ORIGINAL

ATTESTATION PAPER.

No. B6473

Folio. 3186436

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	MacPhie
1a. What are your Christian names?	Thomas Irving
1b. What is your present address?	133 W. Springfield St., Boston, Mass
2. In what Town, Township or Parish, and in what Country were you born?	Cape George, N.S.
3. What is the name of your next-of kin?	William MacPhie
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?	June 3rd, 1896
6. What is your Trade or Calling?	Fireman
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? If so, state particulars of former Service.	No
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. F.P.M.P.
14. If so, what was the nature of the disability?	not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No. F.P.M.P.
16. If so, what was the reason?	not applicable

Sufficient Address

Sufficient Address

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Irving MacPhie, 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.

Thomas I. MacPhie (Signature of Recruit)

Date 26 August 1918. A. Ashton Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Irving MacPhie, 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.

Thomas I MacPhie (Signature of Recruit)

Date 26 August 1918. A. Ashton Sgt (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 Boston, Mass. this 26th day of August 1918.

James S. [illegible] L. (Signature of Justice)

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 MacPhie, Thomas Irving on Enlistment.

Apparent Age 22 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	5 ft. 6½ ins.
Chest measurement. Girth when fully expanded	35 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Brown
Religious denominations. Church of England	
Presbyterian	X
Methodist	
Baptist or Congregationalist	
Roman Catholic	
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 AUG 14 1918 191 .

Place BOSTON, MASS.

A. M. Harr. Capt
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.

Thomas Irving MacPhie 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.

(Signature of Officer)

Date 191 .

MM. 7-2-19

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name MAC. PHLE. THOMAS. IRVING

Regt. No. 318436 Rank PTE

Corps 1st DEPOT BN N.S. REGT

DEMOB'N

33878

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

Attestation Papers..... 2 .....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

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..... 1 .....

Medical Report for Invalids.....

Medical History Sheet..... 2 .....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1 .....

Inventory of Kit.....

Last Pay Certificate..... 1 .....

M7W 71 — 1 5 issued
M7W 129 — 1 1 Card
M7B 465 — 1
A7B 122 — 1
M7W 113 — 1

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

√

H. Q.

M. D. No. 6

Surname McPhee

Christian names Thomas Irving

Regtl. No. 318643 6 Rank Pte.

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

T. O. S. Aug 27th 1918

D. O. Pt. II 2641 of 31/8/18

S. O. S. Dis 7-1-19 6/ 19

Reason Demob.

Auth. D.O.64 6-1-19 1/n.S.R.

Next of kin McPhee, Mrs. Katherine Relationship Mother

Address Cape George, Antigonish Co, N.S. Also notify:

BORN—Place Canada Cape George N.S. Date June 3rd 1896

ATTESTED—Place Aldershot, N.S. Date Aug 27th 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

M. F. W. 71—500M.—5 18.
1772—39—961.

~~C.E.F.~~ C.E.F.

NAME McPHEE, Thomas Irvin

REGIMENTAL NO. 3186436 RANK Pte.

ENLISTED AT Aldershot Camp, N.S. PROMOTIONS, &c. AND DATE

DATE 27-8-18 B.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Kathrine McPhee RELATIONSHIP Mother

ADDRESS OF Cape George Antigonish Co. N.S.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

British & Can. Recruiting Mission U.S.A.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
Admitted Hospital	310	3-11-18	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3186436 (Rank) Pte

Name (in full) Thomas Irving MacPHEE enlisted in

the 1st. Depot Bn N S Regt.

CANADIAN EXPEDITIONARY FORCE at Aldershot on the 27th

day of August 1916

HE served in Canada

and is now discharged from the service by reason of D&FO 1352 Railway employee on demobolization

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

Age 22 years 7 mos.

Height 5 ft. 7 ins.

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars

Appendix scar right side

N Flowers

Signature of Soldier

(Sgd) ~~W.D.~~ Simpson

Issuing Officer

~~Capt~~ for Lt-Col.

