

A. Coy.

# ATTESTATION PAPER.

No. 724673

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

25

1. What is your surname?..... *Dovey.*
- 1a. What are your Christian names?..... *Michael Isidore*
- 1b. What is your present address?..... *Lindsay Ont.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Lindsay Ont.*
3. What is the name of your next-of-kin?..... *Michael Dovey*
4. What is the address of your next-of-kin?..... *Lindsay Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *Oct. 20 1897*
6. What is your Trade or Calling?..... *Drygoods Clerk.*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Michael Isidore 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.

*Michael Dovey* (Signature of Recruit)

Date *Dec 4* 191*5*. *Wm Stamps* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Michael Isidore 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.

*Michael Dovey* (Signature of Recruit)

Date *Dec 4* 191*5*. *Wm Stamps* (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 *7th* day of *January* 191*6*.

*[Signature]* (Signature of Justice)



# Description of Michael Isidore Hoey on Enlistment:

Apparent Age 18 years 1 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 1/2 ins.

Chest measurement: { Girth when fully expanded 34 ins.  
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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

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

None.

## 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 December 4<sup>th</sup> 1915

Place Lindsay

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

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Michael Isidore Hoey having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date JAN 10 1916

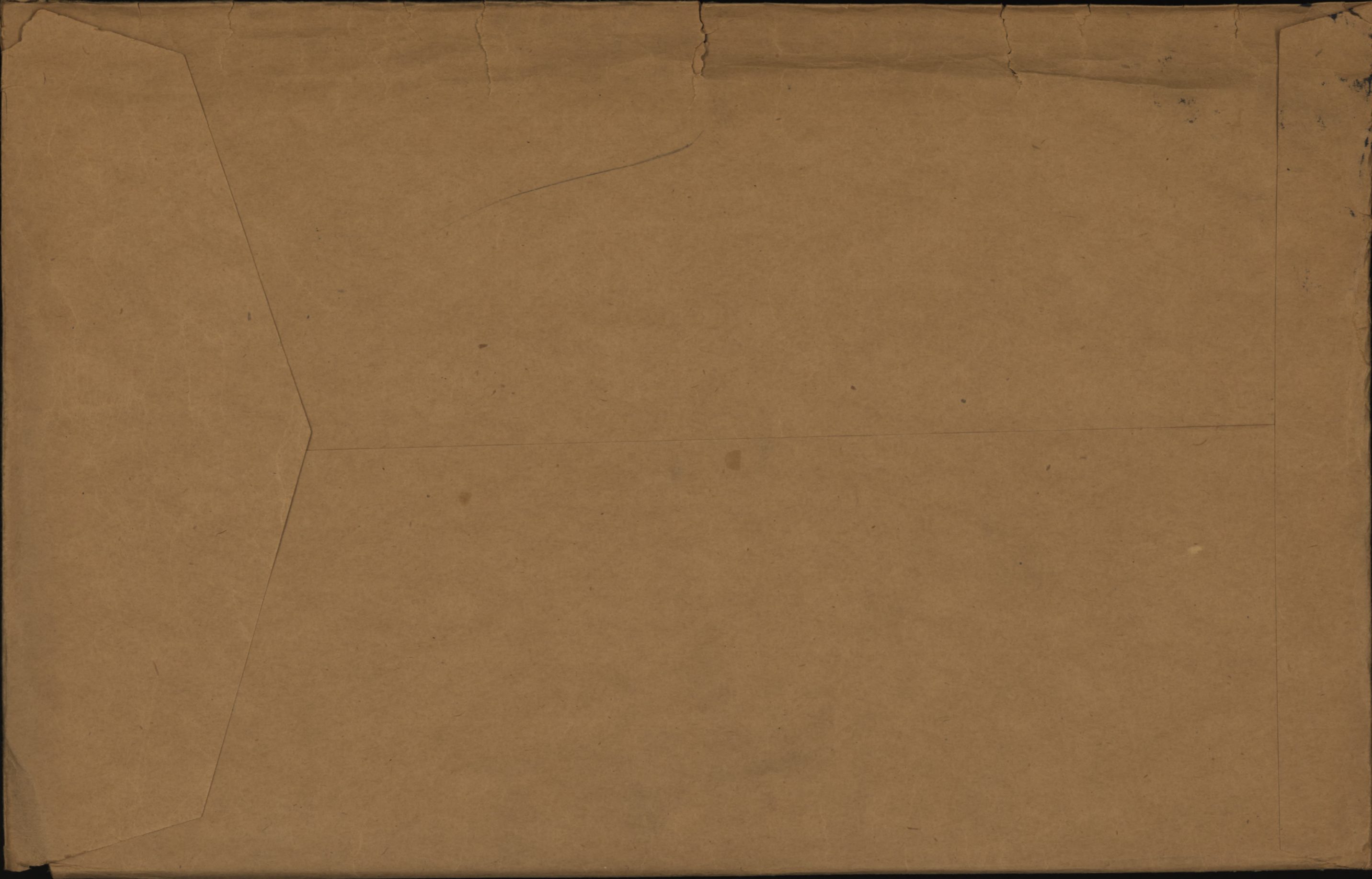


REGIMENTAL DOCUMENTS

NAME *DOVEY MICHAEL ISADORA* REGT. NO. *724763* UNIT *11th Bn* H. Q. FILE NO. \_\_\_\_\_

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div> <b>CONTENTS</b>	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Staff 10/22</i>			<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Discharge</i>			Category
TRAINING HISTORY SHEET (M.F.W. 113)		<del>_____</del>			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		<b>M</b>			
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				<b>23141</b>	<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Discharge</i>
