DUPLICATE TRIPLICATE Co a

ATTESTATION PAPER.

No. 877949

185th. BATT'N C. O. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

COPIED Archives COPIE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? W. Cochrane
1a. What are your Christian names? John Cameron
1b. What is your present address? Inverness C.B. N.S.
2. In what Town, Township or Parish, and in what Country were you born? Cape George Antigonish N.S.
3. What is the name of your next-of kin? Lauchy J. McCochrane
4. What is the address of your next-of-kin? Inverness C.B. N.S.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? Jan 24 - 1888
6. What is your Trade or Calling? Student
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

J. C. McCochrane, Lieut.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Cameron McCochrane, 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.

John A. McCochrane (Signature of Recruit)

Date April 5 1916 M. J. Ferguson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Cameron McCochrane, 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 A. McCochrane (Signature of Recruit)

Date April 5 1916. M. J. Ferguson (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 Baughton N.S. this 5th day of April 1916

A. W. McLean (Signature of Justice)

A Justice of the peace in and for the County of Cape Breton.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-341.

TRIPLICATE C.E.F. 877949

Description of Pte Cameron John McEachern on Enlistment.

Apparent Age 18 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).

Wt. 130.

Height	5 ft. 7 ins.	
Chest measurement. Girth when fully expanded	37 ins.	
Chest measurement. Range of expansion	4 ins.	
Complexion	Light	
Eyes	Blue	
Hair	Brown	
Religious denominations. Church of England		
Presbyterian		
Methodist		
Baptist or Congregationalist		
Roman Catholic	X	
Jewish		
Other denominations (Denomination to be stated.)		

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 APR 5 1916 191 .....

Place Broughton, N. S.

CAPT.
M. O. 185th. "Overseas" Batt'n. C. E. F.
Cape Breton Highlanders. 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.

877949 Pte John Cameron McEachern 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.

M. R. Day (Signature of Officer)
LIEUT. COL.
O. Comdg. 185th. "Overseas" B'n. C. E. F.
[Cape Breton Highlanders]

Date 29/15 1916.

date 6/7/18

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

Attestation Papers..... 3 V

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..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 32

Conf. Information
A.F.B. 122
M.F.B. 303.
M.F.D. 806

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....
H. O. No. 649-11-17693

Name McEachern John Cameron
Regt. No 877949 Rank Sgt
Corps 185th Can Bn

S 088-5-18 Deceased

1 Index (Removed 10/1/18)
Cards - 1 Part II
1 Casualty

12913

BOT 6798

1 1-16
1 -16

m 7 7.1.21 JAS

2 Z 91237-1
27181-4

877949 — I.D. number / No. d'identification

McEACHERN — Surname / Nom de famille

John Cameron — Given names / Prénoms

deceased

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location / Lieu: Box 6798

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

185th. BATT'N C. E. F.

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... 185th Battalion C E F
N S Highlanders

(2) Regimental Number 877949

(3) Full Name of Soldier ..... Sergeant MacEachen, John Charles

(4) Place of Birth ..... Ballantines Cove
Antigonish Co N S

(5) Are you married, or not ? ..... Single

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

(b) Present Postal Address .....

(7) Are you a widower ? ..... no

(8) Have you any children ? ..... no

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

Also their names and ages .....

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Alive L. J. McEachen.

If so, state name and address Jamieson. Jamieson Co

(10) Is your Mother alive? Alive Mrs. Mary McEachen

If so, state name and address Jamieson. Jamieson Co

(11) If your Mother is a widow

Are you her sole support, or not?

(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.

(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.

(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.

(15) Are you insured? Yes.

If so, in what Company?

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.

LIEUT. COL.
Officer Commanding
O. Comd'g. 185th. Overseas B'n. C. E. F.
[Cape Breton Highlanders]

Date 19/8/16.

M.E.F. Home

B

Number 877949 Rank A/Sgt

Surname McEACHERN

Christian Name John Cameron

Units 185th Can Inf Theatre of War England

Date of Service 18-10-16

Remarks

Latest Address Inverness
C.B. N.S.

Roll No. A Page 1039

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649-M-17593

McEachern, J.C. John Cameron Sgt. 877949 (Form 185th Bn. 17th Res.

Med. & Dec. (Father) L.J. McEachern, Esq.,
St. Marys St.,
Antigonish, N.S.

P. & S. " L.J. McEachern, Esq.,
address as above.

Ser # 807901

MAY 5 - 1921

Scroll Desp. Regn. No 2.41526

JAN 10 1922

Mem.Cross (Mother) Mrs. L.J. McEachern,
Plaque Desp. Regn. No address as above.

England & Canada only.
Eligible for B.W.M.

Mc. 40923 JAN 13 1921

673

(649-M-17593)

CARD NO.

SURNAME. Mc Eachern

CHRISTIAN NAMES John Cameron.

REGL. No. 877949 RANK Pte

UNIT 185th. Bn.

FORMER CORPS Mil

S.O.S. 8/5/18 #22 6
9/5/18 Dec

NEXT OF KIN.

CHANGE OF ADDRESS

CANADIAN Archives COPIE

NAMES IN FULL Mc Eachern. Lauchie

RELATIONSHIP TO SOLDIER Father

ADDRESS Inverness. Inverness Co. N.S.

COUNTRY OF BIRTH Canada Cape George Antigonishe DATE Jan 24th 1888.

PLACE OF ATTESTATION Broughton. N.S. DATE Apr 5th 1916.

