

A. Coy.

ATTESTATION PAPER.

No. 724689

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

ORIGINAL

- 1. What is your surname?..... Dovey
- 1a. What are your Christian names?..... John Gecorn
- 1b. What is your present address?..... 10 Queen St. Lindsay
- 2. In what Town, Township or Parish, and in what Country were you born?..... Lindsay
- 3. What is the name of your next-of kin?..... Mattie Dovey
- 4. What is the address of your next-of-kin?..... 10 Queen St. Lindsay
- 4a. What is the relationship of your next-of-kin?..... mother Ont. Canada
- 5. What is the date of your birth?..... 29th Sept. 1893
- 6. What is your Trade or Calling?..... engineer, motor factory
- 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 } yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Gecorn Dovey, 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 Dec 6 1915. John Dovey (Signature of Recruit)
Wm D Baupflell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Gecorn Dovey, 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 Dec 6 1915. John Dovey (Signature of Recruit)
Wm D Baupflell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Lindsay this 25 day of December 1915.
W. J. ... (Signature of Justice)

b
R.H.

Description of John Grecom Doney on Enlistment.

Apparent Age 20 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 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic 1.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

*Vaccination left arm
 Scar caused by operation
 over Bladder - 5 years ago.
 No bad effects left.*

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 6 191 .

Place Lindsay

H. B. Boyd
M. B. Giffen 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.

John Grecom Doney 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.

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

Date DEC 29 1915 191 .

ATTESTATION PAPER.

No. 724689

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

DUPLICATE

- 1. What is your surname?..... *Dovey*
- 1a. What are your Christian names?..... *John Joseph*
- 1b. What is your present address?..... *10 Queen St. Lindsay*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lindsay*
- 3. What is the name of your next-of-kin?..... *Patric Dovey*
- 4. What is the address of your next-of-kin?..... *10 Queen St. Lindsay*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *29th Sept. 1895*
- 6. What is your Trade or Calling?..... *Equule - Motor factory*
- 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 Joseph Dovey*, 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 *Dec 6* 1915. *John Dovey* (Signature of Recruit)
Wm Dampbell (Signature of Witness)

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I, *John Joseph Dovey*, 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 *Dec 6* 1915. *John Dovey* (Signature of Recruit)
Wm Dampbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *25* day of *December* 1915.

G.A. Jordan (Signature of Justice)

Description of John Geecom Hovey 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. 5 ins.

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

*Vaccination left arm
 Scar caused by operation
 over Bladder - 5 years ago
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I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Dec 6 191 .

Place Lindsay

J. M. Culloch
 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 Geecom Hovey having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date DEC 29 1915 191 .

REGIMENTAL DOCUMENTS

NAME Dovey John J. REGT. NO. 724689 UNIT 109th. Bn H. Q. FILE NO. _____

15-10-19

M.M.

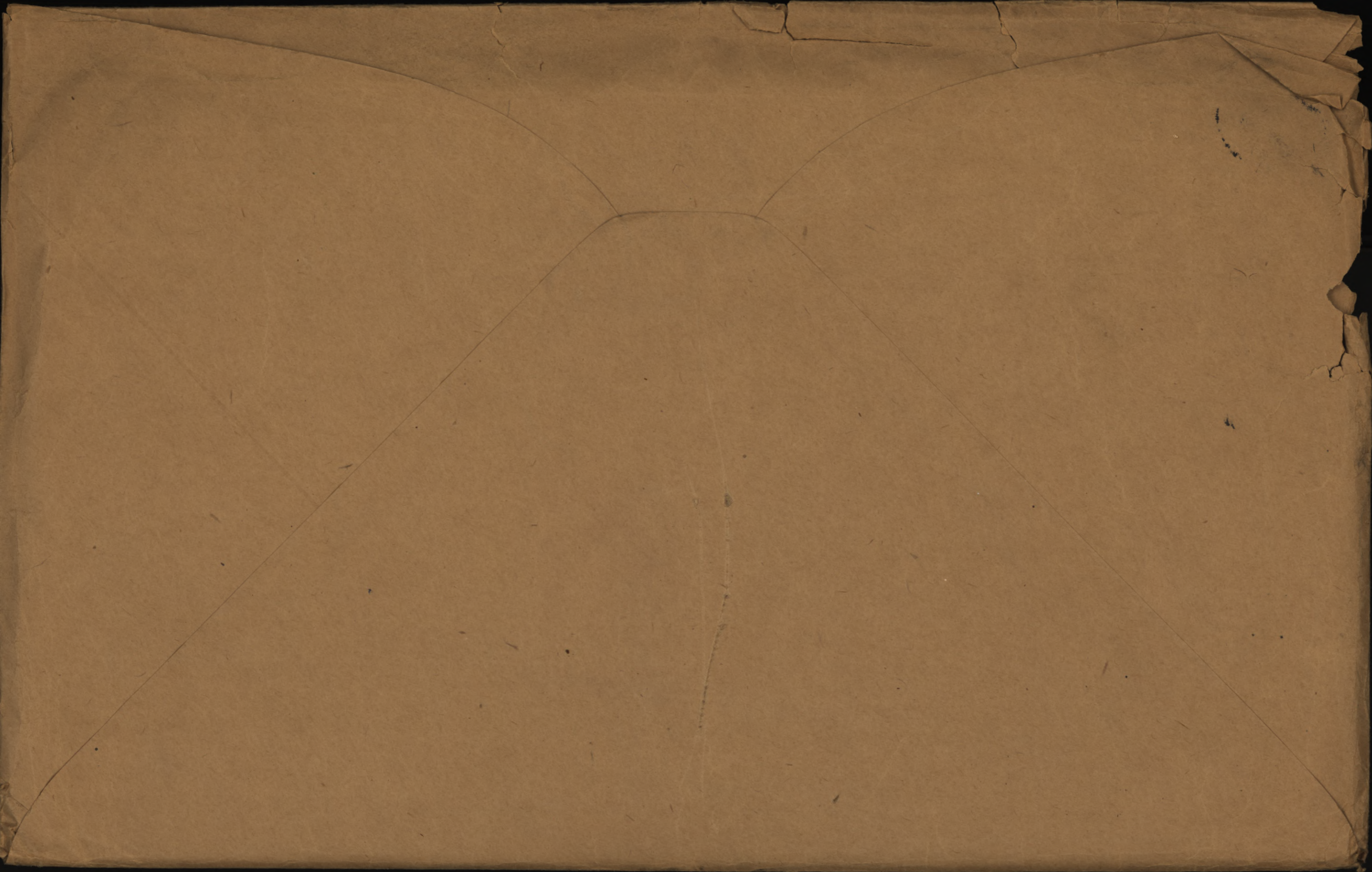
(S)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		R. A. H. 2174-1-7421-7-4			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		(M)			Category
7 TRAINING HISTORY SHEET (M.F.W. 113)					
7 FIELD CONDUCT SHEET (M.F.W. 178 or A.I.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				23140	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demobly</i>
2 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 C. D. D.					
4 Misc					
1 M. F. W. 192					
1 J. S. S. 132					
4 M. F. S. 1237					
2 Cas Cards					
1 M. F. W. 67					
1 pay card					
1 etc					

(H)

13-5
20-5
28-5

5



To be made out in duplicate.

H.O. 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 **724689**.....

(3) Full Name of Soldier **John Joacom Dovey**.....

(4) Place of Birth **Lindsay, Ont.**.....

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

(6) If married, state,
(a) Full name of your wife **No.**.....

(b) Present Postal Address **Nil.**.....

(7) Are you a widower? **Nil.**.....

(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?..... **Yes.** **Mr. Daniel Dovey,**
If so, state name and address..... **72 Withrow Ave., Toronto, Ont.**

(10) Is your Mother alive?..... **Yes** **Mrs. Harrietta Dovey,**
If so, state name and address..... **72 Withrow Ave., Toronto, Ont.**

(11) If your Mother is a widow..... **No.**
Are you her sole support, or not? **Nil.**

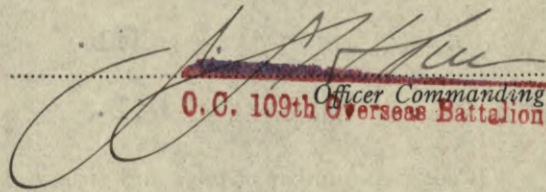
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Nil.

(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.
Nil.

(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.
No.

(15) Are you insured?..... **Yes.**
If so, in what Company?..... **London Life Insurance Company.**
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..... **June 30th. 1916.**


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



A. & D. CARD

AT.....

A. & D. No. 9010 PL. OF ACTION.....RANK. Capl REG. No. 724689 UNIT. 6 Can Res SICK OR WOUNDEDNAME Dovey J. AGE 23 RELIGION R.C.PLACE IN HOSPITAL A1DIAGNOSIS Simple frac. Metacarpals, injured Rt HumerusADMITTED 31-5-19 A FROM.....

DISCHARGED..... To.....

TRANSFERRED 28/6/19-16. Can Gen Hosp. OrpingtonSERVICE AT HOME 48/12 IN FIELD.....

RESULTS.....

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

NAME

Dovey John J. Occom

REGT'L No

724689

RANK AND CORPS

1st Lt. 109th Bn. (new 91st)

H. Q. FILE No. 649-

FOLLOWS

No.

Bn.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M5942 6/1187	26-8-17	#1 South African, Gen. Hosp. Abbeville, Aug. 16th. 1917. Hip.
M. J. K. Mrs. Hattie Dovey (by others) 72 Witterow Ave., Toronto, Ont.		
40-4 A649	21-10-18	Adm. 7 Cav Gen. H. Le Troport.
A6348	18-10-18	Oct. 12/18. GSW. knees.
H631	17-1-19	Dangill 2nd London Gen H. Chelsea.
#12 2-3	18-1-19	Jan 16 1919 Bronchitis
H694	9-2-19	Rem from Dangill list 2 Lon. Gen H. Chelsea SW Feb 5/19

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
8	Conn. Aldershot.	19-8-16	N. Y. D.
A343	#39 Gen, Havre	6-10-16	N. Y. D. slt
25	Conn. Aldershot.	8-9-16	U. D. G. Desch.
a378	39 Gen Havre Disc to Reinforcements	14-11-16	" " "
a591	1 South African Gen Abbeville	16-8-17	R SW R hip
a46	15 Conv. Depot Cayeux	15-10-17	" " " " (C. O. Reeg)
a63-5	Disc	1-11-17	" " " " " "
B349	1st Lt Gen Cambridge	17-10-16	N. Y. D. SW knee
B387	Mil Comd. W. P. Epsom Surrey	3-12-18	SW knee + R thigh ^{per} per
B422	Discharged	13-1-18	" " " " " "

NAME

Dovey, John Joeconn ^{v.} *M.M. 3143083-719 C.R.*

RANK & No.

Pto. Cpl. *Sos. Dis 16-10-19* *Amk 72 4689*

CORPS

109th. *#. 6310717-1-19* *DO 287714-10-19 #12. J.E.* *Batt.*

ENLISTMENT, PLACE

Lindsay, Ont. DATE *Dec. 28, 1915.* *S*

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Lindsay, Ont.

