

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms 2.....

Proceedings on discharge.....

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

Disc Parchment Certificate 1.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate 1.....

Inventory of Kit.....

Last Pay Certificate 1.....

AFW 3997 — 1

AFB 122 — 1

IS.C. 132 — 1

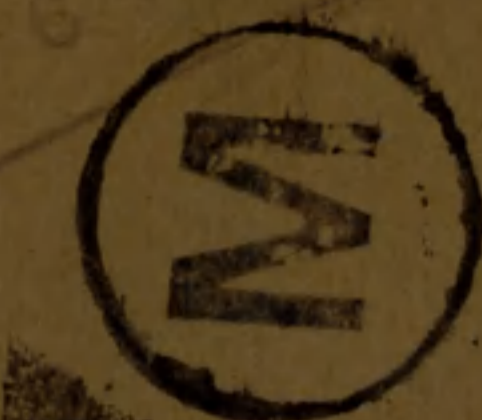
MFW 192 — 1

M. F. W. 62.

50m. - 9-16.

H. Q. 1772-39-935.

WILL DESPATCH TO M.D. JUN 8 1920



DISCHARGE DOCUMENTS

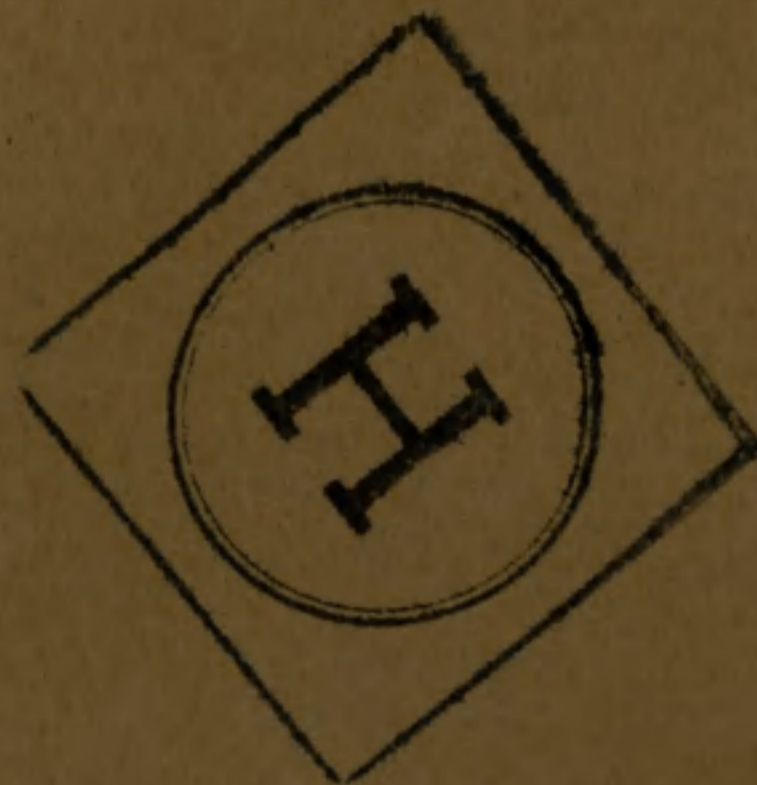
Name **CAREY GEORGE**

Regt. No. 725128 Rank L/Cpl.

Corps 109th Bn.

Med. Unfit.

06692



R. O. No.

H. Q. No.

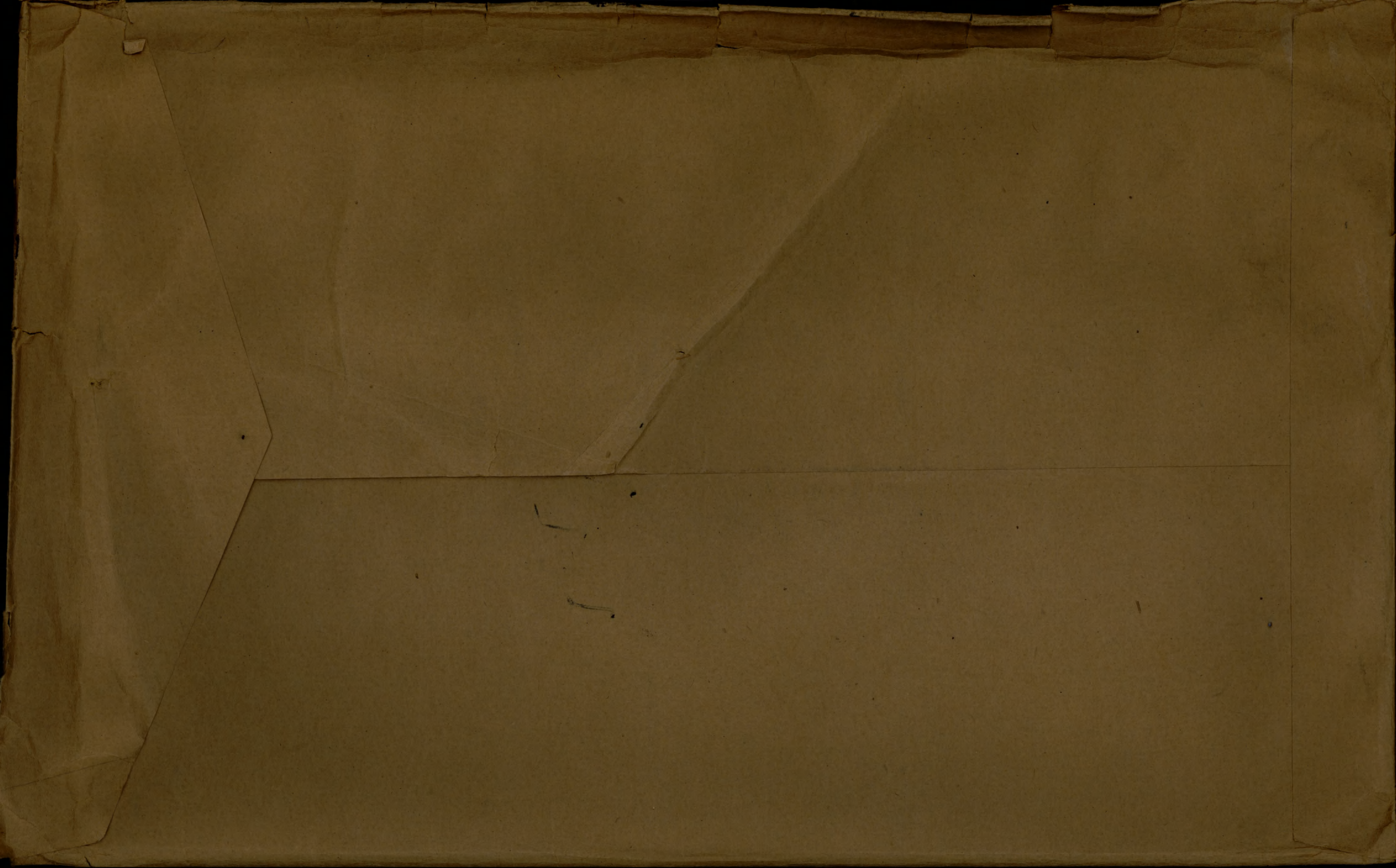
Doc's to Ranker. 23-419

1
28-23

16 23

3-23

403406



"B" Coy

ATTESTATION PAPER.

No. 725128

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Carey
- 1a. What are your Christian names?..... George
- 1b. What is your present address?..... 157 Nelson St. Kingston
- 2. In what Town, Township or Parish, and in what Country were you born?..... London Eng.
- 3. What is the name of your next-of-kin?..... Mrs Charlotte Carey.
- 4. What is the address of your next-of-kin?..... 157 Nelson St. Kingston.
- 4a. What is the relationship of your next-of-kin?..... Wife Ont. Canada.
- 5. What is the date of your birth?..... 22 April 1873.
- 6. What is your Trade or Calling?..... Laborer.
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... yes
- 10. Have you ever served in any Military Force?..... 3 yrs 14th. Regt. P.W.O.R.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... 2 .. 38th. Dufferin Rifles
- 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, George Carey, 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.

Date Nov. 16 1915. George Carey (Signature of Recruit)
Prof. Downey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Carey, 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.

Date Nov. 16 1915. George Carey (Signature of Recruit)
Prof. Downey (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 Kingston this 15 day of January 1916.
[Signature] (Signature of Justice)

Description of George Carey on Enlistment.

