C.E.F. REGIMENTAL DOCUMENTS

NAME BARRY MICHAEL DONNELLY REGT. No. 724171 UNIT 108 BN H. Q. FILE No. 775

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

B-

ATTESTATION PAPER.

No. 7/24171

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUADRUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Barry
1a. What are your Christian names? ..... Michael Mounsey
1b. What is your present address? ..... Ops., Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... London, England
3. What is the name of your next-of kin? ..... Ellen Barry
4. What is the address of your next-of-kin? ..... Reigate, Surrey, England
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... June 12th 1888
6. What is your Trade or Calling? ..... Labourer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Michael Mounsey Barry, 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.

M D Barry (Signature of Recruit)

Date MAR 28 1916 191 . A W Aselstine Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Michael Mounsey Barry, 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.

M D Barry (Signature of Recruit)

Date MAR 28 1916 191 . A W Aselstine Lieut (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 Lindsay this MAR 28 1916 day of ..... 191 .

..... (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Michael Mowbray Barry on Enlistment.

Apparent Age 27 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 2 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Dk. Brown

Religious denominations:
- Church of England C of E
- Presbyterian
- 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).

Scar under right side of chin.

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 MAR 28 1916 191 .

Place Lindsay

J. M. Cullough Capt.
Medical Officer
109th Overseas Battalion, C.E.F.
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.

Michael Mowbray Barry 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.

Lt. Col. (Signature of Officer)
O.C. 109th Overseas Battalion, C.E.F.

Date MAR 28 1916 191 .

War Service Badge.
Class G
No. 121170
issued.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

EG

This is to Certify that No. #724171 (Rank) PRIVATE

Name (in full) BARRY, Michael, Donnelly enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 23th

day of March 1916.

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of "DEMOBILIZATION" (MEDICALLY UNFIT FOR GENERAL SERVICE)

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

Age 32 Yrs.

Height 5' 3"

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars Acc. scars left arm.
Scar right side of neck.
G.S.W. RIGHT SHOULDER CON. 11-11-17
GOLD STRIPE ONE 1

Michael D Barry
Signature of Soldier

A E Cannee
Issuing Officer

For Capt
Rank

O.C. No. 2 District Depot.
Appointment

Date of Discharge 5th November 1919

CASUALTY COMPANY
NOV 5 1919
No. 2 DISTRICT DEPOT

Signed at London, Ontario this 5th day of November 19

in Military District No. 2

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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

Temporary St. Andrews Mil Hosp

M.S.A. 15.

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 Barry Christian name Michael

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) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 1917, by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months.

6. Apparent age ..... Years ..... Months

7. Height ..... Feet ..... Inches.

8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins.

10. Complexion ..... { Eyes ..... / Hair .....

11. Physical development ..... { Good / Fair / Poor

12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / 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

(Strike out disease admitted or suspected.)

We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

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

Signature of Man

.....*President.*

.....*Member.* .....*Member.*

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

Joined ..... *day of* ..... *191* ..... *at* .....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	C.A.M.C	724171		

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 Baird Christian Name Michael

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				
St Andrews Mil Hosp.	Mil	26	9	19	6	10	19	(Gas Poisoning) Neurasthenia	10	No evidence of disease of respiratory system. Transfer to Cmcth for treatment and disposal re nervous condition	E A Brompton Capt
College Mil Hosp		6	10	19	29	10	19	Mental & Nervous	23		

The Canadian National Committee For Mental Hygiene.

Patron: His Excellency the Duke of Devonshire, Governor-General of Canada
Patroness: Her Excellency the Duchess of Devonshire

143 COLLEGE STREET
TORONTO

October 11th, 1919.

Officer Commanding,
College Military Hospital,
Toronto, Ont.

re Pte. M.D.Barry #724171.

Dear Sir;

This man is a marked case of mental defect, and is probably in much the same condition as he has always been. Military service has had nothing to do with his present condition, which is no doubt exactly what it has been since infancy. He should be discharged from the army and allowed to return to his former avocation - that of farm helper. Before enlistment he only earned $5 per month.

Yours truly,

C. K. Clarke

Consultant in Psychiatry
Military District #2.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION C. M. H. Toronto DATE OCTOBER 21. 19

1. 1 (a) Unit No 2 D.D. (b) Regimental No. 224171 (c) Rank PTE

(d) Surname BARRY (e) Christian name MICHAEL

(f) Home address GIROUX LAKE COBALT ONTARIO

(g) Next of Kin JOHN BARRY (h) Relationship BROTHER

(i) Address of Next of Kin GIROUX LAKE COBALT ONTARIO

2. Age last birthday 32 Date of birth JUNE 12TH 1887

3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY ONT. (b) Date MARCH 28TH 16

4. Personal description:

(a) Height 5 3" (b) Weight 105 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar R side of neck.

Former trade or occupation Farm laborer

Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	158

	Periods From	Periods To
Canada	28 - 3 - 16	Aug. 1916
England	Aug 1916	Nov. 1916
France or other theatres of War	Nov. 1916	Nov. 1919
England & Canada	Nov. 1919	to date

7. Original disease, or injury

Mental Defective

(a) Date of origin Prev. to Enlistment (b) Place of origin England.

(c) Cause Hereditary & congenital

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, mod[illegible] marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its pa[illegible] therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

MARKED MENTAL DEFECTIVE

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective Signs— Undersized and poor physique Knee jerks exaggerated. Ankle jerks equal & active. Superficial reflexes OK. No Rhombergism or Babinski. Heart No Enlargement or murmurs Lt Col Elliott reports on chest "Slightly increased Antero Posterior Diameter and sternum high above. Expansion fair No evidence of Respiratory Disease."
See Report of Dr C. K. Clarke attached

Subj. Signs— Feels weak and shaky on exertion and gets a headache. Memory poor. Sleeps good Does dream. Feels able to go back to former employment of farm labourer.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: No

Urinalysis— No albumen or sugar
No goitre varicocele pitting oedema or hernia.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Enlisted March 1916— went to France in Nov. 1916 and in July 1917 was slightly gassed and was returned to England with debility. Carried on on light duty in England until Feb. 1919 when he was returned to Canada & carried on as an orderly at Whitby until July 1919 & then at St Andrews until admitted Cmpt. 6-10-19

Temporary. W Lilly Military Hospital

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 Barry Christian name W. D

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)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 1917, by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months.

6. Apparent age ..... Years ..... Months

7. Height ..... Feet ..... Inches.

8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins.

10. Complexion ..... { Eyes ..... / Hair .....

11. Physical development ..... { Good / Fair / Poor

12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / 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 [ ]

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

..... *President.*

..... *Member.* ..... *Member.*

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

Joined ..... *day of* ..... *191* ..... *at* .....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		724171		
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.