NEXT OF KIN

Dovey, Mrs. Hattie (mother)

ADDRESS OF NEXT OF KIN

*72 Withrow Ave;
Toronto, Ont.
L. 649-D-8705 10-9-17.*

DISCHARGE, PLACE

Sailed from Halifax *R/B. 19-9-19* *412* *5. left*
per S.S. "Olympic" *M. E. W. 22. 10010-9.15.*
23-7-16 *488* *12* *H Q. 1772-39 830.*

REMARKS:

No. *724681* RANK *Pte*
724689

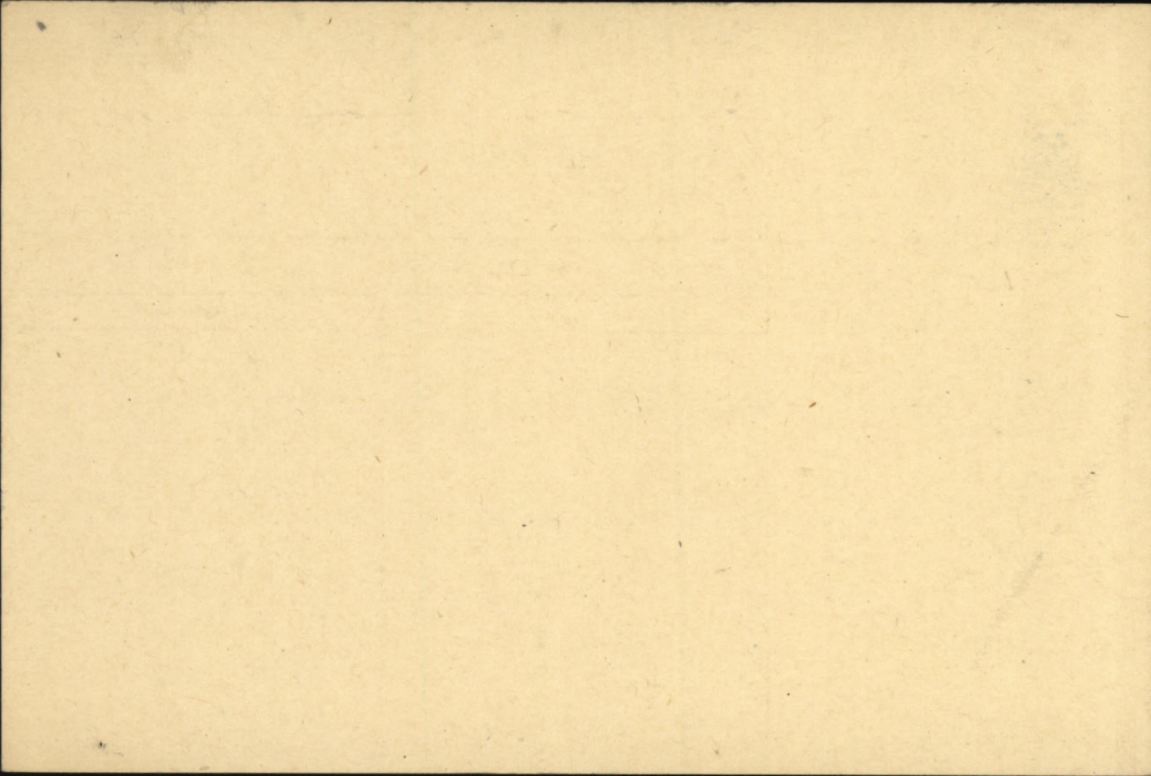
NAME *Davey. J.* *J.?*
J.

T. O. S. *6-12-15.* UNIT *109th. Battalion.*
D. O. N. 7-12-15.

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Dec 6</i>	<i>1915 Dec 31</i>	<i>✓</i>		
<i>1916 Jan 1</i>	<i>1916 Feb.</i>	<i>✓</i>	<i>Prom. Sgt. (without pay) 2-2-16.</i>	<i>D. O. 64 3-2-16.</i>
<i>Mar.</i>	<i>April</i>	<i>✓</i>		
<i>May</i>	<i>June</i>	<i>✓</i>	<i>Reverts from Sgt. 12-5-16.</i>	<i>S. O. 149 of 12-5-16.</i>
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



NAME

Sovey

J.

REGT. No.

724689

RANK AND UNIT

Cpl.

J.
Depot

CoR.

NEXT OF KIN

(Original misplaced)

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 429	Rem. from dengue hot 2 nd Can Gen Theresa	5-2-19	Bronchitis
6452	16 Can. Mr. O'pington	4-3-19	Broncho-pneumonia
C 480	Disch	4-4-19	Bronch pneumonia
C 497	Can Etchinghill	26-4-19	20
6523	Discharges	29-5-19	20
C 526	14 Can Gen L'bourne	1-6-19	Cont Humerus R
C 546	16 Can Gen Orp	29-6-19	fr. metacarpal 20

Joecom.

Name DOVEY, John-

Rank

Pte. *6pl*

Reg. No. 724689.

Unit

~~1st. Batta.~~C.O.R.A. 6th Res. Bn.

Next of Kin

*Mrs Hattie Dovey**10 Queen St**Hindray Ont*

Canada.

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

6-10-16. No. 39. G.H. Havre.

N.Y.D. Slt A343

14-11-16 Do. Dis To Reinf Havre V.D.G.

A378

16-8 1st.S.A.G.H. Abbeville GSW.R.Hip

A591 M5942

24-8

15-10 no. 5, C.D. Cayeux

Do.

A46

15305.

1-11. Discharged.

"

A63

15975

SM

12-10-18

769th Staples' GSW knees

A348

*4867/12*17-10 *1st L.C. B. Cambridge*5th

B349

*29438*3-12 *Quil (con) W. Epsom*5th Field

B387

*2423**Ref. B.377 of 5-12-18 Quil (con) W. Epsom repts.**"Grew knee flesh" lgt. to "Grew. h. knee & R. thigh."**B.396 5740*

13-1-19

Discharged

Do

B342h

*5092**Will proceed on 25.11.19 to 1-Command Witley**Rept D2200*

DOVEY - John. Joecorn. Cpl

724689.

Date	Movement	Place	Casualty	List No.	Notified N/K &	W.O. List
1919						
16-1	<u>Dangerously Ill.</u>	2 nd London	Gen. Hosp. Chelsea S.M.			6305
			Bronchitis	C429	H694	6833
5-2	<u>No longer Dang. Ill</u>		Do	C429	H694	6833
4-3	16 B 4 H Oxington		Broncho-Pneumonia	C453		8161
4-4	Discharged		Do	C480		3036
26-4	6 H Etchingham		20	C447		10214
29-5	Dischgd		"	C523		4143
1-6	14 B G. 51bourne	Gent.	Humeral R.			
			Trae Metacarpal	C526		11040
29-6-19	16. B. G. 19 Oxington		do.	C546		11429
11	of invalided to Canada.		do.	C24		9647
		510-2.				

NAME

Dovey, J.

REGT. NO.

724689

RANK AND UNIT

6th.

6 Res.

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

109 Bn.

Dovey John J.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
624 ²	7/16 b. Gen., Arpington Invalids Ban. (510700)	11-9-19	Cont. R. Humerus Fract. Metacarpal

H. Q. Reference

No. 724689

Rank

Cpl.

Unit

21st Battalion

Surname

DOVEY

Christian names

JOHN JOECHIM

Kindly forward Medals, to which I am entitled by reason of my
service in *FRANCE*

(Theatre of War)

with

21st Battalion

(Unit with which served in Theatre of War)

No.

282

Street

BAIN AVE

Town

TORONTO

County

YORK

APR 7 1922

John J. Dovey

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

5855-731655-9131

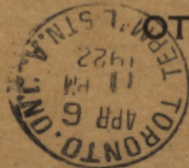
O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



DO NOT PLACE
MONEY
UNDERSTAMP

200M-1-21.

Number 724689

Rank

cpl

Surname

DOVEY

Christian Name

John Jelcon

Units

21st Bn Can Div

Theatre of War

France

Date of Service

6-10-16.

Remarks

Latest Address

282 Bann Ave

Toronto Ont

Roll No.

B Page 16585

200m.-2-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(E) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

DESP SEP 18 1945
REGON 4826600

Reg. No. 724689 Name Wovey J. J.
Rank Capt. Corps 6th Res. Age 24 Service 6 6/12 6 12 7 24/12
Ledger No. 476 Serial No. 93932832

HOSPITALS

DATE

DIAGNOSIS

St Andrews Hos Toronto
Det Unit

19-9-19.
10-10-19

Contusion both hands & rt elbow

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Convalescent Hospital,
Woodcote Park, Epsom.

Z
HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. _____

PL. OF ACTION _____

RANK

Cpl. 724689

UNIT

*21 Cav Batt*SICK OR
WOUNDED

NAME

Dovey J. J.

AGE

23

RELIGION

R.C.

PLACE IN HOSPITAL _____

DIAGNOSIS

G. S. W. Left Knee (flesh) & Rt Thigh

ADMITTED

2 DEC. 1918

FROM

1 E G Cambridge

DISCHARGED

D.I. 13-1-19

TO

B. B. W. Witley

TRANSFERRED _____

SERVICE AT HOME

3 yrs

IN FIELD

2 yrs

RESULTS _____

REMARKS.

3.12.18. No disability from healed
T & T. scar inner side Rt thigh 4"
above knee. Granulating superficial
wound inner side left knee.
Reports venereal warts. L.D & Dressings
6.1.19. Wounds Healed. & causing no
disability. Gen cond good
Fit for Discharge. D. 1.

J. H. Howell.
Capt. C. A. M. C.

*Name **I, DOVEY JOHN JOECOM** Rank **Cpl** Regtl. No. **724689**
 Original unit **TOR** Present unit _____ M. or S. Age **24** Religion **R** Fyle Depot _____
 Port, ship, and date of arrival **Halifax. Araguaya 19-9-19** Ref. H.Q. _____
 Next of kin **(M) Hattie Dovey 10 Queens St., Lindsay Ont.**
 Address on leave **282 Bain Ave., Toronto Ont.**
 Address on discharge **Same address**
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation **Eng. motor Fact.** Date and place of enlistment **Dec. 6th. 15. Lindsay**
 Diagnosis **Demob'n** Date of Medical Boards **7-10-19**

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
11-9-19	Posted to HOSP SECT .	
	leave with subs from 21-9-19 to 10-10-19	268.
21-9-19	Araguaya to St. And.	
	Leave 21-9-19 to 6-10-19.	H.S. 269

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

Surname: **Dovey** Christian Name or Names: **J. J.** Reg. No.: **724689**
 Rank: Unit: Co.: Troop: Batty:
 Pte. *dd* Hospital: **109th Bn.** *21 Bal. Co. Depot.* Date of Admission: **19.8.16**
(6R)

Transferred: **Connaught Aldershot** Hosp. **19.8.16**

no 39 G. H. Haure Hosp. **6-10-16**
S. African Gen. Abbeyville Hosp. **8-1-17**
5 Conv. Depot Bayeux Hosp. **15-10-17**
7 C. G. Etaples Hosp. **12.10.18**

Diagnosis: **N.Y.D. "Q"**

(1) Later Diagnosis (if changed): **✓ D.G.**
 (2) **S.S.W. Rt. Hip. B.**
 (3) **S.S.W. Knees**

Additional Diagnoses: If more than one state present
G.S.W. L. Knee & R. Thigh add
Bronchitis at.
Broncho-Pneumonia add

DISPOSITION: **V. D. G. L.** Date

DISPOSITION	Date	REMARKS
Cont. Humerus R. Fr.		
		metacarpal Dis 8. 9. 16.
C.L. 28.8.16	8	
" 14-10-16	A 343	Dis. to reinf. 14.11.16.
" 24. 10. 16	25-	plis. 11. 11. 17.
" 25. 11. 16	A 378.	" 13. 1. 19.
" 24. 8. 17	A 591.	" 29-5-19
" 26-10-17	A 46-2.	
" 15. 11. 17	A 63 ⑥	
" 18. 10. 18	A 348	
" 22. 10. 18	B 349.	
" 5-12-18	B 387 2	Note Ref. B 387. Diag.
" 16- 12. 18	B 396.	Changed to.
" 20. 1. 19	B. 422.	G.S.W. L. Knee & R. Thigh ✓

A.M.D. 2 Dept.
 Gen. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	10 ⁵ E. G. M. Cambridge.	17. 10. 18
	Woodcote St Epsom	3-12-18
2.	2 London Gen Chelsea	16. 1. 19
	16 C. G. St. Orpington	4. 3. 19.
3.		
4.	Can. Spec. Etchinghill,	26-4-19
5.	14 C. G. H. Eastbourne	1-6-19
6.	16 Can. Gen. Orpington.	29. 6. 19.
7.		

