10th. Depot Battery, Siege Artillery, C. E. F. ORIGINAL

19942301

ATTESTATION PAPER.

No. 2101081

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McPhie.
1a. What are your Christian names? Leslie Seward.
1b. What is your present address? Cape George, Antigonish Co., N.S.
2. In what Town, Township or Parish, and in what Country were you born? Cape George, Antigonish Co., N.S.
3. What is the name of your next-of kin? Seward McPhie.
4. What is the address of your next-of-kin? Cape George, Antigonish Co., N.S.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? July 26th 1899
6. What is your Trade or Calling? Farmer
7. Are you married? Single
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 or Naval 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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
14. If so, what was the nature of the disability? N.A.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
16. If so, what was the reason? N.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie Seward McPhie, 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.

Leslie S. McPhie (Signature of Recruit)

Date 6-8-18. 191 . M B Zwicker (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie Seward McPhie, 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.

Leslie S. McPhie (Signature of Recruit)

Date 6-8-18 191 . M B Zwicker (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 Halifax N.S. this 6th day of August 1918.

Geo B Hewitt (Signature of Justice)

O.C. 10th DEPOT SIEGE BATTERY C.E.A.C.E.F.

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Leslie Seward McPhie. on Enlistment.

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

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 38 ins.
Range of expansion 2 ins.

Complexion Dark

Eyes Blue

Hair Black

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

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).

Small scar index finger left hand, scar on big toe left foot.

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 6-8- 1918. A A Scheffer

Place Halifax NS Capt & Adjt
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:—

Category A2

R F D Brace Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

Leslie Seward McPhie. 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.

G B Land (Signature of Officer)
O.C. HEAD QUARTERS SIEGE BATTERY C.G.A. C.E.F.

Date 6-8-18. 191 .

SPECIAL GUARD. MILITARY POLICE CORPS.

PERMANENT FORCE OF CANADA

ATTESTATION PAPER.

REGT. NO. P.F. 2779718

FORMER REGTL. NO.
(1) PERMANENT FORCE 2779718
(2) C.E.F. ~~XXXXXXXXXX~~

P. F. UNIT

QUESTIONS TO BE PUT BEFORE ATTESTATION.

[ANSWERS]

1. What is your surname? McPhie.
2. What are your Christian names? Leslie.
3. What is your present address? Cape George, Antigonish, Nova Scotia.
4. What are particulars of your birth? (a) 26.10.1900 (b) Cape George (c) Antigonish (d) N.S.
   (a) date, (b) town, (c) township or parish, (d) country.
5. Are you a British subject? Yes.
   (If not, to what country do you owe allegiance.)
6. What languages, other than English, do you speak? None.
7. Are you single? Yes. Married? ..... or Widower .....
8. What is your trade or calling? Farmer.
   (See Attestation Paper completion guide.)
9. What is your religious persuasion? Presbyterian.
   (See Attestation Paper completion guide.)
10. Are you willing to be vaccinated, or revaccinated and inoculated? Yes.
11. Have you ever served in any Military forces? C.E.F. 2 Years.
    (If so, give particulars of former service.)
12. Are you willing to be attested in the Permanent Military Forces of Canada? Yes.
13. Have you ever been discharged from any branch of H.M. Forces as medically unfit? No.
14. If so, what was the nature of the disability? -----
15. Have you ever offered to serve in any branch of H.M. Forces and been rejected? No.
16. If so, what was the reason? -------

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie McPhie, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of 6 months, provided His Majesty should so long require my services, or until legally discharged, and do understand the nature and terms of this engagement.

Leslie McPhie
Signature of man.

B. Dean
Signature of witness.

Dated this 11th day of September 1919 at Halifax N.S.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie McPhie, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Leslie McPhie
Signature of Recruit.

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Halifax, N.S., this 11th day of September 1919.

..... } Signature of Magistrate, Justice or Attesting Officer.

J. H. Brown. MAJOR } Office or Rank and Unit or appointment.
ASSISTANT PROVOST MARSHAL M. D. 6

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

M. F. B. 235.
25M-3-19—D.P. 188.
1772—39—87.

DESCRIPTION OF Leslie McPhie ON ENLISTMENT

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of September 19 19, by the undersigned Medical Board sitting at Halifax, N.S.,

1. Age as stated 20 Years 0 Months
2. Apparent age 20 Years 0 Months
3. Height 5 Feet 11 Inches
4. Weight 165 Pounds.
5. Chest measurement { Minimum 33 Ins. / Maximum 37 Ins.
6. Complexion Medium { Eyes Grey / Hair Black
7. Physical development Good { Good / Fair / Poor
8. Smallpox marks None.
9. Number of vaccination marks { Right arm Nil / Left arm One.
10. When vaccinated last 1918.
11. Distinctive marks and marks indicating congenital pecularities or previous disease None.
(Should the Medical Officers 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).

