

P. Coy.

ATTESTATION PAPER.

No. 725561

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Creasey*
- 1a. What are your Christian names?..... *John*
- 1b. What is your present address?..... *Fenelon Falls Ont.*
- 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?..... *Horace Creasey*
- 4. What is the address of your next-of-kin?..... *P.O. Fenelon Falls Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Brother*
- 5. What is the date of your birth?..... *3rd May 1897*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Creasey*, 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 *13th Dec* 191*5*. *John Creasey* (Signature of Recruit)
R. A. Cross St. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Creasey*, 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 *13th Dec* 191*5*. *John Creasey* (Signature of Recruit)
R. A. Cross St. (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 *Fenelon Falls* this *28th* day of *December* 191*5*.

Wm McArthur (Signature of Justice)

Description of John Creasey on Enlistment.

Apparent Age 18 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. 2 ins.

Chest measurement. { Girth when fully expanded..... 35½ ins.
 Range of expansion..... 3 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

Two moles left shoulder blade.

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..... Dec 28 1915.....

Place..... Ferrelon Falls..... 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.

John Creasey..... 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. H. M. Lt. Col. (Signature of Officer)

Date..... JAN 15 1916..... C. C. 109th Overseas Battalion, C. E. F.

PUBLIC ARCHIVES OF CANADA
ARCHIVES PUBLIQUES DU CANADA
OTTAWA
K1A 0N3

725561

4104056

Creasy. John M.M.

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

CREASY.

RANK

UNIT

J.

Co.

TROOP

725561.
BATTY.

pte
HOSPITAL

1st. C.O. 20.

DATE OF ADMISSION

6. C.F. A mb.

18-12-17.

1.

C. Gen. Rouen

HOSP. 17. 6. 18

14. Corpl. Dep. Trouville

5-7-18

2.

1. Capt. H. Rouen

HOSP. 14-10-18

5. S. G. Portsmouth

21. 10. 18.

3.

Woodcock Epton

HOSP. 19-11-18

4.

HOSP.

DIAGNOSIS

Debility. *by*

1.

S W Arms & Legs *am*

2.

3.

DISPOSITION

DATE

C.I. 28-12-17. A98/2.

Dis to Duty. 24. 12. 17.

REMARKS

" 2-1-18. A. 101. (1)

Dis 6-9-18

6-7-18 A. 258

13-7-18 B. 264 (2)

Dec 6-12-18

12-9-18 A. 3176

23-10-18 A. 352

25-10-18 B. 354.

9-12-18 B. 392. 304

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name L CREASY John Rank Pte Regtl. No. 725561
 Original unit 12th Res. Present unit 12th Res. or S. Age 21 Religion C. of E. Fyle Depot.....
 Port, ship, and date of arrival Halifax Olympic 17-1-19
 Next of kin Bro ther Horace Creasy Fenelon Falls, Ont.,
 Address on leave Same
 Address on discharge Same
 Transportation issued Yes No Date 11-2-19 Character on discharge Fenelon Falls
 Previous occupation Farmer Date and place of enlistment Fenelon Falls, Dec. 28-15
 Diagnosis Demobilization Date of Medical Boards 8-2-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S. 11-1-19</u>	<u>Posted to Cas Co (Ex Camp) 17-1-19</u>	
<u>11-2-19</u>	<u>Leave & Subs from 21-1-19 to 7-2-19</u>	<u>24</u>
	<u>S.O.S. DISCHARGED "DEMOB'IN" 21 days PBP&CA</u>	<u>40</u>

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

Date.

Remarks.

Pt. 2 Order No.

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

NAME *Creasy John*

REGT'L. No. *725561*

RANK AND CORPS

Pte.

20th Bn

H. Q. FILE NO 649

FOLLOWS

No. *10 Bn*

FOLLOWS

CABLE

NATURE OF CASUALTY

(form 109)

NO. DATE

<i>nof K</i>		<i>Horace Creasy (brother)</i>	<i>Fenelon Falls, Ont.</i>
<i>also notify</i>		<i>B. K. Annie Creasy</i>	<i>R. N. S. auto. S. C. & P.</i>
<i>3-3</i>		<i>efo Mrs. J. Cowan</i>	<i>Thornton Ont. 10-7-18</i>
<i>H 198</i>	<i>7-7-18</i>	<i>Adm. 6 Len - H. Rouen</i>	<i>June 17th 1918</i>
<i>also H. L. a 258</i>			<i>YSLW legs arms ✓</i>
<i>Q 666</i>	<i>24-10-18</i>	<i>Adm. Aust. Gen. H. Rouen</i>	<i>Oct. 14th</i>
<i>11-2</i>		<i>YSLW R Arm. ✓</i>	

LIST NO.

HOSPITAL

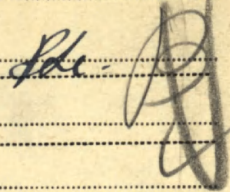
DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 98 ⁽²⁾	6 Can. Fld. Amb.	19-12-17	Debility (1st Co. Out)
A. 101 ⁽¹⁾	Disc. To Duty	24-12-17	" "
A. 264	H. 14. Co. U. W. D. Drouville	5-7-18	Yell. Arms & Leg
A. 317 ⁽²⁾	Discharged	6-9-18	SW Arm & Leg
A. 352 ⁽³⁾	Asst. Gen. Raven	14-10-18	SW R Arm
B. 354 ⁽²⁾	5th South Sea Portsmouth	21-10-18	SW Lt Arm
B. 37	Mid. Com. W. C. T. E. P. M.		
	Defel	6-12-18	
B. 372	Asst. Gen. Raven	17-11-18	
B. 375	Discharged	6-12-18	SW Lt Arm

att.
PS

723-3-61

Plc. 

Number

Rank

Surname

CREASY

Christian Name

John

Units

20th Bn Cany Theatre of War France

Date of Service

6-10-16

Remarks

Latest Address

~~Fenelon Falls Ont.~~

327 Mutual St.

Roll No.

B, Page 21201

Toronto Ont

200m.-6-21.M.

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DESP. FEB 20 1923
REGN. NO. 2170

(OVER)

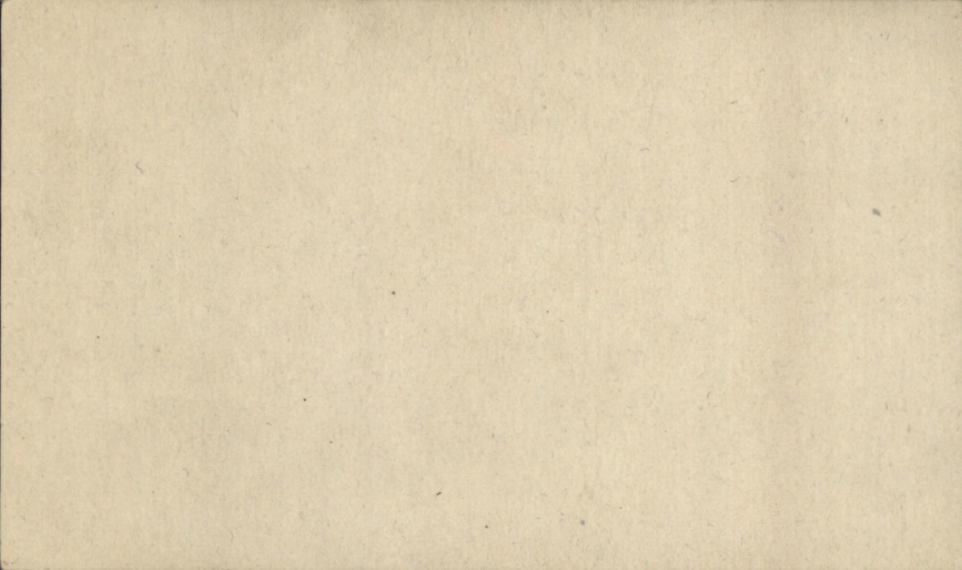
Name: - Creasy, J.