INV. TO CANADA 11-9-19

cf. 18. 1. 19 C 412

7. 2. 19 C 429 removed from ill. 5. 2. 19

7. 3. 19 C 453.

8. 4. 19. C 480.

Dis: 4. 4. 19.

30-4-19 C 497

31-5-19 C 523

5-6-19 C 526

5. 7. 19. C 546

Rank _____ Name DOVEY, John Joe Reg'l No. 724689
 Unit 109th, Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Lindsay, 6th, December, 1915. Place of Birth Lindsay, Ontario.
 Name and Address, Next-of-Kin Hattie Dovey.
10 Queen St, Lindsay, Ontario, Canada, Relationship Mother.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship R139
 Separation Allowance \$ _____ Payable to _____ Relationship 2-31
 Relationship X427

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.
<u>6</u>	Arrived in England per H. M. T. 2810		31-7-16	
18.8.16	Admitted to Hoopl	Dorden	17.8.16	Pt II D.O. 231 X C. 78 X
9.9.16	Dischd from Hoopl	Connaught	8.9.16	Pt II D.O. 253 X B L 26
5.10.16	S.O.S. to 21st Batta	Bramshott	5.9.16	Pt II. 150-279 Wzh
9-10-16	Taken on strength.	Yield	6-10-16	458
14-10-16	Adm 7039 Gen Hoopl	Harve	6-10-16	GRA 343 940 Pt.
25-11-16	Discharged to Reinforcements	"	14-11-16	" 378 929.
24 ⁶ / ₁₇	Adm. 1st Bth. African Gen. Hoopl	Abbeville.	16 ⁸ / ₁₇	— 5911 GSW. R Hip
25 ¹⁰ / ₁₇	Trans. to: No. 5. Com. Depot	Pte Cayeux.	15 ¹⁰ / ₁₇	— 46. —
14 ¹¹ / ₁₇	Dis. — —	Pte —	1 ¹¹ / ₁₇	— 63. —

A.F.B. 103 CHECKED
 10 OCT 1916

C.

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.				
13-4-18	21 st Co	Awarded 4.6 Stripe	Field	6-12-14	pt 250
14-9-18	✓	app'd to / Cpl.	Phi	✓	16-7-18 - 41
30-9-18	✓	promoted Cpl.	to Cpl.	✓	11-8-18 - 46
18-10-18	E.O.R	"Awarded"	Cpl.	✓	12-10-18 to Lt. 2948 45th W. Kansas 21 st pt 286 D 23-10-18
25-10-18	E.O.R	is d' in posted from 21 st Co Cpl. Seaford	14-10-18	pt 264	
14-1-19	✓	<i>M.M.</i>			
14-1-19	✓	On com to 1 st B. Co	Cpl. Willey	13-1-19	pt 14 1 st C.C.D. D 21 d/28.1.19 d/27-1-19.
22-7-19	✓	Commission com to 1 st C.C.D	" 5 th Ford	24-1-19	pt 45 + 17 C.C.D. 17 II 48 1 st Lt. 50 81
11-4-19	✓	posted to 6 th Co - Res Co	" "	4-4-19	pt 854 pt 10-4-19
16-6-19	6 th Res.	SOS to no 3 Red Sep Group	" "	31-5-19	- 135 EORD 9,143 7-19-6-19
E.O.R.					
6-8-19	21 st Co	Awarded Civil Medal.	London		After Ord 9 to 81
		(auth London Gaz 31430 d/ 3-7-19.)			
18-9-19	Gen Cas. List.	Ino to Canada. (S.L. 570)	"	11-9-19	to Lt 624
24-10-19	EORD	SOS to Canada	LONDON.	11-9-19	pt 2 a/10 15

SERVICE AND CASUALTY FORM (Part I).

(1)*Substantive rank *Acting rank <i>cpl.</i> *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No. <i>7246.89</i>
(4) Surname <i>Dovey</i>		
(5) Christian Names <i>J. J.</i>		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of Posting Officer)
(18) Demobilizer (f)	(Date)	
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

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, Shoehing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
 Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co (3490)

Date.	(A) Report *From whom received	(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
-------	--------------------------------------	--	--	--------------------------	---	---

Having been 21 days in London General Hospital ceases to be attached to this unit Effect 27-1-19 P# 48 Part II.

J. H. Casey
Adjutant,
Canadian Command Depot,

17/1/19 EORD.

ceases to be shown in Hoop. & will be shown

11-4-19 EORD. P# 85.

on command to 1st CCL Seaford 13/1/19 P# 7 D.O. 14
ceases on command to Seaford 27-1-19.
1st CCL shown in Hospital

11/4/19 EORD P# 85

ceases shown at Seaford 4/4/19
in Hoop 1 at 6th
Res Bn

W. G. ...
East ... Depot

10-4-19 O.C. 6th Res B.O. 81

J.O.S. on posting from Seaford 4-4-19

16.6.19 Ob 6th Res

EORD.
On admission to Raven Seaford 31.5.19 P# B.O. 135
scrapped Hoop Seaford
upon posting to
No 3 Reg Depot Group
Bottle

Nothing to be written in this margin.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 724689

*Substantive Rank _____ Surname Dorey Christian Names John Joseph

*Acting Rank _____
(* To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

A1834 W. 6425-P16-G 5,000,000 10/18 G. W. R. Co. 3973.

(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					
			Arrived in England Per H.M.	T 2810	31. 7. 16	
18. 8. 16		C. Co. 109 th	Admitted to Hosp.	London	17. 8. 16	P. # 231828
9. 9. 16		"	Discharged from Hosp.	Connought	8. 9. 16	" 253 " 29
5. 10. 16		"	S. O. to 121 st Bn.	Bushett	5. 9. 16	Pr. Co. 279 West
9. 10. 16		21 st Bn.	Taken on strength.	Field.	6. 10. 16	" 58
14. 10. 16		"	Adm. No 39 Gen. Hosp.	Have	6. 10. 16	BLA. 343
25. 11. 16		"	Discharged to Reinforcement		14. 11. 16	" 378 W. S. H.
24. 8. 17		"	Adm. 1 st Bn. Gren. S. H.	Aboull	16. 8. 17	591
25. 10. 17		C. O. R.	Trans. to No 5 Conv. Depot.	Pl. Coynt	15. 10. 17	" 46 "
14. 11. 17		"	Dis. " " " "	"	1. 11. 17	" 63 "
13. 17. 18		21 st Res.	Awarded G. L. Stripe.	Field.	6. 12. 17	Pr. # 50
17. 9. 18		"	App. R. / Bpl.	"	16. 7. 18	" 71
30. 9. 18		"	Promoted C. P. L.	L. G. Pl.	11. 8. 18	" 46
28. 10. 18		C. O. R.	Wounded	Cpl.	12. 10. 18	BLA. 348
						G. S. W. Knows.
						21 Pr. # 86 / 23. 10. 18

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 109th Div.
 Regimental No. 724689 Rank Cpl. Name Mooney, John Joeann
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				
<u>11.9.19</u>	<u>T.O.S. No. 2 District Depot, Part II, D.O. No. 268</u>				
					<u>Stinchett</u> Capt. For O. C. No. 2 District Depot
		<u>S.O.S. DIS.#2 D.D. 16th Oct. 1919 Pt. 11 D.O.#287</u>			
					<u>Stinchett</u>
<u>24.10.19</u>	<u>E.O.P.D.</u>	<u>S.O.S. to Canada w/p.</u>		<u>11.9.19</u>	<u>ad. 15d./24.10.19.</u>
<u>6.8.19</u>	<u>21st Bn</u>	<u>awarded Mil. Medal.</u>			<u>AO 9 LG. 3143 ad 3-7-19</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

for D of B

D12
(10)
724689

ORIGINAL
MEDICAL HISTORY SHEET.

314

Surname DOVEY Christian Name John Goreau

Examined on 6th day of Dec 1915
 at Lindsay
 Birthplace { City or Town Lindsay
 County Ontario

Approved by J. McCulloch
J. McCulloch
 Rank W. E. J. M.O.

Apparent age 20
 Trade or occupation State Engineer
 Height 5 Feet 5 Inches
 Weight 142 Lbs.
 Chest measurement { Minimum 33 1/2 inches
 Maximum expansion 37 1/2 inches
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>6/1/19</u>	<u>OT</u>	<u>James H. Howell</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm None Right None Left Two
 Number 1 Two
 When Vaccinated last 4 years ago Feb. 2nd 1916

Date	Result	VACCINATIONS
<u>2.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease mark of operation over Bladder
 (b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</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.
<u>2.10.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 6th day of December 1915 at 740

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn</u> <u>CE 7</u>	<u>724689</u>		<u>6.12.15</u>
Transferred to.....	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

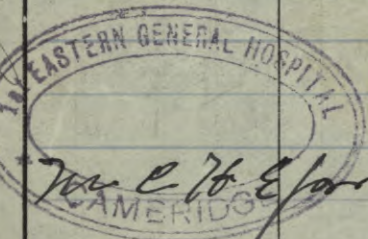
STATION.	DATE.	DISEASE.	RESULT.
<u>No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.</u>	<u>7 JUL 1919</u>	<u>Old Contusion Left Right Elbow</u>	<u>Fit</u>
<u>Toronto</u>	<u>10.10.19</u>	<u>nil</u>	<u>Fit</u>

CAMBODIAN

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.

