

725510
I.D. number
No. d'identification

CARLEY
Surname
Nom de famille

JOSEPH HENRY
Given names
Prénoms

Deceased 0502 60/19

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 1490

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



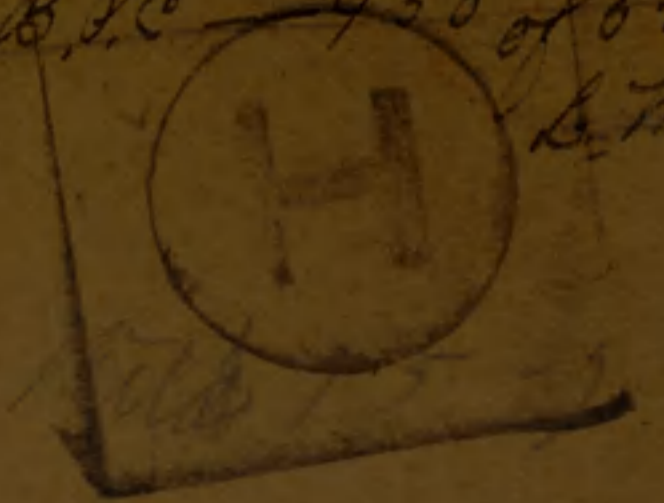
DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

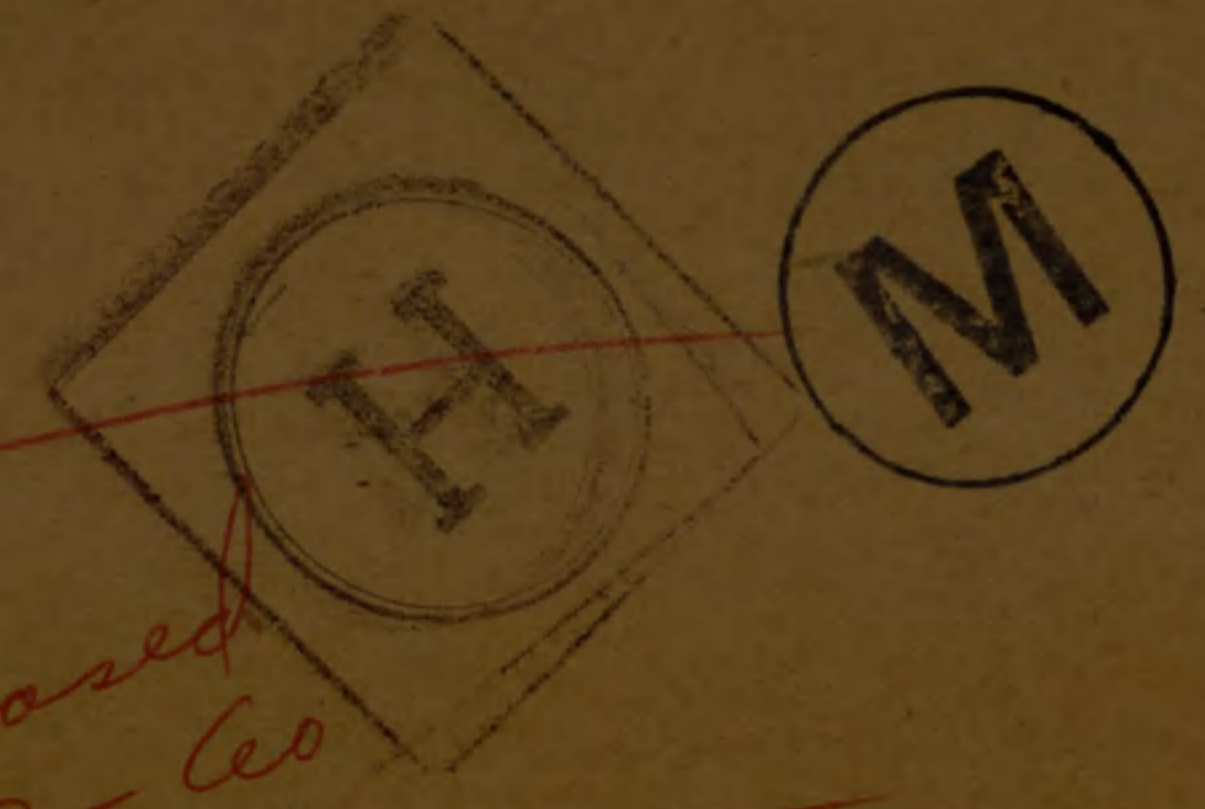
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 3
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 1
- Medical Report for Invalids..... 1
- Medical History Sheet..... 17
- 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

Name CARLEY, JOSEPH, HENRY
 Regt. No. 425510 Rank Pte.
 Corps No 3 Dist. Depot. 109th Bn

Complete Docs to all on file
 C70072005 92/8,20 900 of 0-2-19
 L. M. S.



Demob.



*Deceased
5-2-60*

*RA 100
R. M. N.*

*A 413 122-1
M 2 W 192-1
C 200 5001 a
M 4 W 465
D M 5 1275*

*Land 1200 17
272.1237-3
R 122-1*

Box # 1490

*2
25-24
10-24
5-24
2*

Red Card - 1

"C" Coy.

ATTESTATION PAPER.

No. 725-570

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your name?..... Joseph Henry Carley.
2. In what Town, Township or Parish, and in what Country were you born?..... Woodville ont.
3. What is the name of your next-of kin?..... Mother Mrs Alex Carley.
4. What is the address of your next-of-kin?..... P.O Penelon Falls ont. Canada.
5. What is the date of your birth?..... October 29th 1894.
6. What is your Trade or Calling?..... Tailor
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... & 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Joseph Henry Carley (Signature of Man.)
H. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Henry Carley., do solemnly declare that the above answers made by me to the above questions 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.

Joseph Henry Carley (Signature of Recruit)
 Date November 15th 1915. H. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Henry Carley, 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.

Joseph Henry Carley (Signature of Recruit)
 Date November 15th 1915. H. Bissonnette (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 Penelon Falls this 15th day of November 1915.

Wm. Arthur (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

Description of Joseph Henry Carley on Enlistment.

Apparent Age 21 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 4 ins.

Scar on right shin

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian.....
~~Wesleyan~~ Methodist Methodist
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....
 Jewish.....

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..... November 15 1915.

Place..... Kensington Falls

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

*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.

Joseph Henry Carley 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.

Date..... JAN 12 1916 1916 [Signature] Lt. Col. (Signature of Officer)
 O.C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725510 (Rank) Private

Name (in full) CARLEY, Joseph Henry enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Penelon Falls, Ont. on the 15th

day of November 19 15

HE served in Canada, England and France

and is now discharged from the service by reason of in accordance with R.O. 1343

Demobilization. Auth. 3DD 3.C. 536, D. 13.1.19

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

Age 24 years 3 months

Marks or Scars

Height 5 feet 4 inches

Scar on right shin

Complexion Fair

Eyes Blue

Hair Brown

X J. H. Carley
Signature of Soldier

R. Chapple Lieut.
O. C. Discharge Section
No. 8 District Depot
Rank

Date of Discharge 16.1.19

Appointment

Signed at Kingston, Ont. this 16th day of January 19 19

in Military District No. 3

File Reference No. 3DD 3. C. 536

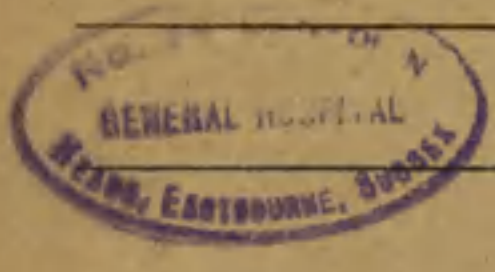
N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

Admitted 3/11/18

Forms
I. 1237
12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	425510	Spr	Barley	J H R.
Year	1 st C C R B			Age.
				Service. 35/12
Station and Date.	Disease	Landed Aug 1916		
	Influenza			
<p>Present Illness - hasn't been feeling fit for some weeks. On Thursday Oct 31st took a headache, felt sore all over and was unable to continue on duty. Reported sick, sent to Hosp. - went to Belg. Transferred from Belg to Rpt. Hosp. Nov. 3rd.</p>				
<p>Present Condition - feels fairly well Temp 101 has a slight cough some acidity expected also low pain in the limbs & back. No sore throat Chest - Harsh breathing 2" below middle third of Clavicle left chest with few moist rales. - In the back moist rales can be heard over a small area internal to the angle of left scapula - Heart, Clear. Normal</p>				
<p>Other Systems - normal. G. Chapman</p>				
Nov. 4 th	<p>Has been ill a year or more, was invalided from France for debility & myalgia lost about 30 pounds in weight. Spent 4th mo in Hosp. gained some weight. Has always felt tired no ambition what ever. Chest condition remains unchanged. G. C.</p>			
Nov. 9 th	<p>Left Chest Post. Clear. Low fine crackles under angle of Rt. scapula behind & although Temp normal it remains in bed. G. C.</p>			



6037

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/1. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

19-11-18

Ryde Hosp. cows.