Apparent Age.....42 years8 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5-7½ ft.....ins.

Chest measurement { Girth when fully expanded.....36½ ins.
 Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

Church of England.....C of E

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

scar of hernia operation on right side.

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.....Nov. 16 1915.

Place.....Lindsay

J. McCulloch Capt.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Carey.....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.

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

Date.....JAN 17 1916 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725128 (Rank) L/CPL.

Name (in full) CAREY GEORGE. enlisted in

the 109th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont. on the 16th

day of Nov. 19 15.

HE served in England ::::: France

and is now discharged from the service by reason of "Medically Unfit".

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

Age 47.

Marks or Scars

Height 5' 7½".

Spec. scars on left arm.

Complexion Fair.

Eyes Blue.

Hair L. Brown

George Carey
Signature of Soldier

James Thompson
Issuing Officer

Date of Discharge Feb. 11th 1919

O.C. No. 2 District Depot
For Rank
Appointment

Signed at Toronto Ont. this 11th day of Feb. 19 19

in Military District No. #2.

File Reference No. _____

M.B.

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.

APR 1 4 1919

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. O.

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted

This space to be for numbers.

23/5/39



Proceedings on Discharge.

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

No. 725128	
Rank L/CPL.	28.5/3/19.
Surname CAREY GEORGE.	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 109th Bn. (# D.D.).	
Date of discharge Feb. 11th 1919	
Place of discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 47 years..... months.	Descriptive marks Vacc. scars on left arm.
Height 5 feet..... 7 1/2 inches.	
Complexion Fair.	
Eyes Blue.	
Hair	
Trade Labourer Lt. Brown	
Intended place of residence (To be given as fully as practicable.) 34 Brighton Place. Brantford Ont.	
2. The above-named man is discharged in consequence of HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE	
Authority for discharge D.O. D.D.#2 Ptl 1 #391	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Rank

28.5/3/19

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... Toronto Ont. *George. Carey* (Signature of Soldier.)

(Date)..... Feb. 11th 1919 *H. Langmont Esq* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place)..... Toronto Ont.

(Date)..... Feb. 11th 1919

(Signature)..... *Lucas Thompson Lewis*

For O.C. No. 2 District

A

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

FILE No. _____
RECEIVED
MAY 5 1919
OTTAWA, CANADA.
PAYMASTER
MILITARY DEPT. 1132

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *George* 2. Surname *Barey*
3. Rank *Lt. Col.* 4. Original Unit *109th Batt* 5. Reg. No. *725128*
6. Address, in full, to which future payments of gratuity are to be forwarded
- 34 Brighton Place*
- Brantford Ont*
7. Date of enlistment in the C.E.F. *16th Oct 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
- Mrs Charlotte Barey*
9. Relationship of such dependent
- Wife*
10. Address, in full, of such dependent
- 34 Brighton Place*
- Brantford*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
- 109th Batt from 16th Oct 1915 - till Dec 10th 1916*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
- not applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... *3 yrs 30 days*
- 109th Batt 16 Oct 1915 - to Dec 10th 1916 With 124th from Dec 10th 1916 till Feb 7 1917 With C. 76. Feb 1st 1917 until Feb 1919*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
- no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.
Not applicable
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
*yes 1 month Gratuity Total \$ 100
 by D. J. O. 21*
20. Have you been issued with a War Service Badge? If so, what class?
no
21. Have you, during the present war, served in the Imperial Forces?
no
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
Not applicable
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
no
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
no
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
no
11 Feb 1919 (b) Reason for discharge
Medically unfit
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
no
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
no
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
no
- (b) If so, are you in receipt of full pay and allowances from that Department?
no

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *George Carey*

Place of Residence: *34 Brighton Place*

Declared before me at: *Manfred*

This *3rd* day of *March* 19.. *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

A. H. B. Oddy
A Commissioner

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
------------	--------------	----------------	----------------------	----------------

.....

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET.

Surname *Carey* Christian Name *George*

Examined on ¹⁶ ~~8th~~ day of *November* 191⁵
at *Lindsay*
Birthplace { City or Town *London*
County *England*

Approved by *J McCulloch* Capt.
Medical Officer
Rank *109th Overseas Battalion* M.O. C. E. F.

Apparent age *42 years*
Trade or occupation *Labourer*
Height *5* Feet *7 1/2* Inches
Weight *154* Lbs.
Chest measurement { Minimum *32 1/2* inches
Maximum expansion *36 1/2* inches
Physical development *good*
Small-Pox Marks *none*

Date	Fit or Unit	EXAMINED FOR RE-ENGAGEMENT
<i>29/11/17</i>	<i>B-2wo</i>	<i>J. Pharo</i> M.O.
		<i>Capt Carey</i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right *None* Left *Five*
Number *Five*
When Vaccinated last *March 3rd 1916*
(a) Marks indicating congenital peculiarities or previous disease *None*

Date	Result	VACCINATIONS
<i>3-3-16</i>	<i>good</i>	<i>J. McCulloch</i> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>18/4/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.
<i>25/4/16</i>	<i>good</i>	<i>J. McCulloch</i> M.O.
<i>3-5/16</i>	<i>Good</i>	<i>J. McCulloch</i> M.O.

Enlisted on ¹⁶ ~~8th~~ day of *November* 191⁵ at *Lindsay*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Batt.</i>	<i>425128.</i>		<i>7-1-16</i> <i>16.11.15</i>
Transferred to..	<i>C. E. F.</i> <i>124th OVERSEAS BATTALION C.E.F.</i> <i>Canadian Forestry Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Sunningdale.</i>	<i>20/8/17.</i>	<i>arthritis (Rt knee)</i>	<i>B II</i> <i>R. P. Barden Capt.</i>
<i>Sunningdale</i>	<i>Dec 17/18</i>	<i>ch. arthritis Rt knee.</i>	<i>B 3/4</i>
<i>Camp Town</i>	<i>7/2/19</i>	<i>arterio-sclerous</i> <i>arterio-sclerous</i>	<i>W. H. ...</i>

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.

Surname *Carr* Christian Name *George*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
FUSEHILL WAR HOSPITAL, CARLISLE.		26	10	18	15	11	18.	²¹ Influenza	30.	Pyrexia 102°. General pains Respiratory Catarrh. Temp. Normal. Improved. Discharged to Unit.	<i>gms J. H. Payne</i> Registrar, Fusehill War Hospital.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

2

M.F.B. 200M-6
1772-39-9000

NAME OF SOLDIER

Leary George

REGIMENT

RANK

L. Appl

No.