12. Slight defects, but not sufficient to cause rejection

13. The man denies having had { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma.

14. We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the Permanent Military Forces of Canada Regulations for medical examinations, and he is placed in Category A2

15. (a) Vision. R. 20/20 L. 20/20
(b) Hearing R. 10 L. 10

J. H. Brown President.

W. Blue Adams Capt. Member.

(Any special remarks of Medical Officers may be added below.)

PARTICULARS OF NEXT-OF-KIN.

Name and Relationship.	Address.	Subsequent Changes.
Mr. Seward McPhie, FATHER.	Cape George, Antigonish, N.S.	
Mrs. Miss Annie McIntyre, Friend.		

CERTIFICATE OF OFFICER COMMANDING UNIT.

—:—:—

Leslie McPhie 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, and that his service reckons from the 11th day of September 191 9.

J. H. Brown MAJOR (Signature of Officer)
ASSISTANT PROVOST MARSHAL M. D. 6

Date 11th September 191 9.

NOTE.—Service reckons from date commenced to draw pay. A.A. (1914), Part II., S.S. 100, para. (2).

STATEMENT OF THE SERVICES OF NO. ~~2101804~~ 2779718 NAME McPhie Louis

Corps	Squadron, Battery, Company or Detachment.	Promotions, Reductions, Transfers, Casualties, Etc.	Place.	Rank Shown	Effective Date.	Authority for Entry. Part II. D.O. Cas. List, Etc.	Authority for Entry. Dated	Service towards completion of engagements. Years	Service towards completion of engagements. Days	Signature of Officers Certifying Correctness of entries.
Special Guard. C. M. P. C		Service towards engagement reckons from 11th Sept 1919 joined at Shorncliffe	Shefan		11-9-19	one	15-9-19			J. H. Brown. MAJOR ASSISTANT PROVOST MARSHAL M. D. 6
"		T. O. S. Special Guard	"	Pte	15-9-19	D.O. 3.	17.9.19			[illegible]
"		Appt L/Cpl with pay	"	L/C	"	"	"			[illegible]
Sp. Guard C. M. P. C.		S.O.S. Special Guard C.M.P.C. on demobilization authy R.O. No. 1328 para 7(E) d/- 18/11/18	Halifax	L/C	8.4.20	D.O. 99	8.4.20			[illegible]

Total services as above.....

MILITARY AND FAMILY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Increased Pay for L ength of Service or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N.B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~					
Canada.	6.8.18.	18.8.18.			
England.	24.8.18.	2.3.19.			
Canada.	8.3.19.	1.4.19.			

		Initials of Officers.
2. Passed classes of Instruction	Nil.	
3. Campaigns	Nil.	
4. Wounded	Nil.	
5. Effects of wounds.	Nil.	
6. Special instances of gallant conduct	Nil.	
7. Medals, Decorations and Annuities	Nil.	

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll.	Initials of Officers.
	(a)	(b)	(c)	(d)		
8. Particulars as to Marriage.....		SINGLE.				

	Christian Name	Date and Place of Birth		Date and Place of Baptism, and Name of Officiating Minister
9. Particulars as to Children.....	NONE.			

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry. Deaths at 8 and 9 to be indicated by deleting in Red Ink, giving date, etc., directly above.

REGIMENTAL DOCUMENTS

NAME McPHIE, LESLIE, SEWARD REGT. NO. 2101081 UNIT 10 Depot Bty H. Q. FILE NO.

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	1.					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	1					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	2					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)						Category Demob
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
LAST PAY CERTIFICATE (M.F.W. 44)					33874	
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	1					
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	1					
Misc						
G. Card						
Mis Doc.						48 — 16
G. Card						16 — 16
						12 — 16

W 2589
100M-11-18
17/2-39-1377

*N[redacted] MCPHEE, L. S. Leslie S Rank GNR. Regtl. No. 2101081

Fyle Depot 74-Mc-1400

Original unit 10 S. Btry Pres. unit #6 D.D. M. or S. Age 19 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mr. Seward McPhee (Father)

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment 6-8-18 Halifax, N.S.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
3-3-19	T.O.S. #6 D.D. Posted to Cas. Coy. 8-3-19 D.O.	69
1.4.19	DISCHARGED at Halifax, N. S	88

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname: McPhie.
Christian names: L.
Regtl. No. 277918 Rank: Pte
Unit: Mil. Pol. (Bde Guard.)