Emulsion caps

25-11-18

Condition now normal fit for discharge

6 NOV 1918

Stoilungs Catyng A

W. J. M. Cant

DISCHARGED
26 NOV. 1918
TO

MEDICAL CASE SHEET.*

Meth

No. in Admission and Discharge Book. <i>112560</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>725510</i>	<i>Plt</i>	<i>Carley</i> <i>Carbey</i>	<i>J. H. R.</i>
	Unit.		Age.	Service.
	<i>124th</i>		<i>23</i>	<i>29/12</i>

Station and Date.	Disease
<i>21/3/18</i>	<i>S.U.O.</i>

Bear Wood

Lat 10 *multiple pains back shoulders legs hands worse at nights.*

26/3/18. *Rapid pulse P.O.* *J. H. Bell Capt.*

30/3/18 *Improved*

8/4/18 *had skin eruption*

15/4/18 *Improving.*

27/4/18. *do* *D.T.*

26 APR 1918 *Discharged to 3rd C.C.D. Leaford*

H. D. Stammers Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

20 MAY 1918
Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1918.	725510.	Pte	Carley.	Joseph.
	124 Canadian Pns.	Unit.	23.	Age. Service. 10/12 - 1/12.
Station and Date.	Disease <u>P.U.O.</u>			
Charing X Hospital 26.1.18.	Headache dizziness knee jerks + hyperaesthesia legs			
	& arms			
	General Sympth: slight pain in & arms & back.			
	Alim: Syst: usual.			
	Circulatory Syst: usual.			
	Respiratory Syst: usual.			
	Urinary System Sp-gr. 1010.			
	Reaction acid			
	albumen nil			
	Sugar nil			
	Physical Signs nil.			
25. 2.18	Electrical treatment.			
8. 3. 18.	after a course of 6 baths patient says he feels better although the pains are still acute at times.			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

72551

MEDICAL HISTORY SHEET. ORIGINAL

Surname Carley Christian Name Joseph Henry Robert

Examined { on 15th day of November 1915
at Fenelon Falls
Birthplace { City or Town Woodville
County Ontario

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

Apparent age 21 years
Trade or occupation Sailor
Height 5 Feet 4 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>2 FEB 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Two
Number Two
When Vaccinated last Nov 15 1915
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>15-11-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Undeveloped testicles
on left side

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1.8.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 15th day of November 1915 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>93rd Battalion</u>	<u>725510.</u>		<u>15-11-15</u>
Transferred to..	<u>109th OVERSEAS BATTALION, C. E. F.</u>			
	<u>124th OVERSEAS BATTALION C.E.F.</u>			
	<u>P O-S</u>			<u>9 MAR 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.E.F. Seaford</u>	<u>18-9-18.</u>	<u>Fit for Duty.</u>	<u>Diagnosis Drusky</u>
<u>Branford</u>	<u>9-1-19</u>	<u>nil</u>	<u>Bt d. d. s. slight</u>

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.

CANADIAN

Surname *Carley* Christian Name *Joseph Henry*

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				
<i>Cherry X Huf</i>		<i>26</i>	<i>1</i>	<i>18</i>	<i>21</i>	<i>2</i>	<i>18</i>	<i>P.U.O. (34)</i>	<i>26</i>	<i>No temperature in hospital</i>	<i>a y. exp. and J. B. Hammerslapt</i>
<i>Bearwood</i>		<i>21</i>	<i>3</i>	<i>18</i>	<i>26</i>	<i>11</i>	<i>18</i>	<i>P.U.O.</i>	<i>36</i>	<i>S.B. Good No Complaints Cat. II</i>	
		<i>3</i>	<i>11</i>	<i>18</i>	<i>26</i>	<i>11</i>	<i>18</i>	<i>Influenza</i>	<i>24</i>	<i>Cough, General Malaise Refam Normal Good recovery Discharged Category A</i>	



J. B. Hammerslapt
MAJOR, C.A.M.C.
REGISTRAR.

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 425510

(3) Full Name of Soldier St. Joseph Henry Robert Carley

(4) Place of Birth Woodville

(5) Are you married, or not? Not

(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? No

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address *Catherine A B Carley*

Penelon Falls Ont Canada

(11) If your Mother is a widow

Are you her sole support, or not? *I am*

(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.

forty dollars *Only son at home*

(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? *Yes*

If so, in what Company? *Standard Ins Co*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

Date *19th July 1916*

[Signature]
Lt. Col.
C. G. 109th Overseas Battalion, C. E. F.

M.D.3

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

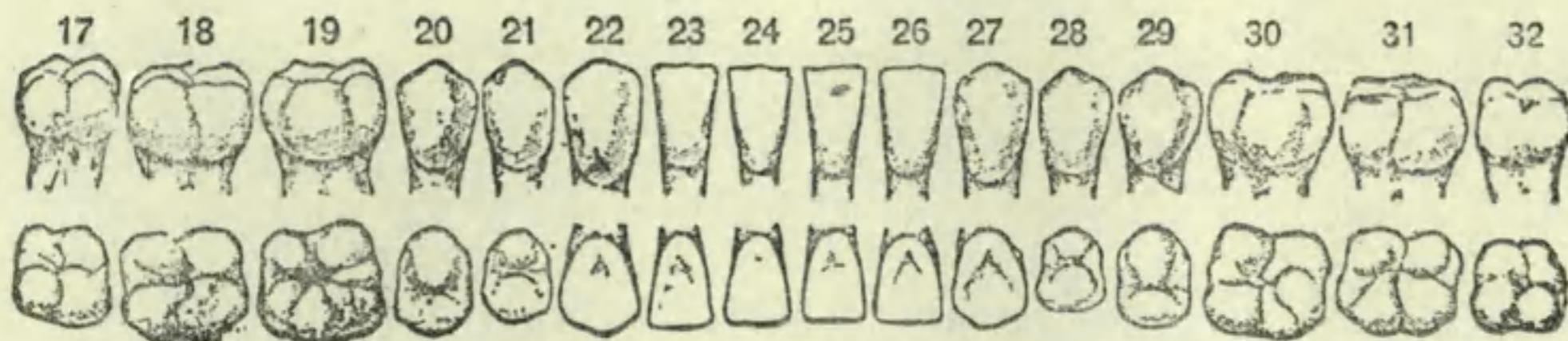
NAME OF SOLDIER (Block Letters) Carley J H
REGIMENT C. E. RANK Sapper No. 725510

Date of Examination in England 7/12/18 Date of Examination in France _____

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 30.

2. EXTRACTIONS

3. CROWNS

- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 Yes.
- (b) In England Yes.
- (c) In France Yes.

Rommel Park
N. Walsh.

Signature of Dental Officer W. J. Forshaw
Capt. C.A.D.C.

11-23

CANADIAN LABORATORY CERTIFICATE FOR IDENTIFICATION

G. F. Carley J. H. Apple 122210
11/11/12

THE CANADIAN LABORATORY FOR IDENTIFICATION
1111 RIVER STREET
OTTAWA, ONTARIO

REPORT OF ANALYSIS
OF THE ABOVE SAMPLES

PREPARED BY: M. J. WILSON

30

- 1. Description
- 2. Quantity
- 3. Results
- 4. Remarks
- 5. In Canada
- 6. In Foreign
- 7. In Transit

[Faint signature]

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: *Spr* Name: *J. H.* Surname: *Carley*
 Unit or Corps: *MD 3* (If a soldier) Regtl. No.: *725510*
 Born at: *Woodville Ont* on, date: *28 Oct 1894*
 Signature (for identification): *J. H. Carley*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight
142 lbs.
Height
5 ft 6 ins.

None

2. **NUTRITION AND DIATHESIS?**

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

Normal

4. **RESPIRATORY SYSTEM.**

Normal

5. **HEART?**

Abnormal Sounds? *None*
 Abnormal Size? *None*
 Pulse Rate? *78* Intermittence or irregularity? *No*

6. **ARTERIES.**—Any hardening?