Sailed from Halifax per S.S. Olympic 12-10-16

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Emb R.C. 11/6/17

Returned to Canada per. S.S. "Araguay" 11-6-17

MARRIED SINGLE Yes. WIDOWER auth. 7.337

TRADE OR CALLING Student RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Light EYES Blue HAIR Brown.

DISTINGUISHING MARKS Nil

COPIED Archives COPIED

MEDICAL EXAMINATION. PLACE Broughton N.S. DATE Apr 5th 1916.

Present Address. Inverness, Inverness Co, N.S.

No. 877949 RANK Pte Cpl Sgt NAME Mc Eachern John C.

T. O. S. 23-2-16 UNIT 185th Battalion C.E.F.
D.O. 4-4-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb. 23	Apr. 30	✓		
May		✓		
June		✓	Pro. to Cpl. Prov. 29-5-16	D.O. No 1 of June Paylist
July		✓	" " Sgt. " 14-6-16	" " " " "
Aug.		✓		
Sept.		✓		
Oct		✓		

UNIT SAILED
OCT 12 1916

R—122
8,401—50,000—21-10-16.

JM.

Rank A/Sergt. Name McEACHERN, John Cameron. Reg'l No. 877949

Unit 185th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Broughton C.B. 5th April 1916. Place of Birth Cape George, Antigonish, N.S.

Name and Address, Next-of-Kin Lauchie McEachern.

Inverness, Inverness Co. N.S. Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

COPIED Archives COPIES

N/E. R.B. No. 1995
File R.L.
Category Dis Can MD

m.t. 21
y. gtS

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England S.S. Olympic 18/10/16			
23.10.16	OC. 185 Bn	apptd. A/Sergt.	Witley Camps	13.10.16.	Pt. II D.O. #3.
19-3-17	"	Adm. Bishopsgate Milit. Hosp.	Witley	19-3-17	—— 78. "Influenza"
30.3.17	185th Bn	Adm to Mil Hosp't	B'shott	20.3.17	C.R. No 31 "
13.6.17	"	Disc. Sick 340 Pt. 6 Shott (Invalided to Canada)	Witley	11.6.17	Pte 163 & C.R. 54 & 19.6.17 185th Bn. Pres. T.B
20.6.17	7th R.D.	S.O.S. on Emb. to Canada for discharge	B'shott	11.6.17	G.R. No 103
22.6.17	185th Bn	S.O.S. to 7th R.D.	Witley	21.6.17	G.R. No 172 & Pt I 108 & 25/6/17. 7th R.D.
~~10.12.17~~	~~7th R.D.~~	~~S.O.S. on invaliding to Canada~~	~~Wpt B'shott 12.6.17~~		~~Pt. # 265~~ Awarded P. 276 & 24.12.17

Report. Date.	Report. From whom received.	Record of promotions reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Discl Dft To Convl. Home.	MD. 6 Indianapolis	22.6.07	N.R. 290.

COPIED Archives COPIED

FORM OF WILL

I, John Cameron McEachern (Name in full)

Regimental Number 877949 serving in 185 Batt. C.E.F.

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

I devise ~~all~~ bequeath my real estate unto

L.J.McEachern

Inverness C.B. N.S.

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

absolutely, and my personal estate I bequeath to

L.J.McEachern

Inverness C.B. N.S.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 24th day of August A.D. 1916

J.C.McEachern Signature of Soldier.

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

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

14/3/18

Director Military Estates.

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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Francis A. Ling

Address of Witness Inverness C.B. N.S.

Occupation of Witness Soldier

Signature of Second Witness Duncan McMaster

Address of Witness Inverness C.B. N.S.

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

185th. BATT'N C. O. E. F.

FORM OF WILL.

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Regimental Number 877949 serving in 185 Bat C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

L. J. McEachern
Inverness C. B. NS

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

absolutely, and my personal estate I bequeath to

L. J. McEachern
Inverness C. B. NS

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

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THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Francis A Ling
Address of Witness Inverness C.B. NS
Occupation of Witness Soldier
Signature of Second Witness Duncan McMaster
Address of Witness Inverness, C.B. NS
Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

1918-19 NO. 6 DISTRICT DEPOT

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. 877949 Rank Sgt Name McEachern. J.C.

Corps 185th B'n who was* ~~Removed~~ Deceased

On May 8th 1918 191..., to Estates Branch Ottawa.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-5-18 191..., to 31-5-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month April	45	00
Advances by Cheques No.			Regt'l Pay 31 days at $ 1c. 35	41	85
Advances by Cheques No.			Field Allow. 31 days at $ c. 15	4	65
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)	91	50	Bal. Dr. (to be deducted by new unit)		
Total	91	50	Total	91	50

*Give particulars.

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

(Address) Inverness, C.B.,

Made by ... Checked by ... No. Last D. of P. II ... 10-5-18

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted No Record

(3) cause of discharge ..... authority .....

(4) authority for transfer #6 District Depot D.O.# 22.

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 May 10th 1918

Place Halifax

CAPT
Paymaster No. 6 District
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.

300M.—2-18.
H. Q. 1772-39-903.

Ward K.