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. 393 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					<i>9.5.</i>
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					<i>20.5</i>
<i>1. Dent cut</i>					<i>28.5</i>
<i>2. Hair cut</i>					<hr/>
<i>1. M.F.W. 67</i>					<i>2</i>
<i>W. Card</i>					
<i>W. pay card</i>					







**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.....**724673.**

(3) Full Name of Soldier.....**Michael Isidor 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.....

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

(8) Have you any children?.....**No.**

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

Also their names and ages.....



(9) Is your Father alive?.....**Yes.**.....**Michael Dovey.**.....

If so, state name and address.....**Lindsay. Ont. Canada.**.....

(10) Is your Mother alive?.....**No.**.....

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

(11) If your Mother is a widow.....**No.**.....

Are you her sole support, or not?.....

(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.

.....**No.**.....

(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.

.....**No.**.....

(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?.....**No.**.....

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

Have you made arrangements for payment of your Insurance premium.....

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

Date.....**June 29th. 1916.**.....

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



NAME

*Dovey, Michael Isidore*

RANK & No.

*Pte.*

*505 Genob. 16-6-19 72 46 73*

CORPS

*109th*

*NO. 171820-6-19 #2100*

*Batt.*

ENLISTMENT, PLACE

*Lindsay, Ont.*

DATE

*Jan. 7, 1916.*

FORMER CORPS

*mil*

COUNTRY OF BIRTH

*Canada, Lindsay, Ont.*

NEXT OF KIN

*Dovey, Michael (Father)*

ADDRESS OF NEXT OF KIN

*Lindsay, Ont.*

DISCHARGE, PLACE

DATE

*Sailed from Halifax*

*1916 13/10/19 347 2/bpl.  
pers. S. Olympia  
23-7-16 488/2*



REMARKS:



Michael Isidore

Name DOVEY Rank 1st Lt Reg. No. 724783<sup>67</sup>  
 Unit ~~1st Lt~~ " Bn. C. I.  
 Next of Kin Canada P.C.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
7 12	12. C. F. A		Scabies	A91		10021
11 12	Dis to duty		do	A91	X	10021
1-10-18	7. 1st. Regiment		W.B. 5	A334		4501/11
23 11	4. 6. 1st. D. Carriers		do	A388		5991/8
11 12	4. 6. C. S.		20	A408		4662/4
17-1-19	Dis. to duty		do	A7431		4174/4
2 entries						







NAME

*Lovey M. J.*

REGT'L No.