Signature of Man

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname ..... Christian Name .....

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				
Whitley Mil Hosp		18	3	19	APR 2	1919		Otitis media	38.	discharge, inflammation & pain have subsided from ears. He feels fine. To be discharged & back to duty	[illegible] Capt

724171

ORIGINAL. B. 724171. ORIGINAL

MEDICAL HISTORY SHEET.

Surname Barry Christian Name Michall Donnelly

Examined on 28 day of March 1916 at Lindsay

Birthplace City or Town London County England

Apparent age 27 years

Trade or occupation Labourer

Height 5 Feet 2 Inches.

Weight 100 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 34 inches.

Physical development Poor

Small-Pox Marks None

Vaccination Marks Arm Right. Four Left. Four Number Nine

When Vaccinated last March 30th 1916

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection Weight

Approved by J McCulloch Capt. Medical Officer

Rank 109th Overseas Battalion, C.E.F. 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.
30.3.16	Good	J McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
18.4.16	Good	J McCulloch M.O.
25.4.16	Good	J McCulloch M.O.
2.5.16	Good	J McCulloch M.O.

Enlisted on 28th day of March 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	724171		28.3.16
Transferred to	20th. Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Lindsay	18/12/18	Debility	Still Discharged for cause

N. B.—This sheet 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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Barry Christian Name Michael Stirling

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				

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Nil

(c) (Here give a description of wounds, scars and deformities.

Nil

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospitals in England & Canada

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

5. I

6. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

Fit for home service (Canada)

A. London Cpl CAMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Michael D O'Brien Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting number of the answer criticised.

We concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.) note
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

as fit for home service (Canada only)

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Geo F Boyce Major RAMC President.

PLACE Cmlt Toronto

DATE 27-X-19

A E Gillies Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 28-10-19

APPROVED BY

Director-General of Medical Services.

DATE.....

DUPLICATE B.

To be made out in duplicate.

I.Q. 51-21-20-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 284171

(3) Full Name of Soldier Michael Donnelly Barry

(4) Place of Birth London England

(5) Are you married, or not? no

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

(b) Present Postal Address

(7) Are you a widower? no

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Helen Barry

Buckland Reigat England

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Lt. Col.
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

Date July 7th 1916

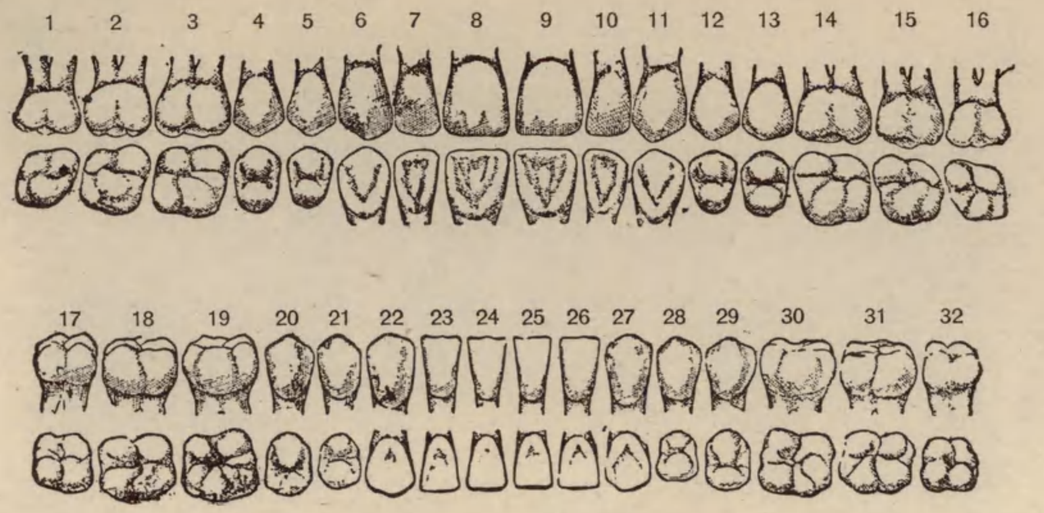
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 72

Name of Soldier Barry, Michael Donald

Regiment A.M.C. TP #2 Rank Pte. 72 4171 No.



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 District	REMARKS
Condition on first Examination																							

M.F.B. 465.
200M—6-18.
1M—9-950.

CASE HISTORY SHEET.

Hospital. Toronto Station.

No. 724171 Rank Pte Name Barry Michael D. Age 32

Unit amc. Completed years of service Where and how long } C 20/12 E 8/12 F 12/12

St Andrews 26-9-19. Date of admission Date of discharge

Diagnosis Gas. Poisoning Place of origin 1917 France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Man complains of nervousness. States that on Friday while working in one of the kitchens, suddenly felt weak and stiff. Carried on during the p.m. and went to bed future all night again. Reported on sick parade that he was "weak" and sent to Hospital. He states that in July 1918 was exposed to Gas which only gave him a headache. No conjunctivitis, or burning of skin.

Man is of rather small stature but is fairly well nourished. Very difficult to get information from.

Chest - Very slight lagging of left upper chest on deep inspiration and percussion note very slightly altered. No adventitious breath sounds.

Sent to chest for diagnosis. Then transfer to Cmnett. for observation and disposal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

E A Broughton Capt

OCT 1 1919 Slightly increased A.P. diameter and sternum high above. Expansion is fair. No evidence of respiratory disease

Lt Col Elliott.

TREATMENT

(Especially any specific or special form.)

3-10-19. Transfer to Cmnett for disposal. EAB

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.

College Military Hospital. Toronto Station.

No. 724171 Rank Pte. Name BARRY, M. Age 32

Unit D.D. #2. Completed years of service (Where and how long) 3 years - France 142 days.

Date of admission 6-10-19 Date of discharge 29-10-19

Diagnosis (Mental Defective) Place of origin France Dec 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE

States on any exertion he ffels weak and shaky and gets a headache.
Memory fair. Sleeps good.

Enlisted March 1916. England July 1916. France Nov. 1916.
Carried on for one year.

Sent to Base in England, on account of being gassed.
Was placed in Cat. "B" 2. and did not return to France.

Returned to Canada Feb. 1919. Was sent to Whitby to work and in Cook House and then to St. Andrews, as an orderly.

Took weak spell last Friday while at work. Reported sick next day, and sent to C.M.H.

Worked as farm labourer before the war.

Single, Mother alive in England. Father dead. T.B.

EXAMINATION: Under size and very poorly nourished. Looks anxious.
Knee Jerks - exaggerated.
Ankle Jerks - "
Superficial reflexes present.
Heart - No enlargement or murmurs.
No Rhombergism or Babinski.
Mouth and Throat - Negative.
Lieut. Col Elliott reports chest O'K.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) To have Examination by Dr. Clark.

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.