72 5.5.61. Pte.

Unit: - C.O.R.

Awarded: - "M. M. (2) Bar to M. M.

Auth: - L. G. #1130940. (1) 7-10-18.
1131469 (2) 23-7-18
Noted ER
6-11-18



SURNAME.

Breasy

649-6-22080
Bay 15 m. m.
K. 31469
23-7-19
R.S. 30940 of 7-10-18

CARD NO.

CHRISTIAN NAMES

John.

J
Ses. 11/2/19.2 Decret
FOLL 9/2/19.
No. 40. 2100.

REGL. No. 725561

RANK *Pte.*

UNIT

109th.

Batt.

FORMED CORPS

Nil

NAME

next of kin

RELATIONSHIP

*Annie Breasy (RNS)
w/o Mrs J Cowan
Thornton Ont*

ADDRESS

*{auth 54-21-38-1}
5-10-17.*

COUNTRY OF BIRTH

England. Tondou.

DATE

May 3rd 1894

PLACE OF ATTESTATION

Ferris Falls Ont.

DATE

Dec 28th 1915

*o/s. 23-7-16. 488
10.*



RIC 17-1-19

*254 Pte.
33*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18.

YEARS

—

MONTHS

HEIGHT

5.

FEET

2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

Dark Brown

DISTINGUISHING MARKS

Two moles left shoulder blade

MEDICAL EXAMINATION.

PLACE

Fennell Falls

DATE

Dec. 28th 1915

No. 725561. RANK Pte

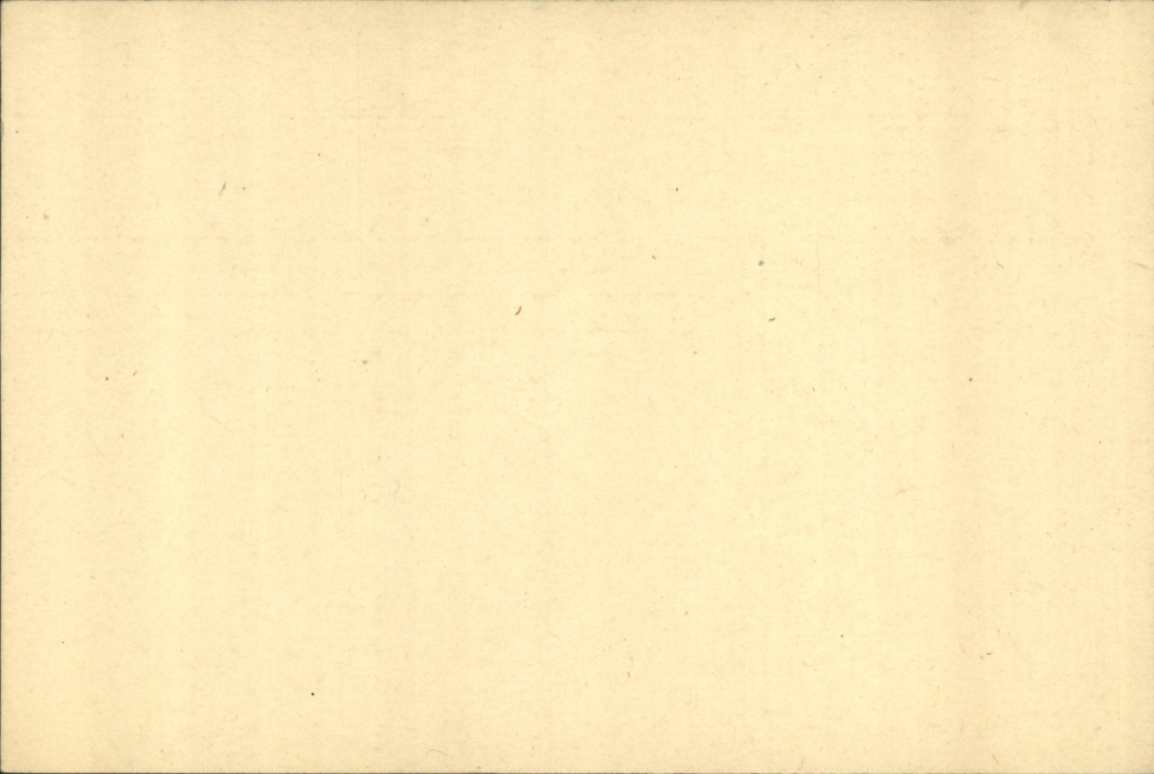
NAME Cressy, John.

T. O. S. 13-12-15. UNIT 109th Battalion
 D. O. 40.6-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 13	1916. Jan 31	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
 JUL 23 1916



John
Pte

Name **CREASY** Rank

Reg. No. **725561**

Unit **20th**

Next of Kin **Canada**

F.O.C.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
18 12	6 Co. 7. A	Deblivity		P18		10504
24 12	Dis to duty	do		A101		10803
1918						
17 6	6 Lt. H. Rouen	Sgt Armes	Dep	A 2580	198	2194/5
15 7	14 Co. Dep. Ironville	do		A 266		2459/8
6 9	Dis to Base D. Staples	do		A 317		3949/8
14 10	1st Lt. H. Rouen	Sgt R. Armes		1352	1066	4957/13
21 10	5. S. Lt. Portsmouth	do		354		29902
19 11	Warrant Officer	do		358		1491
6 12	Discharged	do		352		1523
	Warrant Officer to 10/12 to 12/12, 1918					
	2nd Lt. R. Scapula	Heck	1491			

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 25561 Rank Pvt. Name Breasy (Surname first)
Unit No. 2 District Depot. who was* **DISCHARGED**
On FEB 11 1919 191, to Feb 1 1919

*Insert "discharged" or "transferred."
The following is a statement of the account of the above named from Feb 1 to FEB 11 1919 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		38 11
Regimental Pay <u>11</u> days at \$ <u>1</u> c.		11 00
Field Allowance <u>11</u> days at \$ <u>10</u> c.		1 10
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		40 00
*Other Credits		
Advances <u>19864</u>	35 00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>20695</u>	120 21	
Total	<u>155 21</u>	<u>155 21</u>

A monthly stoppage of \$ 15 00 (†) has... (‡) been paid on account of
Assigned Pay for the month of Jan 1919 } (to) Assignee Sister Miss Anne Breasy
and Separation Allice. for month of Jan 1919 }
(Address) C/o Mrs John Cowan, Hamilton, 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 No (3) Reason for discharge.....
(4) Authority for discharge or transfer DO #140

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 10 1919
Place TORONTO, ONT.