H. Q.
M. D. No. 6
T. O. S. Sept 15 1919
D. O. Pt. II 3 of 17-9-19.
S. O. S. 19
Reason
Auth.

Next of kin
Relationship
Address
Also notify:

BORN—Place
Date
ATTESTED—Place
Date
O/S
R/C

W. 22—50M.-3-19. 1772-39-839.

M. F. W. 71—500M.—5 13.
1772—39—951.

NAME McPhie Leslie

REGIMENTAL NO. 3/1997, 8 RANK

ENLISTED AT Halifax N.S. PROMOTIONS, &c. AND DATE

DATE 11. 9. 19

IF SERVED PREVIOUSLY, STATE UNIT, &c. b. R. F. 3 years

MARRIED, WIDOWER, OR SINGLE S.

NEXT OF KIN W. Howard McPhie RELATIONSHIP Father

ADDRESS OF Cape George Antigonish N.S.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
J. P. S. 15.9.19	D.O.3.	17.9.19	
App'd Cpl. with pay 15.9.19	— " —	— " —	
S.O.S. Sp. Guard. C.M.P.C. on demob elevation, Authy R.O. No. 1328 para 7 (E)			
d/- 18/11/18. effect 8/4/20	D.O.99	8.4.20.	

LEDGER No. 9840 SERIAL No. B/14247

REG. No. 2101081 NAME McPhie · L. S.

RANK Gnr. CORPS 10th S Bty AGE SERVICE 30/12

HOSPITALS	DATE OF ADMISSION
1 Cogswell Hil Halifax	21-10-18
2	
3	

DIAGNOSIS Influenza.

TRANSFERRED TO Commons Convel 28-10-18 -

DISPOSITION Unit 1-11-18. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

H. Q. .....

M. D. No. 6

Surname McPhie

T. O. S. Aug 6th 1918

Christian names Leslie Seward

D. O. Pt. II 219 of 7-8-18

Regtl. No. 2101081 Rank Gnr.

S. O. S. 1-4-1919

Unit ~~10th Siege Bty.~~ No. 6 Ed. Ed.

Reason demob.

Auth. Reg 88 of 29-5-19 6 Ed Ed.

Next of kin Mc Phie Seward

Relationship Father

Address Cape George Antigonish Co N.S.

Also notify: .....

BORN—Place Canada, Cape George N.S. Date July 26th 1899

ATTESTED—Place Halifax N.S. Date Aug 6th 1918

O/S. .....

R/C. .....

W. 22—100M 7-18. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2101081 (Rank) Gunner

Name (in full) Leslie Seward McPhie enlisted in

the 10th Depot Battery, Siege Artillery,

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 6th

day of August 1918

HE served in ~~England~~

and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 19 yrs. 3 mos.

Height 5 ft. 9½ in.

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars Toe left foot split

Leslie McPhie
Signature of Soldier

C W MacKloney CAPTAIN.
Issuing Officer
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge April 1st, 1919.

Signed at Halifax, N.S. this 18th day of March 1919

in Military District No. Six

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2779718 Rank L/C Name McPhie Leslie
(Name in full in block letters.)

Age 20 4/12 Address after discharge Box ~~103~~ 650. Dunbrae Halifax Co.

Unit or Corps Special Guard C.M.P.C. Birthplace Cape George N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 165 lbs. Height 5 ft. 11 in. Colour of Eyes Grey

Nutrition good

Pulse regular

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. ft.

Left ft. normal

Identification marks, scars, or deformities. (Give cause and date of origin.)

Scar large toe lt.

Opinion as to general health and physical condition Excellent

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No.") (Subjective evidence may be sufficient in certain cases.)

Nervous System No. Genito Urinary System No. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No Any other general condition No.

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

4. THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

---

5. THIS SECTION FOR USE IN CANADA—

Examined at. Halifax N.S. (Canada)

Date 2-4-3-00 Signed C.H. Wallbridge M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Leslie McPhee

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

M.F.W. 129.
350—D.P.—50M-4-19.
1772-39-1142 (10076).

[OVER]

Former Regtl. No.....

Permanent Force 2779718

C. E. F. .....

Surname Pte Pike

PERMANENT FORCE OF CANADA

MEDICAL HISTORY OF

Christian Names Leslie

Regtl. No. P.F. .....

P.F. Unit .....

Region .....

TABLE I.—General Table

Birthplace { Town Cape George / Province N.S.

Examined { on 11th day of September 1919 / at Halifax, N.S.

Declared age 20 years 0 days

Apparent age 20 years

Trade or occupation Farmer

Height 5 feet 11 inches. Weight, stripped 165 lbs.

Colour of Hair Black Complexion medium

" Eyes Grey

Chest Measurement { Girth when fully expanded 37 inches / Range of expansion 33 inches

Physical development Good (Good, fair or poor)

Vaccination marks { Arm, Right / Left; Number 1 / One

When vaccinated 1918

Vision { R.E.—V = 20/20 / L.E.—V = 20/20 With Glasses { R. / L.