725128



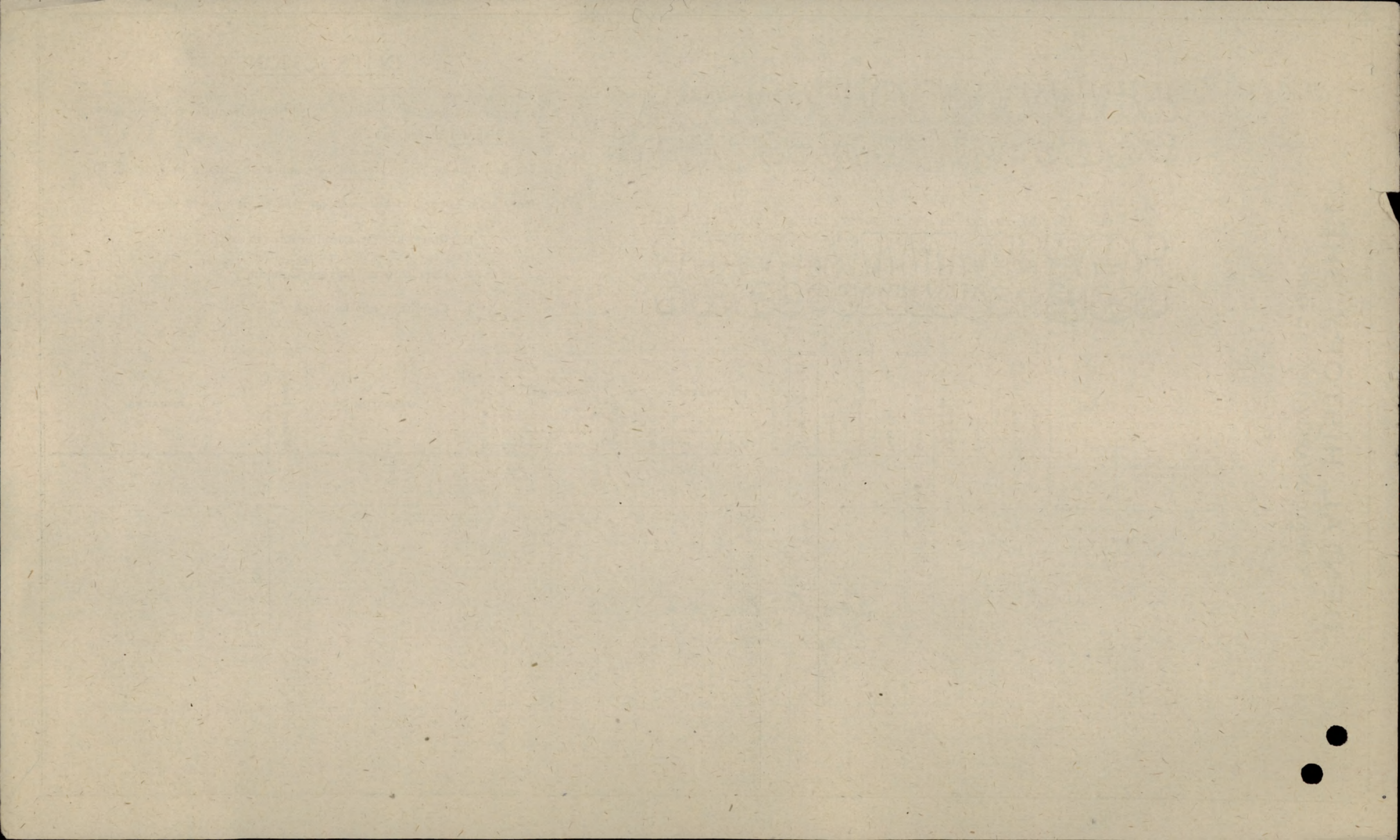
INSTRUCTIONS

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	Pyrrhoia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam. At Exhibition Camp</i>																					
<i>Date. FEB 7 1919</i>																					<i>Certificate issued for prophylaxis Examination</i>
																					<i>W.A. Sample maso</i>



PROCEEDINGS OF A MEDICAL BOARD.

Dated at August 20th. 1917.

No. 925128 Rank Cpl. Name Barry G.

Local Unit Q.F.C. Overseas Unit SMITH'S LANN. Age 45

Examination held at _____

DISABILITY. Arthrosis (Rt Knee)
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

Rt. knee plays out on quick walking
There is considerable lipping about joint & bony thickening

BOARD RECOMMENDS:-

- 1. Fit for Duty _____
- 2. Fit for duty after ~~11~~ 11 weeks' physical training. *JDA*
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty _____
- 5. Discharge _____

Signatures:-

R. Borden Capt C.M.C. President.

Members

J. P. ... Capt C.M.C.

APPROVED

Am ... W. Smadwell

Dated _____ 1917. For A.D.M.S. Captain C.A.M.C., for A.D.M.S.; Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD.

No. _____
Rank _____
Name _____
dated at _____ 1917.

Local Unit _____
Overseas Unit _____
Age _____

Examination held at _____

PRESENT CONDITION.

(SCRATCH ONE OUT)
Overseas-Local
DISABILITY

BOARD RECOMMENDATIONS

1. Fit for duty
2. Fit for duty after _____ weeks physical training.
3. Fit for temporary base duty _____ weeks
4. Fit for permanent base duty
5. Discharge

Signatures:-

President.

Members

APPROVED

dated _____ 1917 For A.D.M.S.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 72 5128 Rank L./Cpl. Name Barry George
(Surname first)
Unit No. 2 District Depot who was* **DISCHARGED**
On FEB 1 1919 191, to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 1 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>11</u> days at \$..... <u>1</u> c. <u>05</u>		<u>11</u> <u>55</u>
Field Allowance..... <u>11</u> days at \$..... c. <u>10</u>		<u>1</u> <u>10</u>
Separation Allowance.....		<u>11</u>
Clothing Allowance.....		<u>35</u>
Post Discharge Pay <u>W.S.P.</u>		<u>100</u>
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque <u>NO.</u> <u>20 721</u>	<u>41</u>	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>20 720</u>	<u>117</u> <u>65</u>	
Total	<u>158</u> <u>65</u>	<u>158</u> <u>65</u>

*Give particulars.

A monthly stoppage of \$..... 20^x (†) has..... (‡) been paid on account of
Assigned Pay for the month of Jan 1919 }
and Separation Allowance for month of Feb 1919 } (to) Assignee Mrs. G. Barry
34 Brighton Place Ineta Brantford
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... married or single.....
(2) Separation Allowance, entitled or not yes (3) Reason for discharge.....
(4) Authority for discharge or transfer..... 5040

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 1 01919
Place TORONTO, ONT.

Makow CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

Description of Document	Serial Number
Certificate of Discharge	1000
Statement of Service	1001
Certificate of Discharge	1002
Statement of Service	1003
Certificate of Discharge	1004
Statement of Service	1005
Certificate of Discharge	1006
Statement of Service	1007
Certificate of Discharge	1008
Statement of Service	1009
Certificate of Discharge	1010
Statement of Service	1011
Certificate of Discharge	1012
Statement of Service	1013
Certificate of Discharge	1014

I hereby certify that the following documents are indistinguishable from the original documents on file in the office of the Adjutant General, War Department, Washington, D. C.

Number of copies: _____

Date: _____

Signature: _____

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged " Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725120 (Rank) L/Corporal

Name (in full) SABOT, George enlisted in
the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont on the 16th
day of November 1915

HE served in Canada & England

and is now discharged from the service by reason of
his having been found medically unfit for further service

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

Age <u>47 Years</u>	Marks or Scars <u>Vaccination scar on left arm</u>
Height <u>5 Feet, 7 1/2 inches</u>	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Light Brown</u>	

Signature of Soldier

Issuing Officer

Date of Discharge Toronto, Ont. 11th February 1919 Rank for A/Adjutant-General

Appointment

Signed at Ottawa this 28th day of April 1919

in Military District No. Headquarters

File Reference No. 642-C-29254

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted

Exhibition Camp, Toronto,
Feb. 7th, 1919.

No. 725128, L/Cpl. CAREY, Geo.

History. Said to have injured great toe of right foot on Nov. 12th, 1916, falling into a trench in England.

Objective Signs. There is lipping of the proximal end of the 1st phalanx of the great toe and also of the head of the 1st meta tarsal bone. The combined exostosis on these two bones forms a definite plaque of bone, 1 inch in circumference and 1/8 inch thick, on the dorsal aspects of these two bones. Movements of flexion 50% as compared with left at meta tarso phalangeal joint. Extension normal. Inter phalangeal joint normal.

Subjective signs. Aching pain in above affected joint, particularly after walking.

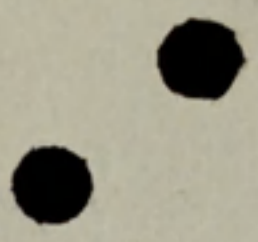
Diagnosis. Osteo-arthritis (chronic) probably present for years and aggravated by service.

Treatment. None indicated.

Category C.2.

Disability. Aggravated by service.

(Sgd.) Chas. B. Shuttleworth,
Major.



SECTION

CHAPTER 10
ARTICLE 10
SECTION 10

Exhibition Camp,
Toronto, Feb. 7th, 1923.

No. 725128, L/Cpl. CAREY, Geo.

History. Injury to right knee in England, Nov. 12/16, falling into trench

Objective Signs. Right knee is apparently normal in appearance. No swelling or fluid in joint. No tender points. No limitation in movements.

Circumference around patella 12 $\frac{3}{4}$ inches, both knees. Flipping of margins of head of tibia. Grating present in both knee joints.

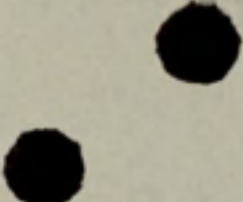
Subjective. Knee swelling at times. Complains of some aching pain below patella and behind knee in popliteal space. Can walk 5 or 6 miles at own pace and then feels stiff.

Diagnosis. Chronic synovitis with recurring attacks of a sub acute nature of right knee.-joint. I cannot concur with English board as to presence of a torn or dislocated semi-lunar cartilage, neither from the clinical history or physical signs. There is also evidence of chronic osteo-arthritis in both knees.