Christian Name: *John Galloway*
 Surname: *Raney*

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>Courant Ashd No 39 New Hope Harve</i>		18	8	16	7	9	16	<i>Gonorrhoea</i>	21	<i>Antim. Linydin Pt. Kwany. Iced.</i>	<i>J. V. Lamb</i> <i>Senanc</i> #343
		6	10	16	14	11	16	<i>N.Y.D. Sel. V.D.G.</i>		<i>Discharged to Reinforcement</i>	#378.
		17	10	18						<i>Wds treated no Disability fit for</i>	
<i>W.C. 76 E. Farm</i>		2	12	18	1	3	JAN 1919	<i>G.S.W. Left knee R- Thigh</i>	43	<i>PT</i>	<i>1918-16-12-18</i> 2
										<i>James H. Howell</i>	<i>Capt. C.A.M.C.</i> <i>No. 1 Division</i>
		25	4	19	5	19		<i>Clinical V.D.S.</i>	54	<i>2nd attack - G.C. Anca - negative no complication - Discharged as apparently cured.</i>	<i>R. B. Anderson</i> <i>Capt. Canad.</i>
		31	5	19	28	6	19	<i>Fract Simple Metacarpals Inj. Humerus etc</i>	30 29	<i>Tray shows simple fracture head of radius Position good. Le. Injury done</i>	<i>A. Keen</i> <i>Capt</i>



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.

W1889-P21150 IM 5/18 G.W.P.Co (34/00)

(1)*Substantive rank <i>Capt</i> *Acting rank *{To be entered in pencil to facilitate alteration.} (4) Surname <i>DOVEY</i> (5) Christian Names <i>John Joccom</i> (6) Army Form, number of, Attestation Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No. <i>724689</i>
--	-----------------------	-------------------------------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended {	(23) Re-engaged {
(24) Miscellaneous entries:—	

(Signature of Posting Officer)

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] It 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)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			England NMT.	2810	31.7.16	
18.8.16	0/6109	231.	Adm Corp	Borden	17.8.16	
9.9.16	do	253	Discharged Corp	Commaught	8.9.16	
5.10.16	do	349	S.O.S. to 21 Bn.	B'kott.	5.9.16	
9.10.16	21 Bn	58	S.O.S.	Field.	6.10.16	
14.10.16	do	GA 373.	Adm 3y Corp	Haure	6.10.16	
25.11.16	do	" 378	Disch to Reserve	"	14.11.16	
24.8.17	do	" 291.	Adm 1st Apr 2 Corp	albonville	16.8.17	
25.10.17	EOR	" 46.	Trans to 2. Co. Corp	Coyeur	15.10.17	
14.11.17	do	63	Disch	"	1.11.17	
13.7.18	21 Res	GA 50	Award Blue stripe.	Field	6.12.17	
17.9.18	do	71.	App ^d Lt/Col	do	16.7.18	
30.9.18	do	76	Promoted Corporal	do	11.8.18	
18.10.18	EOR	GA 318	Wounded.	do	12.10.18	
25.10.18	do. D.	GA 267	Wa & posty for 21 Bn	Scaf ^d	17.10.18	
17.1.19			M. M.			
17.1.19	do	14	ofc to 1880	Wiley.	13.1.19	
23.1.19	1660	21.	ofc for EOR	"	13.1.19	
22.2.19	EOR	43	Recess ofc. to 1880	Sford	24.1.19	
11.4.19	do	85	posted to 6 Res Bn	"	4.4.19	
10.4.19	6 Res Bn	10	✓ for EOR	"	4.4.19	
16.6.19	do	135	S.O.S. to 203 Res Coy G.	"	31.5.19	
19.6.19	EOR	143	S.O.S. for 6 Res Bn	"	31.5.19	
6.8.19	21 Bn	AD.9	Award: M.M. (LON GA 3 214304/27.19) P.W.D.	Certified copy	31.5.19	

Cer. True copy

701 Bn

Nothing to be written in this margin.

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. 724689 Rank Cpl. Surname DOVEY
(Given name in full)

John Loecom

Unit or Corps # 2 D.D. Birthplace Lindsay, Ont.

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

1. GENERAL DESCRIPTION: estimated

Physique Good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes brown

Nutrition Good

Pulse 72 regular

Condition of arteries Soft

Vision Rt. 6/12 4 Left 6/12 4

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
 Scar above symphis pubis.
 Operation over bladder when
 12 years of age.

Opinion as to general health and physical condition Good.

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

Nervous System No. Genito Urinary System Yes Cardio-Vascular System No.

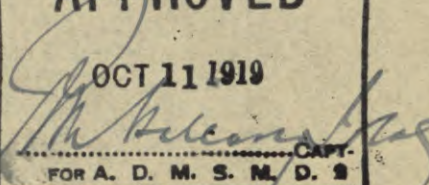
Special Senses No. Integumentary System No. Respiratory System Yes,

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System Yes 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.

- (1) Abscess in region of bladder when 12 yrs. of age.
- (2) V.D.G. 18-8-16, Recurrence 28-5-19 - Recovery.
- (3) Broncho pneumonia 14-1-19 - 4 - 4-19, Recovery.
- (4) Simple fracture, radius right, Injury to both hands, complete recovery.
 No disability.

APPROVED
 OCT 11 1919

CAPT.
 FOR A. D. M. S. M. D. S.

(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 *St Andrews*(Canada)

Date *Oct 7 1919*

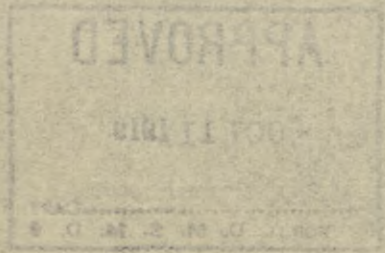
Signed *J. B. ... Capt.*M.O.

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

Signature *J. P. Davley*

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

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



[OVER]

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. 724689 Rank CPL Surname DOVEY, JOHN JOECOM.
(Given name in full)

Unit or Corps 2 D D. Birthplace LINDSAY, ONT

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72 Regular
 Condition of arteries Soft
 Vision Rt. $\frac{6}{12}+$ Left $\frac{6}{12}+$
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Scar above symphysis
Pubis. Operation over
Bladder. when 12
years of age

Opinion as to general health and physical condition good

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

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

- (1) Abscess in region of Bladder when 12 years of age.
- (2) V.D.G. 18.8.16 - Recurrence 28.5.19
- (3) Broncho Pneumonia Recovery.
14.1.19 - 4-4.19 Recovery
- (4) Simple fracture - Radius Right
injury to Both Hands - complete Recovery
No disability.

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 *St Andrews NR*(Canada)
Forrest

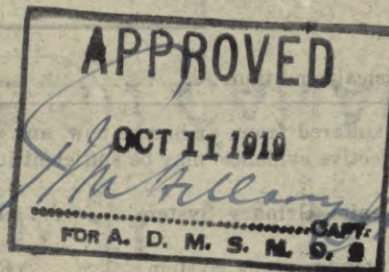
Date *Oct 7 1919* Signed *J. D. Edmiston*M.O. *capt*

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 *J. D. Edmiston*

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

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge

Class A

No. 401037

Issued

This is to Certify that No. 3724689 (Rank) 1/CPL.

Name (in full) DOVEY, John, Joseph. (H.M.) enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ontario on the 6th.

day of December 1915

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of "DEMORILIZATION"

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

Age 24 Yrs.

Marks or Scars Vacc. scars left arm.

Height 5' 5"

scar above symphis pubis.

Complexion Fair

WOUNDED: 12-10-18

Eyes Brown

GOLD STRIPE ONE.....1

Hair Brown

AWARDED: MILITARY MEDAL.

AUTH: London Gas. #31430 D/S-1-19.

J. J. Davy
Signature of Soldier

H. J. ...
Issuing Officer

Date of Discharge 16th October 1919

Rank

Appointment

Signed at Toronto, Ont. in this 16th. day of October 1919

in Military District No. 22.

File Reference No. _____

No. 2 DISTRICT DEPOT
OCT 16 1919
TORONTO.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

Name of Officer

Rank

Appointment

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

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Miss. Hattie Dovey.*

By Whom Assigned *Dovey. J. J.*

Address *72. Wilthron Ave
 Toronto. Ont*

Regtl. No. *724689.*

Rank *Private*

Corps *109th Bn.*

Rate *15⁰⁰ Aug 17/16*

2M. 18⁹/₁₆ W/B 27¹⁰/₁₆

PAYMENTS

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



MULTI-PART
ASSIGNED BY
QUESTAS CONTINGENTS

By Whom Assigned

Ref. No.

Rank

Code

INITIALS

REMARKS

Age

Country

Year

Month

To Whom

Address

Rate

Rate

Rate

Rate

Rate

1010

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 4503. - Req. 6332.

Miss. Hattie Dorey

PAYMENTS.

Pte.
 Name of Soldier *Dorey J J*
724689
109th Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰ Aug 1st</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>023938</i>	<i>45</i>	
Nov.		<i>229246</i>	<i>15</i>	
Dec.		<i>34622</i>	<i>15</i>	
Jan.	1917	<i>238957</i>	<i>15</i>	
Feb.		<i>344285</i>	<i>15</i>	<i>15-11</i>
March		<i>R47226</i>	<i>15</i>	<i>15-11</i>
April		<i>M 2086</i>	<i>15</i>	<i>15-B</i>
May		<i>U7651</i>	<i>15</i>	
June		<i>P14470</i>	<i>15</i>	<i>15-B</i>
July		<i>723678</i>	<i>15</i>	<i>15-C</i>
Aug.		<i>H26545</i>	<i>15</i>	<i>15-C</i>
Sept.		<i>G35134</i>	<i>15</i>	<i>15-C</i>
Oct.		<i>T 41313</i>	<i>15</i>	
Nov.		<i>Q 53741</i>	<i>15</i>	
Dec.		<i>Q 55722</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

255⁰⁰

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

INSTRUMENT

FOR THE PURPOSE OF
SUPPORTING THE

FOR THE PURPOSE OF
SUPPORTING THE

1911

DEPARTMENT OF THE INTERIOR
BUREAU OF LANDS

WASHINGTON, D. C.

1911

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6th R. Batt. Canadians

No. 424689

Rank and Name Dovey, Lpl.