Hearing R. ear 10 L. ear 10

Identification marks, such as Tattoo, Moles, Scars, etc.—

Scar on large toe.

Defects or ailments:—

Nil.

Examined and found—

FIT FOR CATEGORY { A. / ~~B.~~ / ~~C.~~

(Strike out those which do not apply.)

Signature J. E. Christie President

W. Bruce Almeschot Member

Member

Re-examined for posting at .....

On ..... day of 19

Enlisted { at ..... / on ..... day of 19

	Corps	Regtl No.
Joined on enlistment		
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service: Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, etc.

Date	Brief Details and Signature

Special remarks: state if a discharged soldier

Demobilised April 1919.

TABLE IV.—Service Table

Station or Troopship	Date of Arrival or embarkation	Date of departure or disembarkation

Became non-effective by .....

on ..... day of 19

(*Signature*) .....

(*Rank*) .....

For disposal of this form use K.R. & O. paras. 1594 and 1606.

M. F. B. 313 b.
25M-3-19
1772-39-439

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Each entry will be accurate, brief and revelant. Remarks bearing on the cause nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	Signature Medical Officer
	Day	Month	Year	Day	Month	Year				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2779718 (Rank) Lance/Corporal.

Name (in full) McPHIE, Leslie. enlisted in

the Special Guard, C.M.P.C.

CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the Eleventh

day of September 19 19

HE served in Canada.

and is now discharged from the service by reason of Demobilization.

Auth: R.O. #1328, Para. 7(E), dated 18-11-18.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age	19 years 7 months.	Marks or Scars	
Height	5 feet 11 inches.		
Complexion	Medium		Nil.
Eyes	Grey		
Hair	Black		

Leslie McPhie L/Cpl.
Signature of Soldier

J H Brown
Issuing Officer

Lieut-Colonel.
Rank

Date of Discharge April 8th 1920.

O.C. Special Guard C.M.P.C.
Appointment

Signed at Halifax, N.S. this 8th day of April 1920.

in Military District No. Six.

File Reference No.

SPECIAL GUARD
APR 8 1920
Canadian Military Police Corps

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .....(Rank)..... Name.....

Unit.....

Address on Discharge.....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life.....

.....

Medals and Decorations.....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at.....this.....day of.....19

.....
Name of Officer

.....
Rank

.....
Appointment

Certified Correct
J. Donnelan LT
O.i/c. Records

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 10th Depot Siege Battery CGA. CEF.

Regimental No. 2101081 Rank Gr. Name McPhie, Leslie Seward.

C. E. F.

Enlisted (a). 6-8-18 Terms of Service (a). War & 6 mos. (b) Service reckons from (a). 6-8-18.

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				
		Transferred to SEF J. L. Allen CAPT 1st C. G. A. ADJUTANT No. 6 ARTILLERY DEPOT		28-12-18	
4-1-19	Halifax	S. O. S. Ammunition Column L & F (S)	New Westminster 28-12-18		Auth. 11 MD 99-4-134-2 Pt II D.O. #3
2-3-19	MD. 11	S. O. S. on transfer MD 6	New Westminster 2-3-19		Auth A.G. wire 36 14 on demobilization 20-2-19
3/3/19	A. O. S. No. 6 D. D. from 6 C. 7 and posted		Ex. 6 C. 3/3/19		D069 O/c Records
1.4.19	DISCHARGED at Halifax, N. S.				D088 O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

AMMUNITION COLUMN, C. F. A., C. E. F., SIBERIA
EMBARKED AT ON H. M. T. DATE
DISEMBARKED AT FROM H. M. T. AMMUNITION COLUMN, C. F. A., C. E. F., SIBERIA

(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				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 210081 Rank Gnr Surname McPhee
(Give name in full)
Leslie S.

Unit or Corps D.D. #6 Birthplace Cape George N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique Good Weight 150 lbs. Height 5 ft. 10 in. Colour of Eyes grey

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 18 ft.

Left 18 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Toe l foot split

Opinion as to general health and physical condition Physical Good

2. **Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. **If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

In Oct/1918 had influenza - Recovery perfect.

Cape George Antigonish Co, N.S.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at. Halifax (Canada)

Date ..... March 15/19 Signed J. Inge Lean M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature L. S. McPhee

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6.

NAME OF SOLDIER McPhee, Archie.

REGIMENT 10th Siege Battery RANK Gnr. No.

M.F. 65
240M-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											2 3 14 19 30											Cavities. 18. 29. 31
13-8-18.																				Capt. McMeekin	6.	
20-8-18		18 29 31																		" Blanchard	6	
																						Completed.

OFFICER IN CHARGE
SEP 10 1918
HALIFAX.
DENTAL SURGERY

19 S42301

Vision R 20/40 L 20/40
Hearing Normal

MEDICAL HISTORY SHEET

Surname McPhee Christian Name Leslie Seward

Examined { on 6 day of August 1918
at Halifax

Birthplace { City or Town Cape George
County Antigonish.