Rank

Date of Discharge Jany 6th, 1919

1st. Depot Bn N S Regt.

Appointment

Signed at Halifax this 6th day of Jany 1919

in Military District No. 6

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
200m.—2-18
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

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

.....

Name of Officer

.....

Rank

.....

Appointment.

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 Batt NS Rest.

Regimental No. 3187436 Rank Pte Name Mc Phee Thomas Irving

C. E. F.

Enlisted (a) 27-8-18 Terms of Service (a) WAR and 6 Mos. Service reckons from (a) 27-8-18

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) Fireman Military

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				
		SOS on demobolization SOS G.O. Part 2 # 6	Halifax	6-1-19	

O. C. 1st Depot B'n N. S. Regiment

(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. 318346 Rank Pte. Surname McPhee. (Given name in full) Thomas Irving.

Unit or Corps 1st C.A.B. Addl. Birthplace Cape Verde.

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

1. GENERAL DESCRIPTION:

Physique good. Weight 155 lbs. Height 5 ft. 7 in. Colour of Eyes .....

Nutrition good.

Pulse 76.

Condition of arteries good.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 24 ft.

Left 24 ft.

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

Appendix scar right side.

Opinion as to general health and physical condition 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 Sytem 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.

Had Smallpox Nov. 1st/18, was in Hosp. two months, has completely recovered.

(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 Jan. 6/19.. Signed ... Capt. 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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

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

COPY.

107
B

CASE HISTORY SHEET.

Pine Hill Hosp.

No. 3186136 Rank Pte. Name T. J. McPhee. Age 22

Unit 1st Depot. Completed years of service (Where and how long) 3/12 yrs.

Date of admission 10-8-18. Date of discharge 5-11-18.

Diagnosis Con. Appendectomy. Place of origin Camp Hill Hosp.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wound scar well consolidated and healthy. Walks with a limp due to weakness of Up. R. Knee which he hurt 2 years ago. States he has asthma since return to N.S.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) None.

TREATMENT

(Especially any specific or special form.) Rest.

CONDITION ON DISCHARGE,

(and disposal made of case.) Discharged to light duty.

Date 5-11-18.

A. F. Weir, Capt. C.A.M.C.
Medical Officer i/c case.

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

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. 3186436 Rank Pte Name McPhee J. L.

Corps 1st Depot Bn N.S.R. who was* Discharged

On 7-1-19 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191....,
to 7-1-19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	77	50
Advances by Cheques No.			Regt'l Pay 7 days at $ 1.00	7	
Advances by Cheques No.			Field Allow. 7 days at $ .10		70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges MFC-5 1x	7	80	Other Allowances*		
Payment on transfer or discharge No.	77	40	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	85	20	Total	85	20

*Give particulars.

A monthly stoppage of $ Nil (†) 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 27-8-18

(2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge authority D.O.R.-6 - ~~A.M.O. 352~~

(4) authority for transfer D.A.O. 1352

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 Jany 8th 1919

Place Halifax N.S.

A. V. Cameron Lt
Paymaster 1st Depot Bn N.S.R.
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 31 1918 DISTRICT 6

NAME OF SOLDIER MacPhee, Thomas Lorne

REGIMENT 1st. DEPOT BATTALION RANK Pte. No. 3186436

Nova Scotia Regiment.

1st. DEPOT BATTALION S. REGIMENT

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	31.8.18.										19 25					7				W. W. Woodbury	6	Cavities 1.12.14.16.29.31.32
	31.8.18										4 19									W. W. W.	6	

M.F.B. 465
2-40M 1-17
1772-39 950

THE HISTORICAL SOCIETY OF PENNSYLVANIA
1300 LOCUST STREET, PHILADELPHIA, PA. 19107

M. 15.

B8473

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 MacPhie Christian name Thomas Irving.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule Voluntary Enlistment

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 133, West Springfield St. Boston, Mass.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of August 1918. by the undersigned medical board sitting at BOSTON, Mass.