Normal

7. **DIGESTIVE SYSTEM?**

Normal

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? *1020* Reaction? *alk* Albumen? *Tr* Sugar? *Tr*

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at: *Manuel Park* Signed: *W. J. McCaff* M.O.
 Date: *7/12/18* Signed: *J. H. Carley* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty

Examinee's Name: [Faintly visible name]

Rank: [Faintly visible rank]
Regiment: [Faintly visible regiment]
Company: [Faintly visible company]

1. PHYSIQUE
Height: [Faintly visible]
Weight: [Faintly visible]
Build: [Faintly visible]

2. NUTRITION AND DIGESTION
[Faintly visible notes]

3. NERVOUS SYSTEM
[Faintly visible notes]

4. RESPIRATORY SYSTEM
[Faintly visible notes]

5. HEART
[Faintly visible notes]

6. LUNGS
[Faintly visible notes]

7. DIGESTIVE SYSTEM
[Faintly visible notes]

8. GENITO-URINARY SYSTEM
[Faintly visible notes]

9. SKIN
[Faintly visible notes]

10. VISION
[Faintly visible notes]

11. HEARING
[Faintly visible notes]

12. VOICE
[Faintly visible notes]

13. [Faintly visible notes]

257

232

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

3. 6. 120

OTTAWA, CANADA.

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 *Joseph Henry* 2. Surname *Cawley*
3. Rank *Sapper* 4. Original Unit *109th Bn* 5. Reg. No. *125510*
6. Address, in full, to which future payments of gratuity are to be forwarded
Fenelon Falls Ont.
7. Date of enlistment in the C.E.F. *15/11/15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs Alex Cawley*
9. Relationship of such dependent *Mother*
10. Address, in full, of such dependent *Mrs Alex Cawley
Fenelon Falls Ont.*
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 in England July 31st 1916 to Dec 8th 1916
124th Bn France Apr 11th 1917 to Jan 26th 1918*
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? *Yes*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No*
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 *109th Nov 15/15 landed in England with 109th July 31st 1916 124th Bn from Dec 8th 1916 till Jan 26th 1918 transferred to C.E.R.B. 24/18 till discharged*
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-enlistment and under what regimental numbers and units. *NO*

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. *NO*

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. *NO*

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. *NO* If not, give:—(a) Date of discharge

Jan 16th 1919 (b) Reason for discharge *Demobilization*

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. *Mar 11th 1917*

till Jan 26th 1918

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: *Joseph Henry Casley*

Place of Residence: *Fenelon Falls Ont.*

Declared before me at: *Kingston*

This *16th* day of *January* 19*19*.

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

J. Macdonnell
d Comm

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>420 00</i>
			<i>Sepⁿ Allowance</i>	<i>180 00</i>
				<i>\$ 600 00</i>

Certified Correct.

District Paymaster.

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

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

/HWV LAST PAY CERTIFICATE

Regimental No. **725510** Rank **Pte.** Name **Carley, J.**
(Surname first)
Unit **C. E.** who was **Discharged**
On **January 16th** 191**9**, to **Category "BI"**
**Insert "discharged" or "transferred."*

The following is a statement of the account of the above named from **1/12/18** to **16/1/19** 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month Dr. L.P.C. Dece. Sheet	14 72	11 45
Regimental Pay 47 days at \$ 1 c.		47 00
Field Allowance 47 days at \$ 10 c.		4 70
Separation Allowance		16 00
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. 1404	23 00	
*Other Charges		
Balance on transfer or on discharge, cheque No. 1405	76 43	
Total	114 15	114 15

**Give particulars.*

A monthly stoppage of \$ **15.00** (†) has **pro rata** (‡) been paid on account of
Assigned Pay for the month of **January** 191**9** } (to) Assignee **Mrs. A. Carley,**
and Separation Allowance for month of **191** }
(Address) **Fenelon Falls, Ont.**
(†) 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~~ **Paid to date of discharge** (3) Reason for discharge.....
(4) Authority for discharge or ~~transfer~~ **3DD. 3-C-536**.....

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 **January 15th, 1919**...

Place **Kingston, Ont.**.....

W. Peters
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
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 purpose 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 Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

Cheque #1405 attached.

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.	

Faint, mostly illegible text and bleed-through from the reverse side of the page. Some legible fragments include:

- REMARKS
- APPROVED
- DATE
- SIGNATURE

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *#3 Dist Depot*
Regimental No. *925670* Rank *Plt* Name *Carley Joseph Henry*
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				
<i>16/1/19</i>	<i>S.O.D.</i>	<i>Discharged</i>	<i>August</i>	<i>17/1/19</i>	<i>Henry</i> Lieut. O. O. Discharge Section No. 3 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.

Fill Only.—Unit, Number, Rank and No.

M. F. W. 54. (A. F. 11)
250M.—1-16.
H. Q. 1772-39-020.

Casualty Form—Active Service.

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

Regimental No. 425510 Rank Private Name Barley Joseph Henry

Enlisted (a) 25-11-15 Terms of Service (a) 15 of W. Service reckons from (a) 25-11-15

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) Sailor

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	

8.12.16	O.C. 109 th	Transferred to 124 th Bn.	Witley	8.12.16
---------	------------------------	--------------------------------------	--------	---------

DD. M. I. 43
Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

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

CERTIFIED CORRECT.
MAR 1917
CAN. RECORDS, LONDON.

9-12-16	124th Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	16
---------	-----------	---	-------------	----

ADJUTANT
124th BATTALION C.E.F.

9-3-17	124th Bn.	Proceeded for Overseas Service.	Witley Camp	9-3-17
--------	-----------	---------------------------------	-------------	--------

Part II Orders No. 69.
Lieut. Asst. Adj. 124th BATTALION C.E.F.

(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.

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				
11-3-17	M.L.O.	Disembarked	Boulogne	11-3-17	N.R.
25.8.17	OC 124 Bn.	Granted 10 days Leave to	St. Omer	18.8.17	B.213 DO 128 d. 4.9.17.
1.9.17	do.	Rejoined Unit	Field	27.3.17	B.213
8.12.17	do.	<i>Sick was.</i>	do.	6.12.17	B.213
11.12.17	12 G.F.A.	<i>P. Myalgia Genl. adm.</i>	12 G.F.A.	6.12.17	A.36/C.1330
		<i>To</i>	22 G.C.P.	11.12.17	
15.12.17	22 G.C.P.	<i>P.M.O. adm.</i>	do.	10.12.17	A.36/C.2864
		<i>To</i>	F.T. 244	15.12.17	
16.12.17	22 Gen. Hp.	<i>Myalgia adm.</i>	22 Gen. Hp.	16.12.17	W.3034/C.2867
29.12.17	"	<i>P.M.O. to</i>	6 Con. Depot.		C.5542
29.12.17	6 Con. Dep.	<i>P.M.O. act</i>	6 Con. Depot.	29.12.17	C.5889.
4.1.18	do.	<i>do. To</i>	5 Con. Dep.	4.1.18	W.3034/C.6648
4.1.18	5 Con. Dep.	<i>do. adm.</i>	do.	4.1.18	do. / C.7007
18.1.18	2 Sta. Hp.	<i>do. adm.</i>	2 Sta. Hp.	18.1.18	W.3034/C.8739
18.1.18	5 Con. Dep.	<i>do. To</i>	do.	18.1.18	do. / C.9142
26.1.18	O.G.H.P. "Cambria"	<i>P.M.O. To</i> Posted to 1st. Gen. Out. Regt. Depot, Shorncliffe	England	26.1.18	W.3083/4779 DO. 7 d. 7.2.18

4.2.18	1 st C.O.R.D.	<i>T.O.S from 124th Bn</i>	E. Sandling	26.1.18	W.D. 35
31.3.18	"	<i>S.O.S to C.E.R.D</i>	Witley	10.3.18	DO. 88 + 96
3.4.18	C.E.R.D.	<i>T.O.S from 1st C.O.R.D.</i>	Seaford	9.3.18	DO. 92

H.R. Charter

26-9-18... DISCHARGED FROM 8th C.O.D. Seaford TO ETC. BN. PART II D. G. No. 227 26-9-18.
FOR LT. COL. I/O RECORDS. C.O.M.
Acherrell For C.O.
Br. Canadian Command Depot

Casualty Form—Active Service.

Regiment or Corps 109th O'Leary Battalion

Rank Private Surname Barley Christian Name Joseph Henry

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 15.11.15 Terms of Service (a) DoW Service reckons from (a) 15.11.15

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

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			
<u>29.4.18</u>	<u>b. e. K. D.</u>	<u>On command 3rd - b. e. D.</u>	<u>Seaford</u>	<u>26.4.18</u>	<u>Reg D.O. 118</u>
<u>30.9.18</u>	<u>b. e. K. D.</u>	<u>beans 3rd - b. e. D + S.O.S. } on posting to 2nd - b. e. K. B.</u>	<u>Seaford</u>	<u>26.9.18</u>	<u>Reg D.O. 259</u> <u>Lieut</u> <u>or O.C. GERD</u>
<u>Oct. 18</u>	<u>2 CERB</u>	<u>T.O.S. of 2 CERB from CERD</u>	<u>Seaford</u>	<u>26.9.18</u>	<u>Reg D.O. 113</u>
<u>8.10.18</u>	<u>2 CERB</u>	<u>S.O.S. of 2 CERB to 1 CERB</u>	<u>Seaford</u>	<u>8.10.18</u>	<u>Reg D.O. 119</u> <u>M.R. Byron</u> <u>Lieut. C.E.</u> <u>for Lieut. Colonel, C.E.</u> <u>Commanding 2nd Canadian Engineers Reserve Bn.</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) Signaller, Shoeing-Smith, &c.