Apparent age 19.

Trade or occupation Farmer

Height 5 feet 9 1/2 Inches

Weight 145 lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 38 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left ✓
Number One

When Vaccinated last 1911

(a) Marks indicating congential peculiarities or previous disease Scar on top left great toe
small scar on left index finger

(b) Slight defects but not sufficient to cause rejection

Approved by A A Schoffner
Rank Lt Col Sanc M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
7/8/18	O.K.	George M. Campbell Lt Col at Pame	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
6/8/18		[illegible]	M.O.
17/8/18		[illegible]	M.O.
24/8/18	3.5	[illegible]	M.O.

Enlisted on 6th day of August 1918 at Halifax NS

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Depot Regt Brig C.E.F.	210081		6-8-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Halifax NS	6/8/18	nil	Category A1

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Price Christian Name Isaac Seward

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				
Hartford		21	10	18	1	11	18	Influenza	11	Well & uncomplicated	W. Macfarlane

Station Hospital,
HALIFAX, N.S.

CASE HISTORY SHEET.

No. 2101081 Rank Gnr. Name McPhie, L.S. Age 19

Unit 10th A Bty Completed years of service Where and how long } 2½ Can

Date of admission 31-10-18 Date of discharge 1/11/18

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Became ill with headache, chills, feeling ~~of~~ cough & generalized pains.

On admission temp 99.5. 90. 22. not particularly ill at time of entry.

Oct. 22. Feeling improved. Complains that legs heavy. General condition good. Temp 100.5. p. 84. R. 22

Oct. 28. Convalescent. Since Oct 24th temp. has remained at normal level.

Thos. Richard I Commons
D.A.P.

Nov 1, 18 Discharged

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) 6 days leave then duty

Date

W. Macaulay Capt
Medical Officer i/c case.

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

B14247

Mother

Mrs Seaward McPhee
Cape George
Antigonish Co.
N. S.

2

CLINICAL CHART.

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

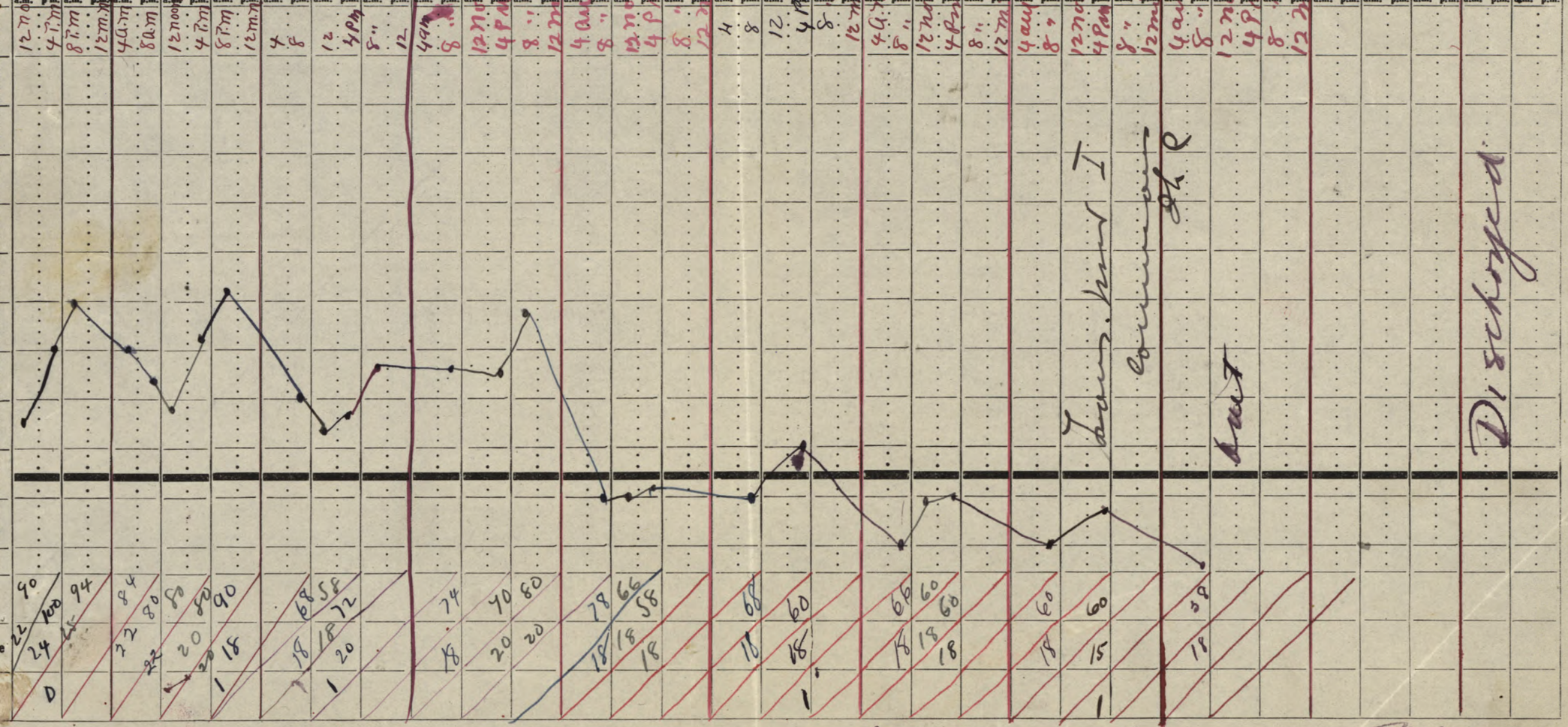
Corps 10th Siege Battery — Hospital Station Cogswell St.