Disability. Due to service, but slight and Estimated at 10%, gradually decreasing.

Recommendations. No treatment indicated - Category C.2.

(Sgd.) Chas. C. Shuttleworth,
Major.



Faint, illegible text at the top of the page, possibly a header or title.

Executive Order. There is

approval of the group for

the. The attached draft

of the. I have

of the. I have

Faint, illegible text in the middle section of the page.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) G. CAREY M.D. 2
REGIMENT 109 Bn. RANK Lieut. No. 725128

Date of Examination in England 6/1/19. Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9 12
2. EXTRACTIONS 3 15 18 19 30
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower 18 19 20 21 29 30

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) ~~In Canada~~
- (b) ~~In England~~
- (c) ~~In France~~

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer [Signature]

G. C. ARREY
107
M.P. 2

3.12.1918
M.P. 2

11.10.1918

11

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps
Regimental No. 725128 Rank Pte. Name Carley, George
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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 11 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 24
11-2-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 40			

W. T. Roberts
Lieut.
For O. C. No. 2 District Dep.

H. Sergeant Cuff

O. C. Discharge Sections,
No. 2 District Depot

(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.]

CASUALTY FORM B. 213

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				

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16;
H. Q. 1772-39-920.

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

Regimental No. 425128 Rank Private Name Barey George

Enlisted (a) 4.1.16 Terms of Service (a) D of W Service reckons from (a) 4.1.16

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				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31.7.16</u>	
<u>8.12.16</u>	<u>Pl. 109</u>	<u>Transferred 124th</u>	<u>Witley</u>	<u>8.12.16</u>	<u>D.C. Pt. 11 No. 45</u> <u>3</u>
					<u>Adjutant</u> <u>109th Overseas Battalion, C.E.F.</u>
					<u>Adjutant</u> <u>109th Overseas Battalion, C.E.F.</u>
<u>9-12-16</u>	<u>124th Bn.</u>	<u>Taken on strength of 124th Bn., C.E.F.</u>	<u>Witley Camp</u>	<u>8-12-16</u>	<u>Part 11 Orders 255</u> <u>MAJOR ADJUTANT,</u> <u>124th BATTALION C.E.F.</u>
<u>19-1-17</u>	<u>124th Bn.</u>	<u>Transferred to Garrison Duty Battalion</u>	<u>Witley</u>	<u>18-1-17</u>	<u>D.C. Pt. 11 No. 19.</u> <u>124th Battalion, C.n. Inf.</u>

(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.

124th. Battalion, C.n. Inf.

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				
-2-17	124th Bn.	Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17	Part. II. Orders No. 32. <i>Re [Signature]</i> Capt Adjt. 124th Can. Pnr. Bn.
9.2.17	D. of T.O.	T.O.S. Can. Forestry Corps	London	1.2.17	D.O. Pt II No. 35. Lt. & Asst/Adj. C.F.C.
10-7-17	oc., etc.	appointed a/cpl with pay	Sunningdale	1-7-17	D.O. Pt. II, No. 63 <i>PH Elliot</i> Lt. + a/adj. Base Depot, C.F.C.
17-12-17	Ob 626	SOB on posting to Dist 52 Coy 131	SUNNINGDALE	17-12-17	PT. II. D.O. NO. 200. LT. & A/ADJ. C.F.C. <i>capt for Ob.</i>
29/12/17	O.C. 52 Dist. CFC.	T.O.S. 52 Dist. at 131 Coy. on posting from Base Depot.	CARLISLE.	17/12/17	Pt. II D.O. No. 145.
11-9-18	Ob no 52 Dist etc	Appointed A/cpl	Carlisle	10-9-18	Pt II D.O. no 51 <i>Fred [Signature]</i> Capt & adjt In case no 52 Dist etc
11-12-18	do	SOB no 52 Dist etc at 131 Coy on posting to Base Depot	Carlisle	10-12-18	Pt II D.O. no 48 <i>Fred [Signature]</i> Capt & adjt In case no 52 Dist etc
13.12.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale	Sunningdale	10/12/18	Pt. II D.O. 397 <i>[Signature]</i> Lt. & A/Adj.

G.R. Rank Name CAREY, George ✓ Reg'l No. 725128 ✓

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

Place and Date of Enlistment 16th Novr., 1915. ✓ Place of Birth London, England. ✓

Name and Address, Next-of-Kin Mrs. Charlotte Carey, ✓
 157 Nelson St., Kingston, Ont., Canada. ✓ Relationship Wife. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.S. No. 5,012
 File R.L.
 Category *Comm OR*

a/1/4

H. W. & V., Ltd.—7165-16.

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.				
8.12.16	Ob 109th Bn	Subon transf. to 124th Bn	Witley	8.12.16	P II DO 343
11.12.16	Ob 124th Bn	T.O.S. from 109th			267
19.1.17	"	T.O.S. " to 124th Bn		18.1.17	19 P II DO 28
1-2-17	124th Bn	T.O.S. to perm. For corps	Witley	1-2-17	P II DO 32
9-2-17	C7C	T.O.S. from 124th Bn	London	1-2-17	" " 35
25.5.17	" B.D.	On strength	Sun Dale	1.5.17	" " 23
10.7.17	" "	Take of Cpl. (with pay)	"	1.7.17	" " 63
10.9.17	" "	Reduced to his perm ^{nt} grade, Pte. for inefficiency	"	10.9.17	P II DO 116

©

Arrived in England per H.M. *21-7-16*



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.				
17.12.17	CFC B.D.	S.O.S. to Dist 52.	Pto Sdall	17.12.17	P. P. D. O 200. P. 145 ^{Dist 52 T.O.S} _{1/29} 17
23.4.18	52 Dist C.F.C.	Entitled to wear 1 Q.C. stripe	" Carlisle	7.1.15	" 16.
11.9.18	"	To be 1/2 cpl	" "	10.9.18	" 51
13.12.18	B.D.C.F.C.	T.O.S. from 52 Dist.	" Sdall	10/12/18	" 297 (52 Dist C.F.C. P. 78 d/11.12.18)
6.1.19	"	On Com. to R. Hyd. Dist #2	"	4.1.19	" II 06
		SOS to CTF CAN. MD 2			
		9.1.19			
		BDCFC, Ptl 1020 d20.1.19			