Hospital. Station.

No. 724171 Rank Pte Name Barry M.D. Age 31

Unit A.M.C. Completed years of service (Where and how long) C. 6/12 E. 3/12 F 2 years

Date of admission 18-3-19 Date of discharge 24-4-19

Diagnosis R. Otitis Media Place of origin Canada. Whitby

CONDITION ON ADMISSION AND PROGRESS OF CASE 18-3-19 J.A.A.

Developed purulent Otitis media with profuse discharge five days ago. Ear has been discharging ever since. He has slight pain in ear.

To have hot bor. ac. soln irrigations and instillations of alcohol twice daily.

Condition very much improved. Discharge is less, pain behind ear is gone and patient feels very much better. To carry on with same treatment

Discharge is less and patient feels better generally. He does not have any tenderness now behind ear.

Discharge of ear now practically stopped. To discharge & to full duty

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.

1919
3v
57

CASE HISTORY SHEET.

College Military Hospital. Toronto Station.

No. 124171 Rank P6 Name BARR M Age 32

Unit No 2 D.D. Completed years of service (Where and how long) 3 years - France 1 yr.

Date of admission 6-10-19 Date of discharge 5-11-19

Diagnosis Mental Defective Place of origin France Dec. 1918

Mental

CONDITION ON ADMISSION AND PROGRESS OF CASE

States on admission he feels weak and shaky and gets a headache. Memory poor. Sleeps good.

Enlisted March 1916
England July 1916
France Nov. 1916
Carried on for one year
Sent to Hse in England
on account of being frozen
Was placed in Cat B2
& had to return to France

FAMILY HISTORY
(Tuberculosis, mental or nervous diseases.)

returned to Canada Feb 1919
was sent to Whitby to work
in Cook House & then to
St Andrews as an orderly.

TREATMENT
(Especially any specific or special form.)

Took sick spell last Friday
while at work. Improved each
next day & sent to C.M.H.

worked on farm before the
war.

CONDITION ON DISCHARGE,
(and disposal made of case.)

Single. - Mother alive & father
father dead. - T.B.

Date.

Medical Officer i/c case.

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

A-19368

Exam. - Liver size & very poorly
nourished. Lungs anxious.

Knee jerks exaggerated
Ankle Jerks ±
Superficial reflexes present
Heart No enlargement or murmurs
No Albuminuria or Bacteriuria
Smell of breath negative
H. Col Ellis report: Chest O.K.
To have Exam by Dr Clarke

DIVISIONAL LABORATORY

URINE REPORT

Rank Pte. Name Barry No. Corps

Ward R.C.I.I. Date 30/9/19

Received from

Volume

Sp. Gr. 1025

Reaction Acid

Albumin none

Blood

Glucose none

Bile

Deposit

Examined by G. T. Laughlin

M. F. W. 2537.

20m.—1-19.
1772-39-1314.

No. 724171 Name Barry, M. D Sqn., Batty., or Company } Corps a.m.s. TD #2 Date of enlistment } 28-3-16 G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. 1 Signature O.C. Company, etc. } Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Toronto				705 St Andrews Mil Hosp Effect 25-6-19 Certified no Entries to date 10-8-19	E Blackfield Capt. & Adjt. St Andrews Military Hospital Toronto				
	S.O.S.	St Andrews		Military Hospital 14-10-19 certified no further entries to date		Cautioned	25-0	Capt 22-10-19	
					E Blackfield Capt. & Adjt. St Andrews Military Hospital Toronto				

Toronto SO.S posted to #2 District Depot 14-10-19, D.O. #294 of 21-1019

A. McDonald
.....Captain
for O.C. A.M.C T.D. #2

(P.T.O.)

M. F. W. 178 (A.F.B. 192)
15/M—1-18—1772-39-1211

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

FORM D.M.S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Barry.	N. D.	72471.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	No. 6. O. (2d).			

HOSPITAL	DATE OF ADMISSION
H Gen Camio.	16.11.17.
1. 6. Com. Depot. Etaples.	HOSP. 24.11.17.
2. 5th Con. Dep. Cayeux	28-11-17
3.	HOSP.
4.	HOSP.

DIAGNOSIS Concussion "G." shell. QW

1

2.

3.

DISPOSITION	DATE
Cl. 28.11.17 A74-3. Dis. to B.D Etaples.	19.12.17.

REMARKS

5.12.17. a. 80. (5)
" 11-12-17 a 85 (4)
3.1.18. a 102 (4)

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

*Name L. BARRY. M.D. Rank Pte. Regtl. No. 724171

Fyle Depot

Original unit [illegible] Present unit 109th Bn. M. or S. Age 30 Religion C.E. Ref. H.Q.

Port, ship, and date of arrival Halifax. Baltic. 6-2-19.

Next of kin Ellen. Barry. Leigate. Surrey. England.

Address on leave Giroux Lake Ontario

Address on discharge Same address

Transportation issued Yes No Date 5-11-19 Character on discharge

Previous occupation Labourer. Date and place of enlistment Lindsay. Ont. March 28th 1916.

Diagnosis Mental def Date of Medical Boards 21-10-19

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
14-10-19	From A.M.C.T.D. M.D. #2.	300
	D.O. 300 amended to read Posted to Hosp. Sect.	303
6-10-19	C.M.H. from St. And. H.S.	282
29-10-19	C.M.H. to Cas. Co. (Rem. in.) H.S.	305

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

[OVER]

Date	Remarks.	Pt. 2 Order No.
D0300	Amended to Read Hos Sec	304
29.10.19	Hos Sec to Ba Coy Rem. Cmt	308
5-11-19	S.O.S. On Demob'n (Med.unfit for Gen.Service 183 days W.S. G.)	307

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

SURNAME. Barry

CHRISTIAN NAMES Michael Donnelly.

REGL. No. 724171. RANK Pte.

UNIT 109th. Batt.

FORMER CORPS Nil.

CARD No. 2

Boy Dis. Discharged unfit for Gen. Service 5-11-19 DO 307 93 11 19 2025

NEXT OF KIN.

NAMES IN FULL Barry, Mrs Ellen.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Reigate Surrey. Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England London. DATE June 12th 1888

PLACE OF ATTESTATION Lindsay, Ont. DATE Mar 28th 1916

Sailed from Halifax 23/7/16 per S.S. "Olympic"

L. L. 94504. M. & D. 6512. 488 R/C. 5-2-19 262 Pte. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Laborerer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 27 YEARS 10 MONTHS

HEIGHT 5 FEET 2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Fair EYES Blue HAIR Dk Brown

DISTINGUISHING MARKS Scar under right side of chin

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Mar 28th 1916

No 724171. RANK Pte NAME Barry. M. D.