[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				
10.10.18	PT 6E RB	Wd from 2nd Lt RB	Seaford	8.10.18	PT 4E RB #122
2.12.18	PT 6E RB	On command	Seaford	2.12.18	PT 2E RB 169
2.12.18	PT 6E RB	Detached to HQ O.M.F.C. & command sailing instructions	Seaford	2.12.18	PT 2E RB 169
3/12/18	1st Lt RB	T.O.S. Kimmel Park	Kimmel Park	9-12-18	D.O. 5
		S.O.S. In proceeding to Canada		12-12-18	D.O. 10
12.12.18	Sailed from Liverpool				Lt Batcher Capt RC # 7 Wing Buncen Camp. W.P. Snelson Referee ASSISTANT H.M.T.
26/12/18	T.O.S. Casualty Company No. 3 District Depot. for Liverpool, Port Tins D.O. 252		Request	25/12/18	W.P. Snelson Referee ASSISTANT H.M.T. LIEN T.O.S. Casualty Co., No. 3 District Depot

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

CARLEY.

J.H.

725510.

RANK

UNIT

Co.

TROOP

BATTY.

Pte
HOSPITAL

1st. C.O

124P

I.C.B. R.B.

DATE OF ADMISSION

12. C.F. Amb.

6-12-17.

- | | | | | | |
|----|----------------------------------|-------|--|--|----------|
| 1. | 22 Gas Bly Stat | | | | 11.12.17 |
| | 22 General. Camiers | HOSP. | | | 16.12.17 |
| 2. | 6 Conval. Depot Etaples | | | | 29.12.17 |
| | 5. Conval. Depot. Bayeux. | HOSP. | | | 4-1-18. |
| 3. | 2 An Abbeville | | | | 18.1.18. |
| | Queen Alex. Mil. Millbank | | | | 26.1.18. |
| 4. | Can. Conval. Bearwood. Wokingham | HOSP. | | | 22.3.18. |

DIAGNOSIS Myalgia.

1. P.H.O. P.U.O. R.
2. Influenza R
- 3.

DISPOSITION

DATE

- C.I. 12-12-17. A86/2.
- 19.12.17. A92 (3)
- 28.12.17. A98 (3)
- 8.1.18. @107.3
- 16.1.18. @114 (2)
- 25.1.18. Arr (3)
- 1-2-18. B128 (1)
- 25-2-18 - B172
- 2-5-18 B203.
- 11.11.18 C362
- 2.12.18 6380 (1)

Dis 26.4.18
REMARKS
Mis. 26.11.18.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. 14 C. S. Eastburne

4-6-18

2.

3.

4. ✓

5.

6.

7.

*Name Barley, Joseph Rank Spr Regtl. No. 725510

Original unit 109 Bn Present unit 1st CER P M. or S. Age 24 Religion Wth Fyle Depot E-536 Ref. H.Q.

Port, ship, and date of arrival Quebec Regina 20-12-18

Next of kin Mrs Alex Barley Grenelon Falls Ont

Address on leave same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Tailor Date and place of enlistment Grenelon Falls 15-11-15

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>26-12-18</u>	<u>T.O.S. Casualty Company No. 3 District Depot. Grenon Falls</u> <u>for Disposal, Fare 1.00 2.00 232 Eff 23-12-18.</u> <u>Leave & Sub. 24-12-18 66-1-19.</u>	

Date.

Remarks.

Pt. 2 Order N

NAME

Barley J. H.

REGT. No.

725510.

RANK AND UNIT

Pte

Can. Eng.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6262
6380

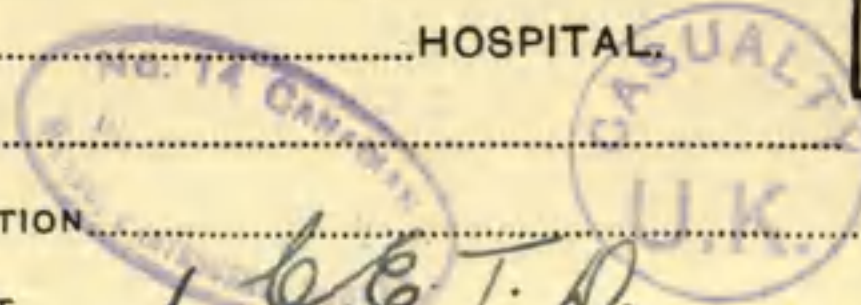
146 Gen Eastbourne
H uscharge

4-6-18
26-11-18

Influenza
" " "

**A. & D.
CARD**

HOSPITAL



AT.....

A. & D. No. 6037 PL. OF ACTION.....

RANK Spr REG. No. 725510 UNIT 168 T.D. SICK OR WOUNDED.....

NAME Barley W.R. AGE 24 RELIGION Meth

PLACE IN HOSPITAL R.....

DIAGNOSIS Influenza.....

ADMITTED..... A FROM.....

DISCHARGED 3 NOV 1918..... A TO 168 T.D......

TRANSFERRED.....

SERVICE AT HOME 35/12..... IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

Joseph Henry

Name

Carley

Rank

Sp4 Pti

Reg. No.

725510

Unit

CARLEY

~~12th~~
✓~~1st Pm 3rd Bn 66 1st 6888 C.B.~~

Next of Kin

Canada

F.C.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
6-12	No 12 Can T. Aml		Myalgia	A86		9763
11 12	22. Co. 6 S.		P. U.O.	A92		10096
16 12	22. 4th. Davies Company		Myalgia	A97		17529/3
29 12	6 Coon Dep		P. U.O.	A105		18062
4-1-18	5 Coon Dep. Baynes		do	A114		18326
18-1-18	2 Sta Ho. Abbeville		do	A124		18650
26-1-18	Queen Alex. Mil. Hosp. Millbank		do	B178		11565
22 3	Co. 6. 4th Besswood	Wilmington	do	B177		14932
26 4	Discharged		do	B203		4744
1918						
4 6	14 Co. 4. E. Bourne		Influenza	6362		553
26 11	Disch		do	6380		2906

No. 72550 RANK

Spl

NAME

Carby, J.

St.

R.