Age 23

Military Hospital _____

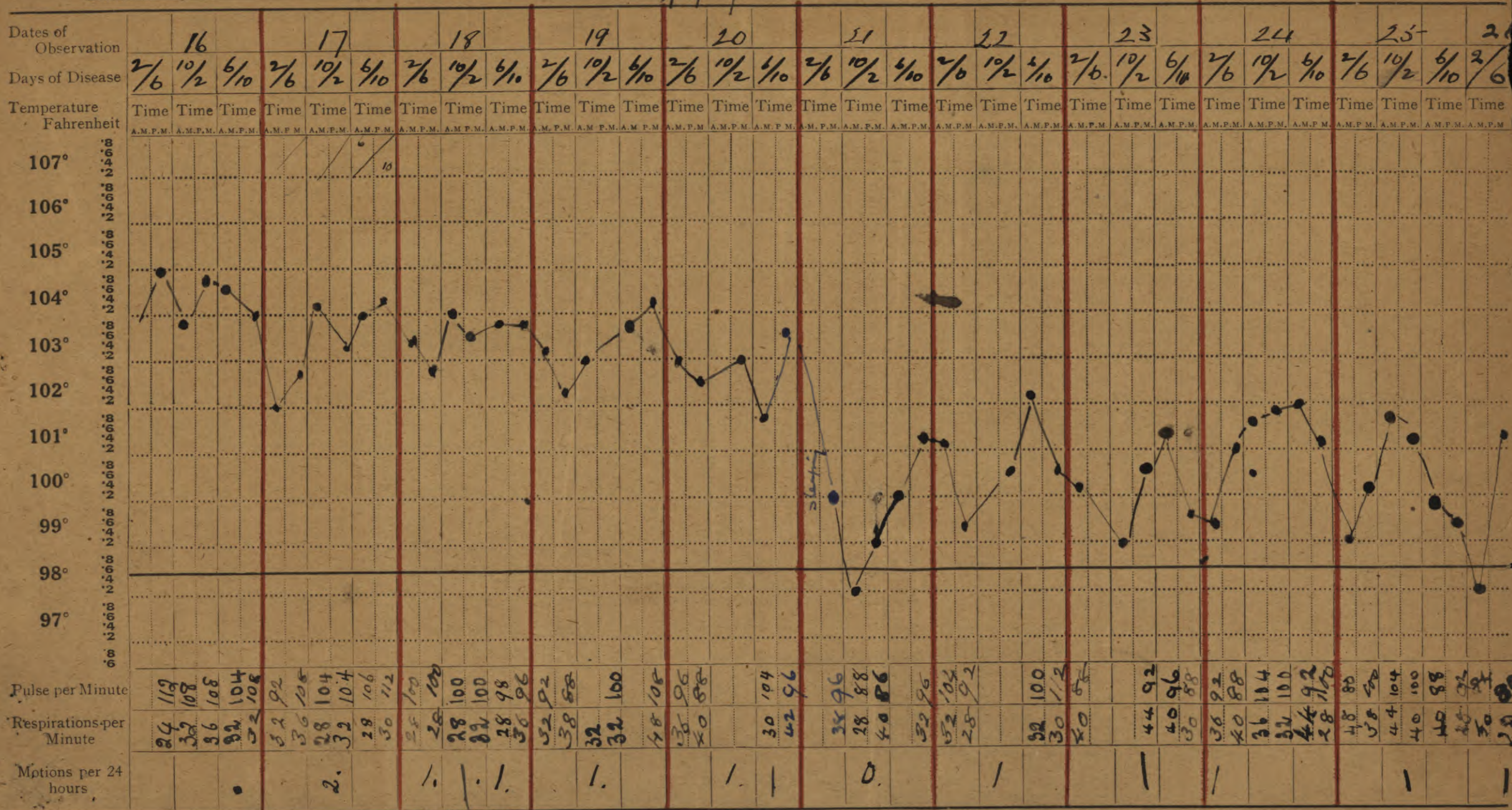
Service _____

Disease _____

Date of admission 14/1/19

Date of discharge _____

Result _____



Signature _____

In charge of case. _____

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6th Batt Canadians

No. 424689

Rank and Name Cpl Doney

Age 23

Military Hospital 2nd Long 1

Service 3 yrs.

Disease _____ Date of admission 14.1.19.

Date of discharge _____

Result _____

Dates of Observation	Feb																											
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute	76	73	92	84	84	80	82	88	80	88	86	80	80	80	80	76	80	96	80	80	80							
Respirations per Minute	20	20	24	24	24	22	24	20	20	20	20	20	20	20	20	20	20	20	20	20	20							
Motions per 24 hours	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1							

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 131.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

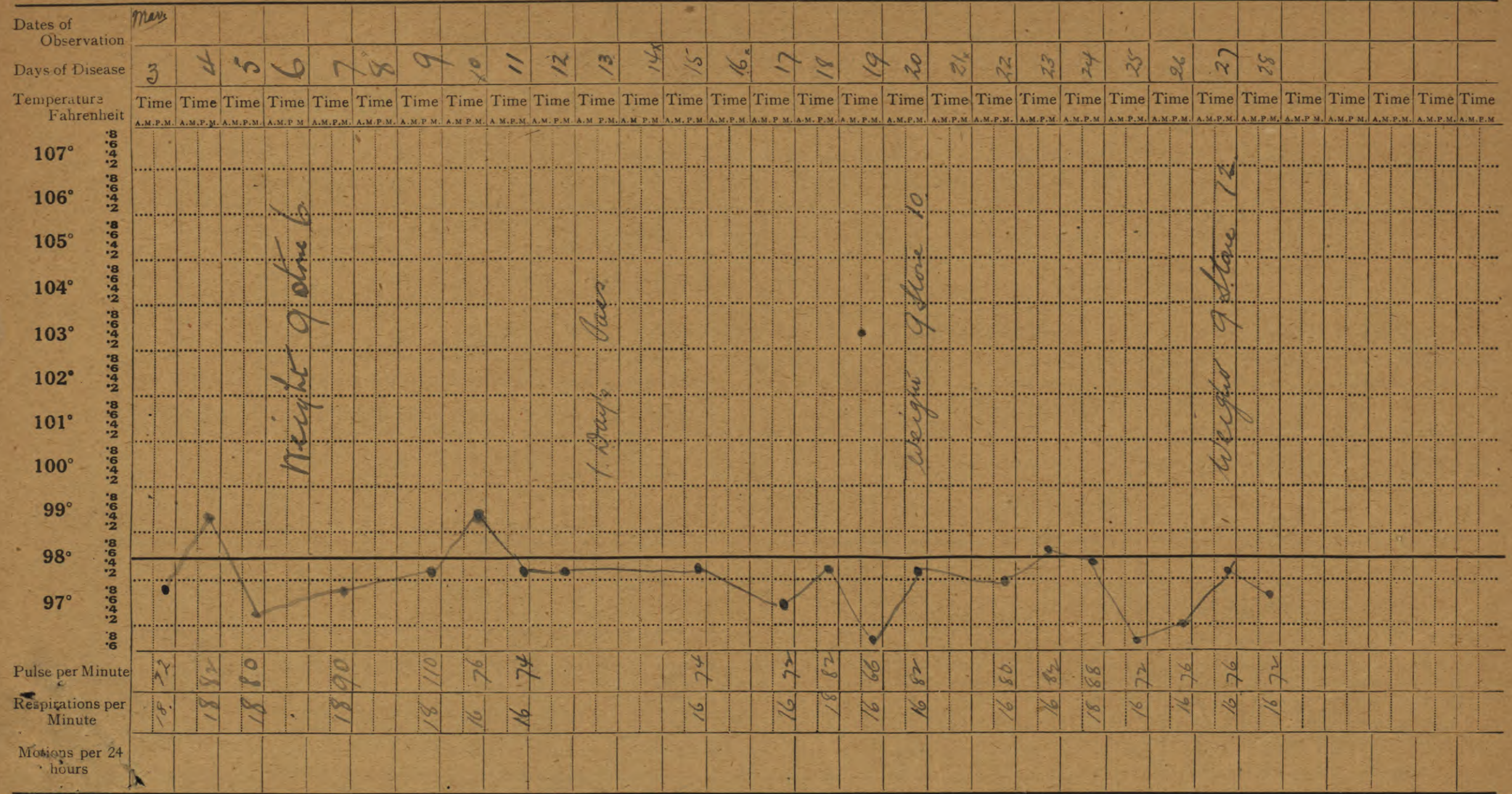
Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time			
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.			
107°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
106°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
105°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
104°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
103°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
102°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
101°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
100°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
99°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
98°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
97°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
96°	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2	.8	.6	.4	.2
Pulse per Minute																																
Respirations per Minute																																
Motions per 24 hours																																

Signature _____

In charge of case.

CLINICAL CHART.
(To be attached to Case Sheet.)

Corps 6 Res. Cav. Military Hospital O. M. H.
 No. 724689. Rank and Name Pl. J. J. Dancy. Age 23 Service 3 1/2
 Disease Bronch. Pneumonia. Date of admission 3-2-19 Date of discharge _____ Result _____



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital NO. 38 CANADIAN GENERAL HOSPITAL (HOBBS)

Service _____

BRISTOL, KENT

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																													
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M. A.M.P.M.																												
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature _____ In charge of case.

CASE HISTORY SHEET.

St. Andrews Military Hospital, Hospital. Toronto Station.

No. 724689 Rank. Cpl Name. Doney Jno Age. 24.

Unit. 2nd Completed years of service Where and how long } 6 1/2 8 1/2 9 2/2.

Date of admission. 21-9-19 Date of discharge. OCT 10 1919

Diagnosis. Contusion in Both Hands elbow. Place of origin. 1-6-19 England
1st O.S. 1. till 6-10-19

CONDITION ON ADMISSION AND PROGRESS OF CASE

Oct 7. 1919. On admission patient is found to have fully recovered from any disabilities and is written up on M.F.W. 129 for discharge.
B.G.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) none required.

439328

CONDITION ON DISCHARGE

(and disposal made of case.) Fully recovered - no disabilities

Date. J. B. Edmiston Capt Medical Officer i/c case.

CASE HISTORY SHEET

DATE: 10/10/2000

NAME: [Faint Name]

ADDRESS: [Faint Address]

CITY: [Faint City]

STATE: [Faint State]

DESCRIPTION OF CASE: [Faint Description]

DATE OF ONSET: [Faint Date]

SYMPTOMS: [Faint Symptoms]

DIAGNOSIS: [Faint Diagnosis]

TREATMENT: [Faint Treatment]

PROGNOSIS: [Faint Prognosis]

COMMENTS: [Faint Comments]

PHYSICIAN: [Faint Physician Name]

HOSPITAL: [Faint Hospital Name]

DATE OF DISCHARGE: [Faint Date]

PHYSICIAN'S SIGNATURE: [Faint Signature]

DATE OF ENTRY: [Faint Date]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P. 250M-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 724689 Rank Corp. Name Dovey, J. J.
 Unit who was* No. 2 District Depot **DISCHARGED** (Surname first)
 On 16-10 1919, to Demob.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-10 to 16-10 1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		58.87
Regimental Pay..... <u>16</u> days at \$ <u>1</u> .c. <u>20</u>		19.20
Field Allowance..... <u>16</u> days at \$ <u>1</u> .c.		35.-
Separation Allowance.....		7.0.-
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque no.....		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>166173</u>	183.07	
Total	<u>183.07</u>	<u>183.07</u>

*Give particulars.

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS
J. H. [Signature]

DEPARTMENT OF MILITIA AND DEFENCE

DISCHARGED

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 Dovey.....
3. Rank Cpl...... 4. Original Unit 109th Bn...... 5. Reg. No. 724689.....
6. Address, in full, to which future payments of gratuity are to be forwarded
282 Baint Ave., Toronto, Ontario, Ontario.....
7. Date of enlistment in the C.E.F..... 6th Dec. 1915.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable.....
9. Relationship of such dependent
10. Present address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ?
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:
left Canada July 20th, 1916 with 109th Bn.
returned Sept. 20th, 1919
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 units 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 .. (3 Yrs. 9 Mens. 24 dys.) ..
109th Bn. #2 D.D.
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

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *DOVEY John Joccom.*

EFFECTIVE DATE: *1/8/16*

EFFECTIVE DATE: -

NUMBER: *724689*

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mrs Lattie Dovey (Mother)
72 Withrow Ave., Toronto,
Ontario, Can.*

*P.O. 712, 17/9/18 16/7/18 Plt
" 762, 30/9/18 11/8/18 Lance Corp.
Corporal*

UNIT AND TRANSFERS

ORIGINAL UNIT: *109th Bn.*

DATE ACCOUNT FIRST OPENED: *1-8-16.*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

Stopped eff. 1/8/19

21st Bn.