T. O. S. 28-3-16. UNIT 109th. Battalion.
D.O.113.31-3-16

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 28	Mar 31	✓		
April.		✓.		
May.		✓.		
June.		✓.		
July.		✓.		

UNIT SAILED
JUL 23 1916

NAME Barry Michael Donnelly. REGT'L No. 724171

H. Q. FILE No. 649.

RANK AND CORPS Pte 20th Bn Form 109th Bn

FOLLOWS No. FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
22-3 M6429.	28-11-17	E. Adm. 4. Gen. Hosp, Dannes Camiers, Nov. 16th 1917. Shell concussion.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A74	No 4 Gen Barnes	16-11-17	Concussion
A80	No 6 Conv Dep. Etaples	24-11-17	" shell wd
A85	No 5 " " Boulogne	28-11-17	" " "
A102-4	Disch to Base Details Etaples	19-12-17	Concussion Shell Wd (1st Lent Dat)

Form R. 149.
7106—250m—7/2/17.

Name Barry Michael Donnelly Rank Pte Reg. No. 724171

Unit 20th B Philanthropic Inst

Next of Kin Mrs E. Barry. School. Redhill Surrey

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16	11	No 4 G H D Camers	Convalescent	Shell Vtd	A74	MGHA	16511/2
24	11	6 Con Dp Etaples		do	A80		16904/3
28	11	5 Con Dp Boulogne		do	A85		16919
19	12	Drs. to Base Depot	Etaples	do	A84		17669

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Reg. No. 724171 Name Barry M.D.

Rank Pte Corps Can Age 32 Service C 6/12 & 3/12 & 24/12

Ledger No. 485-119 Serial No. A 24079 - ~~A 19368~~

16 14

HOSPITALS	DATE	DIAGNOSIS
Tail Whitby	13-3-19	Otitis media C
Dis to unit	24-4-19	
ad St Andrew Toronto	26-9-19	Gas poisoning O/S
Trans to Can. "	6-10-19	Mental Defective (Congenital) O/S
Dis to Can Co	5-11-19	G.S.

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

none

Number 724171 Rank Pte

Surname BARRY

Christian Name Michael Donnelly

Units 20th Bn Can Inf Theatre of War France

Date of Service 29/11/16.

Remarks Westminster Hospital, London, Ont. 16/23

Latest Address Girard Lake, Ont.

Roll No. B. Page 18669

200m.-6-21.

R—122

A.G.R. Rank Name BARRY, Michael Donnelly Reg'l No. 724171

Unit 109th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Lindsay, 28th March, 1916. Place of Birth London, England.

Name and Address, Next-of-Kin Ellen Barry, Philanthropic Farm School, Redhill ~~Reigate~~, Surrey, England. Relationship Mother.

1 COR

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 18.586
File R.L.
Category Cancel

B10

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H. M. T. 2810 31-7-16			
28.11.16	O.C. 109th	S.O.S. on Trans to 20th Bn	Witley	28.11.16	Pt II D.O. 333
11.12.16	20th Bn	Taken on strength.	Field	29.11.16	" 75
27-11-17	16 Bn 20.	4 General Hosp	Etaples	16-11-17	6L a 74 x Cancelled By PRO 864/30 11 17
~~22-11-17~~	~~20 Bn.~~	~~Reported Missing~~	~~Field~~	~~10-11-17~~	~~Pt 86~~ Ad. to Hosp
4-12-17	16 Bn 20	12 Con Depot	"	24-11-17	6L a 80
9-12-17	"	705 Con Depot	Cayeux	28-11-17	6L a 85-4 Shell Mund
2-1-18	"	To Base Details	Etaples	19-12-17	6L a 102
8-1-18	20	S.O.S. to 1 Can. Lab. Pool 26	Field	5-1-18	Pt II 2. P.O. 4 a 19-1-18 O.C. L.D.
20.12.18	Lab Pool	S.O.S. to 1st CORD Witley 16	Field	13.12.18	Pt II 0201 (1st CORD D.O. 348 a 16.12.18)

A.F.B. 103 CHECKED 11 DEC 1916

10 Lab

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
7-1-19	1st WORD	On Com. Seg. Camp Rhyl	Pte Witley	5-1-19	DO 5
10-2-19	✓	ceases on com. Rhyl	~ ~	29-1-19	— 32
		+ SOS to Canada MD2			

DISCHARGE STATE

St Andrew's Military Hospital. Toronto. 6-10-19. 19

M. D. No. 2

The following have been {transferred / discharged} to college Military Hospital
Strike out what is not applicable — Give name of hospital or other unit.

for treatment and disposal.
Give reason for such disposal.

UNIT	NO.	RANK	NAME	CATEGORY	DISABILITY	REMARKS
CAMC. St.Andrew's.	724171	Pte.	BARRY,M.D.		Gas Poisoning.	
			Transferred for treatment "Neurasthenia"			

M M Crawford
Major, Registrar.
for O.C., St.Andrew's Military Hospital.

M. F. W. 2528.
50m.—4-19.
1772-39-1298.

M.O. i/c

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

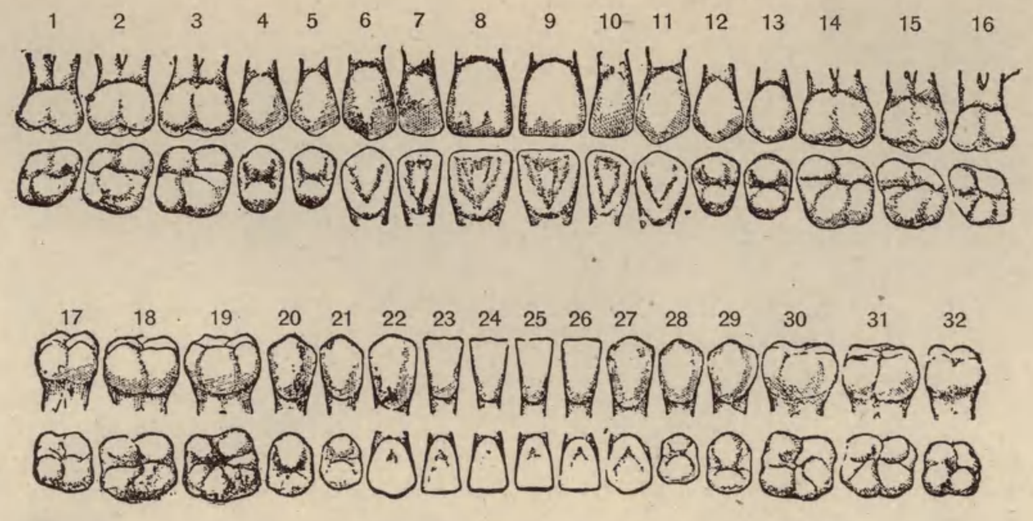
DISTRICT 2

No. 724171

NAME OF SOLDIER Barry M D

RANK Pte

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 District	REMARKS
Condition on first Examination			27-10-19	No Dental History Sheet																			
Discharge exam at Ch H 27-10-19										Dentally fit											Robt E Hanson Capt		

M.F.B. 465.
200M.—6-18.
1772-39-950.