Malcolm Cooper CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT

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.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Creasy, J M.D. No II
REGIMENT 20 Batt RANK Pte No. 725551

Date of Examination in England 2/1/19 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Let

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 *McCaughan*
Corr

M.D. No. II
22221

Greasy J
20 Bats
Pcs

1/1/19

7

[Faint handwritten text]

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W 1889 - P 1150 1M 5/18 G.W.P. Co (3490)

<p>(1) *Substantive rank *Acting rank * [To be entered in pencil to facilitate alteration.]</p> <p>(4) Surname <i>Creary John</i></p> <p>(5) Christian Names</p> <p>(6) Army Form, number of, Attestation Form or Record of Service paper</p> <p>(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]</p> <p>(8) Date of birth as stated on enlistment</p> <p>(9) (a)</p>	<p>(2) Regiment or Corps <i>109th Bn</i></p> <p>(3) Regtl. No. <i>723561</i></p>								
<p>(10) Enlistment (b) <i>13-12-15</i></p> <p>(12) Service reckons from (date)</p> <p>(14) Any subsequent variations (if any) of conditions of service</p>	<p>(11) Engagement (c) <i>Open</i></p> <p>(13) Special conditions (if any) of enlistment (d)</p> <p style="text-align: right;">(Authority) (date)</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">(15) Category</th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Medical Authority</th> <th style="width: 35%;">Initials and Rank of an Officer</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	(15) Category	Date	Medical Authority	Initials and Rank of an Officer					<p>(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)</p> <p>Industrial Group No.</p> <p>• Trade or Calling</p> <p>Married or Single</p> <p>Particulars of Trade Test</p> <p>Occupation Cards despatched on (date)</p> <p>Second Occupation Card despatched on (date)</p>
(15) Category	Date	Medical Authority	Initials and Rank of an Officer						
<p>(17) Next of Kin</p> <p>(18) Demobilizer (f) (Place)</p> <p>(19) Pivotal-man (f) (Date)</p> <p>(20) Qualifications (g) or (21) Corps trade and rate</p> <p>(22) Extended {</p> <p>(24) Miscellaneous entries:—</p>	<p>(23) Re-engaged {</p>								

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

(A) Report	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.				

Attached C.C.C.K. P. ³⁴ Part 2 Orders pending transfer to C. E. F. Canada. Ceases to be attached on transfer to C.E.F./Canada. Part 2 Orders ³⁵.....

12/1/17

J.W. Cashley

Lieutenant for Officer Comd'g M.D. 2. C.W. Kinmel Park Camp, Rhyd.

JAN 11 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 24

W.C. Roberts
Lieut. For O. C. No. 2 District Depot

Nothing to be written in this margin.

11/2/19

S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 40

H. Baycutt

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

29.8.19. 20 Bn. Of Order 13 Awarded Bar to M.M. Auth. L.G. 31469 d/23.7.19

P. Angerman
Lieut. for D.O.R.

J.P.

Rank _____ Name CREASY, John ✓
 Unit 109th Bn; If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Fenelon Falls. 13th Dec. 1915 ✓ Place of Birth London. Eng. ✓
 Name and Address, Next-of-Kin Annie C/o Mrs J Cowan
Herace Creasy.
Thornton Relationship Sister
P.O. Fenelon Falls. Ont. Canada. ✓ and RL 29 Relationship Brother.
 Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____
 Relationship _____

W/E. R.B. No. 17377
 File R.L. _____
 Category **CAN. OR**

Discharge, Date and Place _____ Reason _____ Character Peace Terms

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	
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramshott	5-10-16	Pte 50.279. <u>J.W.C.</u>
11-10-16	20 th "	T.O.S. from 109 th "	Field	6-10-16	" # 55.
17.12.17	1 st Corp (20)	no 3 Can. Field Amb.	Pte	18.12.17	C.L. A 98 (2) disability
31.12.17	"	Discharged to duty	"	24.12.17	" 101 (1) "
23.1.18	20 th	Awarded Good Cond. Badge	"	13.12.17	Pte # 7.
		M. M.			
6-7-18	✓	Wounded	✓		GR # 258
23-10-18	"	Wounded	Pte	14-10-18	# C.L. A. 352.
28-10-18	180000	T.O.S. from 20 th Bn	"	21-10-18	# 50279 (109 th 2-11-18 20 th Bn)

A.F.B. 103 CLAIMED
 17 OCT 1918

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.				
14-11-18	20 Bn	Awarded the Mil Med. Pt Field for Bravery in the Field BAR to M.M.			R1-F1-1-2-19 4/16 O.S. 1134 L.G. 30940 d / 9-10-18
10-12-18	M.M.	LOS from 10000	withy	6-12-18	O'293 RECORD 342 10/2/18 181
3-1-19	✓	Admanned 28-12-18 forfeits 4 days pay for overlapping leave from 2359 % 23-12-18 till 2200 % 27-12-18	Pt. -		- 2
20-1-19	✓	SOS to CEF Canada	-	9-1-19	- 16
29-8-19	20 Bn	Awarded Bar to M.M.			After Order 13 Auth. L.G. 31469 d / 23-7-19

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 *1st Lt* Name *Creevy* Surname *John*
Unit or Corps *109th Bn. 12th Div.* (If a soldier) Regtl. No. *725561*
Born at *London Eng.* on, date *3rd May 1898*
Signature (for identification) *John Creevy*

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. *None.*

Weight *135* lbs.
Height *5 ft 2* ins.

2. NUTRITION AND DIATHESIS ?
Good.

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 ?
No.

4. RESPIRATORY SYSTEM.
No.

5. HEART ?
No.
Abnormal Sounds? *None.*
Abnormal Size? *No.*
Pulse Rate? *74.* Intermittence or irregularity? *No.*

6. ARTERIES.—Any hardening? *No.*

7. DIGESTIVE SYSTEM ?
No.

8. GENITO-URINARY SYSTEM ?
No.
Urinalysis—s.g.? *1012.* Reaction? *Alkaline.* Albumen? *0.* Sugar? *0.*

9. SKIN, MIDDLE EAR, EYE or any other part? *Right Eye injured by piece of glass 1904.*

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 *Kimberly* Signed *J. A. [unclear] Capt* M.O.
Date *31/12/18* Signed *H. D. [unclear] Capt* 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.

of the ... in the general ...

Handwritten notes:
The ...
...
...

Handwritten notes:
...

Handwritten notes:
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Handwritten notes:
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Handwritten notes:
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Handwritten notes:
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Handwritten notes:
...

Handwritten notes:
...

A2

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

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

No. 725561 Rank Pvt. Surname CREASY
(Given name in full) John
Unit or Corps 2nd D.D. Birthplace Bowden, England.

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

1. GENERAL DESCRIPTION:

Physique strong Weight 126 lbs. Height 5.2 ft. Colour of Eyes Blue.
Nutrition good
Pulse 88
Condition of arteries good
Vision Rt. 20/30 Left 20/40
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Two moles left shoulder blade.

Opinion as to general health and physical condition Healthy

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses Yes Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

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

Exposure 21.10.18 to 18.11.18 with entrance of shell from shell and gas poisoning. Has not had any trouble following for past two months - no disability. Had right eye injured in 1904 by piece of glass - local - no disability - not aggravated. Suffered no hernia, hemorrhoids, varicose veins, varicella non glandular. Urine negative for albumen & sugar.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

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

Signature

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

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



[OVER]

725561

ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

1514
mult

Surname *Creasy*

Christian Name *John*

Examined { on *28* day of *Dec* 191*5*
at *Linton Falls*

Approved by *J McCulloch*
Capt.
Medical Officer
Rank *109th Overseas Battalion, C. Ft. 6.*

Birthplace { City or Town *London*
{ County *England*

Apparent age *18*

Trade or occupation

Height *5* Feet *2* Inches

Weight *120* Lbs.

Chest measurement { Minimum *32* inches.
{ Maximum expansion *35 1/2* inches.

Physical development *good*

Small-Pox Marks *none*

Vaccination Marks { Arm Right *one* Left *four*
{ Number *five*

When Vaccinated last *March 29th 1916.*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection *slightly flatfooted*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<i>19.11.18</i>	<i>Fit</i>	<i>J McCulloch</i> <i>2.5 OCT 1918</i> M.O.
	<i>Fit</i>	M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<i>29.3.16</i>	<i>fit</i>	<i>J McCulloch</i> M.O.
<i>13.7.16</i>	<i>good</i>	<i>J McCulloch</i> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>18.5.16</i>	<i>good</i>	<i>J McCulloch</i> M.O.
<i>25.5.16</i>	<i>u</i>	<i>J McCulloch</i> M.O.
<i>4.6.16</i>	<i>u</i>	<i>J McCulloch</i> M.O.
<i>22.9.16</i>	<i>u</i>	<i>J McCulloch</i> M.O.