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
<i>26/6/19</i>	<i>895</i>	<i>L. Bourno</i>	<i>247</i>			<i>LSA</i>	<i>132/96</i>
<i>29/6/19</i>	<i>896</i>	<i>L.P.</i>	<i>992</i>			<i>EP/6</i>	<i>7413</i>
<i>27/7/19</i>	<i>907</i>	<i>L.P.</i>	<i>1186</i>				
			<i>6082</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
<i>P.O. 712, 17/9/18</i>	<i>105</i>	<i>10</i>		
<i>" 762, 30/9/18</i>	<i>110</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Provided to Comd. 1/8/19 Unit A-177 16644 Capt 16644 Capt 9/4/19 L.P. Bal.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>8/1/16</i>	<i>Real For</i>								<i>4636</i>		
<i>16/1</i>	<i>PT</i>	<i>33</i>		<i>Can. Al.</i>				<i>15</i>			
				<i>AR 4 9/4/18 21Bn</i>	<i>446</i>						
				<i>20P. D369 15-3-18</i>	<i>-35</i>				<i>5955</i>		
		<i>33</i>			<i>451</i>			<i>15</i>			
<i>May</i>	<i>IP</i>	<i>3410</i>		<i>AP</i>				<i>15</i>			
				<i>AR 70 3/5/18 21Bn</i>	<i>803</i>						
				<i>" 130 19/5/18 "</i>	<i>357</i>						
		<i>3410</i>			<i>1160</i>			<i>15</i>	<i>6705</i>		
<i>June</i>		<i>33</i>		<i>Sen ap</i>				<i>15</i>			
				<i>AR 203 9/6 21Bn</i>	<i>446</i>						
				<i>" 264 1/6 "</i>	<i>712</i>				<i>7345</i>		
		<i>38</i>			<i>1160</i>			<i>15</i>			
<i>July</i>	<i>IP</i>	<i>3410</i>		<i>AR 18 8/7 21Bn</i>	<i>446</i>						
				<i>" 612 2/7 "</i>	<i>357</i>				<i>8452</i>		
		<i>3410</i>		<i>AP</i>	<i>357</i>			<i>15</i>			
<i>Aug</i>		<i>3410</i>		<i>20R 26/7/18 21Bn</i>	<i>67</i>						
				<i>AR 732 4/8 "</i>	<i>357</i>						
				<i>" 936 24/8 "</i>	<i>357</i>				<i>9581</i>		
		<i>3410</i>		<i>CAP</i>	<i>711</i>			<i>15</i>			
<i>Sep.</i>	<i>App. 2/Cpl. - eff. 14/7/18 - 4 days @ .05</i>	<i>735</i>		<i>AR 1106, 21Bn, 3/9/18</i>	<i>357</i>						
	<i>Prem. Cpl. - " 1/8/18 - 21 " " .05</i>	<i>105</i>		<i>" 1239, " 24/9</i>	<i>357</i>						
	<i>P.S.A.</i>	<i>36</i>			<i>711</i>			<i>15</i>	<i>11307</i>		
		<i>3940</i>		<i>Edl.</i>				<i>15</i>			
<i>Oct.</i>	<i>Caplin Pay.</i>	<i>3720</i>		<i>4629. 25/10 H.R.</i>	<i>973</i>				<i>12554</i>		
		<i>3720</i>			<i>973</i>			<i>15</i>			

COMPILED BY *A. H. Meyer*
CHECKED BY *Kearney*

NUMBER 724689

RANK

NAME DOVEY J.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Prot Ford								12554		
Nov	c.p.	86		bal.				15			
				2729 3112 Epson	487						
				3722 3112	487						
Dec	c.p.	3720		bal.				15			
Jan	c.p.	3720		bal.				15	18120	1063-19	
		11040			974			45			
Feb	✓	3960		bal.				15			
	S.P. 13.02.19 20.23 24/19	876		5842 2111/14	973						
Mar		3720		1053 13/1/19	4867						
				834 9/1/19 ✓	973						
				bal. 20/2	973						
				bal.				15	15776		
				15049 12-3 Orp.	487				15289		
		7756			7787			30			
Apr	b.p.	36		bal.				15			
May	✓	3720		O/S.P. from 2300 13 th to 2300 14-3-19		120					
				672 D.O. 17.2.19 Orp	487						
				461 4-4 Orp	5840						
				209 10-4 ✓	730						
				650 23-4 ✓	487						
				bal.	7544			15			
				659 14-5 Etchingham	243				11702		
		7320			7787			30			
June	c.p.	36		bal.				15			
July	✓	3720		H.S.V. 27/4/19 628/5/19 34 days 130.123 31/5/19 6 days		2040					
				749 12-6 Eastbourne	243						
				1131 28-5 Etchingham	243						
				bal.				15			
				AR 895 26.6.19 14 days 10. 243					13259		
		7320			729	2040		30			
				AR 7087 9/7/19 Orpington	4867						
				6344 17/19 ✓	973				7413		
					5840						
				AR 8252 12/8 End Orp	973						
				AR 1986 1/5 Nitley	16				6424		
					989						
				8594 p.q. End Orp	973				5451		
					973						

LOS loan 10.9. S/L 4510

Report No. 203

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 724689 Cpl. Boney Age 23 Corps 6 Cav.

Disease ? Acute Phthisis Hospital - 2nd Lond.

To Officer i/c Laboratory. Ward 35.

Please carry out an examination of the accompanying specimen of Spulveria
with special regard to - ? T.B. ? organism

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 24-1-19 Bramley
O. i/c Ward.

LABORATORY REPORT.

No. T.B. COULD BE DETECTED.

Staphylococcus albus
Mycobacterium
Diphtheria Bacteria

28 JAN 1919

Date of Examination _____ G. Gordon

O. i/c Laboratory.

Best No. Rank and Name

James H. ...

Place

...

To Office of Laboratory

Please carry out an examination of the accompanying specimen of

with special regard to

Yes of previous reports filed

In Pathologic Reports a resume of clinical history, treatment or progress since last report should be given

Date

[Signature]

LABORATORY REPORT

ALL THE ABOVE IS DESTROYED

James H. ...
...

JAN 1913

Date of Examination

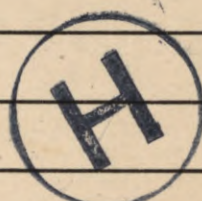
[Signature]

Office of Laboratory

CASUALTIES

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.) EG

No. 401037
Class 1037
War Service Badge



1. No. #724689

2. Rank L/CPL.

3. Name DOVEY, John, Joecon (M.M.)

4. Unit 109th Battalion (#2 D.D.)

5. Date of Discharge OCT 16 1919 Place TORONTO, ONT

6. Reason for Discharge.....
"DEMOBILIZATION"
.....
.....

7. Authority (#2 D.D. Part 11 Daily Order #287)

8. Proposed Residence after Discharge.....
282 Bain Ave., Toronto, 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. ?.....

J. J. Dovey
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date OCT 16 1919

No. 2 DISTRICT DEPOT
OCT 16 1919
TORONTO.

H. J. Sargent
Signature.....
(O. C. Discharging Unit.)

U.S. DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C.



Form with multiple horizontal lines for text entry. The text is mostly illegible due to fading and bleed-through from the reverse side of the page.

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undersigned place and date I received my discharge certificate

DATE

[Handwritten signature]
Signature of Soldier

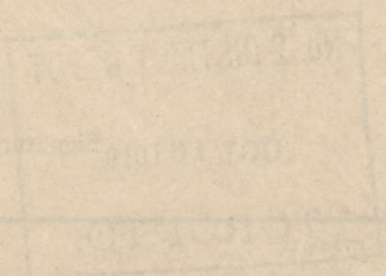
CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

[Handwritten signature]
Signature of Official



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

Report No. 2352 B.

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } Cpl. Dovey 724689 Age Corps 6 Can. Res.

Disease Bronch. Pneum. Hospital 16 Can. General

To Officer i/c Laboratory. Ward 20.

Please carry out an examination of the accompanying specimen of Sputum
with special regard to T.B.

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 5/3/19 B. Hannah
O. i/c Ward.

LABORATORY REPORT.

W. T. Byford

Date of Examination Met 5/19 R. D. Meyerle
O. i/c Laboratory.

Recd. No.
Bank and Name

Hospital

Word

To Director of Laboratory

Please carry out an examination of the nonparticulate specimen of _____
with special regard to _____

No. of previous reports (if any) _____

In Pathological Reports a record of clinical history, treatment or progress since last report
should be given

Date

Word

LABORATORY REPORT

Ward no.No. of Bed 59Date 5/3/19

(In pads of 50)

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>724689</u>	<u>Cpl. Dorey</u>	<u>6 Co. Reserve</u>	<u>Thorax.</u>

SHORT HISTORY OF CASE.
(To be completed by M.O. in case.)

Signs in both
lower lobes.

Signature of M.O. F. H. H. H.Date 5.3.19.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 2/153Screened PA
15" x 14"

Bronchial glands prominent.
Pronounced haziness in
both sides of chest. particularly
in lower right lobe. possible
slight mottling.

Signature of Radiographer L. SilchertDate March 6/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D

6245

Aug. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.		
-----	--	--

12 d 011
Nov

PARTICULARS OF SEPARATION ALLOWANCE

No. **724689**
 Rank **Pte.** Promoted Reverted Discharge
 Soldier's Name **J. J. Dovey**
 Battalion **109 Batts.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name **Miss Hattie Dovey**
 Address **72 Withrow Ave.**
 Change of Address **Toronto Ont.**
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					4916-8-96
Dec. 31			255	255	
Jan 1918	E 55286		15	15	m
Feb	E 97575		15	15	CW
Mar	A 126659		15	15	CW
Apr	B 8886		15	15	CW
May	D 17951		15	15	CW
June	K 21136		15	15	CW
July	Q 33587		15	15	J
Aug	K 35631		15	15	J
Sept	N 46178		15	15	J
Oct	O 55270		15	15	J
Nov.	K 57769		15	15	e
Dec.	T 66462		15	15	e
Jan 1919	O 73266		15	15	J
Feb.	S 79544		15	15	e
Mar	J 87058		15	15	a
Apr	M 3417		15	15	J
MAY	J 8694		15	15	J
JUN	J 9331		15	15	J
July	A 13085		15	15	✓
AUG	X 73562		15	15	
SEP	A 15198		15	15	
			570	590	

4916-8-96

Also Closed 30-9-19
 Ret'd per Araguaya
 Date 17-9-19 M.I. W. 187 MD#
 Closed by Boyd 4-10-19
 M. P.O. 126401 Dist 4-10-19

M. F. W. 128
 400M-6-17-1772-88-1141
 L. L. 22320-M. & D. 7483.

AUDITED.



PATIENTS' PERSONAL HOSPITAL EQUIPMENT.

Required for No. No 145 Corps 26240

admitted into _____ Ward 13 Hospital _____

at the Wilson BW on (date) 11/7/18

London: Printed for H. M. Stationery Office by McCorquodale & Co., Ltd.