(31

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

M. F. W. 54. (A. [redacted]103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 224171 Rank Pte. C. E. F. Name Barry Michael Donnelly

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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*) .....

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				
JAN 29 1919	J. S.	T. O. C. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 42
26-2-19	S.O.S #2	D.D. ON TRANS. TO A.M.C.T.D. #2 TORONTO			PART 11 DO. 62
					M Freeman Lieut. For O. C. No. 2 District Depot
25-6-19	A D M S	T.O.S. St Andrews Mil Hosp effect 25-6-19 Ellwoafrey Capt. & Adjt. St. Andrew's Military Hospital Toronto	Toronto	27-6-19	Auth A D M S DO 152 Para. 1180 D-27-6-19.
14-10-19	A D M S	S.O.S. St Andrews M.H. Posted to A.M.C.T.D #2 with effect from 14-10-19	Front	20-10-19	Auth A D M S MD #2 DO #250 ~~246~~ dated 22-10-19 Ellwoafrey Capt. & Adjt. St. Andrew's Military Hospital Toronto

(*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				
21-10-19	DO #294	S.O.S. postet to #2. District Depot	Toronto	14-10-19	A. McDonald ..... Capt. for O.C. A.M.C. T.D. #2
14-10-19		T.O.S. No. 2 District Depot,	Part II, D.O. No. 300		

Allenkett
Capt.
For O.C. No. 2 District Depot

S.O.S. DIS.#2 D.D. 5th Nov. 1919 Pt. 11 D.O.#307

Allenkett

For
O.C. No. 2 District Depot.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 724171 Rank Pte Name Barry Michael Donnelly

Enlisted (a) 28.3.16 Terms of Service (a) C. E. F. R. of W. Service reckons from (a) 28.3.16

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) Laborer

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 Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
28-11-16		Proceeded overseas for service with 20th. Btn.	Witley		
~~27-11-16~~	~~Witley~~	~~Transf'd to 20th Bn,~~	~~Overases~~	28-11-16;D.O.333-28-11-16	
29/11/16	CBDepot	Arrived taken on strength	20Bn	29/11/16	NR Pt.2.Ord.75 11/12/16
do	do	Left for Unit	Field	1/12/16	NR
8/12/16	20th Bn	Joined Unit	do	4/12/16	B213
28-7-17	— " —	Apt Lieut Major Sains de Lobelle	FA.	24-7-17	B213.
17-11-17	— " —	Missing		10/11/17	— " — Ar 2. 85 d 24-11-17.
11-11-17	3 Aus CCS	Now rptd Shell Concussion	Adm 3 Aus CCS	11-11-17	B 49 07. Ar 2. 86 d 30/11/17.
— " —	B.R.C.		Base Depot	— " —	15-11-17.
15-11-17	3 A. CCS	— " —	Fresh	AT.16	15-11-17. B9232.

Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

CERTIFIED CORRECT.
14 DEC 1918
CAN. RECORDS, LONDON.

(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				
16-11-17.	4 Gen.	Concussion adm	4 Gen	16/11/17	B 8402
24-11-17	— " —	— " — trsfd	6 Con Dep	24-11-17	B9973
24-11-17	6 Con Dep	— " — adm	6 Con Dep.	24-11-17	B9044
28-11-17	— " —	— " — trsfd	✓ — " —	28-11-17	B9946.
28-11-17	✓ — " —	— " — adm	✓ — " —	28-11-17	B9702.
18-12-17	✓ — " —	— " — trsfd	Base Depot	19-12-17	C 3210.
20-12-17	2 ~~2~~ B D	N. from ✓ Con Dep.	2 ~~2~~ B D	20-12-17	NR.
5-1-18	do	Classified B2 & trsfd to Cdn Lab Pool		5-1-18	NR.Pt 2 No.2d/8-1-18.
9.1.18.	A.A.G.	To O.C. 1st Cdn. Labour Pool.		6/1/18.	KR16276. Pte Ord.
"	6 G.H.B.D	attached for duty to Depot Unit of Supplies	Etaples	9-1-18	K.R. & K.A. Title 19480 d/4-1-18 NR 891
13-1-18.	No 6. D.U. of S.	attached for duty		9-1-18	B 213.
20.1.18	— " —	Granted 14 days. L. of A		19-1-18	B 213 Pte. 11. 24/1/18
10.2.18	do	Returned from LEAVE		3.2.18	do
27.2.18	a.a.g	T/fd to No 6 D U of Supply		9.1.18	KR16276 Part II Ord 30 d/ - 7/3/18
27-2-18	a.a.g.	~~Struck off strength 6 D.U.S. & trsfd to Canadian Labour Pool~~	H.R.24890	10-1-18	H.R. 16276 Pte 4 of Nov. 1918
	a.a.g	Pte. No. 30. S.O.1. d/ 7.3.18 to be cancelled.			KR 24890. Pte. 32. 11.3.18
3/3/18	No 6 D U of S.	Returned to G.B.D		1/3/18	B 213
8-3-18	G.B.D	To No 1 District C.F.C.		8-3-18	NR 1040
17.3.18	20 Coy. C.F.C.	Atd. for duty-		10.3.18	B 213.
20-4-18	G.B.D.	from 1st Dist C.F.C.		29-4-18	NR 801
2-5-18	Do	Classified B2 (Concussion)		2-5-18	W 3339 P.R. 489

Army Form B. 103. Regimental Number 7[illegible]4171

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte. Surname Barry Christian Name Michael Donnelly

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
7/4/18	20 Coy C.F.C.	Classified B2 (Neurasthenia)		7/4/18	Nom Roll 456
24.5.18	6 KBD	To Base Sup Depot	Le Havre	24.5.18	N 1238
23 5 18	Do	Classified B2 Synovitis Knee		23 5 18	W 3339 R & R 518
26.5.18	2 D.U.O.S	Attd for duty		26.5.18	B213
23-6-18	6 KBD.	Arrived from Supply Depot			
		Staples (unsuitable)		23 6-18	N/R 914
30 6-18	2 D.U.O.S.	Returned to 6 KBD		23 6-18	B213
16/7/18	C.G.B.D.	To #1 Cdn. Gen Hosp		16/7/18	N R 1309
27.6.18	— do —	Debility Classd "B2"		27/6/18	W 3339/582 29/6/18.
20.7.18.	No 1 Cdn Hospital	Attached		16.7.18.	B213
		Unsuitable	K K 27429	5-7-18	

(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) Signaller, Shoeing-Smith, &c.