7.1.16

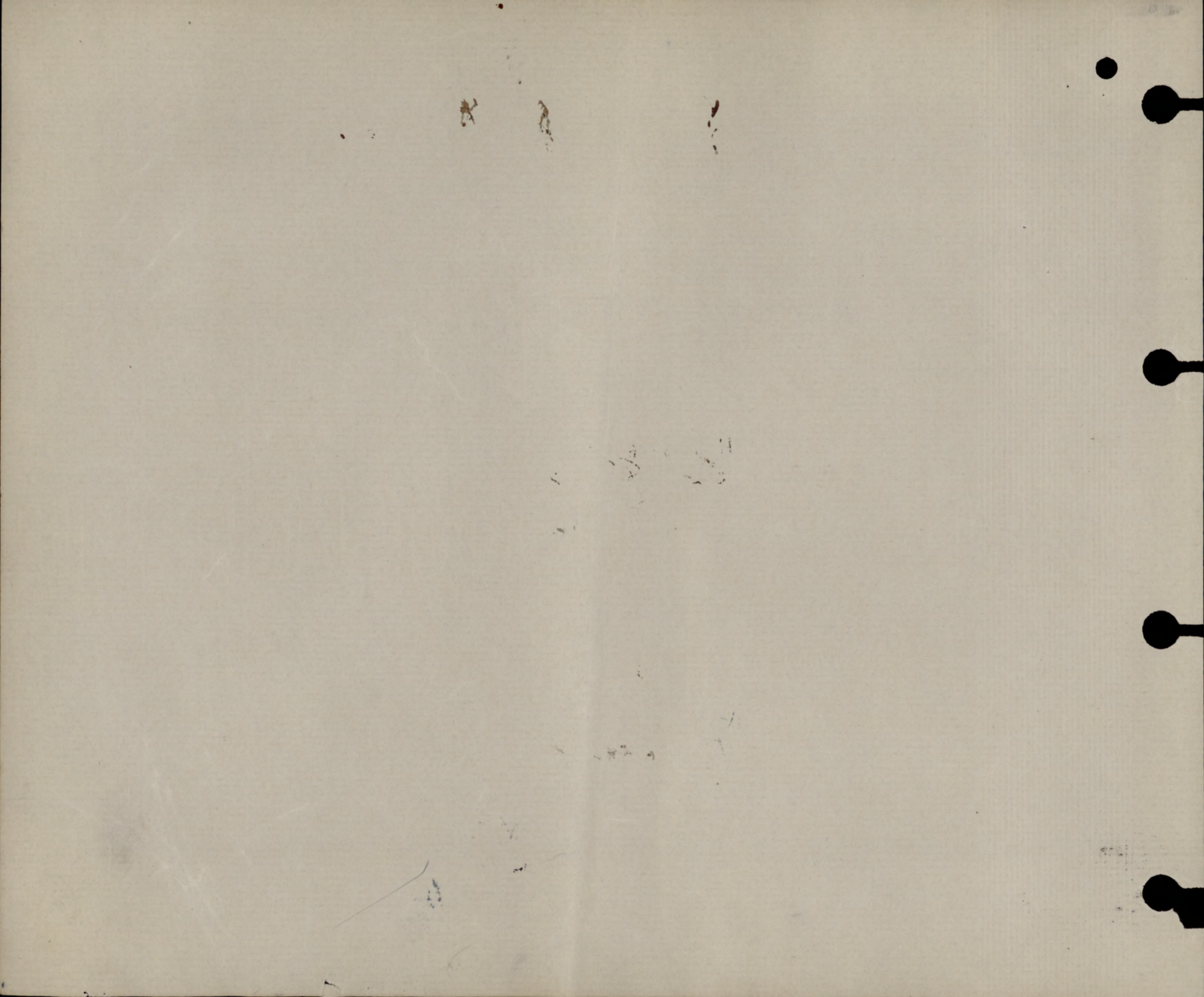
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Wife*
Mrs Charlotte Carey By Whom Assigned *Carey George*
Address *Emily St 34 Brighton Place* Regtl. No. *725128*
Tutela P.O. Brantford Rank *2 cpl*
Ont Corps *109 Batta*
Rate *\$20⁰⁰ Aug 1st 1916*
2 M 15.9.16.
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





Wife
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.-6-16.
1772-39-819.

Sheet No. 2.

L. L. Job 4503 Reg. 6832

Mrs Charlotte Carey

PAYMENTS.

Name of Soldier.

Lepl Carey George
109 Bathu

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>\$20⁰⁰ Aug 1st 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		1923875 Y 21357	60	<i>issued on Dep. of. - Retd. & cancelled 16 1/16 of P.</i>
Nov.		B 25279	20	<i>Intely P.O.</i>
Dec.		H 30808	20	<i>34 Brighton Place, Brantford Ont 16B 2 2/16</i>
Jan.	1917	C 38688	20	
Feb.		C 43755	20	<i>20 - P.</i>
March		E 49928	20	<i>20 by</i>
April		R 601	20	<i>20 6</i>
May		Z 7202	20	
June		L 13815	20	<i>20 H</i>
July		D 20694	20	<i>@</i>
Aug.		I 27380	20	<i>2</i>
Sept.		H 34445	20	<i>in h. s.</i>
Oct.		N 46611	20	
Nov.		P 53672	20	
Dec.		K 55020	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

full

Wife

340

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

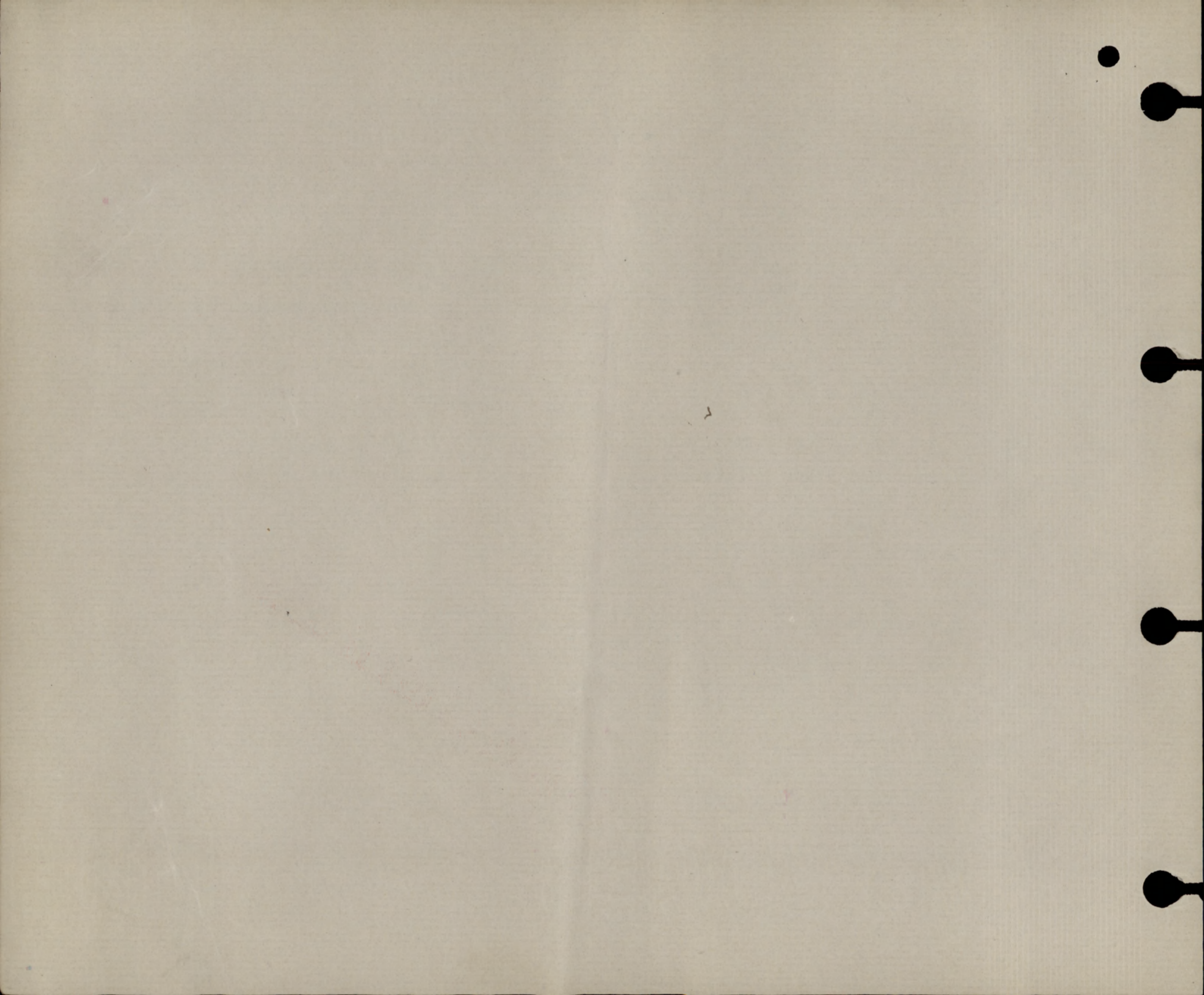
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Charlotte Larey* By Whom Assigned *G. Larey*
 Address *Comily St.* Regtl. No. *725.128*
Tubela. P.O. Rank *Pte. L/Pl.*
Brantford Corps *109th Batta.*
 Rate *20⁰⁰ Aug 1st 16 Out*
2m 8⁹/₁₆ L 27⁹/₁₆ **PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANCELLED
sheet
Wup. a/c. 16¹¹/₁₆ J.R.



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mrs. Charlotte Carey

PAYMENTS.

Name of Soldier

G. Carey

L/cpl

725128 - 109th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰ Aug 1-16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		023875	60	<i>Retd. & cancelled 16th/16 J.R.</i>
Nov.		K29360	20	<i>Cancelled</i>
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANCELLED
*Sheet
dup. of. 16th/16 J.R.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

1. 3 - 16

MILITIA AND DEFENCE

136

SEPARATION ALLOWANCE

Name *Charlotte Carey*

Name of Soldier *Carey, Geo.*

Address ~~14 Fifth St~~

Regtl. No. *725138*

~~Cor Brighton Place Kingston~~

Rank *Pte.*

~~and Emily St. Tutela P.O. Out~~

Corps *109th Bn*

Relation to Soldier *Brantford*

To what Corps belonging

wife, child or mother *Wife*

when called out

*34 Brighton Place
% Tutela P.O. Brantford Ont*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>024059</i>	<i>20.</i>	<i>20</i>



7 2000

21
22

23

24

SEPARATION ALLOWANCE

60m.-12-15.
1772-39-818.