Bedding.		Utensils, &c.—continued.	
Case, slip, pillow, large	One	Towel, hand, hospital	One
Sheets, hospital	Two	„ Turkish* /	
Utensils, &c.		Clothing.	
Basin, sores*		Chevrons, bars*†	
„ soup	One	Crowns*	
Comb, small tooth*		Drawers, cotton*	
Cover, tin, for basin, soup*		„ flannel*	
„ „ for mug or tumbler*		Gown, serge*	
Cup, spitting, earthen*		Handkerchief /	One
Dish, butter, enamelled	One	Jacket, sleeping* /	
Fork	One	Neckerchief /	One
Knife, table	One	Shirt, cotton /	One
Label, tin, for denoting religious belief }	One	„ flannel, white	One
Mug, drinking	One	Socks, worsted /	One pair
Plate, dinner, G.S.	One	Slippers	One pair
Pot, chamber, earthen*		Trousers, serge /	One pair
Spoon	One	„ pyjama, sleeping* /	
		Waistcoat, serge	One

* Only when necessary.

Blue Band
† Insert number of bars.

Received the above.

BW Wilson

{ Signature of Patient or Ward Orderly.

No. 16 Canadian General Hospital
Orpington Kent July 2nd 1919.

X-RAY REPORT ON

724689 **CTD.** J. J. DOVLY 6th Res Bn.

"NEGATIVE"

Sgd. L. Gilchrist Capt. C.A.M.C.

Radiographer

LYONIAI BERTONIT MOBILIT EGGIEMEM

7-236

Duty 4/4/19

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 1061	724689	Cpl	Dovey	T. J.
Year 1919	Unit.	Age.	Service.	
	6 th Res. Canadian	23.	144 12	
Station and Date. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	Disease <u>Bronc. Pneum.</u>			
<u>H. 3. 19.</u>	<u>FAMILY HISTORY:-</u>			
	<ul style="list-style-type: none"> - single - next of kin: Mrs. J. Dovey - 72 with two Ave. Toronto - no history of or exposure to Tbc. 			
	<u>PERSONAL HISTORY:</u>			
	<ul style="list-style-type: none"> - born 29 Sept. 1895; Canada. - occupation: clerk. - frequent attacks of bronchitis in childhood. - 1912. abscess behind bladder; operation. 			
	<u>MILITARY HISTORY:-</u>			
	<ul style="list-style-type: none"> - enlisted 6 Dec. 1915. Canada. - to France 6 Oct 1916. - not wounded not gassed. - wounded twice - V. G. D. Aug 1916. - evacuated from France; Oct 1918; for G. S. W. - away on leave Jan 1919; developed Broncho pneumonia + was sent to 2nd London Gen. - sent on to Orpington. 			
	(over R.)	<p><i>J. H. H. H. H.</i> Capt.</p>		

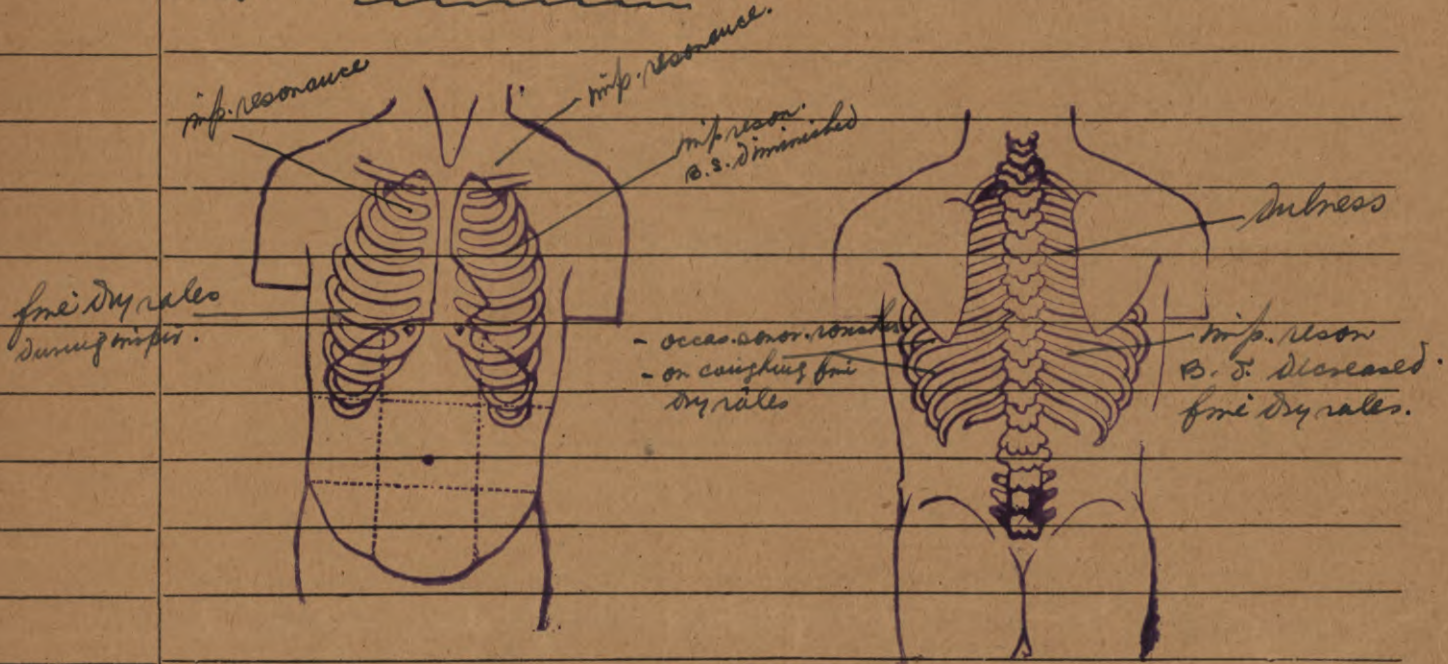
* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

PRESENT CONDITION:-

Still has a cough, following on illness;
slight expectoration; no fever; no sweats;
not losing weight.

PHYSICAL EXAMINATION:-



Chest: Good expansion; lung excursion good;
no apical retraction. Changes are
most marked over both L. L. lobes at
bases. Probably not Tbc, but
remains of influenzal Broncho-pneum.

Sputum + X-Ray

J. Hamal. Capt

Mar 8/19 Chest. Neg. to Exam. Slight cough in AM
Temp 99° on Mar 7/19

29.3.19.

Feeling fit. No cough nor fever.
Chest clear. Fit for duty.

J. Hamal.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724689	Cpl.	Dovey	J. J.
Year	Unit.	Age.	Service.	
	6 th Can.	23.	3	
Station and Date.	Disease	<p>Acute Bronchitis. Broncho-pneumonia</p> <p>Had a chill about the 12th 1. 19. - On the 14th developed cough - + sore throat -</p> <p>Temp 103.</p> <p>Chest Full of high pitched rouchii No dullness No definite signs of pneumonia</p> <p>History of previous attacks</p> <p>Mist Symelius CO 31 tds</p> <p>Calomel grs iii stat</p> <p>Aspirin - grs xv. <i>B. Ramirez</i></p> <p>18. 1. 19 Temp. still 103 - no fresh physical signs in chest - in fact very few rouchii - very few rales all over -</p> <p>21. 1. 19 Temp. came down to 97 - like a crisis - Pt feeling better. Resp. 28 -</p> <p>23. 1. 19 Temp up again 101. Fine crepitation over an area - the size of half a crown over ant aspect of lung just below mid-thus of R. clavicle - Resp. 40 also a few rales and rouchii all over - great deal of expectoration - Purulent -</p> <p>24. 1. 19 Fine crepitations had disappeared - marked bronchial breathing + fine rales over same spot - also fine rales over L. apex. Complains of sore throat - Throat injected.</p> <p>Rx Am Carb. grs iii</p> <p>T. Nuc Vom. ij v</p> <p><i>Pat. Ex. grs xv</i></p> <p>Ag Chlorof. ad 31 tds.</p>		

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

Dr. Pot-Abator - 37 f.d.s.

27-1-14 27/11/14 - 31 f.d.s.

28-1-14 temp down to 100 - Tubing better.

only a few sales left over. Paper continued
some sales over both bars.

13/12

25-2-14 Rec for hand to Can Hop
Manning

No. in Admission and Discharge Book. 1919 Year.	Regimental No.	Rank.	Surname.	Christian Name.
	724689	Cpl	Dovey	J.J.
	Unit.	Age.	Service.	
	21st 6th Res. Bn	23	43 12	

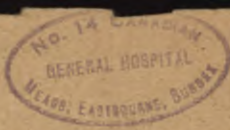
Station and Date. Disease *Fracture tip of ^{Ulna} Humerus at Elbow*

No. 15 CANADIAN GENERAL (ONTARIO) HOSPITAL
ORPINGTON, KENT.

28-6-19 Enlisted 6-12-15
 England 19-7-16
 France 6-10-16 wounded twice
 the first being slight. Wounded in both
 knees 11-10-18 and evacuated to England
 No disability now from these wounds.
 The present accident occurred while
 roller skating, 1-6-19. at Seaford
 Admitted to No 14 Gen. Hoop and splints
 applied 3-6-19.

29-6-19 Pres. Cond. Arm in splints and sling.
 Doing very well. For K Ray. *Spencer*
 4-7-19 Invalid to Canada. *Spencer*
 Capt

Station
and Date.



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
9010 Year. 1919	724689	Cpl.	Dovey.	J. J.
	Unit.	Age.	Service.	
	6 Can Res.	23.	48/12	
Station and Date.	Disease <i>Contusion of both hands & Rt Elbow with slight fracture head of radius</i>			
	<i>Patent states he fell while in the Boiler Room at Seaford. His arms got twisted in under his body and he got the full weight of his body on arms and hands. Reported sick about an hour after accident and was sent to hospital same day.</i>			
	<i>Complains of right elbow being very sore and also both hands being swollen and painful.</i>			
	<i>Has been wounded twice, once in both knees and again in thigh.</i>			
	<i>Has had Bronchitis and Bronchial Pneumonia Jan 1919.</i>			
2/6/19	<i>Xray. Negative to front. of metacarpal bones of both hands.</i>			
	<i>Rt Radius shows partial fracture at head anteriorly but not completely separated. Position good.</i>			
	<i>Hands swollen dorsally. Rt Elbow joint slight crepitation could be felt. Very little swelling and arm fairly freely moveable.</i>			
25/6/19	<i>Position good. movement good. In Dymington A. Gray M.D.</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I 1237/14 (E. 3420)

Station
and Date.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL

STATION.....ORPINGTON, KENT..... DATE 6-7-1919

1. 1 (a) Unit 6th Res Bn. (b) Regimental No. 724689 (c) Rank Cpl.
 (d) Surname DOVEY (e) Christian name JOHN JOECOM
 (f) Home address 72 Withrow Ave. Toronto, Ont.
 (g) Next of Kin Ms. Hattie Dovey (h) Relationship Mother.
 (i) Address of Next of Kin 72 Withrow Ave. Toronto, Ontario.

2. Age last birthday 23 Date of birth 29-9-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont. (b) Date 6-12-15

4. Personal description:
 (a) Height 5' 6" (b) Weight 140 lbs (Est) (c) Complexion Dark
(stripped)
 (d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
old operation scar above pubes.

5. Former trade or occupation STATIONARY ENGINEER

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).