W. 1635 M2733 2000m 9/17 (35911) C. F. & S., Ltd. Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
24-11-18	G.G.B.D.	P.O.D. from No 1 G.H. Has unscathed -		23-11-18	N.R. 1748
13-12-18	do	classified "B" posted to	1st Cent. CMR Regt Depot. Witley	13-12-18	N/R. 21
6-1-19	1st CO R.D.	Comm 66 Camp R.Regt.	Witley	5-1-19	+

C. A. Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

C. A. Hewett
OFFICER I/c RECORDS, LIEUT.

Ceases to be attached or transfer to C.E.F. Canada. Part 2 Orders

Attached C.C.C.K. 6-1-19 Part 2 Orders pending transfer to C. E. F. Canada.

29.1.19 Sailed from Liverp

W P Sully
ADJUTANT H.M.T. Baltic CAPT.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 724171 Rank Pte Name Barry M. D.
(Surname first)

Unit ..... who was* DISCHARGED

On 5th Nov 191 9, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 15.10.19 to 5.11.19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			32	40
Regimental Pay 24 days at $ 1 c. 10			24	20
Field Allowance days at $ c.				
Separation Allowance				
Clothing Allowance			35	—
Post Discharge Pay			70	—
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No.	161	60		
Total	161	60	161	60

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Pte. M. D. Barry #724171

This man is a marked case of mental defect and is probably in much the same condition as he has always been. Military service has had nothing to do with his present condition, which is no doubt exactly what it has been since infancy. He should be discharged from the army and allowed to return to his former avocation - that of farm helper. Before enlistment he only earned $5 per month.

C.K. Clarke,
Consultant in Psychiatry.
Military District #2.

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

11-5-36

CASUALTIES

War Service Badge.
Class a
No. 121170
Issued.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

EG

1. No. #724171
2. Rank PRIVATE.
3. Name BARRY, Michael, Donnelly
4. Unit 109th Battalion (#2 D.D.)
5. Date of Discharge NOV 5 1919 Place TORONTO, ONT.
6. Reason for Discharge "DEMOBILIZATION"(MEDICALLY UNFIT FOR GENERAL SERVICE)
7. Authority (#2 D.D. Part 11 Daily Order #307)
8. Proposed Residence after Discharge Giroux Lake, Ontario.

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. ?

Michael D Barry
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.
Date NOV 5 1919

Deceased April 20-36 649 B 42856

CASUALTY COMPANY
NOV 5 1919
No. 2 DISTRICT DEPOT

Signature L. Clare Capt
(O. C. Discharging Unit.)
For
O.C. No. 2 District Depot.

M.F.B. 218a—50M.-2-19 1772-39-113.

(2)

(2458) Wt. W. 2290—PP1182 6-18 J.F.W. (E3277)

Army Form W3997.

Regtl. No. 724171 Rank Pte

Name Barry Michael ~~Donnelly~~ Donnelly
(Christian Names in full) (Surname)

Sa 29-1-19. Ar 6-2-19
S.S. BALTIC.

Unit ~~Trans dep~~ 1st C.O.R.D. Regt. or Corps 109th Battn

CATEGORY B II NEXT OF KIN mother

REASONS FOR RETURN

Medical Board Witley 19-12-18

Farmer

INTENDED PLACE OF RESIDENCE Cobalt

COVER

FOR

DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS AND DECORATIONS

France 24 months

B II

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 124171 Rank Pte. Surname BARRY. Christian Name MICHAEL DONNELY.

Unit or Corps—(*a*) Overseas from United Kingdom 20th Batt. (*b*) in United Kingdom C. G. Depot.

Born at—Town LONDON. County or Province ESSEX. Country ENGLAND.

Date of Birth—Day 12 Month JUNE Year 1887, Age 31 yrs. 6 months.

Joined at LINDSAY, ONT. Date 28th MARCH 1916

Former trade or occupation LABORER.

Permanent Marks or any peculiarity that will serve for future identification :—
① 4 Face marks on Rt arm.

Height—feet 5 inches 2½ Colour of eyes GREY.

Signature of Soldier (*for identification purposes*) Michael D. Barry

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)	DEBILITY
Disabilities Group (*b*)	N. a.
Disabilities Group (*c*)	N. a.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	~~Shell shock~~ Poor development and ~~age.~~ Active service conditions, including concussion	Ypres	11-17
(*ii.*) As to Group (*b*) above.	N. a.	N. a.	N. a.
(*iii.*) As to Group (*c*) above.	N. a.	N. a.	N. a.

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? ~~Yes~~ No If yes, has Active Service aggravated it ? ~~N. a.~~ Yes

(*ii.*) As to Group (*b*) above ? N. a. If yes, has Active Service aggravated it ? N. a.

(*iii.*) As to Group (*c*) above ? N. a. If yes, has Active Service aggravated it ? N. a.

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? ~~Yes~~ No

(*ii.*) As to Group (*b*) above ? N. a.

(*iii.*) As to Group (*c*) above ? N. a.

PART I. (*continued*).

5. MEDICAL HISTORY. Came to England 8-16. Went to France 11-17. In France 17. ~~Invalided to England with shell shock~~ 12 W. at #1 Can. Gen. Hosp. for 4 mos. Boarded & marked Bii 24-6-18.

6. PRESENT CONDITION. States he feels weak generally. Appetite is fair. Sleeps well.

Exam. He looks pale and unhealthy. He is poorly developed. There are no objective signs of disease in any organ.

Cardiac, Resp. Gll. & and N.S. are normal.

7. OPERATION. (*i.*) Was one performed? No. (*ii.*) If so, state what. N.A.

(*iii.*) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? No.

(*ii.*) If so, describe. N.A.

9. DO YOU RECOMMEND:— (*b*) Invalid to Canada? No.

(*a*) Fit for duty? (*state category*) Yes Bii (*c*) Discharge from the Service as permanently unfit? No.

Date of Report 17-12-1918 Signed L. Wagner
Officer in medical charge of case.
Station Witley Lt. C.A.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except NOT IN Hosp {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (*a*) Negligence of the Soldier {Caused? No / Aggravated? No} (*b*) Misconduct of the Soldier {Caused? No / Aggravated? No}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Ten per cent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) Five tenths

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? No
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No.

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Authority A.G. 1 (9083)d 11 11 18
Casualty form shows several entries "Concussion".

19. RECOMMENDATION:— (*b*) Invalid to Canada? —

(*a*) Fit for duty? (*state category*) B II (*c*) Discharge from Service as permanently unfit? —

Date of Board 18/12/18 Signatures of the Board: Robert Hurd Lt Col President. [illegible]

Station Witley

Approved [signature] A.D.M.S.

Dated at Station 191

HEADQUARTERS A.D.M.S. 19 DEC. 1918 File..... CANADIAN TROOPS, WITLEY.