Enlisted on *13* day of *December* 191*5* at *Linton Falls*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Batt</i>	<i>725561</i>		<i>13.12.15.</i>
Transferred to..	<i>21st Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Subsistence Camp</i>	<i>8.2.19</i>	<i>deficient vision</i>	<i>A 2</i> <i>Now young</i> <i>Cap</i>

CANADIAN

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.

34

ecchymosis



Christian Name *John*

Surname *Creech*

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				
		21	10	18	18	11	18	1142	<p><i>1142</i> Contusion of chest - from shell explosion + from gas (shell) poisoning. Pain in chest - ecchymosis of Rt. arm. cough + sore eyes. Transferred to Med Conv. Staff.</p>	<p><i>Palmer</i></p>	
	<i>1142</i>	18	11	18	6	12	18	do	<p><i>19</i> Wounds healed heart & lungs neg no evidence of disability</p> <p><i>A. Spind</i></p>	<p><i>Go Klauetz</i> <i>Cap. Cant</i></p>	

To be made out in duplicate.

H.Q. 54-21-23-53
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.....
72556I

(3) Full Name of Soldier.....
John Creasy

(4) Place of Birth.....
London, England.

(5) Are you married, or not?.....
No

(6) If married, state, **Nil**
(a) Full name of your wife.....
Nil
(b) Present Postal Address.....
Nil

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

(8) Have you any children?.....
Nil
If so, give number of boys and girls.....
Nil
Also their names and ages.....
Nil

(9) Is your Father alive? No

If so, state name and address Nil

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow Nil

Are you her sole support, or not? Nil

(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.

Nil

(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.

Sister-- Miss Annie Cressy,

c/o Mrs John Cowan,

Thornton, Ontario, Canada.

(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.

Nil

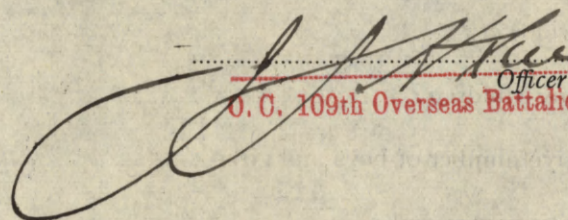
(15) Are you insured? No

If so, in what Company? Nil

Have you made arrangements for payment of your Insurance premium? Nil

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

Date 4th July 1916


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

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *London Eng.*
 NAME AND ADDRESS OF NEXT OF KIN *Horace Creasy*
Fenelon Falls Ont
 RELATIONSHIP OF NEXT OF KIN *Brother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No *725561* RANK *Pte* NAME *Creasy John*
 IF IN PERM. CORPS WHAT UNIT UNIT *109 13th* TRANSFERRED TO *20th Bn* DATE *5/10/16* AUTHORITY *80.279*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Fenelon Falls Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Dec. 13-1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1-1916*
 PAYABLE TO *Miss Annie Creasy* of *Mr John Creasy* RELATIONSHIP *Sister*
Thornton Ont.
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.
July 31																																						
Aug 31	31	1.00	31		31	10	310																															
Sept. 30	30		30				3																															
Oct 1-5	5		50																																			
6/31	26	1.	26		26	10	260																															
Nov 30	1	30	30		30	10	3																															
Dec. 31	1	31	31		31	10	310																															
1917			1530				1530																															
Jan 31	1	34	34																																			
Feb 28	1	30.80	30.80																																			
Mar 31	31	34.10	1057.10																																			
Apr 30	1	33	33																																			
May 31	31	34.10	1067.10																																			
			334.40																																			

Checked *Stow Williams*

bd

80.279 Jan 20th 5/10/16

725561 Pte Greasy J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
			334 40					19 10	353 50					5451	17 76	14 09		150		236 36	117 14				
June 30	170	33						33	132 21/5					268				15		17 68	132 46				
July 31		34 10						34 10	274 21/6					268				15		17 68	148 88				
Aug 31		34 10						34 10	192 87/6					5 36				15		20 36	162 62				
Sept 30		33						33	411 30 339 917	540 30 514 14/8				268	268			15		25 71	169 91				
		468 60						19 10	487 70					70 59	23 11	14 09		210		317 79					

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE DEFERRED PAY SER. ALLG. ENG.

Sept 30 Balance																									169 91	
Oct P. Pay			34 10																							15 189 01
Nov P. Pay			33																							15
									AR. 756. 20/10	20/10	4 46															
									2726. 25/9	CCSCH	3 57															
									" 602. 19/9	20/10	4 46															
									" 816. 31/10	"	3 57															
									BR. 19410. 11/21/17		73															
Dec R. Pay			34 10																							15
1918			67 10						AR. 880. 21/11	20/10	4 46															30 132 59
Jan do			34 10								93 52															15
									203. 21/12	31/12	97 33															
									1023. 30/12	"	16 95															15 37 41
Feb do			34 10								112 28															15
			30 80						can A.P.																	
									AR. 1087. 20/1	20/10	4 46															15 48 75
Mar do			30 80						can A.P.		4 46															15 82 81
			34 10						AR. 1184. 14/2	20/10	8 03															15 48 01
									" 1256. 27/2	"	3 57															
									BR. 1006. 16/1/17	"	13 38															
									AR. 1304. 13/3	"	4 46															
									" 1384. 23/3	"	3 57															15 34 84
			34 10								33 01															

CANADIAN ASSIGNED PAY AUDITED
A. Bell
 AUDIT CLERK
 DATE 16 May 19

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>CREASY John</i>
EFFECTIVE DATE:- <i>1.8.16</i>		EFFECTIVE DATE:-		NUMBER:- <i>725561</i>
AMOUNT:- <i>15⁰⁰</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
<i>Miss Annie Creasy</i>				DATE EFFECTIVE
<i>C/o Mrs John Cowan</i>				RANK OR APPOINTMENT
<i>Thornton Ont. (Sister)</i>				<i>Private</i>

Stopped Eff 11/19

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bamm*

DATE ACCOUNT FIRST OPENED:- *1.8.16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			<i>20 Bamm</i>

(New A.S.P.B. issued 1/11/18. #108739)

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>1/17/19</i>	<i>2834</i>	<i>12 Res</i>	<i>410</i>	<i>1/17/19</i>			
<i>2/1/19</i>				<i>2/1/19</i>			
<i>2/1/19</i>				<i>2/1/19</i>			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada 1/1/19 Rhyll NR 11 17/12/18 Cr Bal \$ 44⁴⁸*