No. 2101081 Rank and Name Gnr. McPhie L. S. Age 19 Service 2 p/12 Canada

Disease Influenza — Date of Admission 21st-10-18 Date of Discharge 1/11/18 Result Cured — Case Book — Folio

Dates of Observation	21	22	23	24	25	26	27	28	29	30	Last
Days of Disease	1	2	3	4	5	6	7	8	9	10	

Temperature Fahrenheit (107° – 97°)



Signature W. Macaskey Capt. O.C. — In charge of case.

Paymaster

Auditor

M. or S. Single

Name and Address of Next of Kin Steward McPhie (Father)
Cape George
Antigonish Co. N. S.

Separation Allowance $ Effective Date

By Whom Paid

Payable to Relationship

Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 210 1081 Rank Gnr. Name McPhie Leslie S.

If in P.F. What Unit P. F. Allowances Original Unit C.E.F. Amm Col (S)

Place of Attestation Halifax N. S. Transferred to Date Authority

Date of Attestation 6-8-18. Transferred to Date Authority

Assigned Pay $ 20 00 Date Effective 1-1-19. Authority M.F.W. 2583.

Payable to Steward McPhie. Relationship Father

Address Cape George, Antigonish Co. N. S.

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective

Discharged. Date and Place Authority

L.L. 51643 M. & D. 9587
25-11-18—5m.

Month	Pay: No. of Days	Pay: Rate	Pay: Amount $ c	Other Credits $ c	Assigned Pay Credits $ c	Total Credits $ c	Acquittance Rolls: Col. No. 1 No.	Col. No. 1 Date	Col. No. 2 No.	Col. No. 2 Date	Col. No. 3 No.	Col. No. 3 Date	Col. No. 4 No.	Col. No. 4 Date	Cash Payments: Col. No. 1 $ c	Col. No. 2 $ c	Col. No. 3 $ c	Col. No. 4 $ c	Assigned Pay Canada	Assigned Pay Other Countries	Other Charges $ c	Regimental Charges $ c	Total Debits $ c	Balance: Debit $ c	Balance: Credit $ c	Deferred Pay $ c	Pay Available for Issue $ c	Sep. All'ce	Remarks
																													Ex Bal Jr. 28 - RMC
				10 00																									6th Ans Depot
Jany																													

Carried Forward

Regimental No.....Rank.....Name.....

Month	Pay				Other Credits		Assigned Pay Credits		Total Credits		Acquittance Rolls								Cash Payments								Assigned Pay Canada		Assigned Pay other Countries		Other Charges		Regimental Charges		Total Debits		Balance				Deferred Pay		Pay Available for Issue		Sep. All'ce	Remarks
											Col. No. 1		Col. No. 2		Col. No. 3		Col. No. 4		Col. No. 1		Col. No. 2		Col. No. 3		Col. No. 4												Debit		Credit							
	No. of Days	Rate	Amount								No.	Date	No.	Date	No.	Date	No.	Date																												
			$	c	$	c	$	c	$	c									$	c	$	c	$	c	$	c					$	c	$	c	$	c	$	c	$	c	$	c	$	c		

Carried Forward

M. or S. Single

Name and Address of Next of Kin Steward McPhee (Father)
Cape George
Antigonish Co. N. S.

Separation Allowance $ Effective Date

By Whom Paid

Payable to Relationship

Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 210 1081 Rank Gnr. Name McPhee Leslie S.

If in P.F. What Unit P. F. Allowances Original Unit C.E.F. Amm Col. (S)

Place of Attestation Halifax N. S. Transferred to D.D. Date Authority

Date of Attestation 6-8-18 Transferred to M.D. 6 Date 2-3-19. Authority D.O. 61

Assigned Pay $ 20 00 Date Effective 1-1-19. Authority M.F.W. 2583

Payable to Steward McPhee Relationship Father

Address Cape George, Antigonish Co. N. S.

