ORIGINAL

6 M. D. 1st. Depot Battalion Nova Scotia. Regiment

Regtl. No. 4050744.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname McNeil.
2. Christian name John James.
3. Present address Georgeville, Antigonish Co. N.S. Sufficient Address Ema
4. Military Service Act letter and number Defaulter.
   (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 Dec 17th. 1895.
6. Place of birth Georgeville. N.S.
   (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 John James McNeil.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Georgeville. Antigonish Co. N.S. Sufficient Address Ema
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 Camp Aldershot. (b) Date 11-7-18. (c) Category A-2

DECLARATION OF RECRUIT

I, John James McNeil, do solemnly declare that the above particulars refer to me, and are true.

John James McNeil (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 7 mths.

Height 5 ft. 8½ ins.

Chest measurement: fully expanded 39 ins.; range of expansion 2 ins.

Complexion Fair.

Eyes Blue.

Hair Dark Brown.

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

W. T. Sucklng Lieut.
Lt.-Col.

for O. C. 1st. Depot Btn.

Nova Scotia. Regt.

Place Camp Aldershot. Date 11-7-18.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ...)

DECLARATION OF RECRUIT

I, ... do solemnly declare that the above particulars are, to the best of my knowledge and belief, true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ... yrs.

Height ... ft. ... in.

Chest measurement — fully expanded ... in. ; contracted expansion ... in.

Complexion ...

Eyes ...

Hair ...

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

Place ... Date ...

REGIMENTAL DOCUMENTS

NAME McNEIL JOHN, JAMES. REGT. NO. 405074 UNIT 2nd D.B. N.S.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				31963	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					Deserter
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	M.7.B.479.					
	M.7.B.259.					
	M.7.W.82					
1	[illegible]					

W. 2589
100M-11-18
1772-39-1377

H. Q.

M. D. No. 6

Surname Mc Neil.

Christian names John James

Regtl. No. 405074 Rank Pte.

Unit N.S. Regt. 1st Depot Bn.

T. O. S. July 10 19 18.

D. O. Pt. II 191 of 12/7/18.

S. O. S. 21-8 19 18

Reason S.A.

Auth. D.O. 268 8/27-918 N.S.R.

Next of kin Mc Neil John James Relationship Father

Address Georgeville

Antigonish Co. N.S.

Also notify:

BORN—Place Canada Georgeville N.S. Date Dec 17th 1895

ATTESTED—Place Aldershot Camp N.S. Date July 11th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Bn. N.S.R.

Regimental No. 4050744 Rank Pte. Name McNeil John James.

C. E. F.

Enlisted (a) 10-7-18 Terms of Service (a) War & 6 months. Service reckons from (a) ~~10-7-18.~~

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

Extended ..... Re-engaged ..... Qualification (b) 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				
		Embarked	HALIFAX N.S.	28-8-18	W. Sutherland Lieut MAJOR Comdg "E" Co 1st. Depot Bn. N. S. Regt.
		S.O.S.IN D.O.#268 with effect the 21-8-18. Declared by a Court of Inquiry to be illagally absent.			W. D. Simpson Capt. for O. C. 1st. Depot B'n N. S. Regt.

(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.

[P.T.O.

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				

FORM OF WILL

I, John James McNeil (Name in full)

Regimental Number 405074 serving in 1st Depot Batt NSR

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 my real estate unto

John James McNeil Sr
Georgeville
Antigonish Co NS

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

Father

absolutely, and my personal estate I bequeath to

John James McNeil Sr
Georgeville
Antigonish Co NS

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

Father

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 11 day of July A.D. 191 8.

John James McNeil Signature of Soldier.

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

F.W.W.
W.B.

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 A.E. Lewis Sergt

Address of Witness 1st Depot Batt, NSR Sergt

Occupation of Witness Soldier

Signature of Second Witness Elmer Farrell Sgt

Address of Witness 1st Depot Batt NSR

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-30-983.

"B" COMPANY SEPTEMBER

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. 4050744 Rank Pte. Name J.J. McNeil

Corps 1st Depot Bn.N.S.Regt who was* Deserter

On 21-8-18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ..... 191...., to 1-9-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	44	52
Advances by Cheques No.			Regt'l Pay ..... days at $ ..... c.		
Advances by Cheques No.			Field Allow. ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Overcredited Aug 21 days pay	11 23	10	Other Allowances*		
Other charges it deficiency	24	09	Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	13	67
Total	58	19	Total	58	19

*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 .....