*724673*

RANK AND CORPS

*Afte.*

H. Q. FILE No. 649.

*1<sup>st</sup> Cent Out Reg. (124<sup>th</sup> P.)*

FOLLOWS  
No. *1*

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 91. (2)	No 12 Can. fld amb.	7-12-17	Scabies
a 91.	Disch. to duty.	11-12-17	"
a 339 <sup>2</sup>	No 7 Gen Wimersee	1-10-18	V.O.G
a 388 <sup>3</sup>	No 7 Can. Army Campers	23-11-18	2d
a 408	No 4 CCS	11-12-18	"
a 431	Disch. to duty	17-1-19	2d.



No 724673 RANK Pte

NAME Wacey. M. J.

T.O.S. 4-12-15. UNIT 109th Battalion.  
 D.O. 14.6-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 4	1915 Dec 31	✓		
1916 Jan	1916 Feb.	✓	Prom. Sgt. 2-2-16.	D.O. 64. 3-2-16.
	Mar.	✓		
	April.	✓		
	May	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
 JUL 23 1916







Herb  
Number

124673

Int. Rank

1st/cpl

Surname

DOVEY

Christian Name

Michael Isidore

Units

C. E.

Theatre of War

France

Date of Service

3-5-17

Remarks

Latest Address

Gen. Hef Lindsay, Det.

Roll No.

B Page 165-85

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.....

(B) 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.....

DES - SEP 18 1961  
REG. NO. 36601



SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

DOVEY

M.I.

724673.

RANK *a/cpl* UNIT  
*Pte.*

Co. TROOP BATTY.  
CO. 124P. *C. Co. 113.*

HOSPITAL

DATE OF ADMISSION

12 C.F.AMB

7-12-17.

1. *7 Gen. Wm. Greaves* HOSP. *1.10.18*  
*9. Gen. Sta. Camiers.* *23.11.18.*

2. *4 Capt. G. Stait* HOSP. *11.12.18*

3. HOSP.

4. HOSP.

DIAGNOSIS

*Seabies. R*

*V. D. G. h.*

1.

2.

3.

DISPOSITION

DATE

*CL. 18-12-17 A91-2. Dis. to duty 11-12-17.*

*8.10.18 @ 339.2.*

*4.12.18 @ 388 (2)*

*30.12.18 @ 408.*

*27.1.19 @ 431/1.*

REMARKS

*Disc. 17.1.19.*

A.M.D. 2 Dept.

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



EPITOME OF HOSPITAL TREATMENT.

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



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# DENTAL CERTIFICATE FOR DEMOBILIZATION

"M" WING, C.C.C.

NAME OF SOLDIER (Block letters)

*Dorey M. I*

REGIMENT

*11th Can. Engrs*

RANK

*Lt. Col.*

No.

*724673*

Date of Examination in England

*5/19*

Date of Examination in France

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS *4. 5. 6. 9. 12. 13. 17.*

2. EXTRACTIONS *8.*

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? *No.*

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

- (a) In Canada
- (b) In England
- (c) In France *Yes*

Signature of Dental Officer

*J. J. Summers*



DENTAL CERTIFICATE FOR DEMOBILIZATION  
CANADIAN ARMY DENTAL CORPS (C.A.D.C.)

THIS FORM IS TO BE  
COMPLETED BY THE  
DENTAL OFFICER IN  
CHARGE OF THE  
DENTAL UNIT TO WHICH  
THE PATIENT IS  
ASSIGNED. IT IS TO  
BE FORWARDED TO THE  
DENTAL OFFICER IN  
CHARGE OF THE  
DENTAL UNIT TO WHICH  
THE PATIENT IS  
ASSIGNED.

NAME OF PATIENT: \_\_\_\_\_  
SERIAL NUMBER: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_  
DENTAL OFFICER: \_\_\_\_\_

PRESENT DENTAL CONDITION:

1. General condition of teeth: \_\_\_\_\_  
2. Periodontal disease: \_\_\_\_\_  
3. Caries: \_\_\_\_\_  
4. Malocclusion: \_\_\_\_\_  
5. Prosthodontics: \_\_\_\_\_  
6. Oral surgery: \_\_\_\_\_  
7. Radiographs: \_\_\_\_\_  
8. Other: \_\_\_\_\_



129

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# 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. 72473 Rank S/Capt Surname DOVEY, MICHAEL  
(Given name in full)

Unit or Corps 11th Bn. C.P. Birthplace Lindsay Ont.