Sheet No. 2.

Charlotte Carey

OVERSEAS CONTINGENTS

Wife
PAYMENTS.

Name of Soldier

Carey, George
725138
Pte

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 599	20	20
May		D 4861	20	20
June		D 2945	20	20
July		C 5822	20	20
Aug.		J 11759	20	20
Sept.		C 15338	20	20
Oct.		R 18624	20	20
Nov.		T 22023	20	20
Dec.		T 24726	20	20
Jan.	1917	S 28287	20	20
Feb.		S 31395	20	20
March		S 34520	20	20
April		J 380	20	20
May		S 3937	20	20
June		U 6668	20	20
July		T 10328	20	20
Aug.		W 13376	20	R
Sept.		V 16544	20	20
Oct.		D 24087	20	T
Nov.		Q 25831	20	By
Dec.		L 26895	20	Had
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300
↑

440
ES.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Surname

Christian Name or Names

Reg. No.

CAREY.

G.

725128.

Rank

Unit

A/L/Cpl.

Forr. 52D.

Cas. List.

Fusehill War Carlisle. 26-10' 18.

6-11-18.C360/2

Influ'za. R

22.11.18 6374 (2)

Dis. 15.11.18

A.M.D. 2 Dept.

D.M.S. 1300. 50M-30-8-18.

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

*Name L. CAREY George Rank NYL/Cpl Regtl. No. 725128
 Original unit ● Present unit CFC M. or S. Age 45 Religion C. of E. Fyle Depot.....
 Port, ship, and date of arrival Olympic Halifax 17-1-19 Ref. H.Q.....
 Next of kin Wife Mrs. Charlotte Carey 157 Nelson St. Kingston Ont.,
 Address on leave same
 Address on discharge 34 Brighton Place Brantford, Ont.
 Transportation issued Yes 11-2-19 Character on discharge.....
 No Brantford, Ont.
 Previous occupation Labourer Date and place of enlistment Lindsay Nov. 16 1915.
 Diagnosis Derangement of right knee joint. Date of Medical Boards 7-2-1918

Date.	Remarks	Pt. 2 Order No.
T.O.S.	Posted to Cas Co (Ex Camp) 17-1-19	
11-1-19	Leave & Subs from 21-1-19 to 7-2-19	24
11-2-19	S.O.S. DISCHARGED. UNEMP. UNTIL 91 days PDP&CA	40

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Wife.
G.D.B.

The Office of the
Standing Medical Board,
Bramshott. Hants.

23-1-17.

to:- Medical Officer,
..... *G.D.B. Willy*

Kindly send the marginally named to
Bramshott Military Hospital, for Specialist's
examination and report on..... *Parry & Vision*
please.

C. Cooper Cole Major. *C.M.C.*
President.
Standing Medical Board.

53-117

W. J. T. Smith

W. J. T. Smith

1. K. 10

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

N 360

Dunhill Barisle

26-10-18

Influenza

N 374

Discharged

15-11-18

" "

NAME *Looney. S.*

REGT. NO. *725028*

RANK AND UNIT *1st Lt. 52 Bn.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

No. ~~3246~~

RANK *Ote.*

NAME *Carey G. George*
Carey George

725 128

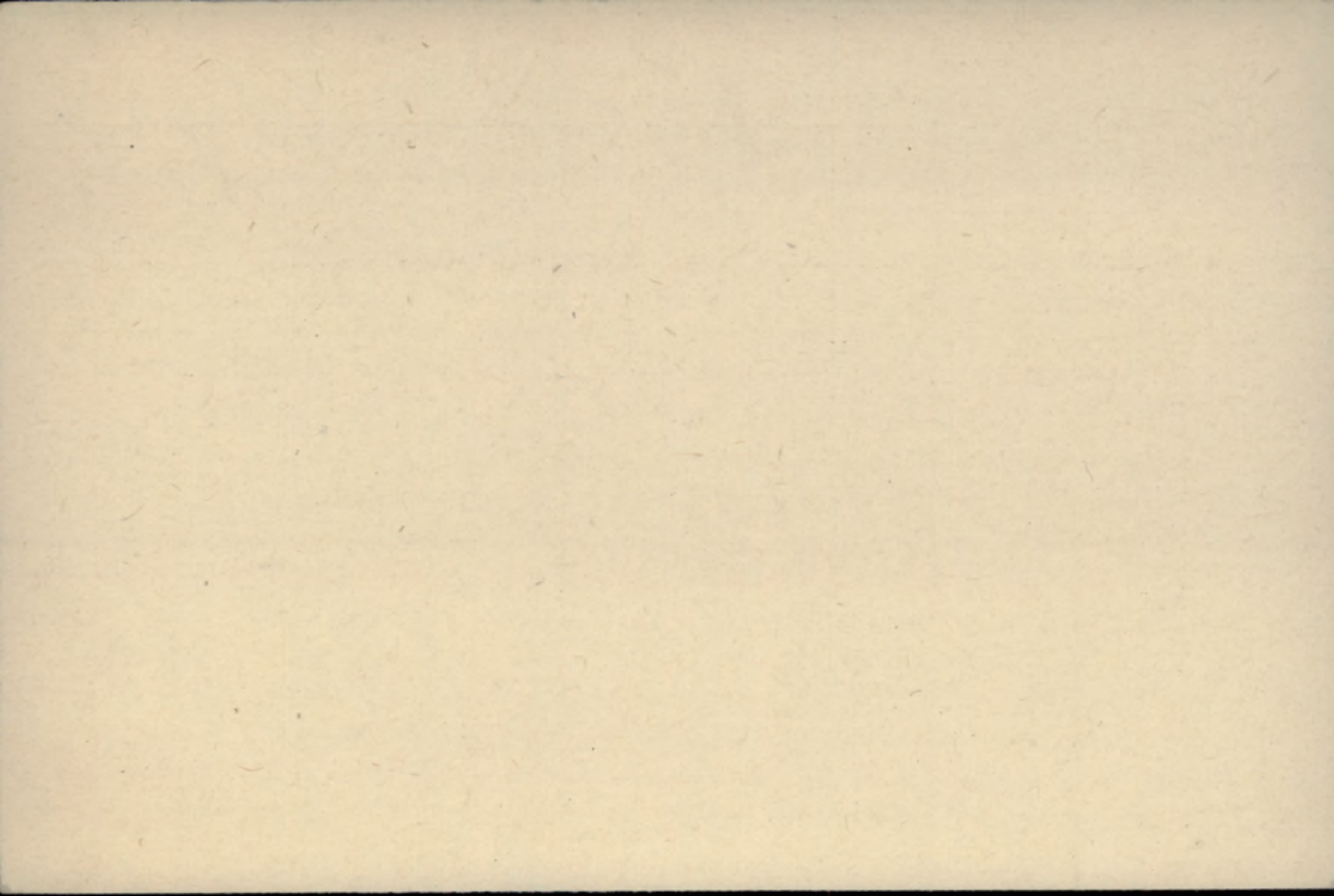
T. O. S. *11-8-15*
D.O. 40, 11-8-15

UNIT *14th Regt. (Prince of Wales Own Rifles)*

109th Bn

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Aug 11</i>	<i>1915 Aug 31</i>	<i>V</i>		
	<i>Sep.</i>	<i>V</i>		
	<i>Oct.</i>	<i>V</i>		
	<i>Nov.</i>	<i>V</i>		
	<i>Dec.</i>	<i>V</i>		
<i>1916 Jan 1</i>	<i>1916 Jan 6</i>	<i>V</i>	<i>Transfd to 109th Bn. 6-1-16</i>	<i>D.O. 5, 6-1-16.</i>



No. 725128 RANK

Pvt

NAME *Carey George*

T. O. S. *7-1-16.*

UNIT *109th. Battalion*

D.O. 42.8-1-16.

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Jan. 7</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



Item Number 725-128 Rank A/cpt B

Surname CAREY

Christian Name George

Units 109th Bn. Can Inf Theatre of War England

Date of Service 31-7-16

Remarks 86 HURON ST.

Latest Address ~~34. Brighton Place~~

Brantford. Ont

Roll no. A page 4273

(This form to be filled in by all ranks on voyage to Canada.)