MONTH	PARTICULARS	Cr 1	Cr 2	PARTICULARS	Dr. 1	Dr. 2	Dr. 3	Dr. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Bal Fwd</i>								<i>3484</i>		
<i>Apr</i>	<i>P Pay</i>	<i>33</i>		<i>AR. 11. 11/4. 201m</i>	<i>446</i>						
				<i>Canada Pay</i>				<i>15</i>			
		<i>33</i>		<i>AR. 75. 23/4. 201m</i>	<i>357</i>				<i>4481</i>		
<i>May</i>	<i>do</i>	<i>34/10</i>		<i>Canada Pay</i>	<i>805</i>			<i>15</i>			
				<i>AR. 141. 23/5. 201m</i>	<i>446</i>				<i>5945</i>		
<i>June</i>	<i>do</i>	<i>33</i>		<i>cap</i>	<i>446</i>			<i>15</i>			
				<i>AR. 209. 12/6. 201m</i>	<i>803</i>				<i>6942</i>		
<i>July</i>	<i>do</i>	<i>34/10</i>		<i>cap</i>	<i>803</i>			<i>15</i>	<i>8852</i>		
				<i>AR. 2476. 15/7. Iron's Hosp.</i>	<i>178</i>				<i>8674</i>		
<i>Aug</i>	<i>do</i>	<i>34/10</i>		<i>cap</i>	<i>178</i>			<i>15</i>	<i>10584</i>		
				<i>AR. 2534. 21/7. Iron's Hosp.</i>	<i>178</i>				<i>10406</i>		
				<i>2593. 28/7. " "</i>	<i>178</i>				<i>10228</i>		
				<i>AR. 9726. 8/7. O.S.B.</i>	<i>178</i>				<i>10050</i>		
				<i>AR. 2642. 4/8. Iron's Hosp.</i>	<i>178</i>				<i>9872</i>		
				<i>" 2695. 11/8. " "</i>	<i>178</i>				<i>9694</i>		
<i>Sept</i>	<i>do</i>	<i>34/10</i>		<i>cap</i>	<i>890</i>			<i>15</i>	<i>11494</i>		
				<i>2752. 18/8. Iron's Hosp.</i>	<i>178</i>						
				<i>" 2799. 24/8. do</i>	<i>178</i>						
				<i>1853. 14/9. 62/30.</i>	<i>446</i>				<i>10514</i>		
				<i>" 2842. 31/8. Iron's Hosp.</i>	<i>178</i>						
				<i>865. 27/9. 201m</i>	<i>357</i>				<i>10157</i>		
<i>Oct</i>	<i>✓</i>	<i>34/10</i>		<i>cap Pay</i>	<i>973</i>			<i>15</i>	<i>11094</i>		
				<i>AR. 49601. London. 4/11/18.</i>	<i>973</i>			<i>15</i>			

Awarded Military Medal (201m 8.0.119 14/10)

(over)

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Balance Forward								110 94 ✓		
Nov				Nov & Dec P.P. 8/8 from 6/12 to 16/12/18 (10 days) 12 Res. D.O. 293 10/12/18. (N.C. Branch advised 27/12/18)	67 10		af 603-19/11-06 H.P. com	487				37 10		
							1122-6/12- ✓	4867				148 04		
							Car (Nov & Dec.)				30	103 56		
							af 3834-23/12-12 Res.	4867				44 68		
					7440			10221			30	52 13		
							a.w.l. 2349 " 23 18-2200 "							
							27 18, ud. Coy, Co-12 Res 2-3 1/2							
				Compiled by J. H. [unclear]			Nov eff. rec advised 30 1/2		4 40			48 73		
Nov				26/1/18			DM 261417 LOR	85						
							1/117 @ 4000	50				47 38		

CANADIAN
ASSIGNED PAY AUDITED

A. Bell
AUDIT CLERK

DATE 16 May 19

FILE No. RECEIVED
 FEB 25 1918
 PAYMASTER
 MILITARY DISTRICT NO. 2

DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY.

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 *John*..... 2. Surname *Cressey*.....
3. Rank *Private*.... 4. Original Unit *109th Battalion* Reg. No. *725561*
6. Address, in full, to which future payments of gratuity are to be forwarded
John Cressey
Fenelon Falls Ontario
7. Date of enlistment in the C.E.F. *12th December 1915*.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... *none*
9. Relationship of such dependent ... *none*
10. Address, in full, of such dependent ... *none*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *none*
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:—
no
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 ... *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 *Three years and two months in 109th and 20th Battalions*
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... *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?
24. Are you now serving in the C.E.F. .. *NO*
- If not, give:—(a) Date of discharge *February 11. 1919*
- (b) Reason for discharge *Returned from Overseas*
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... *Still receiving army pay 20th Batt.*
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... *Yes with 20th Batt. 11th October 1916 until October 12th 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?

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: *John Creasy*

Place of Residence: *Zevelou Falls, Ontario*

Declared before me at: *Zevelou Falls, Ontario*

This *24th* day of *February* 19*19*.

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

Geo Burgoyne
Notary Public

POST DISCHARGE PAY.

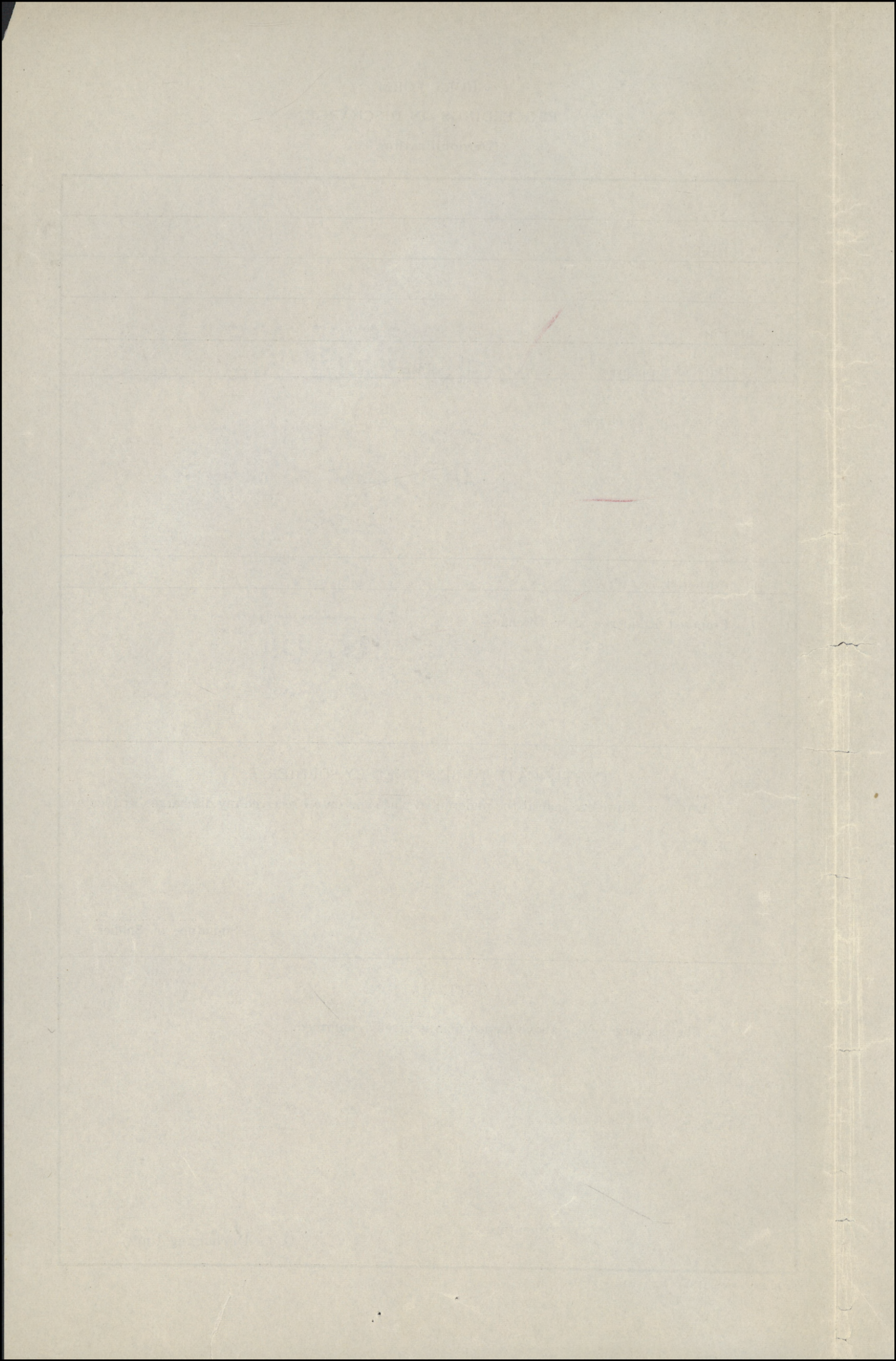
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

