2.18. Ref Ref. H.Q. 1064-30-71. 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.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. NIL. N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer.

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

Nil.

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

6. Medals and Decorations.....

Nil.

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

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

(Place).....Aldershot, N.S.....

W B Arthur Hunt
for Lt. Col.

(Date).....July, 9th. 18.....

Commanding1st. Depot Bn. N.S.R.....

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).....Aldershot, N.S. Austin Macdonald..... (Signature of Soldier.)

(Date).....July 9th 1918..... *W B Arthur Hunt* (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.....7.....days.

Total.....years.....7.....days.

11. Confirmation of Discharge.

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

(Place).....Aldershot, N.S.....

W B Arthur Hunt
(Signature) for Lt. Col.

(Date).....July, 9th. 18.....

O. C. 1st. Depot Bn. N.S. Regt.

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.)

Austin MacDonald.

At Arms Dept

List of Discharge Documents.

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