5. Age as stated 22 Years 2 Months. 6. Apparent age 22 Years 2 Months

7. Height 5 Feet 6 1/4 Inches. 8. Weight 133 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. } 10. Complexion Dark { Eyes Brown / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm Nil / Left arm } 14. When vaccinated last

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

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

A.K. Wilson Capt President.

J. W. Waters Capt Member. Joseph Williams Member.

BRITISH RECRUITING MISSION NO. BOSTON 4A BROMFIELD ST.

Signature of Man T. Irving MacPhie

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 26th day of August 1918 at Boston, Mass.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.S.H.R.	318643		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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 Mc Glee Christian Name Thomas Sing

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				

CASE HISTORY SHEET.

Corp. Ft. Hospital. Halifax No. Station.

No. 3/86426 Rank Pte. Name McPhee J. Age 23

Unit 1st Div N & R Completed years of service Where and how long 6 3/12

Date of admission 8-11-18 Date of discharge

Diagnosis Influenza. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Admitted with Temp 100.4 Complains of headache general pains & backache Shivers Rigor Vomited 2 or 3 times - Has just got out of bed from Quebec & is exhausted. Dull Cough. Lungs Negative

9/11/18 Temp 104°- Still bad headache Lungs negative

10/11/18 Temp 99.4° - Feels better slight eruption on face neck

12/11/18 Temp 97.6°. Feels well Rash complete i Convalescent Desquamation about face. Transferred to Convalescent Hosp. - C.S. Gilbert Capt RAMC

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

CASE HISTORY SHEET.

Nova Scotia Hospital. Halifax Station

No. 3186436 Rank Pte. Name McPhee. Thos. Age 23

Unit 1st Dep. of N.S. Completed years of service Where and how long } Canada 3/12

Date of admission 12-11-18 Date of discharge 4-1-~~18~~ 1919

Diagnosis Smallpox Place of origin Halifax.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted to hospital with a well established rash of smallpox.
No toxaemia.

13-11-18. Rested well last night.

14-11-18. Rash is more marked. His face and forehead are well covered.

16-11-18. Rash drying up.

18-11-18. Up on the ward.

20-11-18. Improving.

22-11-18. "

24-11-18. "

26-11-18. "

28-11-18. Free from active disease.

2-12-18. Feeling fit.

6-12-18. " " There are still a few crusts.

16-12-18. Almost clear.

20-12-18. There are a few crusts stillin evidence.

26-12-18. Appears to be almost free. 30-12-18. Quite clean.

4-1-19. Discharged, and recommended for six days leave.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Oil dressings
Ung Dermiol
Frequent applications of oil during disquamation.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date 4-1-19. J. Chaurer Capt. C.A.M.C.
Medical Officer i/c case.
Nova Scotia Hospital.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

B10314

Sec. III

CLINICAL CHART.

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

T.C.S.

Cogswell St. Military Hospital
Ward 7

Corps 1st D.B.T.S.R. Hospital Station

No. 3186436 Rank and Name Pte Thos. Age 23 Service Canada 3/12

Disease Influenza Date of Admission 8.11.18. Date of Discharge Result Case Book Folio

Dates of Observation	8			9			10			11			12		
Days of Disease		1			2			3			4			5	
Temperature Fahrenheit	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.	TIME a.m.	TIME p.m.
107°	12 noon	4 P.M.	8 A.M.	12 midn.	4 A.M.	8	12 noon	4 P.M.	8 P.M.	12 midn.	4 A.M.	8	12 noon	4 P.M.	8 P.M.	12 midn.	4 A.M.	8
106°																		
105°																		
104°																		
103°																		
102°																		
101°																		
100°																		
99°																		
98°																		
97°																		
Pulse per Minute	100	100	96	86	92	84	84	80	82	82	82	68	64	68				
Respirations per Minute	20	24	24	20	24	22	20	20	20	20	18	20						
Motions				1			1			1								

Lymphadenitis

M. F. B. 288.

25M.—8-17.
H. Q. 1772-39-513.