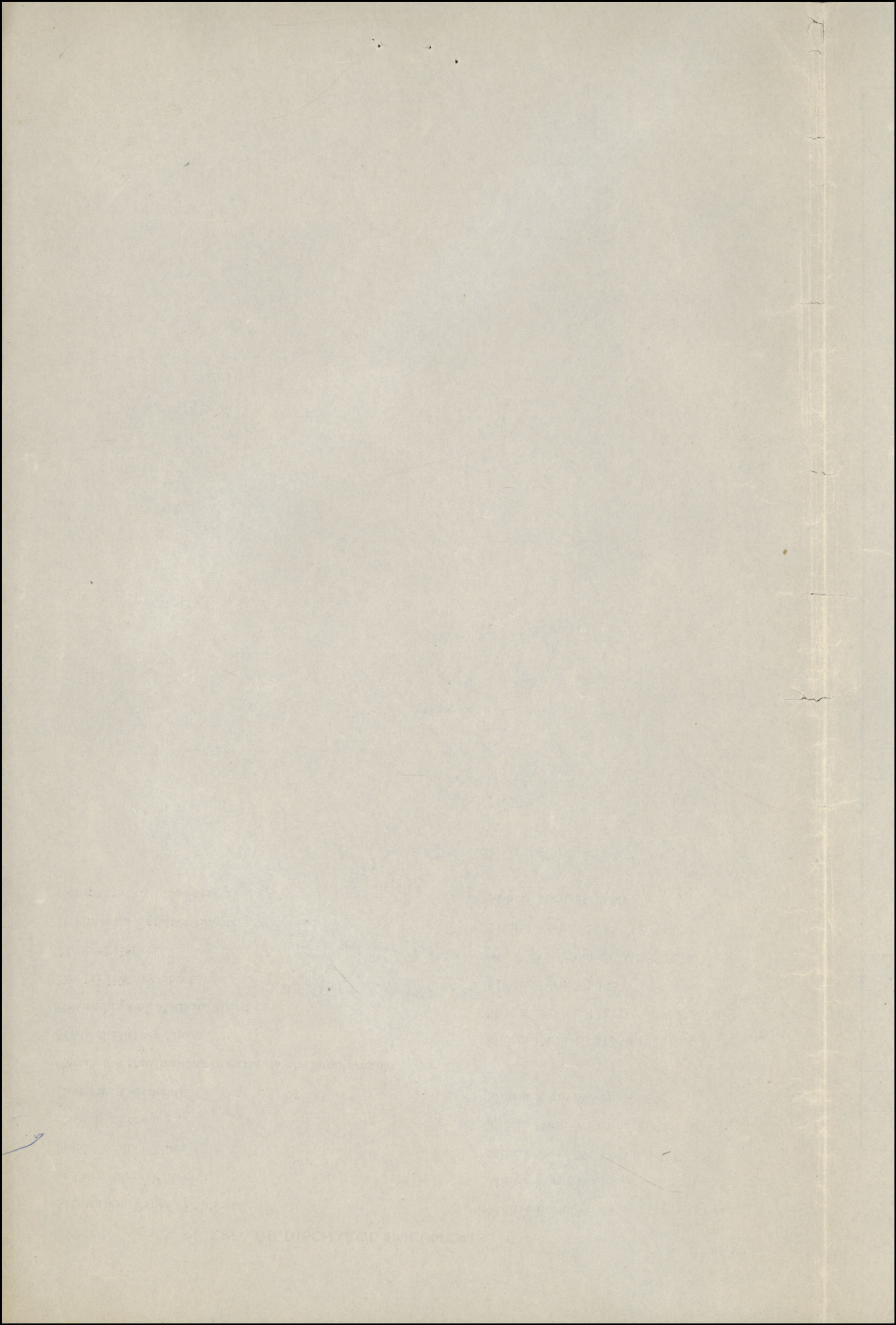
Certified Correct.

District Paymaster.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.		
2. Rank.		
3. Name.		
4. Unit.		
5. Date of Discharge		Place
6. Reason for Discharge.....		
7. Authority.		
8. Proposed Residence after Discharge.....		
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.?.....		
		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place.....		
Date.....		
		Signature..... (O. C. Discharging Unit.)





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

9-4-19
Field

725861
Grueney

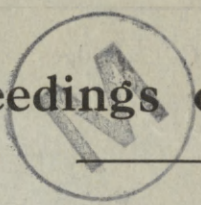
PSC
M.D.
9. 1. 19
3
2

2098

3-15-19

for numbers.

14246



Proceedings on Discharge.

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

No.	725561 ✓
Rank	Pte. ✓
Surname	CREASY, ✓
Christian name	JOHN ✓
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Regiment (Squadron, Battery or Company)	109th Bn (#2 D.D.)
Date of Discharge	Feb. 11, 1919
Place	TORONTO, ONT

DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21 yrs. years..... 9..... months.	Descriptive marks
Height	5..... feet..... 2..... inches.	
Complexion	Fair	Vacc. marks..... L. Arm
Eyes	Blue	G.S.W..... Mouth..... 1-7-18
Hair	Dk. Brown	
Trade	Farmer	
Usual place of residence	Allandale, Ont	Fenelon Falls only
Address to be given as fully as practicable.)		

The above-named man is discharged in consequence of

ON GENERAL DEMOBILIZATION

Authority for discharge... #2 D.D. Pt 11 #39

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.

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.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

CCO 72 2020

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113. G.R.

(OVER)

26-2-19 89 2366

B.M.M. 11-11-19 H.G.

20-3-19 J.H.

26 20

Pi.

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 or Battery, and I have impartially enquired into all matters brought before me in accordance with the 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, 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 J. Jahn Crewey (Signature of Soldier)

(Date) Feb. 11, 1919 H. Sargeant Coy (Signature of Witness)

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

(Signature).....

(Date) Feb. 11, 1919

O.C. No. 2 Discharge Certificate

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

Reg. Conduct Sheet	Medical Form B 30
Statement of Service	Medical Form B 30a
History of Conduct Sheet	Medical Form B 30b
Company	Medical Form B 30c
Field Conduct Sheet	Medical Form B 30d
Statement of Service by ()	Medical Form B 30e
Medical Report for Injuries	Medical Form B 30f
Medical History Sheet	Medical Form B 30g
Statement of Service	Medical Form B 30h
Statement of Service	Medical Form B 30i
Statement of Service	Medical Form B 30j
Statement of Service	Medical Form B 30k
Statement of Service	Medical Form B 30l
Statement of Service	Medical Form B 30m
Statement of Service	Medical Form B 30n
Statement of Service	Medical Form B 30o
Statement of Service	Medical Form B 30p
Statement of Service	Medical Form B 30q
Statement of Service	Medical Form B 30r
Statement of Service	Medical Form B 30s
Statement of Service	Medical Form B 30t
Statement of Service	Medical Form B 30u
Statement of Service	Medical Form B 30v
Statement of Service	Medical Form B 30w
Statement of Service	Medical Form B 30x
Statement of Service	Medical Form B 30y
Statement of Service	Medical Form B 30z

I hereby certify that the following documents are obtainable:

Chief, Community

V.B.—In the case of a man discharged by purchase, the date and number of deposit receipts with amount on same to be noted.

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.

CW

CONFIDENTIAL INFORMATION

CATEGORY

R. No. 32055	Creasy, J.		No. of M. H. C. File	No. of Local File	No. of H. Q. File
	Unit Two	Surname Permanent Address Allandale, Ont.			
M.D. No.					