Stop-Payment Form (Assigned Pay) Rendered (Date) wired 11-3-19 Effective 28-2-19.

Discharged. Date and Place Authority

Paymaster

Auditor

L.L. 51643 M. & D. 9587 25-11-18—5m.

Month	Pay: No. of Days	Pay: Rate	Pay: Amount $ c	Other Credits $ c	Assigned Pay Credits $ c	Total Credits $ c	Acquittance Rolls Col. No. 1 No.	Col. No. 1 Date	Col. No. 2 No.	Col. No. 2 Date	Col. No. 3 No.	Col. No. 3 Date	Col. No. 4 No.	Col. No. 4 Date	Cash Payments Col. No. 1 $ c	Col. No. 2 $ c	Col. No. 3 $ c	Col. No. 4 $ c	Assigned Pay Canada	Assigned Pay Other Countries	Other Charges $ c	Regimental Charges $ c	Total Debits $ c	Balance Debit $ c	Balance Credit $ c	Deferred Pay $ c	Pay Available for Issue $ c	Sep. All'ce	Remarks
				10 00																					10 00				Cr Bal. 1-1-19 RPC 6th Ars Depot
Jan	31	1.10	34 10			34 10	110	4	167	31					5 00	9 00			20 00				34 00		10 10				
Feb.	28	1.10	30 80			30 80	188	15	201	24					5 00	6 00			20 00		3 08		34 08		6 82				M.F.C. 512
Mar	2	1.10	2 20			2 20																			9 02				DO. 61 Trans. to D.D. M.D. 6 2-3-19.
						67 10																							

Blanket L.P.C. to
M. D. 6 - 10-3-19.

Carried Forward

Regimental No.....Rank.....Name.....

Month	Pay				Other Credits		Assigned Pay Credits		Total Credits		Acquittance Rolls								Cash Payments								Assigned Pay Canada		Assigned Pay Other Countries		Other Charges		Regimental Charges		Total Debits		Balance				Deferred Pay		Pay Available for Issue		Sep. All'ce	Remarks
											Col. No. 1		Col. No. 2		Col. No. 3		Col. No. 4																													
	No. of Days	Rate	Amount								No.	Date	No.	Date	No.	Date	No.	Date	Col. No. 1		Col. No. 2		Col. No. 3		Col. No. 4										Debit		Credit								
			$	c	$	c	$	c	$	c									$	c	$	c	$	c	$	c					$	c	$	c	$	c	$	c	$	c	$	c	$	c		

Carried Forward

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. 2101081

Rank Gunner

Surname Mc Phie

Christian name Leslie Seward

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

Corps (Squadron, Battery or Company) 10th Depot Battery, Siege Artillery C.E.F.

Date of discharge April 1st. 1919.

Place of discharge Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 3 months.

Height 5 feet 9½ inches.

Complexion Dark

Eyes Blue

Hair Black

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Cape George, Antigonish, Co. N.S.

Descriptive marks

Toe left foot split.

2. The above-named man is discharged in consequence of

Authority for discharge Demobilization

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.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Halifax, N.S. .....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Halifax, N.S. Leslie McPhee *(Signature of Soldier.)*

(Date) March 18th 1919 H. Wren *(Signature of Witness.)*

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Halifax, N.S.

(Date) April 1st 1919.

(Signature) Damer Rae

LIEUT.-COL.

No. 6 DISTRICT DEPOT.

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.)

Nil

Leslie McPhie

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

SPECIAL GUARD
APR 8 1920
Canadian Military Police Corps

1. No. 2779718

2 Rank. Lance/Corporal.

3. Name. McPHIE, Leslie.

4. Unit. Special Guard, C.M.P.C.

5 Date of Discharge 8-4-20. Place Halifax, N.S.

6 Reason for Discharge Demobilization.

7. Authority. R.O. #1328, Para. 7 (e), dated 18-11-18

8. Proposed Residence after Discharge

Box 103, Imperoyal, Halifax, N. S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Leslie McPhie L/Cpl.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, N.S.

Date April 8th 1920.

Signature J. H. Brown Lieut.-Colonel.
(O. C. Discharging Unit.)
O.C.Special Guard C.M.P.C.

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Date of Enlistment 6-8-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch M

29119

Date of Assignment 1 Jan 1919

OVERSEAS CONTINGENTS

Siberian.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Amm. bol

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 SEWARD MCPHIE,

2 CAPE GEORGE, ANTIGONISH CO.,N.S. 20 20.00

3 % 2101081 GNR LESLIE SEWARD MCPHIE TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						12547-L-9
Jan	O. 4718		20	20		Mailed 24/1/19 L.N. 17347
Feb	T 78247		20	20	✓	
Mar	~~H 81376~~		~~20~~	~~20~~	✓	
				40		

A/c closed 28-2-19 per table P. from The paymaster M.D. #11. Transferred to M.D. #6. E.R.