Signature In charge of case.

Discharged from Camp Sevier Hosp. Oct 26th
to Atlanta. Was sent to Pine Hill Hosp. was
in about a month - was sent to Newton
Barracks. a week ago today was to Fort Oglethorpe
Friday morning - was in B Co. - 28 men left
from

CLINICAL CHART.

Corps 1 N.S. Reg Hospital Station Nova Scotia

No. 3186436 Rank and Name Pte. Mac. Phee. Age 23 Service 4 months

Disease Small-pox. Date of Admission 12/11/18. Date of Discharge 3/1/19 Result Recovered Serial No. A. & D. Book

Dates of Observation	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3
Days of Disease	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
Temperature Fahrenheit	TIME a.m. p.m.																					
107°	8 6 4 2	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam 4pm	fam
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		90 75	80 78	70 70	90 72	68 90	70 70	70 70	80 75	80 70	80 80	66 76	70 70	80 80	80 69	70 63	80 80	80 70	90 73	73 70	70 70	63	
Respirations per Minute		18 18	18 18	18 18	18 18	18 16	18 18	18 18	18 16	17 17	18 18	18 18	18 18	18 18	16 16	17 16	18 17	18 16	18 16	16 17	17 16	16 17	
Motions		1			1			1			1					1					1		

M. F. B. 288.

50M—4-18.

H. Q. 1772-39-513.

Signature J. Edmund Caperaine In charge of case.

CLINICAL CHART.

Corps 1st Depot. Batt. Hospital Station Nova Scotia

No. 3186436 Rank and Name Pte Mac. Price. Age 23 yrs Service H Moncton

Disease Accall-pay. Date of Admission 12/11/18 Date of Discharge 3/1/19 Result Recovered Serial No. A. & D. Book

Dates of Observation	12	13	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
Days of Disease	1	2	3	4	5	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
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	65	80	70	70	70	65	70	70	70	70	70	70	70	70	70	70	70	70	70	76	76	70	70	70	68	70	70	68	70	80	80
Respirations per Minute	18	17	18	18	18	18	17	18	18	18	18	18	18	17	17	17	17	16	16	18	18	18	17	17	18	18	18	18	18	18	18
Motions		1		1			1			1			1		1			1			1				1			1			

M. F. B. 288.

50M—4-18.
H. Q. 1772-39-513.

Signature F. E. Lauer Capt CAMC In charge of case.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3186436

2 Rank. Private

3. Name. Thomas Irving MacPHEE

4. Unit. 1st. Depot Battn. N. S. Regt.

5 Date of Discharge | Jany 6th, 1919 | Place Halifax, N. S.

6 Reason for Discharge Being a Railway Employee on demobolization

7. Authority. D & F O. 1352

8. Proposed Residence after Discharge

133 W. Springfield Street

Boston, Mass. U. S. A.

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

Thomas Irving mac Phee

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax, N. S.

Date Jany 6th, 1919

Signature H. Flowers Lt Capt

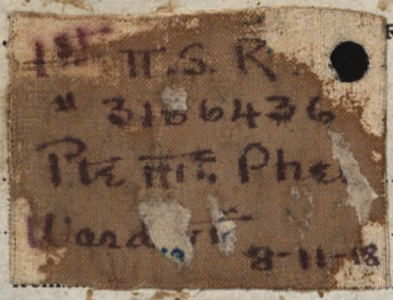
O. C. 1st Depot (O. C. Discharging Unit.)

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

RY



Rank..... Corps.....

Ward.....

Received .....

Volume .....

Sp. Gr. 1.035

Reaction acid.

Albumin Nil

Blood Nil

Glucose Nil

Bile Nil

Deposit .....

.....

Examined by Pte. G.P. Leamy Cadet M.C.

M. F. W. 2537
15m.—5-18
1772-39-1314

I certify that I have turned over to Admitting Medical Officer, all valuables and cash in my possession.

$17.00

Day ....

Signature ..... P. I. MacPhail

Signature of Admitting Medical Officer.