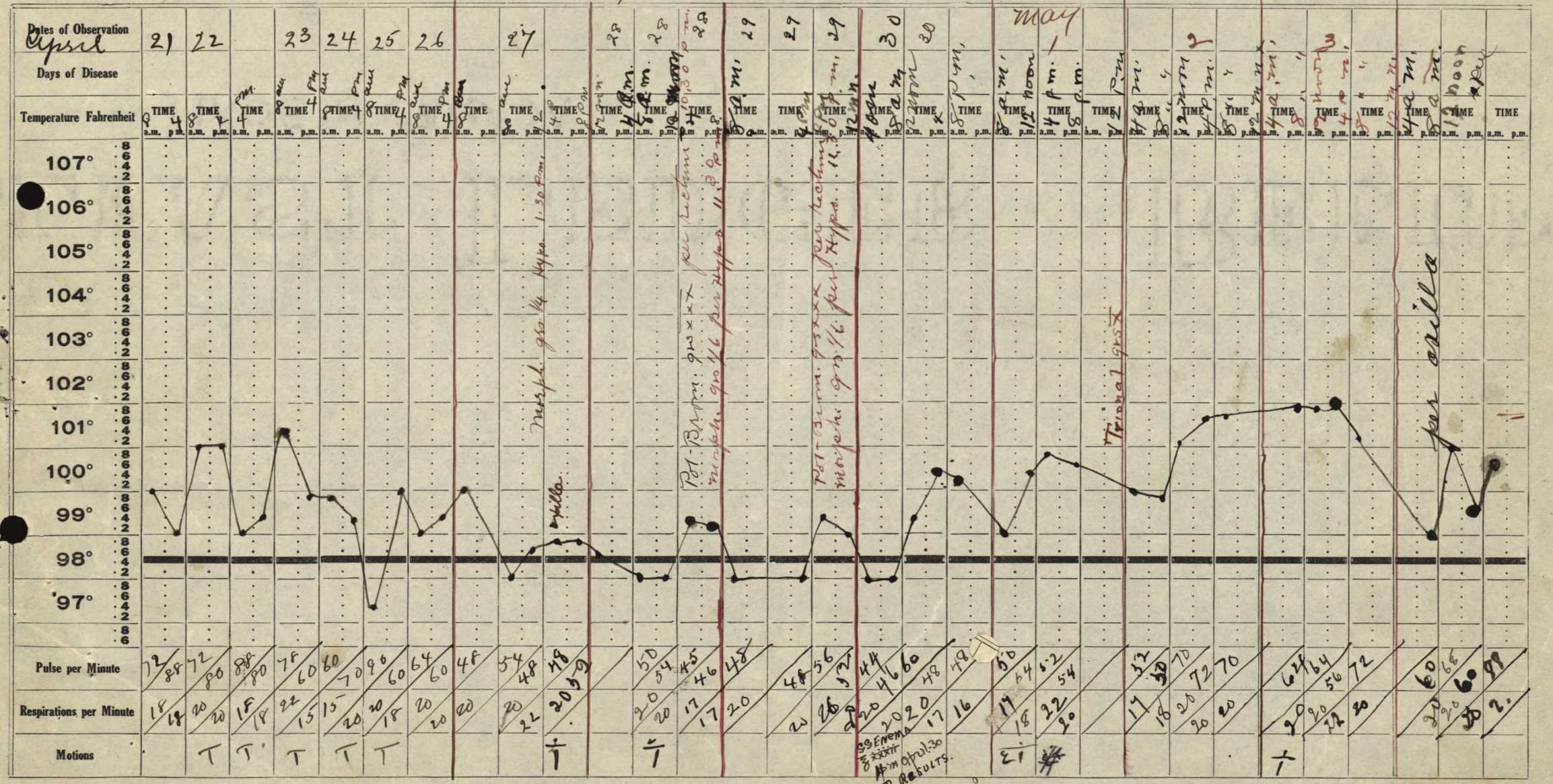
CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 185th Hospital Station Camp Hill.

No. 877949 Rank and Name Lgt. McEachern Age 20 Service

Disease Date of Admission 18/4/18 Date of Discharge Result Case Book Folio



Signature In charge of case.

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

CLINICAL CHART.

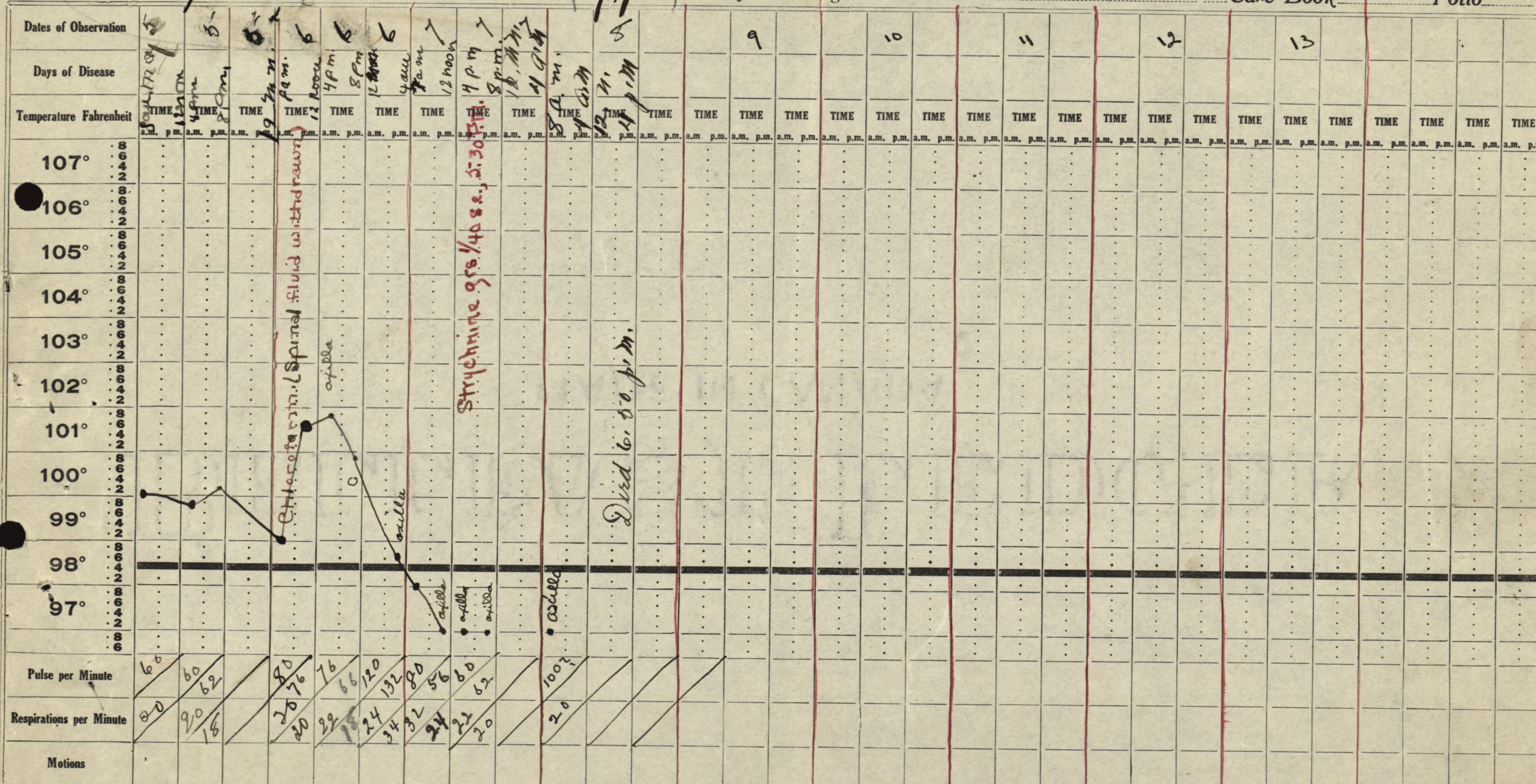
(To be pasted into Case Book opposite Patient's Case.)