For A.D.M.S. CANADIAN TROOPS, WITLEY.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Is fit for home service (Canada only)

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE C.M.H. Toronto — Wm F. Boyce major C.M.

DATE 27-X-19 — A E Gillis capt — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE .....

DATE ..... — Members

APPROVED BY ..... *Assistant Director of Medical Services.* DATE .....

APPROVED BY ..... *Director-General of Medical Services.* DATE .....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION C.M.H. Toronto DATE Oct. 21, 1919

1. 1 (*a*) Unit No. 2 D.D. (*b*) Regimental No. 724171 (*c*) Rank Pte.

(*d*) Surname BARRY (*e*) Christian name MICHAEL

(*f*) Home address Giroux Lake, Cobalt, Ont.

(*g*) Next of Kin John Barry (*h*) Relationship brother

(*i*) Address of Next of Kin Giroux Lake, Cobalt, Ont.

2. Age last birthday 32 Date of birth June 12, 1887

3. Enlistment, or Appointment (if an Officer) (*a*) Place Lindsay, Ont. (*b*) Date Mar. 28/16.

4. Personal description:

(*a*) Height 5' 3" (*b*) Weight 105 lbs (stripped) (*c*) Complexion dark

(*d*) Colour of hair black (*e*) Colour of eyes grey (*f*) Identification marks, Scars, etc.

Scar right side of neck

5. Former trade or occupation Farm laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	158

	Periods From	Periods To
Canada	28 - 3 - 16	Aug. 1916
England	Aug. 1916	Nov. 1916
France or other theatres of War	Nov. 1916	Nov. 1917
~~England & Canada~~	~~Nov. 1917~~	~~date~~

7. Original disease, or injury Mental defective

(*a*) Date of origin prev. to enlistment (*b*) Place of origin England

(*c*) Cause hereditary and developmental

M. F. B. 227.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Marked mental defective

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: Undersized and poor physique, knee jerks exaggerated, ankle jerks equal and active. Superficial reflexes O.K., no rhombergism, or Babinski. Heart no enlargement or murmurs. ~~Babinski~~ Lt-Col. Elliott reports on chest: "Slightly increased postero-posterior diameter and sternum high above. Expansion fair, no evidence of respiratory disease" See report of Dr. C. K. Clarke attached.

Subjective: Feels weak and shaky on exertion and gets a headache, memory fair, sleeps good, don't dream, feels able to go back to former employment of farm laborer.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

Urinalysis -no albumin or sugar

no goitre, varicocele, piles, varicose veins or hernia

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Enlisted March 1916 - Went to France in Nov. 1916 and in July 1917 was slightly gassed and was returned to England with debility, carried on on light duty in England until Feb. 1919 when he was returned to Canada and carried on as an orderly at Whitby, until July 1919 and then at St. Andrews until admitted tp C.M.H. 6-10-19.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil

(*c*) (Here give a description of wounds, scars and deformities.

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a-b No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospitals in England & Canada

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

fit for home service (Canada)

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Rank.
Signature of invalid examined.

Sheet #1

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724171 RANK Pte. NAME (IN FULL) BARRY, M.D. (BLOCK LETTERS SURNAME FIRST) (Michael Donnelly)

NEXT OF KIN: Ellen Barry — RELATIONSHIP: Mother

ADDRESS: England.

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TRAINING DEPOT ST. ANDREWS M. HOSP	25-6-19	SD. 20179 8th Ord 178
To TD No 2	14.10.19	296 D02914

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? Giroux Lake, Ont.

PLACE OF ATTESTATION: Lindsay — TRANSFERRED TO: 42BB. — DATE: 14.10.19 — AUTHORITY: D02914

DATE OF ATTESTATION: 28.3.16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Toronto — DATE: 5/11/19. — REASON: Demob. — AUTHORITY: D.O. 307 — IF ENTITLED TO POST DISCHARGE PAY: 183 Dys

MONTH 1919	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Mar	28	1.10																																			
1-30 April	30		33		16				49				86						16	00											16				33		Ch 77231 Can Redep
May 1-31	31		34	10	33				67	10					3	44					67	10									67	10					
June 1-30	30		33		16	-			49				15	46	879 492 656 278				16		33										49						CK # 79186 Redeposited = 16.00 D.
July 1-1	31		34	10					34	10	$307 435 B 12/7				$308352 B 26/7		15	-			28	70			40						44	10	10				
Aug	31		34	10	5				39	10	$308860 B 12/8				$309832 B 28/8		5	-			23	60			50		10	-			39	10					Chq $308860 - 5.00 Redep - Not in parade
Sept.	30		33						33	-	$310398 B 10/9				$311124 B 25/9		15				17	80			50						33	-					Ad MS 26.9.19 D0270
Oct. 1-14	14		15	40	17	50			32	90															50								50				32 40 Cheque $311124 redep - 17.50 - Hosp
			15	40	17	50			32	90															50								50				
Oct 15	17		18	70																																	
					32	40			51	10																											
Nov	5		5	50	40 35				110	50					181-8/11 155164						161	60									161	60					
			244	20	139	40			160	60											161	60									161	60					

W.M. Hosp. effective 25.6.19 20179

F. O. Adams CAPT. C.A.P.C.
PAYMASTER, C.A.M.C., M.D. 2.
Ch S D.O. 300
1st Payment War Service Gratuity
CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1399.

#280

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME:– Barry Michael Donnelly

NUMBER:– 724171

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109 Bn

DATE ACCOUNT FIRST OPENED:– 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Hab. Pool.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
30/9/18	12/34	Witley	14 54				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharge to Canada 31/1/19 1 CORD 8/1/19 WR 3/1/19 Ledger Cr Bal 779.17 LSPC Cr Bal 764.33

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal: Forw'd								485 11	299	
April	Pay	33							518 11		
				AR 98 "1 Dn b.f.b 6/4/18	– 3 57				514 54	314	
				" 280 " 20.4.18	– 3 57				510 97		
		33			7 14						
May	Pay	34 10							545 07		
				AR 2479 b4BD 12.5.18	– 4 46				540 61	329	
		34 10			4 46						
JUN 1918	Pay	33							573 61	344	
				AR 5200 b4BD 30.6.18	– 4 46				569 15		
				DMAR 4561 " 15.6.18	– 4 46				564 69		
		33			8 92						
JUL	Pay	34 10							598 79	359	
		34 10									
Aug	PP.	34 10							632 89		
				AR 472 1 CbH 2-8-18	4 46				628 43		
				" 543 " 17-8-18	4 46				623 97	374	
		34 10			8 92						
Sep	PP.	33							657 97		
				AR 1235 1 CbH 20-9-18	4 46				652 51	389	Cancelled
		33			4 46						
Oct	"	34 10							686 61		
				AR 1990 1 bGH 4.10.18	4 66				681 95		
				" 2412 " 19.10.18	4 66				677 29	404	
		34 10			9 32						
Nov	"	33							701 79		
				AR 5308 22.11.18 No 1 bGH	13 99				696 30		
				AR 3 GH OSB 6.11.18	4 66				691 64		
Dec	"	34 10							725 74		
				AR 1178 CbD 16.12.18	9 73				716 01		
Jan	"	34 10							750 11		
	over	101 10		over	58 38						

COMPILED BY [signature]

CHECKED BY [signature]

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		101 70			28 38				750 11		
	I M on Dep Pay	29 06							779 17		
		30 26			28 38						
				Adj Irqsat bldg 20/1/18	14 84				764 33		
					14 84						
				SOS to Canada 29/1/19	SL 8		1 COND				

Shet # 2

B 1470

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724171 RANK Pte. NAME (IN FULL) Barry M. D. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: E. Barry — RELATIONSHIP: Mother

ADDRESS: Eng.