Bank Order # L.H. 7311 Issued 21-3-19 15-3-19. E.R.

A/c Closed 28-2-19

Ret'd per

Date F.X. 15-3-19

Clerk E. Reade.

M.D. #6

M.R.O. Des. 72463 15 3/19

Make envelope E.P.

M. F. W. 128.
40M.-6-17—1772-39-1141.
L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACCT. 12547-L-9

H. Duncan 22-1-19

Date of Enlistment _____

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment _____

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 123.
4ODM. 6-17—4772-39-1141
L. L. 22320—M. & D. 7993.

Lib. Ex. Force

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

AUDITOR | PAYMASTER

M. OR S. | REGT. No. 210081 | RANK Gnr. | NAME (IN FULL) McPhie L. S. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Seward McPhie — RELATIONSHIP: Father

ADDRESS: Lake George, Ant. Co. N.S.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID: Nil — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.		Do. 69.

ORIGINAL UNIT C.E.F.: Ab. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Halifax N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 6.8.18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1.3.19

PAYABLE TO: Seward McPhie — RELATIONSHIP: Father — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: Lake George, Ant. Co. N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Hfx. N.S. — DATE 1-4-19 — REASON Demob. — AUTHORITY Do 88 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
1.3.19		1.10			9	02																															Balance Credit
																																					Doc # 648.
									9	02																					—	—	—	—	9	02	
Mar.	30	1.10	33	00	35	00	9	02	77	02					21468						77	02									77	02	Nil				Clothing Allce
																	War Gratuity																				
	92	2.10							210	Nil							70	00													~~210~~	00					apt 30th 1919 158216
																	70	00																	70		Chg. 594677 9/6/19.
																	70	00																	nil		878811 5/7/19.
		210	00						210	00							210	00													210	00					

COMPILED BY ..... Bff

CHECKED BY .....

PASSED BY .....

Certified that all payments due on this acct. have been paid.

For Senior Officer Pay Services, M.D. 6

100M-1-19.—L. L. 33962-4 & O. 9723.
M. F. W. 2596.
1779-39-126.

2.101.081
L. S. McPhee
DOB.

AUDITOR | PAYMASTER

M. OR S. Single

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 2779718 RANK Pte NAME (IN FULL) McPhee L.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Edward McPhee — RELATIONSHIP: Father
ADDRESS: Cape George. Antigonish N.S.
IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
TO WHOM PAID — RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1.00		
1.0	11.9.19	DO 31
1.00		

ORIGINAL UNIT C.E.F.: 106 C.G.A. — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Halifax — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 20.00 — DATE EFFECTIVE
PAYABLE TO: Mrs. J. McDonald — RELATIONSHIP: Father
ADDRESS: Eastern Passage Halifax Co N.S.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
ANY CHANGE IN ASSIGNEE OR ADDRESS

DISCHARGED — PLACE: Halifax — DATE: 8.4.20 — REASON: Demob. — AUTHORITY: DO 99. — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Sept. 11.1919	16	1.10	17	60	16				33	60			1	20/9/19					10												10				23	60	DOP No 2 on strength 15.9.19 Amended to 11-9-19 DO 31.
Oct.	4	1.10	4	40	4 23	60					13	14/10					30														30				67	10	
	31	1.10	34	10	31				97	10																											
Nov	51 30	.05 1.15	34	50	2 67	55 10			134	15	37	8/11	43	14/11	35	7/11	57		20		10						1	22			91	18			42	97	M.F.C. 512
					30																						2	96									
Dec. 1920	31	1.15	35	65	31 42	97			109	62	62	11/12	63	12/12			10		40				20								70				39	62	AP AR 64
Jan.	31	1.15	35	65	31 39	62			106	27	77	5/1	79	5/1	82	12/1	15		24		22		20		1	50	1	30			83	80			22	47	AP AR 88 M.F.C. 512
Feb.	29	1.15	33	35	22	25 47			85	07	97	2/2	115	21/2	122	27/2	12		10		33		20								75				10	07	AP AR 107
					29																																
March	31	1.15	35	65	31 10	07			76	72	140	23/3					10						20				3	59			33	59			43	13	AP AR 142
April	8	1.15	9	20	8 43	13			60	33	42	26/3					60	33													60	33					
			240	10	462	76			702	86							194	33	104		65		80		1	50	9	07			453	90			248	96	

True Copy
B. R. Lefort
5.1.21

200M-3-19.—L. L. 58788—M. & D. 9985.
M. F. W. 2596.
1772-39-1390.