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

1. GENERAL DESCRIPTION: Est

Physique good Weight 134 lbs. Height 5 ft. 7 in. Colour of Eyes Grey

Nutrition good

Pulse 76 regular

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).  
nil

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 Sytem yes Cardio-Vascular System no

Special Senses no Integumentary System yes Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

Scabies 11-12-17  
V.D.G. 1-10-18



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley.....(Overseas)

Date 13-5-19.....

Signed J. A. M. Ewan 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 [Signature].....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

Signed .....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 .....

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

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

[OVER]

9



Auth. for Change of Number  
 Officer's <sup>Records</sup> ~~Records~~  
 RL 13-12-91  
 R2S 16617

DUPLICATE, ORIGINAL NOT AVAILABLE.

Regimental Number 724673 ✓

**Casualty Form - Active Service.**

W.S.B. 724673 *top*

Rank Pte Surname Dovey Christian Name M. J. Michael Isidore  
 Religion R.C. Age on Enlistment 18 years 1 months.  
 Enlisted (a) 4/12/15 Terms of Service (a) Soyt. Service reckons from (a) 4/12/15  
 Date of promotion to present rank ..... Date of appointment to large rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) Civil. Dry Food  
 or Corps Trade and Rate Clerk  
 Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
29.3.17	12th.	att. to 12th Res Bn from 12th	East Sandling	29.3.17	Part II 81
3.5.17	O.C. 12th Res. Bn. C.E.F.	Transferred to 124th Bn	EAST SANDLING	3.5.17	Part II
8.12.16	O.C. 100th Bn.	S.O.S. to 124th Bn	Witley	8.12.16	Part II D.O. 343
11.12.16	O.C. 124th Bn.	Y.O.S. - from 100th	Witley	8.12.16	- - 267
29.3.17	Base Co. 124th Bn	S.O.S. from 124th Res Bn	Witley	29.3.17	- - 283
8.5.17	O.B.D.	O.O.S. 124th Bn.	Field	4.5.17	D.O. Part No. 95 d 8.5.17

CERTIFIED CORRECT.  
 8 JUN 1917  
 W.S.B. RECORDS, LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoemg-Smith, &c.

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8.5.17	C.B.D.	Left for Unit	Field	8.5.17	N.R. 251 <del>D.O. 11/11/17</del> d. 8.5.17
12.5.17	O.C. 124 BN.	Rejoined Unit	do.	11.5.17	B. 213 D.O. 16 d. 21.5.17.
4.8.17	O.C. 124 BN.	Granted 10 days leave to	Lourdes	2.8.17	B. 213 D.O. 11/16/122 d. 14.8.17
18.8.17	do	Rejoined Unit	Field	13.8.17	B. 213
11.12.17	12 C.F.A.	S/Peacocks adm. to	12 C.F.A. Duty	7.12.17 11.12.17	936/61330
15.12.17	O.C. 124 BN.	Sick leave.	Field	7.12.17	B. 213
15.12.17	do	Rejoined Unit	do.	11.12.17	B. 213
27.4.18	do.	Granted one good cond. badge	do.	4.12.17	B. 213; D.O. 30 d. 7.5.18.
18.5.18	do.	Appt. Act. Lc. Spt. (With Pay)	do.	9.5.18	B. 213 D.O. 37 d. 4/6/18
	WO	805. 124 BN TO 11 BN C.F.		29.5.18	D.O. 42 d. 2.7.18
	do	105 II. BN C.F. FROM 124 BN		30.5.18	D.O. 1 d. 2.7.18
21-9-18	O.C. 11 Bn CE.	Granted 14 days leave to	U.K.	14-9-18	B. 213 D.O. 28 d. 3-10-18
1-10-18	4 Gen Hosp.	V. D. G. adm.	4 Gen Hosp.	1-10-18	W 3034-K 6619
12-10-18	11 Bn CE.	Rejoined unit from leave.	Field	1-10-18	B 213
12-10-18	do.	Sick to V.F.A.	Field	1-10-18	B 213
29-11-18	4 Gen'l Hosp.	Forfeit's Field Allowance is placed under stoppages of pay at the rate of 50 cents per day whilst in hospital from 1-10-18 to 26-11-18. (54 days)			0.1643-8049 D.O. 38 d. 6-12-18
23-11-18	11 Bn CE	Confirmed as Lance	Corporal	9-5-18	B 213 D.O. 38 d. 6-12-18
26-11-18	4 Cdn Hosp.	V. D. G. adm.	4 Cdn Hosp.	26-11-18	W 3489-M 568
8-12-18	do.	do.	to 4 C.C.C.S	8-12-18	W 4630-N 1105







(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.					