Corps 185th

Hospital Station Camp Hill [illegible]

No. 877949 Rank and Name Sgt McEachern Age 20 Service

Disease Meningitis Tubercular Date of Admission 1/4/18 Date of Discharge Result Case Book Folio



M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature .... *In charge of case.*

May 7th Had incontinence of urine @ 10 A.m. Rested quietly all a.m
4 p.m. Took liquid nourishment well. Pupil of rt eye dilated
Rt. eyelid droping.
5.30 P.M. Strychnine grs 1/40 given subcut - pulse very weak -
rate 60

8, 5, 18

Milk passed during night in small amounts
Pulse very Weak.
Condition unchanged

8 am Involuntary micturition.
8 30 am Warm bath & alcohol rub. Nourishment given.
10 am Patient visited by Dr. Burt. Nourishment given
11 30 am S.S. enema, not very effectual
12 pm. Nourishment given very difficult to swallow.
3 30 pm. Patients cyanosed. Breathing shallow and weak.
Pulse running (160?)
4 30 pm Patients getting weaker
5 30 pm Died.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps ..... *Hospital Station* .....

No. ..... *Rank and Name* ..... *Age* ..... *Service* .....

Disease ..... *Date of Admission* ..... *Date of Discharge* ..... *Result* ..... *Case Book* ..... *Folio* .....

Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	·8 ·6 ·4 ·2																															
106°	·8 ·6 ·4 ·2																															
105°	·8 ·6 ·4 ·2																															
104°	·8 ·6 ·4 ·2																															
103°	·8 ·6 ·4 ·2																															
102°	·8 ·6 ·4 ·2																															
101°	·8 ·6 ·4 ·2																															
100°	·8 ·6 ·4 ·2																															
99°	·8 ·6 ·4 ·2																															
98°	·8 ·6 ·4 ·2																															
97°	·8 ·6 ·4 ·2																															
	·8 ·6																															
Pulse per Minute																																
Respirations per Minute																																
Motions																																

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature ..... *In charge of case.*

3, 5, 18

Nourishment- given q. 2. h. p.r.n.
Sponge given at Bed-time as directed
Restless greater part of night. Delirious.
Difficult to keep in bed at times

Resting this a.m, Bowels moved.- large liquid stool.

12 m.d Takes nour. well - irrational all a.m -

4. 5, 18

Very restless and irrational all night-
did not sleep
Nourishment- given p.r.n.

5, 5, 18

Very restless and irrational all night-

5-5-18
4 p.m. Rested well all p.m. slept well.

6, 5, 18

Patient- very restless all night-
Very irrational & noisy this a.m.

11.15 a.m. lumbar puncture Fluid ℥ iii (?) withdrawn
8 pm Restless all p.m. ~~am~~ quieter from 4 p.m —
8 30 pm. Pulse 120. Patient very restless.

7/5/18.

Patient very restless all ~~night~~ irrational just past of night.
Had a convulsion at 4.10 a.m for the time during convulsion
the patient was pulseless and rigid.
4.50 a.m patient very quiet and pulse very weak.

30. 4. 18

1 a.m. Citrah- milk 3vi

Very restless becoming delirious

about- 1 a.m.

Did not- sleep at- all

Very noisy at times and hard to keep in bed.

2 Slept- more greater part of ~~night~~ morning. 11. a.m Egg-nog. 12. 30. a.m. S. S. enema ℥ xxxii, not good re-sults.

9.30 Citrate- milk 3vi

May 1st-

Nourishment- given P.r.n.