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? Girouxs Lake Ont.

PLACE OF ATTESTATION: Lindsay — TRANSFERRED TO: #2 D.D. — DATE: 14-10-19 — AUTHORITY: Do 294

DATE OF ATTESTATION: 28-3-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Toronto — DATE: 5-11-19 — REASON: demob — AUTHORITY: DO. 307 — IF ENTITLED TO POST DISCHARGE PAY: 183 days.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	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.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					W.S.G.													Carried						Forward				W.S.G.							AMOUNT DUE SOLDIER DEPENDENT				1st W.S.G. Paid by #2 D.D
183 days					420					420																		70					70		350				
																AA 2x4				Dec 2				1369	164			70					140		280				
																AA 2x30				Jan 3				1712	440			70					210		210				
																AK 2x7				Feb 4				1755	113			140					350		70				
																AK 2x9				Mar 1				1724	658			70					420						
					420					420																		420					420						

200M-3-19.—L. L. 58788-H. & D. 9985.
M. F. W. 2596.
1772-39-1398.

"BALTIC" 6-2-19

B1870.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 724171 | RANK Pte. | NAME (IN FULL) BARRY, M.D. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID Nil! | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Lab. Pool. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO AMBJD #2 | DATE 26/5/19 | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

	MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	31-1-19		$1.10					764	33	764	33		6 2/10						5 00																				
												3663	6 2/10						5 00																				
																																55 00		709 33					
	1-2-19	28	30 1.10	30	80	12		709	33	752	13	20758	22916.					10	200													210		542	13				
	28/2/19			30	80	12		1478	66	1516	46							65	200													265		1251	46				
								542	13																														

L.P.6.10 6.a.m.6. 7.3.19. Receipt on file.

T.O.S. ..... D.O. 42 .....

SUBS. 9/2 ..... 23/7 ..... D.O. 42 .....

ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE OFFICER S.O.S. PRIOR TO H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

60m.-11-18. L. L. 81777. M. & D. 9585.

Married or Single: Single

Place of Birth: London Eng

Name and Address of Next of Kin: Ellen Barry, Reigate Surrey Eng.

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 724171 Rank: Pte Name: Barry Michael Donnelly

If in Perm. Corps What Unit — Unit: 109th Btn

Permanent Force Allowances

Place of Attestation: Lindsay

Date of Attestation: Mar 28/1916

Transferred to	Date	Authority
20th Bn	1-1-17	S.O. 333 28-11-16
Lab. Pool.	1.2.18	Bde. 9/1/18

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

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

Discharge Date and Place — Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

GJ

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														29 10	29 10									Bal. from Canada								29 10			
Aug 31	31	1.00	31		31	10	3 10								34 10	13	98-16							973							973	53 47			
Sept.	30		30				3								33	45	31-8	1	77	15.9.16				730	730						1460	71 87			
Oct	31		31		31		3 10								34 10	117	79 91/16	156	15/10/16					973	730						1703	88 94			
Nov.	30		30		30		3								33	185	207 10/16							973							973	112 21		60	
Dec	31		31		31		3 10								34 10	236	1/12/16							243 730				26 1 99			11 98	134 33			
1917			15	30			15 30																												
Jan.	31	1.00	34 10												34 10	1493 1516	16/2/16 1/3/16	626	6/1/17					174 523	523						1220	156 23			
Feb	28	1.10	30 80												30 80			1699	6/2						262						262	184 41			
			233 20											29 10	262 30									53 19	2245			2 25			77 89				
Mch	31		34 10												34 10			187	17/3						785						785	210 66		120.	
Apl	30	1.10	33												33																—	243 66		135.	
May	31		34 10												34 10	70 7	30/4 17/4							262 261							523	272 53		150.	
June	30		33												33	130	2/5							268							268	302 85		165.	
			367	40										29 10	396 50									61 10	30 30			2 25			93 65	302 85			

D.O. 005-327. 26-11-16.
D.O. 005-356. 27-11-16.
D.O. 333. 28-11-16 Tfd to 20th Bn eff 1-1-17

724171 Pte Barry M.D.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			367	40										29 10	396 50									61 10	30 30				2 25	93 65	302 95		165		
July	31	1 00/10	34	10											34 10	272	2/6							2 68						2 68	334 27		180		
Aug	31		34	10										29 10	34 10	190	8/6							5 36						5 36	363 01		195		
			33	60											464 70	408	3							64	30 30				2 25	101 69					
Sept	30		33												33	337	9/7							2 68						5 35	390 66		210		
																								2 67											
			468	60										29 10	497 70									74 49	30 30				2 25	107 04					

Month 1917	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Balance	~~390 66~~							390 66		210
Oct	P. pay	34 10							424 76		225
Nov	P. pay	33		AR. 681. 30/9. 20 Bn.	178						
Dec.	P Pay	34 10		" 747. 19/10 "	446						
				" 2921. 16/9. 185 Co. Rl	178						
				" 2924. 17/9 "	178						
				" 8114 31/10 20 Bn.	357				478 49		255
1918 Jan	do	67 10			1337						
		34 10		" 3093. 30/11 ~~[illegible]~~	1338						
				" 5531. 10/12. 5 Con Dep.	178						
		34 10		" AR. 963. - 12/8. 2 DSLo	357				493 86		270
					1873						
Feby		20 80							524 66		284
		30 80									
March				DN AR 2846 1 Bgt 9-2-18	446				520 20		
				" R 5388 " 17-1-18	892				511 28		
				DN AR 6161 20 Bn 17-12-17	357				~~517 28~~		
				" R 3022 1 Bgt 17-1-18	48 67				507 71		
				" 3021 1 Rl Bde 19-3-18	3 57				459 04		
				" 5927 1 Bgt 25-2-18	446				455 47		
									451 01		
		34 10							485 11		
		34 10			7365						299