(3) cause of discharge Deserter authority DOP-11-268

(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 Sept. 27th 1918

Place Aldershot Camp N.S.

C.C. Fairbairn Capt.
Paymaster 1st Depot Bn
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.

DENTAL HISTORY SHEET

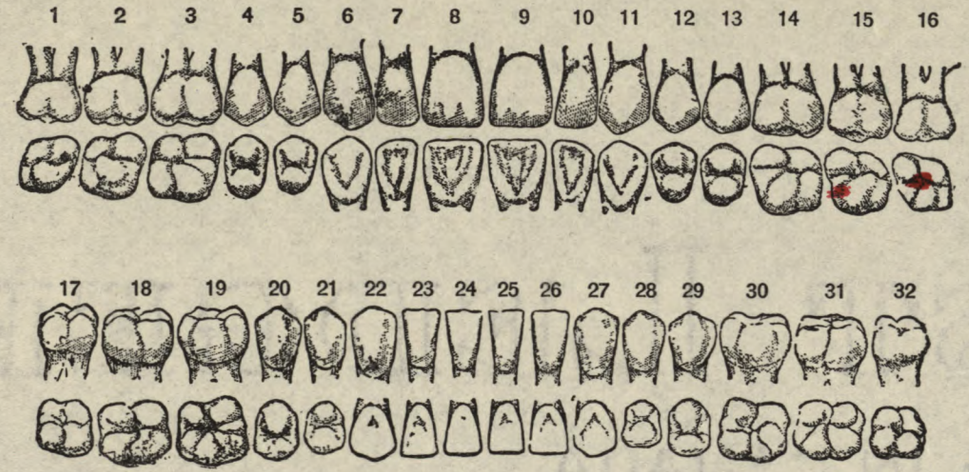
CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER McMeid, J. S. (John Samuel)

REGIMENT 44th Depot Bn. RANK Private No. 470,744

M.F.B. 465
2000M-1-17
1772-39-950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	25-7-18	16																		H. J. Adamson	6	Cavity 13

MADE IN CANADA

Fox Harm

M.S.A. 15. # 4050744.

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 McNeil Christian name John Jas.

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)... Georgeville N.S. Antigonish Co

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of July 1918, by the undersigned medical board sitting at Aldershot Camp N.S.

5. Age as stated 22 Years 7 Months. 6. Apparent age Years Months

7. Height 5' Feet 8½ Inches. 8. Weight 153 Pounds.

9. Chest measurement { Minimum 37 Ins. / Maximum 39 Ins. } 10. Complexion fair { Eyes Blue / Hair D. Brown }

11. Physical development. Good { 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

Scar over left clavicle

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 A II

V. R. 20/20 L. 20/20 Hearing Normal

D. McLaughlan Capt A.M.C. President.

H.O. Blanchard Lt A.M.C. Member. Member.

Signature of Man John James McNeil

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
16/7/18		D.T. McInnis M.O.	16/7/18		D.T. McInnis M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 10th. day of July. 1918 at Camp Aldershot.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st. Depot Bn. N.S.R.	4050744.		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Aldershot Camp	11/7/18		Cat A II

N.B.—This sheet is 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.

Surname McNeil Christian Name John James

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

B 268

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

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

No. 4050744

Rank. Pte.

Surname MCNEIL,

Christian Name John James

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Bn, N.S.R.

Date Struck Off 21-8-18.

Place Struck Off Aldershot Camp, N.S.

1. DESCRIPTION AT THE TIME STRUCK OFF.
TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

		Descriptive Marks.
Age	22 years 7 months.	
Height	5 feet 8½ inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Dark Brown	
Trade		

2. The above man is struck off in consequence of being daclared by a Court of Inquiry to be illegally absent from date of absence

(a) Date to be struck off 31-8-18. 19

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

3. Conduct and character while in the service have been, according to the records, etc.

Indifferent

M. F. B. 479.
0M.—1-18.
1772-39-1160.

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

NIL

5. Medals and Decorations..... NIL

6. His account is as stated on last pay certificate attached to proceeding.

(Place) Halifax, N.S. G L Mott

(Date) 19-10-18. *Commanding* 1st Depot Bn, N.S.R. Major

7. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)---years 47 days.

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

8. **Confirmation.**

The above named man is struck off as a deserter which is hereby confirmed.

(Place).....

(*Signature*).....

(Date)..... Commanding No..... Military District.

Remarks.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. 249.
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.B. 259 (two copies).