T. O. S.

UNIT

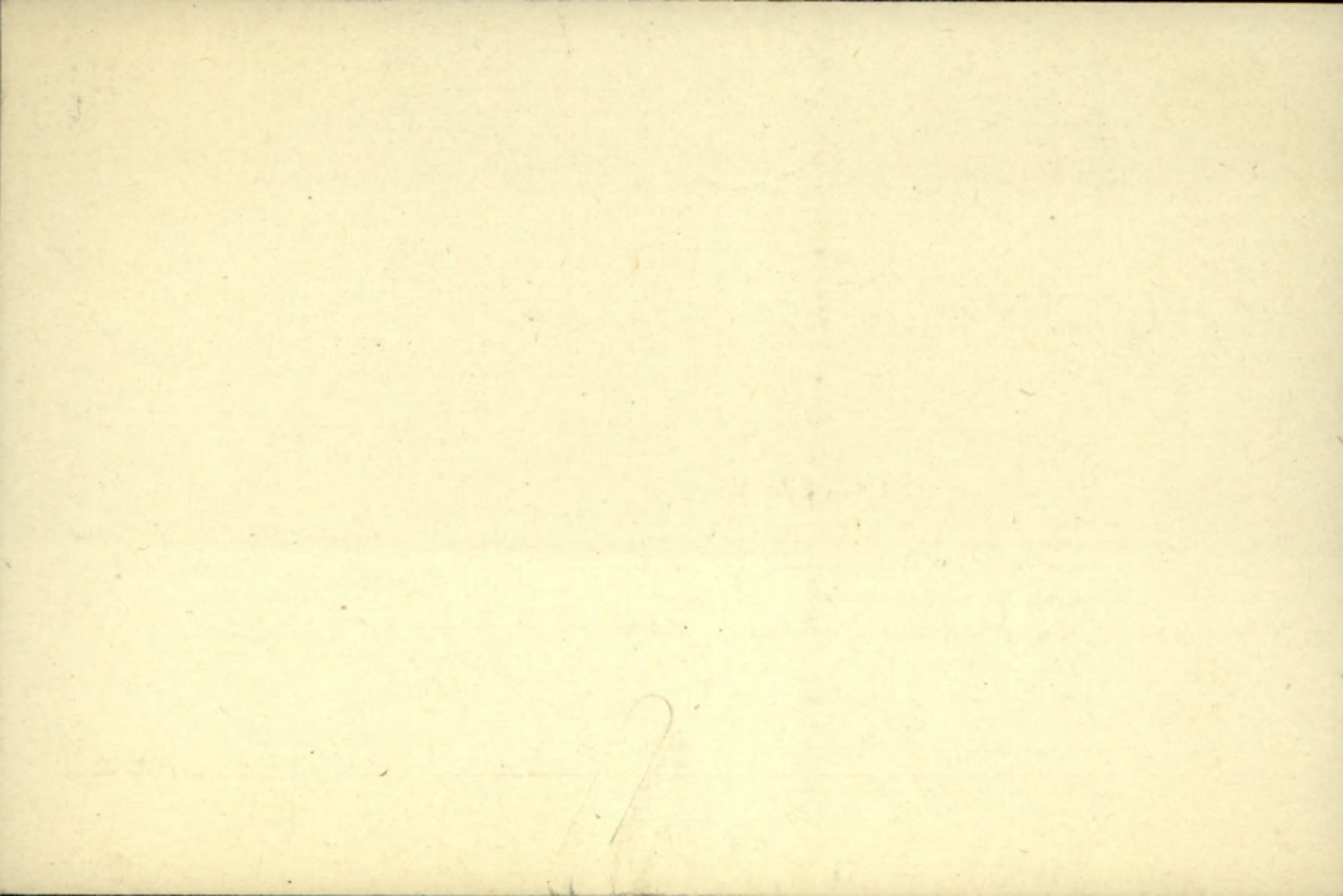
*Transferred from 93rd Bn
25-11-15 D. O. S. 25-11-15*

109th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov 25</i>	<i>1915 Nov 30</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916.</i>	<i>Jan. 1916</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**



No.

RANK

pte

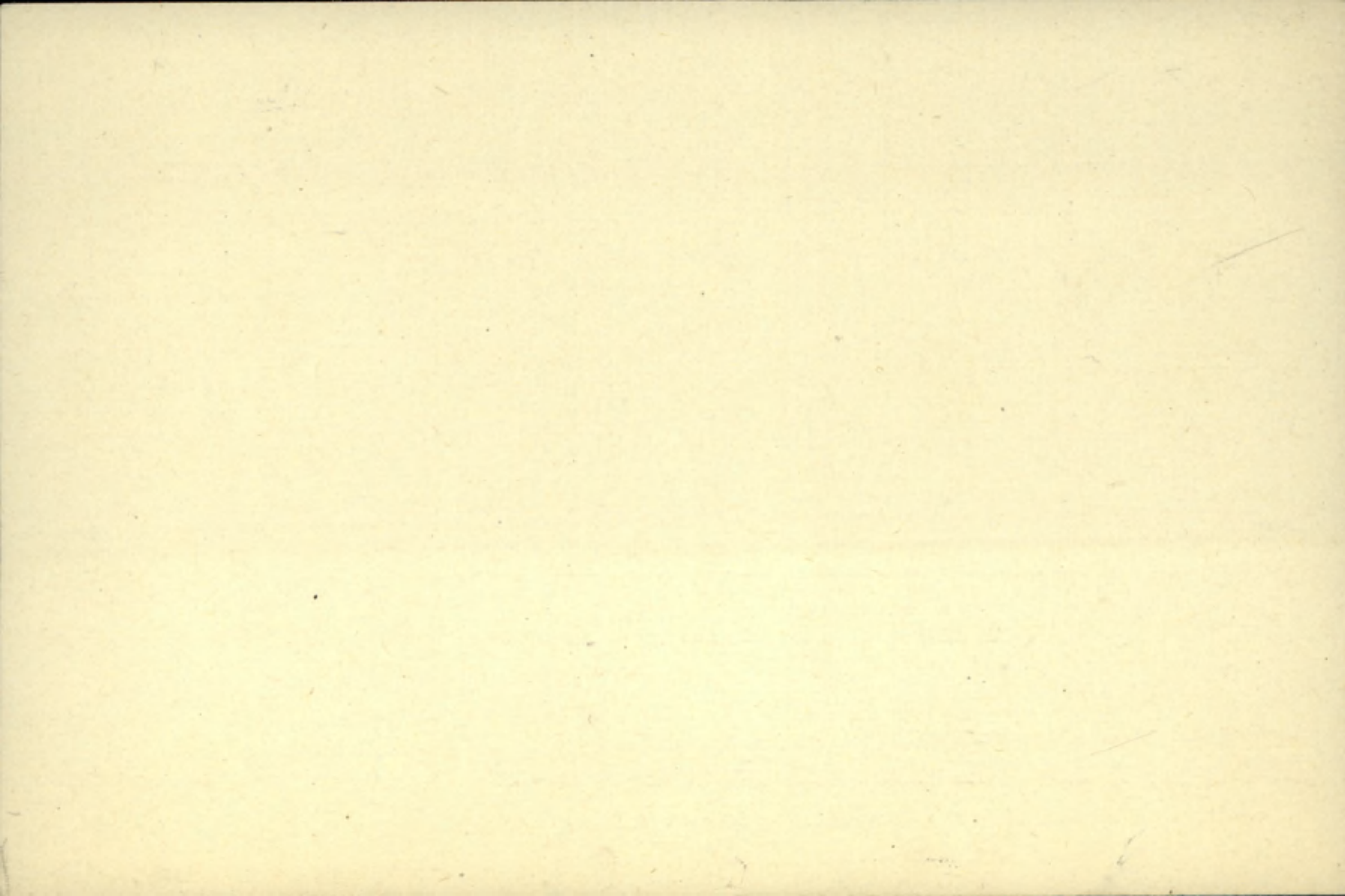
NAME

*Carley J.**H.*T. O. S. *15-11-15-*UNIT *93rd Battalion C. I. F.**D.O. #17-17-11-15-*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915- Nov. 15</i>	<i>1915- Nov. 24</i>	<i>21</i>	<i>Late 45th Regt</i>	<i>D.O. #17-17-11-15-</i>

UNIT SAILED

JUL 15 1916



MGH

pte. ~~Spec~~

Number

7255/10

Rank

Surname

CARLEY

Christian Name

Joseph Henry

Units

~~C.C.~~

Theatre of War

France

Date of Service

124th Can. pm. Bn. 9-3-14

Remarks

Wounded

Latest Address

Fenelon Falls
Ontario

Roll No.

B. Page 20139

200m.-6-21.4.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. APR 26 1923
REG. No. 9330



San: Genval: Hospital HOSPITAL.

Bear Wood.

AT

A. & D. No. W 12560 PL. OF ACTION 725510

RANK Plt UNIT 124th BATT. SICK OR WOUNDED

NAME Barley J. H. R. AGE 23 RELIGION M.

PLACE IN HOSPITAL chit-10

DIAGNOSIS I. M. O.

ADMITTED 21 MAR 1918 FROM Pharngt + hos London

DISCHARGED 26 APR 1918 TO 3rd C.C.D. Leaford

TRANSFERRED

SERVICE AT HOME 18/12 IN FIELD 11/12

RESULTS

Improving D.I

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

SURNAME. *Carley*
CHRISTIAN NAMES *Joseph Henry*
REGL. No. *725510* RANK *Pte.*
UNIT *109th*
FORMER CORPS *nil*

3. CARD NO. ✓
POS-*Klia*-16-1-19*Klia*
100.17 of FOLL. *17-1-19*
\$3.00
Batt.

NEXT OF KIN.

NAMES IN FULL *Carley, Mrs Alex.*
RELATIONSHIP TO SOLDIER *Mother*
ADDRESS *Genelon Falls, Ont*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada* *Woodville Ont* DATE *Oct 29th, 1894*

PLACE OF ATTESTATION *Genelon Falls* DATE *Nov 15th 1915*

Sailed from Halifax ● *23/7/16⁴⁸⁸* *per St Olympie*
L. L. 90589—M. & D. 6312. P/C 20-12-16 M. F. W. 22. 100m. 3-16. H. Q. 1772-39-839.

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Sailor

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

21 YEARS

MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar on right shin

MEDICAL EXAMINATION.

PLACE

Senelon Falls

DATE

Nov 18th 1916

NAME

Carley J.

H.

REGT'L No.