PATIENT'S STATEMENT	PERIODS	
	Years	Days
	From	To
Canada	6-12-15	19-7-16
England <u>26-7-16 to 6-10-16</u>	17-10-18	
France or other theatres of War	6-10-16	17-10-18

7. Original disease, or injury CONTUSION OF BOTH HANDS AND RIGHT ELBOW.

(a) Date of origin 1-6-19 (b) Place of origin England.
 (c) Cause ACCIDENTAL.

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.)

(OLD CONTUSION OF RIGHT ELBOW) with partial loss of function of right elbow

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.)

fore
OBJECTIVE:-Patient cannot extend the arm fully. Forcible extension causes pain. Pronation and supination almost complete. No swelling present. X-Ray Report 2-7-19 (attached) Negative. Sgd L.Gilchrist Capt. C.A.M.C.

SUBJECTIVE :- There is pain on moving the elbow. Patient still wearing splints as it becomes tired and aches without their use. He has no complaints to make of the hands.

(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).)

DOCUMENTS STATE:- Admitted to No. 14 CGH Eastbourne 3-6-1919. Admitted to No. 16 Can. Gen. Hospital. 28-6-19.

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

Attacks of bronchitis nearly every winter. Had abscess behind the bladder about ten years ago. Operation and complete recovery.

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

Scar inner side left knee GSW also inner side right lower thigh GSW also shrapnel scar on buttock(right) also as in #f

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 enlistment.)

Not applicable.

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

The regimental documents will be referred to.

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

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

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

Hospitalization

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes rest and massage for a months

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

17. Recommendations Invalid to Canada.

John Kenna Capt. Col. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned John J. Dovey 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

with

John J. Dovey Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur

See X-Ray Report.

19. Is the invalid fit for

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

Old contusion right elbow 1 Month rest and massage

- (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.)

Patient be invalided to Canada.

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.

No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL,
PLACE..... ORPINGTON, KENT.
DATE..... 7 JUL 1919

W.H. Eby Capt. C.A.M.C. President.
E.N. Ballantyne Capt. C.A.M.C. } 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.....
APPROVED BY.....
APPROVED BY.....
DATE.....
President.
Members

CERTIFIED TRUE COPY

APPROVED BY *[Signature]*
Assistant Director of Medical Services.

DATE.....
Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF
MEDICAL SERVICES,
CANADIANS, LONDON AREA.
JUL 8 1919
13, BERNERS ST. LONDON, W.1

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 3 DEC 1918	724689.	Cpl.	Dovey,	J. J.
Year	Unit.	Age.	Service.	
3 DEC 1918	21 Cav. Bn.		23.	3 yr.
Station and Date.	Disease			
3 DEC 1918	G. S. W. Left Knee (flesh) + R. Thigh (747)			
	no disability from healed 747. Near inner side R. thigh 4" above knee granulating superficial wound inner side left knee reports venereal wart I.D. 5. Dressing.			
7/12/18.	C.O. dressings + I.D. 7			
16/12/18.	venereal warts disappearing on cauterization with silver nitrate. wound left knee almost healed. C.O.			
23/12/18.	wounds healed. Gen. condition quite good. venereal warts almost gone now. I.D. 11			
6 JAN 1919	Wounds healed causing no disability. General condition good. Fit for discharge D.T.			
	James H. Howell, Capt. C.A.M.O., No. 1 Division.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Hospital.

Ward A. 118 No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
724689	DOVEY J. J.	6 th Cav Regt	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

X-ray of both hands +
Rt Elbow. Fract
metacarpals + lower
end of humerus.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 2581

Negative to fracture of
meta-carpal bones of
both hands. Right
radius shows a partial
fracture at the head
anteriorly, but not com-
pletely separated +
position good. No other injuries
seen.

Signature of M.O. A. Kear

Date 1/6/19

Signature of Radiographer J. W. ...

Date 2 - JUN 1919



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

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

250M.—1-16.

H. Q. 1772-30-920.

Casualty Form—Active Service.

109th OVERSEAS BATTALION, C. E. F.

Unit, Regiment or Corps

Regimental No. 124689 Rank Private Name Doney John Jacobson

Enlisted (a) 6.12.15 Terms of Service (a) D of W Service reckons from (a) 6.12.15

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) Engineer

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				

CERTIFIED CORRECT.
12 OCT. 1916
CAN. RECORDS LONDON

	Embarked Canada	Halifax	24.7.16
	Disembarked England	Liverpool	31.7.16

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

Transferred for Overseas Service with 21st Batt'n OCT 5 1916 D.O. Pt. 11. No. 279

C.B.D.	Arrived & taken on strength	C.B.D.	6/10.	PT. II O. 58 9/10.
Do.	Struck off strength to	39 General	7/10.	N.R. 7/10. SW 3034 4/10.
39 General	N.V.D. st. Adm.	Do.	6/10.	<u>W. D. Usell</u> CAPTAIN,
C.B.D.	Taken on from 39 General "a"	C.B.D.	15/11	N.R. 15/11 ADJUTANT,
C.B.D.	Left for 2nd Can. Entrenching Bn.	C.B.D.	14/11/16.	109TH BATTALION CAN. INFANTRY. N.R. 15-11-16.

2nd. Can. Entrenching Bn.	Arrived 2nd. Can. Entrenching Bn.	19/11	N.R. 19/11/16.
39 General	Forfeits Field allowance and is placed under stopping at rate of 504 per day whilst in hospital from 7-10-16 to 14-11-16 (39 days)	14-11-16	O. 1643 4/14-11-16. PC. II O. I. 2/14-1-17.
Can. Entrenching Bn.	Left to join unit	Do	21-2-17. N.R. 20/2.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form—Active Service.

724689

Regiment or Corps DOVEY J J

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				
24-2-17.	39 Genl. 21st Batt.	V. D. G. to. Joined Unit as Reinfect.	C.B.D.	14/1/16	W. 3034. 14/1/16.
	6/4 Do	att'd. Can. Corps. for Duty.	Do	3/4	B-213.
	9/6 Do	at duty from attachment	Do	3/6	B-213
	4 C.F.A.	S.W. R. hip. Adm.	4 C.F.A.	15/8	} a36 15/8
	Do	Transferred to	5 C.F.A.	15/8	
	ISA. Gen	G.S.W. hip R. adm	ISA. Gen	16/8	W.3034.
	Do	Trans. to	5 Con Dep.	15/10	Do
	5 Con Dep.	admitted	5 Con Dep.	15/10	Do.
	2 C.D.B.D.	J.O.S. from 5 Con Dep	2 C.D.B.D.	2-11-17	N.R.
	5 Con Dep.	Discharged to	Base Depot	1-11-17	W.3034,
	2 C.D.B.D.	Left for	Can. Corps Rein. Camp.	24-11-17	N.R.
	Can. Corps Rein. Camp.	Arrived	Can. Corps Rel. Camp.	24-11-17	N.R.
	80	Left for unit	Field	2-12-17	892
15.12.17	21st BN.	GRANTED 14 DAYS LEAVE.	Field	8-12-17	Part II Ord. 110 d/26-12-17
24.12.17	"	Returned from leave	"	24.12.17	8213
6/17	Do	Awarded Good Conduct Badge	Field	6-12-17	Part II Ord. 50 d/13-7-18.
22/8	Do	Appointed Lance Corporal	Field	16-7-18	Part II Ord. 71 d/17-9-18.
7/9	Do	Promoted Corporal	Field	11-8-18.	Part II Ord. 76 d/30-9-18.
	7 Chn. Genl.	G.S.W. lines. Invalidated. Wounded	England	17-10-18	Part II Ord. 86 d/23-10-18
	" Ville de Siege"	Posted to Eastern Ontario			W.3083-6257.
		Regtl. Depot, Seaford.			

Whogau Major for Lt.-Col., A.A.G.
Canadian Section. G. H. O. 3rd Echelon B.E.F.

25¹⁰/₁₆ B.O.R. Job on posting from 21st Batt. Seaford. 17¹⁰/₁₈ [Signature] [Signature] Lieut. for Major's Records. ON/152

8th Co



To:-- Officer i/c Clinic,
Ravenscroft, Seaford.

1919.

724689

Lovey Pte JG

The marginally named, accompanied by his Medical
reporting to you for special report on,-- documents, is re-

JG

Please return this report to the above Unit on completion.

James Gregor

M.O. Capt. C. A. M. C.

SPECIALISTS' REPORT ON ABOVE.

Amey, G. C. present + + +
Diop back guard best advised of Hook
Pus + + +
J. H. ...

Seaford, Sussex.

23-4-19. 1919.

Officer i/c Clinic, Ravenscroft.

UNIVERSITY OF MICHIGAN LIBRARY

1919.....

James H. [unclear] 1919
Prof. of [unclear]
University of Michigan
Ann Arbor

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

REGT. No. 724689

RANK Cpl.

NAME (IN FULL) DOVEY, J.O.J.

J.O.J.

D 3738

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.S.T. <i>31 Br.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN					PLACE OF ATTESTATION	TRANSFERRED TO	DATE
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
						REASON	AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY

282 Bain Ave City
6/12/15
1-10-19
15.00
Miss Hattie Rovey
73 Withrow Ave. Toronto Ont.
Toronto 16-10-19 Demob D.O. 287
Yes

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		T.O. SUBS. TO D.O.	
	NO. OF DAYS	RATE		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				\$	C.	\$	C.		\$
<i>31-7-19</i>		<i>1.20</i>		<i>74.13</i>	<i>74.13</i>				<i>9.93</i>	<i>9.93</i>			<i>30-</i>			<i>30-</i>			<i>61.20</i>	<i>119/19</i>
<i>1-8-19</i>	<i>61</i>	<i>1.20</i>	<i>73.20</i>	<i>16-</i>	<i>74.13</i>				<i>5-</i>	<i>50-</i>						<i>104.46</i>		<i>30.33</i>	<i>119/19</i>	
<i>Oct 16</i>	<i>129</i>	<i>1.20</i>	<i>19.20</i>	<i>58.87</i>	<i>89.20</i>									<i>30.33</i>		<i>30.33</i>		<i>58.87</i>	<i>119/19</i>	
			<i>35-</i>	<i>70-</i>	<i>183.07</i>	<i>166</i>	<i>173</i>		<i>183.07</i>							<i>183.07</i>			<i>119/19</i>	
<i>183 days</i>		<i>4.20</i>		<i>4.20</i>					<i>16-10-19</i>			<i>70</i>				<i>70</i>		<i>350</i>	<i>119/19</i>	
									<i>AR 185 Nov 10</i>	<i>1715367</i>		<i>70</i>				<i>140</i>		<i>280</i>	<i>119/19</i>	
									<i>AR 213 Dec 12</i>	<i>1707067</i>		<i>70</i>				<i>210</i>		<i>210</i>	<i>119/19</i>	
									<i>" 240 Jan 15</i>	<i>1719281</i>		<i>70</i>				<i>280</i>		<i>140</i>	<i>119/19</i>	
									<i>" 252 " 29</i>	<i>1721372</i>		<i>70</i>				<i>350</i>		<i>70</i>	<i>119/19</i>	
									<i>AR 278 Feb 28</i>	<i>1724535</i>		<i>70</i>				<i>420</i>		<i>420</i>	<i>119/19</i>	
		<i>4.20</i>		<i>4.20</i>								<i>420</i>				<i>420</i>		<i>1750</i>	<i>119/19</i>	