Restless greater part- of night-

Slept- about- 2 hours

Did not- Vomit-

Bowels did not- move

11.45 Pm Calomel grs 1/4 q 1/2 h. for grs ii Started.

8.00 Pm last 1/4 gr calomel given

2, 5, 18

11 P.m. Trional grs x

3 a.m. Seidlitz Pulv

Slept- fairly well after having Trional until 4 a.m. Becoming restless after that-time trying to get- out of bed.

Fairly comfortable p.m. Nourishment- D. R. N.

Ward K.

28/4/18

7 P.M. Pt. Examined by Dr. Birt.

28. 4. 18

Nourishment given when awake
Specimen of urine saved this am.
Slept at intervals about 6 hours in all during night.

5 pm Milk ℥ vi

7.30 pm Buttermilk ℥ v

7.40 pm Vomited undigested milk. Has not been as restless this pm. Complaining of severe head ache.

8 pm Dr Birt a Lt. Pritchard R.A.M.C. visited patient. (examined ā stethescope.)

10.30 p.m. Pot. Brom. grs xxx per rectum

11.30 " " morph. gr 1/6 per Hypo.

29. 4. 18

Very restless 1st part of night.
Rested after having morph. at 11.30 p.m. and slept about 4 hours.
9.20 p.m. Very restless. Hypo Sterile Water given
9.30 Vomited small quantity undigested milk
11.30 Pot. Brom. grs xxx per rectum: Morph grs 1/6 per Hypo
11.35 Citrate-milk ℥ vi

Camp Hill

LABORATORY OF HYGIENE,

Military Hospital,

Halifax, N.S.,

77949

RESULT OF URINE ANALYSIS

Name... Sgt. ... Mc Eachern ...

Colour... Cloudy ... Straw ...

Odour... Normal ...

Reaction... Acid ...

Spec. Gravity... 1030 ...

Albumen... Faint ... trace ...

Sugar... Nil ...

Deposit... Slight ...

Microscopically...

... Amorphous ... Urates ...

...

Capt., A.M.C., C.A.M.C. Laboratory.

Inquiry assembled at

19 , for the purpose of investigating

with the absence, without leave, from his

s, Ammunition, Equipments, Instruments,

ATION

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

S/7949 Sergt. McEachern 6b.

Date of Payment	No. of Acc. Roll.	AMOUNT Francs	£	s	$	¢	Place of Payment	Name of Paymaster	Remarks.
15.4.17	362		1	—	4.87		Bm Hosp Etaples		
4.4.17	407		3	—	14.60		"	"	
							19.47		

Date of Payment.	No. of Acc't.	AMOUNT				Time of Payment.	Name of Payment.	Remarks.
		Pounds.	£	s.	d.			

M. F. W. 41
1 0M—7-16
1772-39 889.

809

Name Mc Eachern Sgt J. C.

Regimental No. 877949

Unit 185th Bn.

Date of enlistment 2/16

Place of " Inverness

Married (yes or no) no

Amount of pay assigned monthly $ 20 1/10/16 31/5/17 $ 160

To whom payable Sister

Name and address of next-of-kin

Inverness N.S.

Date and place discharged 20 Oct/16 Chyldon Pk

Reason for discharge

Character on discharge II

Araguay 23-6-17

649-M-175-93

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	29/5/17							95 82								L PC
30/5/17	31/7/17	63	135	85 05	63	15	9 45		190 32					110 —		Hal. to Lpl.
										Ci Bal on Trans				80 32	190 32	Arm 1/8/17 "B" N1D 6

POR 9/1/17 1st Bn

CWP 1/11/16 31/8/17 $ 140

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L. L. Job 4508.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Lauchlin J McEachern

Address Inverness
Cape Breton

Rate $20.00 OCT 1 1916

By Whom Assigned J C McEachern

Regtl. No. 877949

Rank Sgt

Corps 185th Bn

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				

COPIED FOR I CASUALTIES.

Pensions Notified Date 21-3-18
~~Killed in Action~~
Died ~~of Wounds~~ } Date 8-3-18
~~Missing~~
C. L 17.6.8/16 1-8 Clerk L Lacey
Date Noted 21-3-18 191

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

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

Lovelling
L. J. McEachern

PAYMENTS.

Name of Soldier J. C. McEachern
877949 Sgt
185th Bn

$20.00 Oct 1/1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		U27927	20	
Nov.		N29395	20	
Dec.		X33152	20	
Jan.	1917	Y40265	20	
Feb.		Y45754	20	
March		~~O51424~~	~~20~~	20-L O51424 cancd
April		3308	20	20 B.
May		94449	20	20 H
June		~~M18626~~	~~20~~	Mc. Cancelled SA
July				A/c Closed
Aug.			160	Rct'd per Imprest
Sept.				Date 11/6/17 P. X. 11/6/17
Oct.				Clerk A. Simmons
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

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.				S S 14
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Antigonish N.S. Can.

NAME AND ADDRESS OF NEXT OF KIN L.J. McEachern
Inverness Nova Scotia Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 877949 RANK Sergt NAME McEachern John Cameron

IF IN PERMT. CORPS WHAT UNIT } UNIT 185th TRANSFERRED TO Pay 2 L. DATE 30/5/17. AUTHORITY Pay Canada 23/5/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Pay & K DATE 30.5.17 AUTHORITY do.