No. **725561** Rank **Pto** Original Unit **109 Bn** Service Unit **20 Bn**
 Age* **21** Height **ft.** ins. Complexion **Penelon Falls** Eyes **France** Hair **Conduct**
 Date of enlistment **13-12-15** Where enlisted **Penelon Falls** Where seen service* **France**
 Ship returned by **Olympic** Date of arrival **17-1-19** Port of arrival **Halifax**
 Birthplace* **London, Eng.** Religion **C of E**
 Present disease or disability **Returned for Demob. - S.W. Chest** Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

649-b-22080

- E. 1. Discharge, no pensionable disability.
- E. 2. Waiting Reclassification.
- E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. **Canadian Board**
 Is disability due to or aggravated by Service?
 Probable duration of incapacity
 Does it render him unfit for Military Service?
 Is further treatment or use of appliances recommended, if so, which?
 Destination to which transportation issued **Proceeded to Military District Two**
 Members of Board
 Place **19** Date

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin **Sister- Miss A. Creasy-**
 Notification of return to be sent to **c/o Mrs. J. Creasy-Cowan, Thornton, Ont.**
 Occupation prior to enlistment **Farmer** And for how long followed **4 yrs**
 Regular trade or occupation **do**
 Do you consider that your disability will prevent you from following your previous occupation. **no**
 Average earnings previous to enlistment **\$45. and Board per month** Any other income **no**
 Name and address of last employer **Mr. W. Golpen, Penelon Falls, Ont.**
 Rent per month **do** If owner of or purchasing property, amount due and annual payment \$ **do** \$
 Taxes **do** If Homestead or Farm, where located **do**
 If carrying life or accident insurance, annual premium \$ **do** Name of Society **do**
 If work should not be available at old occupation, name preference. **None**
 I declare that the above statement is correct.

References **Last employer**
 Witness **W. Price** Signature **J. Creasy**
 Date **23-1-19** Place **Quebec**
 Remarks by Interviewer :

Last Pay Cert. Cr., \$ **Dr., \$** Amount paid at Depot H.Q., \$ **L.P.C. leaving Depot, \$**
 Amount forwarded to H.Q. Unit, \$ **Credit Clothing allowances, \$**
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
 First payment date.....
 Form I.S.C.No. 5c.

- A. General Service.
- B. Service abroad, not general.
- C. Service in Canada.
- D. Treatment.

CONFIDENTIAL INFORMATION

CATEGORY

No. of Local File	No. of M.H.C. File	Service File No.	Unit	Form No.

Present disease or disability	Place of birth	Date of arrival	Where enlisted	Height	Complexion	Eyes	Hair	Where born	Original Unit	Service File No.

Condition in detail which prevents the soldier from earning a full livelihood

Canadian Board

Does it refer him to military service?
 Is the use of appliances recommended, if so, which?
 Date of issue of which transportation issued
 Name of Board

1. Discharge to home or other place
 2. Discharge to home or other place
 3. Discharge to home or other place

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF BIRTH
Wife					
Children					

I work should not be available at old occupation, name preference.
 I am carrying life or accident insurance, annual premium \$
 If Homestead or Farm, where located
 If owner of or purchasing property, amount due and annual payment \$
 Name and address of last employer
 I have earnings previous to enlistment
 Do you consider that your disability will prevent you from following your previous occupation.
 Regular trade or occupation
 Occupation prior to enlistment
 Notification of return to be sent to
 Name and address next of kin

I declare that the above statement is correct.

Signature _____ Place _____
 Remarks by Interviewer _____

Form T.S.C. No. 30
 Treatment date _____
 Pension—Class _____ Amount per year \$ _____
 Amount forwarded to H.Q. Unit \$ _____
 Credit Clothing allowances \$ _____
 Amount paid at Depot H.Q. \$ _____
 D.C. leaving Depot \$ _____
 Period granted for _____
 Dating from _____

A. Discharge to home or other place
 B. Discharge to home or other place
 C. Discharge to home or other place

No. 725561 Name Greasy, J. Sqn., Batty., "C" Corps 109th O/S. Bn. C.E. I. Date of enlistment 13th Dec 15 G.C. Badges nil Service or Proficiency Pay nil
 Date of last entry in Company Conduct Sheet none No. and date of last drunk none Period not reckoning towards freedom from extra fine none Sheet No. One Signature O.C. H. H. H. H. H. Character fair

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Transferred to 20th Battalion</u>				<u>OCT 5 1916</u>					
			<u>Joined 25th Bn in the field & posted to 1st Coy.</u>			<u>22/10/16</u>		<u>A. J. Asbell</u>	<u>CAPTAIN,</u>
					<u>C. C. Campbell Major</u>			<u>ADJUTANT,</u>	
					<u>MAJOR</u>			<u>109TH BATTALION CAN. INFANTRY.</u>	
			<u>Awarded M.M. 12-6-18</u>		<u>M. J. [unclear] MAJOR</u>				
			<u>Awarded Bar 5th M.M. 21-11-18</u>		<u>O.C. "A" COY.</u>				
					<u>20TH CANADIAN BATTALION</u>				
			<u>Invalided 1st Exp. 20 10 18 & posted to 1st C.O.P.O.</u>					<u>J. H. Beattie</u>	<u>to [unclear]</u>
								<u>H. C. Hay</u>	

Place	Date of offence	Rank	Cases of Drunken- ness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form E 133

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

REGIMENT.....

RANK.....

John Pte.

No. *725561*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
<p>Condition on first Examination</p>																					
<p><i>Discharge Exam.</i> <i>At Exhibition Camp</i> Date. FEB 8 1919 } Certificate issued for DENTALLY FIT</p>																					
<p><i>[Handwritten Signature]</i></p>																					

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 425561 Rank Private Name Breast John

Enlisted (a) 13.12.15 Terms of Service (a) D of S. Service reckons from (a) 13.12.15

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) Farmer.

Report Date	From whom received	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.
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred for Overseas Service with <u>20th Batt'n</u> on <u>5. 1916</u>			D.O. Ptl. No. <u>279</u> Capt.
<u>6/10/16</u>	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt. 2 O's 55all/10/16
<u>do</u>	<u>do</u>	Left for	<u>do</u>	<u>20/10/16</u>	NR
<u>27/10/16</u>	20th Bn	Arrived	<u>do</u>	<u>23/10/16</u>	B215
<u>8 DEC 17</u>		GRANTED 14 DAYS LEAVE.		<u>1-17-17</u>	Part II Ord 91. d/
<u>29-12-17</u>		Repl from leave	20 Bn	<u>17-12-17</u>	B213 ADJUTANT,
<u>18-12-17</u>	4 CFA	Debility adm't by fd 6 CFA		<u>18-12-17</u>	C 2898. 109th BATTALION CAN. INFANTRY.
<u>— 4 —</u>	6 —	adm		<u>—</u>	C 3210.
<u>24-12-17</u>	6 —	Disch'd	Duty	<u>24-12-17</u>	C 4288.
<u>29-12-17</u>	20 Bn	Repl from Hosp	20 Bn	<u>—</u>	B213.
<u>5-1-18</u>		Awarded Good Conduct Badge		<u>13-12-17</u>	<u>—</u> Pt. II 7-1918
<u>9.3.18</u>		Att'y course	2 Div Wmg	<u>8.3.18</u>	<u>—</u>
<u>23.3.18</u>		Repl from 2 Div Wmg	20 Bn	<u>19.3.18</u>	<u>—</u>
<u>15.6.18</u>	4 CFA.	Mult Ab. Arms & Dep Adm't by fd 6 CFA		<u>15.6.18</u>	F4561.
<u>17.6.18</u>	43 CCA	adm 1/6	12 AT.	<u>16.6.18</u>	<u>—</u>
<u>—</u>		adm 6/10/18		<u>14.6.18</u>	F 8120.
<u>22.6.18</u>	20 Bn	Wounded	7th A.	<u>15.6.18</u>	B213.

(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.]