725510

H. Q. FILE No. 649.

RANK AND CORPS

Pte., 124.R 1st Cent. Ont. Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 86	#12 Can. Fld. Amb.	6-19-17	myalgia (1 Cent. Out Regt)
a 92	#22 Bas. Clear. Station	11-12-17	P. U. O. (" ")
a 98.	#22 Gen. Carriers.	16-12-17	Myalgia. (" " ")
a 107	#6 Com. Depot, Etaples	29-12-17	P. U. O. (" " ")
a 114.	#5 " " Bayeux	4-1-18.	" " " (" " ")
a 122.	#2 Stat. Abbeville	18-1-18	" " " " " "
B 128	Alex. Mil. Millbank	26-1-18	P. U. O.
B 172	Can. Conit, Bearwood	22-3-18	P. U. O.
B 203	Discharged	26-4-18	" " "

Reg. No. <i>725510</i>	Rank. <i>DRIVER</i>	Surname <i>CARLEY</i>	Category. <i>GPV</i>	Mentally Unfit.
Christian Names (1) <i>JOSEPH</i> (2) <i>ROBERT</i>		(2) <i>G. E.</i> (3) <i>HENRY</i>	Date	
Place of Enlistment: <i>Fenelon Falls.</i>	Date of <i>15-11-15</i>	Taken on from <i>Beaverton</i>	Religion <i>Meth</i>	Inoculations <i>6/7/17 23/4/18</i>
Province: <i>Ontario</i>	Age on <i>21</i>	Date <i>5/5/18</i>	Vaccination <i>15/11/15</i>	Company
On Command.....	Hospital..... <i>Cavanagh</i>	Permanent Cadre	Employed as	
Date Proceeding	Date Admitted <i>31-10-18</i>	Date taken on		
Record of Overseas Service: <i>11-3-17 till 26-1-18</i>	Profession or Trade (Civil) <i>Tailor</i>	Transferred or Posted to <i>20/5/18</i> Date <i>19/4/18</i>		
Reason for Return: <i>P.U.O.</i>	Divl. Pack Train			
Married or Single <i>Single</i>	Left Canada July LEAVE. 1916			
Address of Next of Kin <i>Mrs. L.A.B. Carley</i> <i>Fenelon Falls, Ont</i>	No. of Pass Issued.	FROM.	To.	Free Transportation.
Country <i>Canada</i>		<i>22-10-18</i>	<i>28-10-18</i>	<i>Free</i>

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
100	30-4-18	A7			
110	11-5-18	X			
113	1-10-18	S1			
135	9.10.18	S1			
141	31.10.18	HA			

TRAINING.

Weeks of Training.														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.
Nature of Training										Date passed test				
Drill														
Musketry														
Bombing														
Rifle Bombing														
Bayonet Training														
Anti-Gas														
Lewis Gun														
Rapid Wiring														
Special Training Courses, etc.														
28-5-18 III 7.6.18														
11-6-18 III 21.6.18														
25-6-18 IV 5.7.18														
9.7.18 IV 19.7.18														
31-6-18 III 9.8.18														
25/7/18 II 6/9/18														
10/9/18 I 20/9/18														

F. R. Rank **NAME** **CARLEY, Joseph Henry** ✓ **Reg'l No.** **725510** ✓
 Unit **109th Bn.** **If in perm. Corps, What Unit?** **Married or Single** **Single.** ✓
Place and Date of Enlistment **Fenelon Falls, 15th Novr., 1915.** ✓ **Place of Birth** **Woodville, Ont.** ✓
Name and Address, Next-of-Kin **Mrs. Alex Carley,** ✓
P.O. **Fenelon Falls, Ont., Canada.** ✓ **Relationship** **Mother.** ✓
Assigned Pay Monthly \$ **Payable to** **Relationship**
Separation Allowance \$ **Payable to** **Relationship**

4772
 File No.
 Category **CAN. OR**

Discharge, Date and Place **Reason** **Character**
 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.				
		Arrived in England per H. M. T. 2810		31-7-16	
8.12.16	109th Bn	S.S. to 124th Bn	Witley	8.12.16	Pt II DO 343
9.12.16	124th Bn	S.S. from 109th			260
9-3-17	124Bn	Emb for France	Witley	9*3*17	PtII DQ68
11.12.17	1st COR (124)	No 12 Can. Field Amb.	Field	6.12.17	C.L. 86(2) Myalgia
18.12.17	"	No 22 Cas. Cl. Sta	"	11.12.17	" 92(3) P.V.O.
27.12.17	"	No 22 General Hospital	Camiers	16.12.17	" 98(3) Myalgia
4.2.18	1st COR	T.O.S. from 124th	Witley	26.1.18	Pt II 35. { 124th Bn } Pt II 7 d/7.2.18
31.3.18	"	S.O.S. to C.E.R.D.	Pte Witley	30.3.18	" 88 18/18
3.4.18	C.E.R.D.	T.O.S. from 1st C.O.R.D.	Seaford	9.3.18	DO.92

A.F.B. 103 CHECKED
 21 MAR 1917

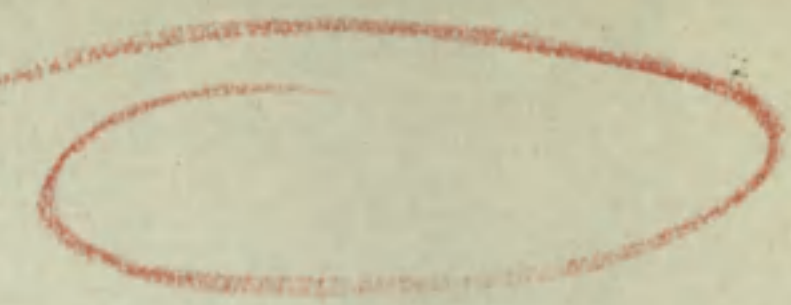
Aug

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.				
29.4.18	B.C.R.D.	Prom. to 3 rd C.C.O.	Sr. Siaford	26.4.18	DD.118 T.C.C.D.100/30 ^{1/2} +3C.C.D.227/26 ^{2/3}
30.9.18	"	Casey on com 3C.C.D + S.Ost 2C.P.B	"	26.9.18	DD.259 2C.P.B 113/1 ¹⁰ / ₁₈
9.10.18	1 C.P.B	T.O. 1 from 2 C.P.B	"	5.10.18	DD.1224 2C.P.B 119/8 ¹⁰ / ₁₈
11-1-19.	"	S.C.S. to 1 C.P.B	"	12.12.18	803.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Wam



Name **Carley, Joseph H.**
Surname Christian Name

Regimental Number **725510** Rank **Pte.**

Address (in full) **Fenelon Fall.**

Unit **C.E.**

Ont.

Original Unit

District where paid **M.D.3.**

Date of Discharge **16-1-19.**

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46038—M. & D. 9215.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: **Account opened Jan 16th 1919.**

File No.

WAR SERVICE GRATUITY.

Register No. 1

Reg. No. Dependent

Name Address

Address

Dec'n No. <u>W. S. G.</u> File No.	
Award days at \$ per day \$	
S. A. months at \$ per mo. \$	\$
Less P. D. P. Credited	\$
Less further debit balance	\$
Net due paid as below	
TO SOLDIER TO DEPENDENT	
0	Ag. No. Ch No. Au +
1	
2	
3	
4	
5	
6	
Total	

Pay Soldier \$ Pay Dependent \$

Clerk

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-319.

Sheet No. 2. Mrs Alex Carley

L. L. Job 310.—Req. 6574.

Name of Soldier Carley, J. H.
725510 Sig Pls. 109th Baltn.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15.00</i>
April	1916			
May				
June				
July				
Aug.		T 15665	15	
Sept.		B 15669	15	
Oct.		B 20032	15	
Nov.		B 25331	15	
Dec.		H 30859	15	
Jan. 1917		C 38757	15	
Feb.		C 43829	15	
March		C 49997	15	
April		R 6669	15	
May		Z 7275	15	
June		L 13883	15	
July		D 20775	15	
Aug.		I 27457	15	
Sept.		H 34520	15	
Oct.		N 46693	15	
Nov.		P 53753	15	
Dec.		K 55098	15	
Jan. 1918				
Feb.				
March				
April				
May				
June				
July				

just

Ch

Wife

\$ 15.00

AUG 1 1916

*15.00
15.00
15.00*

0150

*15.00
C
D
W*

25.00

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.				

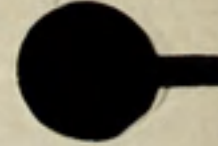
SEPARATION ALLOWANCE

Name Mrs Alex Barley Name of Soldier Barley Joseph H.
 Address Tenelon Falls Regtl. No. 425510
Ontario Rank pte
 Relation to Soldier } Widowed Corps 109th Batt
 wife, child or mother } Mother To what Corps belonging }
 when called out } ✓ ✓

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		<u>H 28168</u>	<u>90</u>	<u>90</u>





Handwritten scribble or mark.