PLACE OF ATTESTATION Inverness N.S. Canada TRANSFERRED TO N.S.B. DATE 30.5.17 AUTHORITY

DATE OF ATTESTATION 23/2/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Oct. 1/16

PAYABLE TO L.J. McEachern Inverness. Nova Scotia Canada RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/8/17 REASON Invalided

DISCHARGE DATE AND PLACE Canada 29/5/17 REASON AND AUTHORITY Belatt 11/7/13. 27/5/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

OFFICE, N.E. BRANCH
FEB 23 1918
CANADIAN CONTINGENTS

Entered on N.E. Card Index J.V.W.
Checked by

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916 Oct 31															31 50			88	29/10/16											31 50					Assigned Pay Jackson Paid by A.P. Branch for est. and recovered on acc. Pte Canada
Nov 1/16	30	1.25	40 30		30	15	4 50								45 00	1	26/1/16	89	30/1/16					24 33	9 73			20		63 79	12 71		6 67	6 04	
Dec 31	31	1.35	41 85		31	15	4 65								46 50	136	12/12/16	173	21/12/16					7 30	9 74			20 00		37 04	22 17		13 84	8 33	
1917 Jan 31	31	1.35	41 85		31	15	4 65								46 50	218	13/1/17	284	29/1/17					9 73	12 17			20 00		41 90	26 77		20 00	6 77	
Feb 28	28	1.50	42 00												42 00			391	28/2/17						4 86			20	91 38	26 05	42 72		20 00	22 72	Q 4005 - 10 L4 Q 4005-239
Mar 31	31	1.50	46 50												46 50 1 58 00												20		20 188 78	69 22		1 25	67 97	
Apl 1/30	30	1.50	45 -												45 -									41 36	46 23	2 43		20		22 43	91 79				9th Stat Hosp Brandon
May 1/29	29	1.50	43 50												43 50												20		20 -	115 29		19 17		Transf to Pay 2 L 23/5/17. Date Can. Binder 23/5/17

Bon. Hosp. 334 30/4/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
Oct	Balance Brought Forward								115 29
				B/W 7th R. 407. 30/5/17 9th Stat Hosp	14 60				100 69
				do. 3rd Bn. N.S.R. 11/7/13 M.	4 87				~~96 82~~
					19 47				95 82
	Balance transferred to N.E. Branch.								Nil

PAY ALLOWANCE PAY ETC.

Invalided
Checked C Graham LRC

STOPPAGES
A.S.W. FORM REND. Stopt EFFEC. 1/8/17
DISCHARGED TO can DATE 29/5/17
PAYBOOK VERIFIED 29/5/17
Cr. BAL. 95.82 L.P.C. REND. 29/5/17
AUTHY. Belatt 11/7/13. 27/5/17

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT		

T. B.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

COPIED Archives COPIES

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 977949 Army Rank Sergeant

Name McEachern John Cameron,

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 75th Bn. 17th Reserve

Battalion, Battery, Company, Depôt, &c. Nova Scotia Regt. Depot.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 8-5-18

Place of discharge Deceased

1. *Description at the time of discharge.*

Age ____ years ____ months

Height ____ feet ____ inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion ____

Eyes ____

Hair ____

Trade ____

Intended place of residence (To be given as fully as practicable) Inverness C. B.

Descriptive marks. Wd

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
"Alan Lean, Lieut."
HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of ~~being no longer fit for service abroad Aut: Medical Board.~~ Deceased

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good.

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* ____

17.10.18

*Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... ... Class_____

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

CANADIAN MILITARY HOSPITAL HOSPITAL - 1 JUN. 1917 REPRESENTATIVE BRAMSHOTT

W. Sleeman, Lieut.

Commanding _____ *Battn.* _____ *Regiment.*

HOSPITAL REPRESENTATIVE, CANADIAN MILITARY HOSPITAL, BRAMSHOTT

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 185th. Military Hospital Bramshott.

No. 877949 Rank and Name Sgt. J. L. M. Cochrane Age 19 Service 12/17.

Disease Date of admission 1918/1/17. Date of discharge Result

Dates of Observation

Days of Disease 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 June 2 3 4 5 6 7 8 9 10 11 12 13 14

Temperature Fahrenheit

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Ent.

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 185th — Military Hospital Bramshott

No. 844949 — Rank and Name Sgt. J. C. W. Eachern — Age 19 — Service 12/12.

Disease — Date of admission 19/3/17. — Date of discharge May 2 — Result

Dates of Observation	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease																															
Temperature Fahrenheit — Time A.M. P.M.																															
Pulse per Minute	80	82	80	84	82	86	84	88	84	86	84	86	84	86	88	86	86	88	84	86	84	82	84	88	84	84	84	86	76	86	76	80	76	82	90	88	92	94	88	86	90	82	80	90
Respirations per Minute	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	16	16	18	18	16	18	18	18	18	18	18	18	18	18	18	18
Motions per 24 hours	1	1	1	1	1		1	1		1		1		1	1		1	1		1	1	1	1	1	1	1	1	1		1															

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 125 d

Military Hospital Bramshott

No. 844949 Rank and Name Sgt. McEachern Age 19 Service 12/12

Disease Date of admission 19/3/14. Date of discharge 8 April Result

Dates of Observation	19	20			21			22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13
Days of Disease																														
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	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. 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. P.M.	A.M. P.M.	A.M. P.M.
Pulse per Minute	82 82	80 80	84 86	60	60 60	72 88			76 78	80 84	82 82	84 84	88 90	78 76	88	80 86	82 84	82 90	84 88	84 86	88 78	82 84	80 82	82 84	86 86	88 88	82 82	80 82	82 80	84
Respirations per Minute	20 20	20 20	20 20	20	18 20	20 20			20 20	20 20	20 20	20 20	20 20	20 20	20	20 20	20 20	20 20	20 22	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20
Motions per 24 hours	1								1		1	1		1		1		1	1	1	1	1		1	1	1	1		1	

On admission 8pm 36.8 9am 37.2 1pm 37.4 5pm 37.6 9pm 37.4 5am 37.2 9am 37.4 1pm 37.6 5pm 37.8 9pm 37.6

Discharged - 122 lbs.