.....
RANK SURNAME INITIALS UNIT

.....
al address.....
(Street) (City or Town) (Province)

.....
one person to be notified of arrival.....

.....
Station in Military District to which a furlough warrant is required.....

.....
Railway.....

.....
d, is your wife on board..... Number of children on board.....

.....
tination.....

.....
(Sgd.).....



CARD NO. 2
D.O.B. Dis. 11/2/19
M. U. FOLL
D.O. 40 of 9/2/19 + 20

SURNAME.

Carey

CHRISTIAN NAMES

George

REGL. No.

725128

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

14th Regt. P.W.O.R. & 88th Dufferin Rifles

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Carey, Mrs. Charlotte

RELATIONSHIP TO SOLDIER

Wife

ADD

34 Brighton Place.

c/o Tutela, P.O. Brantford, Ont.

(Canada 16-11-26)

COUNTRY OF BIRTH

England. London Eng.

DATE

Apr. 22 1873

PLACE OF ATTESTATION

Lindsay Acad.

DATE

Jan. 15th 1916

Rec'd from Halifax

23/7/04
25/4
Field Hospital

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

42

YEARS

8

MONTHS

HEIGHT

5-

FEET

7 1/2

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

St. Brown

DISTINGUISHING MARKS

*Scar of hernia operation on
right side*

MEDICAL EXAMINATION.

PLACE

Lindsay Cut.

DATE

Nov. 16th 1915

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

1931

Aug. 1. / 16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30
----	----	----

P.L. 3257062955
NO 47669

RATE OF ASSIGNMENT

20.		
-----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725128. (725138)
 Rank L. cpl. Promoted Reverted Discharge
 Soldier's Name George Carey
 Battalion 109 Battn.
 Beneficiary Mrs. Charlotte Carey
 Relationship Wife MFW 2554: 27-7-18
 Address 34 Brighton Place % Tutela P.O., Brantford Ont.

PARTICULARS OF ASSIGNMENT

Name Mrs. Charlotte Carey (wife)
 Address 34 Brighton Place, Tutela P.O.
 Change of Address Brantford, Ont.

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31.		440	340	780	
Jan.	M 65837	30	20	50	M. Br.
Feb.	A 90956	25	20	45	
Mar	A 109109	25	20	45	
Apr	A 6159	25	20	45	✓
May	J 18012	25	20	45	✓
June	E 19969	25	20	45	✓
July	T 29070	25	20	45	✓
Aug	E 32526	25	20	45	✓
Sept	H 46956	25	20	45	✓
Oct	O 49398	25	20	45	✓
Nov	B 61998	25	20	45	✓
Dec.	N 63159	45	20	65	✓
Jan/19	J 70002	30	20	50	✓
		795	600	1395	

02764-51

REMARKS MFW 2554: Ret'd 29-8-18 OK. Feb.

M. F. W. 128
400M.-6-17-1772-39-141
L. L. 2230-M. & D. 1133.

Ac Closed Olympic
 Ret'd per
 Date 12/1/19 M.F.W. 187
 P. O. No 63232 destroy



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 2220-M. & D. 1933.

(9) Is your Father alive?..... Yes.....

If so, state name and address..... Harry Cary 8 Dundas St. Brantford.....

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Sarah Cary.....

..... 8 Dundas St. Brantford.....

(11) If your Mother is a widow.....

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.

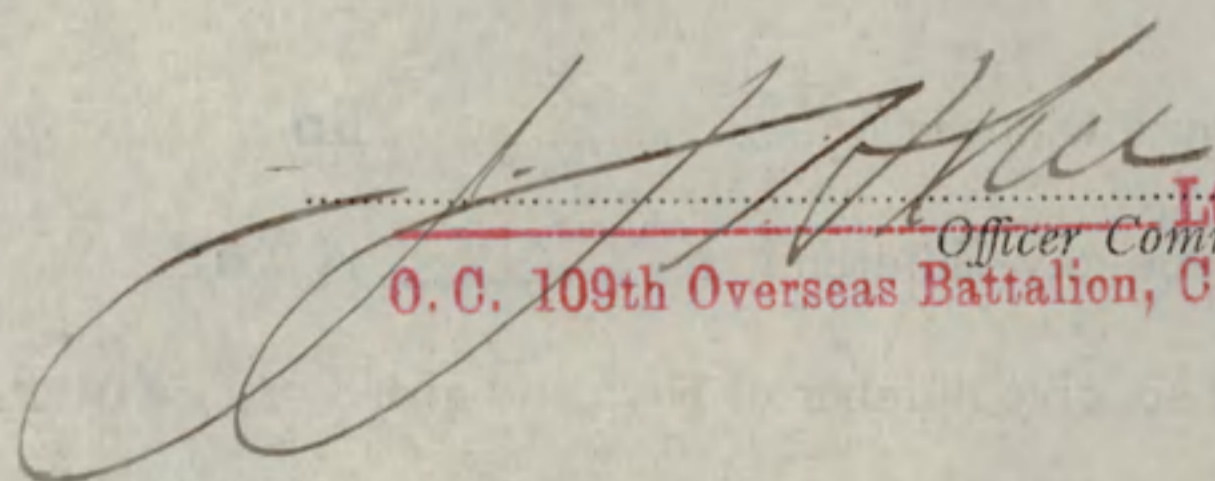
(15) Are you insured?..... Yes.....

If so, in what Company?..... Prudential Life.....

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.

Date..... July 6th 1916.....


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

DUPLICATE

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725128**

(3) Full Name of Soldier..... **George Cary**

(4) Place of Birth..... **Fulham. London England**

(5) Are you married, or not? **Yes**

(6) If married, state,
(a) Full name of your wife..... **Charlotte Emma Carey**

(b) Present Postal Address..... **14 Fifth St. Kingston City**

(7) Are you a widower? **No**

(8) Have you any children?..... **Yes**

If so, give number of boys and girls..... **Four boys 5 girls**

Also their names and ages.....

..... Lillie Rose Lottie
..... Florie Dorothy Sidney
..... George Harry Elbert

URINALYSIS

NAME

Carey G

NO

725128

RANK

Pto

DATE

13/12/18

ALBUMIN

Nil

BLOOD

Nil

SUGAR

Nil

BILE

Nil

COLOR

Light Yellow

BITE

Acid

SP. GRAVITY

1010

DEPOSITS

Nil.

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

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.)

Returned to duty. Category C.2.

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.

PLACE Exhibition Camp, Toronto.

DATE 7-2-19.

Wm. Callaghan President
J. S. ... 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.

DATE _____

APPROVED BY *R. S. Richardson Capt.* ASSISTANT DIRECTOR OF MEDICAL SERVICES
 APPROVED BY _____ DIRECTOR-GENERAL OF MEDICAL SERVICES

DATE 8/2/19 DATE _____

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Exhibition Camp. DATE Feb. 7-19.

1. 1 (a) Unit No. 2. D. D. (b) Regimental No. 725128 (c) Rank L/Cpl.

(d) Surname CAREY. (e) Christian name Geo.
 (f) Home address 34 Brighton Place, Brantford, Ont.
 (g) Next of Kin Charlotte Carey. (h) Relationship Wife.
 (i) Address of Next of Kin 34 Brighton Place, Brantford, Ont.

2. Age last birthday 47 Date of birth 1871, April 22nd.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date (7-1-16.)

4. Personal description:
 (a) Height 5ft. 7 1/2 in. (b) Weight 156. (c) Complexion Fair.
(stripped)
 (d) Colour of hair Lt. Brown (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.
Scar right elbow, 4 vaccination marks, left arm. Scar right side.

5. Former trade or occupation 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
	<u>3</u>	<u>30</u>

	PERIODS	
	From	To
Canada	<u>7-1-16.</u>	<u>31-7-16.</u>
England	<u>to Canada.</u>	<u>to date.</u>
France or other theatres of War		

7. Original disease, or injury 1. Derangement of right knee joint. (2) Exostosis of terminal end, 1st meta tarsal bone, right foot. (3) Varicose veins, right leg. (Slight)

(a) Date of origin (1) Nov. 12-16. (2) Unknown. (3) Nov. 12-16. (b) Place of origin (1) England (2) Canada.
 (c) Cause (1) General service conditions. (2) Infection. (3) England.
(3) " " "

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, George Carey 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:—

G/c G Carey
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 RECATEGORY

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

Reserved for M.H.C.