Handwritten text, possibly "L + T".

Handwritten text, possibly "1/2" or similar.

Handwritten text, possibly "1/2" or similar.



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Alex. Carley

PAYMENTS.

Name of Soldier

Carley, J. H. 198.
Pte.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 628	20	20
May		J 4890	20	20
June		D 2984	20	20
July		C 57861	20	20
Aug.		J 11799	20	20
Sept.		C 15377	20	20
Oct.		R 18663	20	20
Nov.		J 22059	20	20
Dec.		T 24761	20	20
Jan.	1917	S 28328	20	20
Feb.		S 31434	20	20
March		S 34562	20	20
April		T 420	20	20
May		S 3978	20	20
June		U 6708	20	20
July		T 10370	20	20
Aug.		M 13358	20	20
Sept.		V 16585	20	20
Oct.		D 24127	20	20
Nov.		D 25873	20	20
Dec.		D 26934	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

370
R
Br
HA
5-10.
E. S.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

(420) 31
~~77~~
 495.31

75.31.
 180
 175.31

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs Alex. Carley
 Address Fenelon Falls
Ont.

By Whom Assigned Carley, J. H.
 Regtl. No. 725510
 Rank Pte
 Corps 109th Battr.

Rate \$ 15.00

AUG 1 1916

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				



1952

1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

Date of Enlistment

15-11-15

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

2082

Aug 1/14

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 1/2	30	
----	--------	----	--

P.C. 3257 Pt. 2753

MO41109

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **725510**
 Rank **PTE** Promoted Reverted Discharge
 Soldier's Name **J. A. Carley**
 Battalion **109th Battr.**
 Beneficiary **Mrs Alex Carley**
 Relationship **Widowed mother** MFW 2554130-718
 Address **Fenelon Falls, Ont.** RAD OK Jan 24/18

PARTICULARS OF ASSIGNMENT

Name **Mrs Alex Carley**
 Address **Fenelon Falls Ont**
 Change of Address
 1
 2
 3
 4

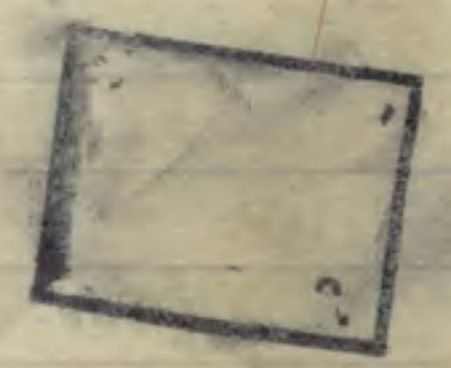
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917.					2776-f-13.
Dec. 31		510	255	765	
Jan	M 65915	30	15	45	W. Pms
Feb	D 91036	25	15	40	Continue SA ruling SB. 12/2/18. file to Dist.
Mar	A 109189	25	15	40	
Apr	A 6233	25	15	40	✓
May	J 18094	25	15	40	✓
June	E 20052	25	15	40	✓
July	T 29157	25	15	40	✓
Aug	E 32614	25	15	40	✓
Sept.	H 47046	25	15	40	✓
Oct	J 49486	25	15	40	✓
NOV	B 62087	25	15	40	✓
DEC	D 63197	45	15	60	✓
		835	435	1270	

M. F. W. 128
400 M. - 6-17-1772-38-141
L. L. 22320-M. & D. 1493.

A/c Closed **Regina**
 Rec'd per **20/1/18**
 Date **27/8/18**
 Closed **27/8/18**

M.R.O. No 54791. destroy 27/18

CANADIAN ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE **27/5/19**



LIST OF DISCHARGE DOCUMENTS.

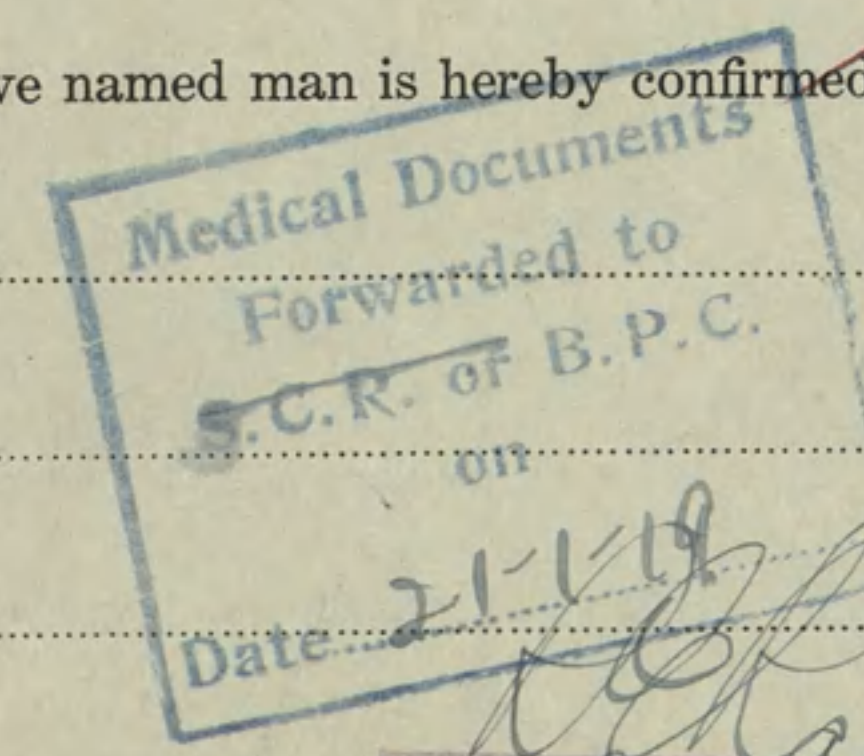
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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

P

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

13-6-19

1. No. 725510	
2 Rank. Private.	
3. Name. Carley, Joseph Henry	
4. Unit. No. 3 District Depot.	
5 Date of Discharge	16.1.19. Place Kingston, Ont.
6 Reason for Discharge Demobilization. R.O. 1343	
7. Authority. 3DD 3. C. 536, D. 13. 1. 19.	
8. Proposed Residence after Discharge Fenelon Falls, Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39	
Signature of Soldier. <i>J. H. Carley</i>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Kingston, Ont. Date 16.1.19.	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Medical Documents Forwarded to S.C.R. of B.P.C. on Date 21-1-19 </div> Signature <i>R. Schappell</i> Lieut. O. O. Discharge Section No. 3 Dist (O. C. Discharging Unit.)	



Deceased 5-2-60

K. L. ... 31-1-19

Name of Patient
 Address
 Date of Admission
 Date of Discharge
 Name of Physician
 Name of Hospital
 Name of Doctor
 Name of Nurse
 Name of Attendant
 Name of Dietitian
 Name of Pharmacist
 Name of Radiologist
 Name of Pathologist
 Name of Microscopist
 Name of X-ray Technician
 Name of Laboratory Technician
 Name of Hospital
 Name of City
 Name of State
 Name of Country

Medical history sheet. Minimum form H. 018 or A.R. 118

Name

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.) B-1. |
| (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.)

Placed in Category B-1, disability due to service (slight).

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 Barriefield, Ont.

DATE Jan. 10th. 1919.

R. H. ... AMC. President.

M. J. ... 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.

PLACE

DATE

APPROVED BY

[Signature]
Assistant Director of Medical Services. M.S.

DATE 10-1-19

APPROVED BY

Director-General of Medical Services.

DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

FMW. 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 Barriefield, Ont. DATE Jan. 9th. 1919.

1. 1 (a) Unit 3rd. C.C.D.D. (b) Regimental No. 725510. (c) Rank Spr.

(d) Surname Carley. (e) Christian name Joseph Henry

(f) Home address Fenelon Falls, Ont.

(g) Next of Kin Mrs. C.A.B. Carley. (h) Relationship mother

(i) Address of Next of Kin Fenelon Falls, Ont.

2. Age last birthday 24. Date of birth Oct. 29th. 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Fenelon Falls. (b) Date 15/11/15.

4. Personal description:

(a) Height 5' 4" (b) Weight 132 (c) Complexion fair

(d) Colour of hair brn. (e) Colour of eyes blue (f) Identification marks, Scars, etc.

Horizontal scar 1/2" on right shin.

5. Former trade or occupation Tailor.

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).

	PERIODS	
	Years	Days
Canada	15.11.15.	24.7.16.
England	24.7.16.	9.3.17.
	26.1.18.	12.12.18.
France or other theatres of War	9.3.17.	26.1.18.