Signature In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 185 Batt.

Military Hospital

No. 877949 Rank and Name Sgt. Mc Eachern Age 19 Service

Disease Influenza 2 Date of admission March 5th 1917 Date of discharge Result

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease	1	2	3	4	5	6	7	8							

Temperature Fahrenheit — Time (A.M. P.M.)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours: 1 | 0 0 2 2 | 0 1 | 1 | 1 1 | 1 | 1

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature A M Miller Capt In charge of case.

Forms
I 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1310	877949	Lgt	McEachern	Jlc
Year 1917	Unit. 165th Batt		Age. 09	Service. 1B/12

Station and Date.
Bramshott March 21

Disease Tubercle of lung.

Patient states that he took ill about the end of February with cough, loss of appetite, constipation, headache and felt weak.

Went into sick detention hut March 5th with above mentioned symptoms when he had temperature fluctuating from sub normal to 102.

Family History - Parents alive & well.
2 brothers & 2 sisters alive & well.
3 brothers died in infancy cause unk.
1 sister died of pneumonia aged 17 ill 21 days.

There is increased tactile & vocal fremitus at apex of lower lobe right side at back increased dullness & slight rales same area.

H. Drum

March 27 There is an enlargement of glands in right side of neck under sterno mastoid. There are some fine crepts in urine no pain in back

J.R.D.

March 29. There seems a little flatness at R. apex - Can find nothing else abnormal - C.H.

April 14th 123 lbs.

April 17. Cd: Fully Can find nothing abnormal in chest.

April 31: Dyspnoea & rales throughout R. apex in front & behind C.H.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	
May 9th	Can hear a very fair occasional rale in ~~left~~ apex, and think there is a slight dullness on note (All S)
May 13.	A few rales L. apex.
	A fair number of hard glands still present R. side of neck
May 14th	D179 Weight 136½ lbs.

CASE HISTORY SHEET.

No. 877949 Rank Sgt. Name McEachern J.C. Age 20

Unit 185th Completed years of service Where and how long 8/12 C. 8/12 E. F

Date of admission 18/4/18 Date of discharge 8.5.18

Diagnosis Tuberculosis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Large fistula in neck just above Sternum discharging pus freely glands on left side of neck palpable & matted together. A few glands palpable on right side. Has been at Kentville for Pulmonary T.B. & Hemorrhage & Cogswell St for operation for T.B. glands of neck.

24/4/18. Complaining of severe headache & Vomiting. Cannot retain food. Put to bed

28/4/18. Headache persists. Pain in neck not so good. Kernig. Reflexes normal. Pupils equal. Examination of chest reveals hyperresonance all over chest particularly on right side. Rales scattered rales over both sides of chest not constant.

2/5/18. Vomiting has not been able to take food.

6/5/18. Anaesthetic & lumbar puncture fairly clear fluid under pressure. Some coagulation of fluid & positive Kernig. Pupils dilated.

Fluid Count 250 per cmm. Acid fast bacilli

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Pollution

TREATMENT Pollution

(Especially any specific or special form.)

CAMP HILL MILITARY HOSPITAL MAY 31 1918 HALIFAX N.S.

CONDITION ON DISCHARGE, Died. 8.5.18

(and disposal made of case.)

Date

H.D. Courtney Capt.
Medical Officer A/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Report No. 985 | Class II | D-3

McEachren, John C.,
Inverness, N.S.

No. of M.H.C. File	No. of Local File	No. of H.Q. File

No. 877947 Rank Sergt. Original Unit 185th Present Unit 17th Res.

Age 19 Height 5 ft. 8 ins. Complexion light Eyes blue Hair brown Character good

Date of enlistment Feb. 1916 Where enlisted Inverness Where seen service England

Ship returned by Araguay Date of arrival June 23.17 Port of arrival Hfx.

Birthplace Canada Religion R.C.

Name and address next of kin Father, L.J.McEachren, above address

Notification of return to be sent to

Cause of disability Tuberculosis of carvical glands and right lung.

Condition which prevents the soldier from earning a full livelihood This man complains of general weakness with slight cough and expectoration. He gets tired easily On examination a loss of tuberculosis (probably) glands are found in the posterior triangle of neck, right side. There is no pain or tenderness in these, and they cause but little interference with movements of neck. There is moderate dulness percussion over the right upper lobe, anteriorly and posteriorly. Audible expiration is found over the same areas. No rales were heard.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Degree of incapacity (Please state in fractions) Eng. Board - Canadian Board 100% DDS 100%

Probable duration of incapacity One year

Recommendation of Canadian Board Sent to Sanitarium for further treatment.

Destination to which transportation issued "B" Unit (N.S.)

Members of Board J.R.Corston, Capt., D.J.MacDonald, Capt., F.U.Anderson, C.S.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Single				
2					
3					
4					
5					

Occupation prior to enlistment Student

Regular trade or profession

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness I declare that the above statement is correct.

Date W.B.MacCoy 24.6.17 Signature John C. McEachren

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Classes V.O. see him.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 5a.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Report No. Class II

	No. of M. H. C. File	No. of Local File	No. of H. Q. File

No. Rank Original Unit Present Unit

Age Height lb. Complexion Eyes Hair Character

Date of enlistment Where enlisted Where seen service

Ship returned by Date of arrival Port of arrival

Birthplace Religion

Name and address next of kin

Notification of return to be sent to

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Ens. Board Canadian Board

Probable duration of incapacity

Recommendation of Canadian Board

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If purchasing property amount due and annual payment, $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness I declare that the above statement is correct.