Regt. No. 725128 Rank L/POPP Surname CAREY Christian Name GEORGE
Unit or Corps—(a) Overseas from United Kingdom NA (b) in United Kingdom C.F.C.
Born at—Town LONDON County or Province MIDDLESEX Country ENGLAND
Date of Birth—Day 22 Month APRIL Year 1871 Age 47 yrs. 7 months.
Joined at LINDSAY ONT Date 7 JAN 1916
Former trade or occupation LABORER.

Permanent Marks or any peculiarity that will serve for future identification:—

SCAR RT ELBOW.
VAC-MARKS 4 LT ARM

Height—feet 5 inches 7 1/2 Colour of eyes BLUE
Signature of Soldier (for identification purposes) G/c G Carey

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)	<u>INTERNAL DERANGEMENT OF RIGHT KNEE JOINT</u>
	Disabilities Group (b)	<u>EXOSTOSIS OF TERMINAL END OF FIRST METATARSAL BONE RIGHT FOOT</u>
	Disabilities Group (c)	<u>NA</u>

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>ACCIDENTAL INJURY</u>	<u>ENGLAND</u>	<u>Nov 12 1916</u>
(ii.) As to Group (b) above.	<u>ACCIDENTAL INJURY</u>	<u>ENGLAND</u>	<u>Nov 1916</u>
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>	<u>NA</u>

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

- (i.) As to Group (a) above? NO If yes, has Active Service aggravated it? NA
- (ii.) As to Group (b) above? NO If yes, has Active Service aggravated it? NA
- (iii.) As to Group (c) above? NA If yes, has Active Service aggravated it? NA

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

- (i.) As to Group (a) above? YES
- (ii.) As to Group (b) above? YES
- (iii.) As to Group (c) above? NA

5. MEDICAL HISTORY. Never ill in civil life. Enlisted Jan 7/16 arrived England July 31/16 never in FRANCE. Carried on in Infantry at Bramshott until Nov 12/16 fell into a trench twisting his right knee and right toe. was sent to hospital at Camp for 1 week discharged and sent to kitchen until transferred to Labour Battalion. States he was injured down for France on account of knee and toe transferred to forestry carrying on in kitchen Police duty. And light work. States he could not stand work in Bush since his accident. his knee swells at times and locks so that he has to manipulate it with his fingers to replace the cartilage. Three weeks after injury he had a swelling over terminal end of first metatarsal bone of right foot. He has got larger and is tender & painful on walking. 26/10/18 to 15/11/18 Discharged and boarded at Sunningdale 20/8/17. ailments (R knee) 13 11

6. PRESENT CONDITION. Complaints of swelling of knee after walking over 5 miles. Stiffness and pain in it at times. States knee locks at times & he has to manipulate the joint to replace cartilage. Cannot jump. Enam knee is tender over joint no swelling not movements normal. Complaints b. Pain over proximal end of 1st metatarsal of right foot. on walking or wearing light boots. Enam marked hard bony swelling over distal end of 1st metatarsal bone of right foot. Tenderness over the swelling. Big toe is slightly deflected laterally. X ray shows exostosis extending upward and backward from terminal end of 1st metatarsal of R foot. It is sharply defined spur-like growth as shown by diagram. Heart normal. Pulse normal nothing abnormal. Sings normal. Other systems normal.

7. OPERATION. (i) Was one performed? a no b no (ii) If so, state what. a na b na (iii) Was one advised and declined? a no b 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. na

9. DO YOU RECOMMEND:— (a) Fit for duty? B II (state category) (b) Invalid to Canada? no (c) Discharge from the Service as permanently unfit? no

Date of Report Dec 16 1918 Station Sunningdale Signed [Signature] Officer in charge of case.

I have satisfied myself of the general accuracy of the above Report and concur therein except [Signature] (Officer i/c Hospital) Strike out one of these. Dated at [Signature] Station, on [Signature] 1918. *Delete if inapplicable.

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

- 10. Is the disability fully described in Part I. (1)? NO. If not, describe it. add: ARTERIO SCALE RO S/S
- 11. Is the cause of the disability fully described in Part I. (2)? NO. If not, describe it. add: cause conditions of civil life aggravated by service
- 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 increased at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) Thirty 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.) Seven 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)? six months.
- 16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? n.a.
- 17. Can the former trade or occupation be resumed? yes.

18. REMARKS:— Stated age 47.—looks fit & he general change appropriate. slight thickening of arteries. X Ray shows exostosis on both 1st metatarsal (R foot) & proximal phalanx of same toe. Lung clear; Urinalysis negative. R knee — stone bony thickening about knee joint — about 1 cm. greater in circumference than left. Pain on extreme flexion no fluid. slight churning in both knees on movement. Rt Testicle — generally increased in size — no apparent testicular atrophy. Has been like this since hernia operation prior to enlistment. Heart — marked atherosclerosis — 1st expansion. no evidence of I.D.H.

19. RECOMMENDATION:— (a) Fit for duty? B II (state category) (b) Invalid to Canada? no (c) Discharge from Service as permanently unfit? no raised in Category within six months.

Date of Board Dec 17 1918 Station Sunningdale Approved [Signature] Captain, G.A.M.C. A.D.M.S. Dated for A.D.M.S., Canadians, London Area Station [Signature] Signatures of the Board [Signature] President. ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN S. LONDON AREA. DEC 31 1918 13, BERNERS ST. LONDON, W.1 191

" OLYMPIC " 16
 12-1-19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

No. 2 DISTRICT DEPOT

C. 1248 AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. No. 725128

RANK *Lt/C.* NAME (IN FULL)

CAREY George

NEXT OF KIN
 ADDRESS
 IS SEPARATION ALLOWANCE PAID? *Yes*
 TO WHOM PAID *Same*
 ADDRESS
 DATE EFFECTIVE *1.2.19*
 RELATIONSHIP

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. *C.F.C.*
 PLACE OF ATTESTATION
 DATE OF ATTESTATION *14/11/15*
 ASSIGNED PAY, \$ *20.00*
 PAYABLE TO *Mrs. Charlotte Carey, (wife)*
 ADDRESS *34 Brighton Place, Tuleta P.O., Brantford, Ontario.*
 STOP PAYMENT FORM RENDERED, DATE
 TRANSFERRED TO
 TRANSFERRED TO
 DATE EFFECTIVE *1.2.19*
 RELATIONSHIP
 ANY CHANGE IN ASSIGNEE OR ADDRESS
 DISCHARGED *TORONTO, ONT.* DATE *FEB 11 1919* REASON *M.U.* AUTHORITY *D.O. 40* IF ENTITLED TO POST DISCHARGE PAY *Yes*

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
Balance from previous account																	
31.12.18	<i>15</i>			<i>4089</i>													
				<i>4089</i>				<i>3000</i>									<i>Boat</i>
								<i>487</i>									<i>Boat</i>
								<i>500</i>									<i>Boat</i>
										<i>2000</i>							
31.1.19													<i>5987</i>		<i>1898</i>		<i>AP. Jan. 1919.</i>
1.1.19	<i>15</i>		<i>3565</i>	<i>1440</i>	<i>5005</i>			<i>1998</i>				<i>1898</i>	<i>5005</i>				<i>L.O.S. D.O.</i>
Feb. 11	<i>15</i>		<i>1265</i>	<i>35</i>	<i>15865</i>	<i>20720</i>		<i>20721</i>	<i>11765</i>				<i>15865</i>				<i>Subs. TO. 7/2. 11.0.19</i>
			<i>600</i>		<i>600</i>												<i>1st Payment, War Service Gratuity by no. 2 88</i>
								<i>206464</i>		<i>70</i>	<i>206465</i>		<i>3000</i>	<i>20000</i>			
								<i>244371</i>		<i>70</i>	<i>244372</i>		<i>300</i>	<i>300</i>			<i>no. mailed 10/4/19</i>
								<i>341467</i>		<i>70</i>	<i>341468</i>		<i>30</i>	<i>400</i>	<i>140</i>	<i>60</i>	
								<i>657691</i>		<i>70</i>	<i>657692</i>		<i>30</i>	<i>500</i>	<i>70</i>	<i>30</i>	
								<i>670268</i>		<i>70</i>	<i>670269</i>		<i>30</i>	<i>600</i>			
					<i>600</i>					<i>420</i>		<i>180</i>	<i>600</i>				<i>W.S. PAID IN FULL</i>