CERTIFIED CORRECT.
 18 OCT 1916
 CAN. RECORDS LONDON

10.6

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				
1.7.18	43 Gen	Adm 43 Gen	43 Gen	1.7.18	F.9900.
" "	6 Gen	Trnsd.	Lionville	" "	4.520.
5.7.18.	43 Gen	Trnsd.	14 Cond Dep	5.7.18	9716.
" "	14 Cond Dep	Adm	" "	" "	" "
22.8.18	" "	Still undergoing treatment here.	" "	22.8.18	Letter K1.17-174.
6.9.18.	" "	Adm	Base	6.9.18	H.8576.
9.9.18	C 2032	A from 14. C Dep	C 2032.	9.9.18	NR. 441.
18 SEP 18	" "	Left for Unit	Field	18 SEP 18	NR.
28 9/18	20th Bn.	Arrived "	Field	20 9/18	B213.
14.10.18	1st Lt Gen.	Adm 1st Lt Gen	1st Lt Gen	14.10.18	H.8472.
19.10.18	" "	To England	" "	19.10.18	L.5003.
19-10-18	do	Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Witley per AT Panama 20-10-18.	" "	" "	W3083 - 6334. Pt.2.0.109-1918
		Whogau Major	Canadian Section	for Lt. Col., A.A.G. B. H. O. 3rd Echelon B.E.F.	
28-10-18	Wx 6000	To S. from 20 Bn.	Witley	21-10-18	W-50299 Pitman. LIEUT: FOR LT. COL. I/O RECORDS, C.O.M.F Major
10.12.18	12th Res	J.O.S. 12th Res.	Witley	6.12.18	Pt. II, 293
30-12-18	do	Bn Com Himmel Park	do	30.12.18	Pt II 309

A 20/8/18

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725561 (Rank) Pte.

Name (in full) CREASY, JOHN enlisted in
the 109th Bn
Penelon Falls 13th
CANADIAN EXPEDITIONARY FORCE at on the
day of December 15
19
HE served in England and France
and is now discharged from the service by reason of Demobilisation

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

Age 21 yrs, 9 mos.
5f 9"
Height Fair
Complexion Blue
Eyes Dk. Brown
Hair

Marks or Scars Vacc. marks..... L. Arm
G.S.W.....Mouth .. 1-7-18

John Creasy
Signature of Soldier

Lucas Simpson
Issuing Officer

Date of Discharge Feb. 11, 1919

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

Signed at Toronto this 11th day of February 19

Appointment February 19

in Military District No. 2 No. 2
File Reference No. FEB 1 1 1919
DISTRICT DEPOT

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

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

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

Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)
725561 Private

This is to Certify that No. GREASY, John (M.M.)
(Rank) 109th Battalion

(Name in full) 13th

Enlisted in December 15

Canadian Expeditionary Force, on the CANADA ENGLAND & FRANCE day

of 20th Battalion
19 Toronto., Ont.

He served in 11th February 19 19

and was discharged at DEMORILIZATION on

the GOOD day of 19

by reason of MILITARY MEDAL & BAR

BRITISH WAR & VICTORY MEDALS

His conduct and character while in the Service were

21 Years

5'9"

Fair

Blue

Dk. brown

Address 649-C-22080

Ottawa 17th day of July 19 31

H. Q.

Clyde R. Scott
(Clyde R. Scott),
Major,

Director of Records

Certificate of Return

State of New York, County of ...

This is to certify that ...

...

...

...

...

...

...

...

...

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

12238

Aug 1-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *72 5 261 (72 5 561)*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *John Creasy*
 Battalion *109" Battn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss Annie Creasy*
 Address *9, Mrs. John Cowan, Sheraton*
 Change of Address *Out*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>July 39064 J-26</i>
<i>Dec 31</i>			<i>255 -</i>	<i>255 -</i>	
<i>Jan</i>	<i>T 66088</i>		<i>15</i>	<i>15 00</i>	<i>Pa aeg</i>
<i>Feb</i>	<i>D 100760</i>		<i>15</i>	<i>15 -</i>	
<i>Mar</i>	<i>A 118894</i>		<i>15</i>	<i>15 -</i>	
<i>Apr</i>	<i>B 1386</i>		<i>15</i>	<i>15 -</i>	
<i>May</i>	<i>M 17494</i>		<i>15</i>	<i>15 -</i>	
<i>June</i>	<i>S 21186</i>		<i>15</i>	<i>15 -</i>	
<i>July</i>	<i>S 32420</i>		<i>15</i>	<i>15 -</i>	
<i>Aug</i>	<i>S 34903</i>		<i>15</i>	<i>15 -</i>	
<i>Sept</i>	<i>L 44286</i>		<i>15</i>	<i>15 -</i>	
<i>Oct</i>	<i>M 52217</i>		<i>15</i>	<i>15 -</i>	
<i>Nov</i>	<i>S 60270</i>		<i>15</i>	<i>15 -</i>	
<i>Dec</i>	<i>R 69437</i>		<i>15</i>	<i>15 -</i>	
<i>Jan</i>	<i>M 72623</i>		<i>15</i>	<i>15 -</i>	
			<i>450</i>	<i>450</i>	

CANADIAN
 ASSIGNED PAY AUDITED
A. Bell
 AUDIT CLERK
 DATE *16 May 19*

M. F. W. 128.
 400M-6-17-1772-30-1141
 L. L. 22220-M. & D. 7883.

A/c Closed *31.1.19* *M. 2*
 Ret'd per *Olympic*
 Date *17/1/19* M. F. W. 187 *23/1/19*
 Clerk *eat* *Who 65-307*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.
Rank Promoted Reverted Discharge
Soldier's Name
Battalion
Beneficiary
Relationship
Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
400m. 17-1772 39-1141
L. L. 22320-M. & D. 7933.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Miss Annie Creasy

PAYMENTS.

Name of Soldier

Creasy, John
 725261 Plt. 109th Batta

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>8/15⁰⁰</i>
April	1916			
May				
June				
July				
Aug.		<i>N 15228</i>	<i>15</i>	
Sept.		<i>* 16021</i>	<i>15</i>	
Oct.		<i>a 20479</i>	<i>15</i>	
Nov.		<i>D 25569</i>	<i>15</i>	
Dec.		<i>I 30812</i>	<i>15</i>	
Jan.	1917	<i>D 38109</i>	<i>15</i>	
Feb.		<i>D 43600</i>	<i>15</i>	<i>15⁴</i>
March		<i>E 52254</i>	<i>15</i>	<i>15⁶</i>
April		<i>C 1032</i>	<i>15</i>	<i>15⁶</i>
May		<i>Z 7539</i>	<i>15</i>	
June	<i>118395</i>	<i>Q 13947</i>	<i>15</i>	<i>15⁶ @ 13947 Enc. 118395</i>
July		<i>X 26481</i>	<i>15</i>	<i>15⁶</i>
Aug.		<i>B 3145</i>	<i>15</i>	<i>15⁶</i>
Sept.		<i>X 36357</i>	<i>15</i>	<i>15⁶</i>
Oct.		<i>Y 47391</i>	<i>15</i>	
Nov.		<i>Q 52888</i>	<i>15</i>	
Dec.		<i>J 55917</i>	<i>15</i>	
Jan.	1918			<i>255</i>
Feb.				
March				
April				
May				
June				
July				

CANADIAN
 ASSIGNED PAY AUDITED
a. Bell
 AUDIT CLERK
 DATE *16 May 19*

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 *Miss Annie Creasy*
 Address *% Mrs John Lowan*
Thornton

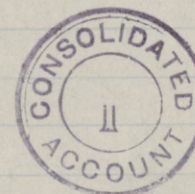
By Whom Assigned *Creasy, John*
 Regtl. No. *725261* *725561*
 Rank *Pte.*
 Corps *109th Battrn.*

Rate *\$15.⁰⁰*

Ont.
 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				



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RECORDED