Date. Signature

Recommendation by Interviewer as to classes likely to be of most and special remarks:

Last Pay Cert. Cr. $ Dr. $ Amount paid at Depot M.O. $ I. P. C. leaving Depot. $

Amount forwarded to H. Q. Unit $ Credit Clothing allowances $

Transf'd to Unit—Date Transf'd Class I—Date Transf'd Class 3—Date

PENSION—Class Amount per year $ Period granted for Dating from

First payment date

Form No. 3a

CLASS 1—Man for immediate discharge to be treated in Military Hospital or Convalescent Home.

(a) Unfit for further service in any theatre of war.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

CLASS 2—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

CLASS 3—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 3 (a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 4—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 5—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 6—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 7—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 8—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 9—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Class 10—Man who does not require hospital treatment, but whose condition may be improved by pensions or treatment (such as artificial limbs, &c.) and who is unfit for further service in any theatre of war.

(a) Unfit for further service but fit for service in Canada.

(b) Disability due to cause or aggravation of cause existing prior to enlistment.

Laboratory of Hygiene.

5

Military Hospital. APR 13 1918

W.L.6

The swab in the case of Pte. Mc Eachern

has been found to contain No. Diphtheria Bacilli

culture therefrom is Negative for Diphtheria.

H. R. Williams
Capt., A.M.C.
O.i/c Laboratory.

CASE HISTORY SHE[illegible]

No. 877949 Rank Sgt. Name Mc Eachern J.C. Age 20

Unit 185th Bn. Completed years of service (Where and how long) C. 1 4/12; F. 8

Date of admission 6-3-18 Date of discharge 17/4/1812

Diagnosis TBC. Adenitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Has suppurating cervical glands (L. side) just above clavicle -

11/4/18 - Developed Acute Cervical adenitis left side of neck. T 101.2° P. 104.
Throat Gun - Swab Taken

Present Condition. Large incision in front neck discharging freely thick creamy pus.
On left side above clavicle is a purplish discolored spot very tender and swollen glands under clavicle

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) negative

TREATMENT Syr Ferri Iodi 3j t.d.s.

(Especially any specific or special form.) Incision & drainage - dressings. Mag Sulphate - q.i.d.

CONDITION ON DISCHARGE Active Glands in Neck. Rather unaltered

(and disposal made of case.) discharging gland in centre neck and enlargement of sub clavicular glands. Axillary glands unaffected
Transferred to Camp Hill.

Date 17.4.18

H. K. Muller. Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

C 30132

Result of Urine Anal.

Color:	Cloudy Straw
Odor:	Normal
Re Act.	Acid
Sp. Grav.	1032
Albumen:	Faint trace
Sugar	Nil
Deposit	Nil
Microsp.	Amorphous Urates

CLINICAL CHART.

Corps 185 Batty (To be pasted into Case Book opposite patient's case.) Hospital Station Halifax No 8

No. 877949 Rank and Name Sgt McEachern JC Age 20 Service 2 Years

Disease VB Glands & Neck Date of Admission 6-3-18 Date of Discharge 17-4-18 Result Case Book Folio

Dates of Observation	9	10	11	12	13	14	~~15~~	~~16~~	~~17~~	~~18~~		16			17			18													
Days of Disease									15																						
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°						4pm	8pm 12mn	4am 8am	12mn 4pm	8pm 12mn	4am 8am	12mn 4pm	8pm 12mn	4am 8am	12mn 4pm	8pm 12mn	4am 8am															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute			98/80	104/88	92/88	76/92	120/108		100/96	80/100		84/94	92/98	100/92																	
Respirations per Minute			18/22	20/20	20/20	22/20	28/24		20/20	20/24		20/20	18/18	18																	
Motions			0		1	0	0																								

Militia Form B. 288.
6 m.-3-11.
H. Q. 1772-39-513.

Signature W. K. Miller Capt AMC In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

185th Bn

Hospital Station Halifax

No. 477949 Rank and Name Sgt Mc Eachern J.C. Age 20 Service 2 Years

Disease T.B. Glands Neck of Admission 6-2-18 Date of Discharge 17-4-18. Result Case Book Folio

Dates of Observation	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	7	8
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.																														
107°	8 6 4 2																														
106°	8 6 4 2																														
105°	8 6 4 2																														
104°	8 6 4 2																														
103°	8 6 4 2																														
102°	8 6 4 2																														
101°	8 6 4 2																														
100°	8 6 4 2																														
99°	8 6 4 2																														
98°	8 6 4 2																														
97°	8 6 4 2																														
	8 6																														
Pulse per Minute	76	60	72	76	76	80	88	76	80	96	92			80	84	64	72	80		92									98	80	100
Respirations per Minute	4	20	20	18	18	18	18	18	18	18	18			18	18	18		20		18									18	18	18
Motions		1	1		1	1			1					1	1			1		1									1		

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature N. K. Miller. Capt A.M.C. In charge of case.

3.

LABORATORY OF HYGIENE.

Military Hospital.

Halifax, N.S., MAY 1 1918

RESULT OF URINE ANALYSIS

Name..Sgt..M.. Eachern..877949

Colour..Cloudy..Straw.....

Odour....Normal.....

Reaction....Acid.....

Spec.Gravity..1025.....

Albumen....Trace.....

Sugar.....Nil.....

Deposit.....Nil.....

Microscopically..Cabeuric...

Oxalates..Amosphous.Urates

&...Bacteria.....

R. Nicholls

Capt..AMC.. O.i/c Laboratory.

ıding Officer).....