7. Original disease, or injury Myalgia.

(a) Date of origin Oct. 1917. (b) Place of origin Ypres Sector, France.

(c) Cause Condition of active service.

M. F. B. 227.

800M.-8-18.
1772-33-117.

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.)

States- Pain in legs and back.

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.)

Subjective:- States he has pain in shins of both legs. When walking he states ankles bother him. It seems he states that there is no strength in ankles. Shooting pains go through them. Gets pain across middle of back. On this account he states he can't take a heavy lift. States he has no wind unable to run any distance. States he feels pain more in damp weather.

Objective:- A man of small stature. Well developed and robust. No atrophy of muscles. No swelling. Good movements of all joints. He winces when pressure is made in lumbar region. Heart normal, lungs normal. There is an undescended testicle of left side, causing no disability. No temperature.

(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..... Genito-Urinary System.....no..... (If pulse rate is abnormal, B. P. will be taken.) (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.....

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

Was packing in Ypres, Oct.1917, reported to M.O. on 3.11.17, complaining of pain rt.arm,shoulder and finally all over body. Given medicine and duty. Reported sick 1/2 doz.times. Examined Excused duty. Sent to Ambulance 6.12.17. Sent 22nd.Clearing Station. Then to 22nd. General,Camiens, then to No.6 Conv.Depot,France. Then to R.V.Convalescent Camp, then to 39th.Gen.Abbeville. Then to Charing Cross Hospital, M.H.S.states no temp. Then Bearwood, 21.3.18 to 26.4.18. M.H.S.here states Cat.D-1. Sent to C.C.D. raised to C-3, 18-9-18.

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).)

Had measles, mumps and conjunctivitis in civilian life.
Had Influenza 3.11.18- 26.11.18, analyzed Cat.A-2.

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

N/A.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(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 enactment.)

N/A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? Impossible to state.

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

Had 4 1/2 months No treatment.
Charing Cross Hospital, London 26.1.18 to 21.3.18.
Bearwood Convalescent, 21.3.18 to 26.4.18.

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, with limitations. (If not, briefly state why)

17. Recommendations. Category B-2, disability due to service(slight).

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).

J. H. Carley.

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.....

Signature of invalid examined. Rank.

Supplement C-120
2176 813.

DEPARTMENT OF MILITIA AND DEFENCE.

Asst. Director Pay Services
Military Dist. 3.
DEC 12 1919
RECEIVED

PAID OFFICE
Military Dist. No. 3
DEC 12 1919
RECEIVED.

Asst. Director Pay Services
Military Dist. 3.
NOV 19 1919
RECEIVED

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 725510 2. Rank Pte 3. Original C.E.F. Unit 109th Bn.
4. Christian Names Joseph Henry Carley 5. Surname Carley
6. Address, in full, to which future payments of gratuity are to be forwarded Francis Saskatchewan

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>725510</u>	<u>Pte</u>	<u>CANADIAN SERVICE. 109th Bn Active</u>
2nd Enl.			
3rd Enl.			
4th Enl.			
Imp. Enl.			<u>IMPERIAL SERVICE.</u>

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>15/11/15</u>	<u>16/11/19</u>	<u>Pte</u>	<u>109th Bn</u>	<u>Kingston</u>	<u>Demobilization</u>
2nd Enl.						
3rd Enl.						
4th Enl.						
Imp. Enl.						<u>IMPERIAL SERVICE.</u>

S. A. & A. P.
NOV 18 1919
H. T.

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

MAD

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency no.

9. 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 Bn. July 20th 1916 to Sept 20th 1918.

10. 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

11. Have you been issued with a War Service Badge? If so, give number and class no.

12. 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

13. 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, from where paid, and on what dates
Yes, Jan 16th 70 mother \$30 Feb 16th 70 mother \$30
Mar 16th 70 mother \$30 Apr. 16th 70 mother \$30 May 16th 70
mother \$30 June 16th 70 mother \$30

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled no

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no

16. (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

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs Catherine Anna Bella Carley

18. Relationship of such dependent Mother

19. Present address, in full, of such dependent Fendon Falls Ontario.

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name no

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Joseph Henry Carley

Place of Residence: Francis Sask.

Declared before me at: Francis

This 24th day of October 1919

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

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
-------------	-----------------------	------------------------

REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

3-C-120

AUDITOR *JFM* PAYMASTER *JFM*

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

T. OR S.

REGT. No. *725510* RANK *Plt* NAME (IN FULL) *Carley, J.*

EXT OF KIN <i>Mrs Alex Carley</i>	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>109 Wm</i>	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS <i>Fenelon Falls Cent.</i>		<i>J. H. Carley</i>			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
SEPARATION ALLOWANCE PAID	DATE EFFECTIVE	<i>Fenelon Falls. Ont.</i>			DATE OF ATTESTATION <i>15/11/15</i>	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>10.-</i>	DATE EFFECTIVE	
ADDRESS					PAYABLE TO <i>Mrs Alex Carley</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Fenelon Falls Cent.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Kingston</i>	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Jan 16/19</i>	<i>300-3-C-536</i>	

6-120

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	
			\$ C.	\$ C.	NO.	DATE	NO.	DATE	NO.	DATE	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	
<i>Dec 31/18</i>	<i>✓</i>			<i>11 45</i>												<i>11 45</i>	
<i>1-12-19</i>	<i>47</i>	<i>1.10</i>	<i>51 70</i>	<i>35 - 16</i>				<i>76 43</i>			<i>23 -</i>		<i>14 72</i>	<i>114 15</i>			<i>J.H.C. Discharged Kingston</i>
<i>Jan 16/19</i>		<i>183 days</i>	<i>W.S.C.</i>	<i>1420 00</i>	<i>5032</i>	<i>5033</i>		<i>40 00</i>	<i>30 00</i>								
<i>Feb 19/19</i>		<i>Sep</i>	<i>allowance</i>	<i>180 00</i>	<i>B4725</i>	<i>4726</i>		<i>70 00</i>	<i>30 00</i>								
								<i>70 30</i>	<i>30</i>				<i>300</i>	<i>210</i>	<i>90</i>		<i># 236860 #236861</i>
								<i>70 30</i>	<i>30</i>				<i>400</i>	<i>140</i>	<i>60</i>		<i>W.R. 1/19 # 317828 # 317829</i>
								<i>70 30</i>	<i>30</i>				<i>500</i>	<i>70</i>	<i>30</i>		<i>15/3/19 # 300604 # 300605</i>
								<i>70 30</i>	<i>30</i>				<i>600</i>				<i>14/6/19 # 828872 873</i>

JFM

ASSIGNED PAY. ~~ENGLAND~~ CANADA.

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: **CARLEY** Jos. Henry.
NUMBER: 725510

EFFECTIVE DATE: 1.8.16

EFFECTIVE DATE: -

AMOUNT: \$15.00

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

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.

Mrs. Alex. Carley (mother)
Penetow Falls,
Ont.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 109 Ptn.
DATE ACCOUNT FIRST OPENED: 1.8.16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			100 Ptn
N. Rolls	1.4.18	1.4.18	C. E. J. D. R.

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
26/1/18	2674	1st CERB	14.60				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1/2/18 Auth: NR 5-1st CERB 20/1/18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED SEPARATION
March 31	Paal. Fwd.								116.32	
April	P Pay	33		as				15		
	27. 24/1/18 - 8/1/18 - 12 days	276		B 2000 27/4/18 229	486					
				on 37 2/4/18 B 2000	487					
				on 472 7/4/18 ✓	537				84.67	
May	P Pay	41 76		as	58 41			15		
		34 10						15		
				976 B 875 4/5	973					
				1589 3000 29/5	487				89.17	
June	P Pay	34 10		2107 ✓ 13/6	1460			15		
		33		as	2433			15		
				2378 3000 28/6	487					
July	P Pay	33		as	29 20			15		
		34 10						15		
				3310 3000 15/7	973					
				2378 ✓ 28/7	3893				48.41	
Aug		34 10		as	47 66			15		
		34 10						15		
				AR 4620. 3000. 16.8.18.	487					
				4754. 29.8.18.	973				52.91	
Sept	Paal	34 10		as	14 60			15		
		33						15		
				AR 5468 3000 13/9/18	973					
				5906 ✓ 23/9/18	487				56.31	
Oct.	Paal	33		as	14 60			15		
		34 10						15		
				AR 1848 1 CERB 15/10/18	3893					
				2074 ✓ 29-10-18	973				26.75	
Nov.	Paal	34 10		as	48 66			15		
		33						15		
				AR 2674 1 CERB 26/11/18	1460				30.15	✓
					1460			15		

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
22-5-19