S.O.B. OF O.M.F.C. ON PROCEEDING TO CANADA.  
*for Discharge*

P 158  
7.6.19

*W.D. Rochfort* LIEUT.  
FOR OFFICER/COMMANDING,  
"M" WING, C.C.C.

M-M-T Olympic  
SAILED S'HM'TON 6/6-19  
ARR'D HALIF'X June 12 1919

JUN 6 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919

JUN 16 1919 S.O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II C.

PART II C. 171  
PART II C. 171

*W.C. Roberts*

Lieut,  
For O. C. No. 2 District Depot.

Nothing to be written in this margin.



724673

# MEDICAL HISTORY SHEET ORIGINAL

Surname Dovey Christian Name Michael Isidor

724673

Examined { on 5<sup>th</sup> day of December 1915  
at Lindsay

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

Birthplace { City or Town Lindsay  
County Victoria butario

Apparent age 18 years

Trade or occupation Drygoods clerk

Height 5 Feet 6 1/2 Inches.

Weight 122 Lbs.

Chest measurement { Minimum 31 inches.  
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Two  
Number Two

When Vaccinated last Feb. 2nd 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Varicocela

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

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

Enlisted on 4<sup>th</sup> day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn</u> <u>C.E.F.</u>	<u>724673</u>		<u>4.12.15</u>
Transferred to.. ..	<u>12<sup>th</sup> Bn</u> <u>3<sup>rd</sup> Bn 3-5-17</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



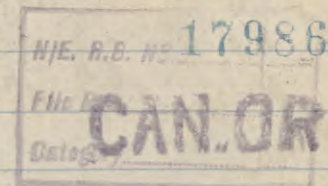




LTR

Rank Name DOVEY, Michael Isidore Reg'l No. 724673  
 Unit 109th, Bn. If in perm. Corps, } Married or Single Single  
 What Unit? }  
 Place and Date of Enlistment Lindsay, 4th, December, 1915, Place of Birth Lindsay, Ontario.  
 Name and Address, Next-of-Kin Michael Dovey. / St. Patrick St.  
Lindsay, Ontario, Canada, Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character

H. W. &amp; V., Ltd., 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	06109 <sup>th</sup> Bn.	So on trans. to 124 <sup>th</sup> Bn.	Witley	8-12-16	PT 100 343
11-12-16	06109 <sup>th</sup> Bn.	So on trans. to 109 <sup>th</sup> Bn.			267
29-3-17	12 <sup>th</sup> Res. Bn.	Att. from 124 <sup>th</sup> Bn.	E. Sandling	29-3-17	PT 81
29-3-17	Base Co 124 <sup>th</sup> Bn.	S.O.S. { on proceeding to 12 Res Bn.	Witley	29-3-17	" 83
3-5-17	12 <sup>th</sup> Res.	S.O.S. to 124 <sup>th</sup> Bn. (Pm) 7/5	E Sandling	3-5-17	112 <sup>th</sup> Bn. PT 95 of 8-5-17
17-12-17	1 <sup>st</sup> COR (124)	No 12 Can. Field Amb.	Field	11-12-17	C.L. A 91 (2) Scabies.
17-12-17	1 <sup>st</sup> COR (124)	Discharged to duty Now known as 124th Pm	Field	11-12-17	C.L. A 91 (2)
7-5-18	124 <sup>th</sup> Pm. C.E.	Etn Can-ENG 10-318 Awarded on C.C. Bridge Sn.	Field	4-12-17	90-30

A.F.D. 100-343-1917



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.				
4.6.18	2nd P. Bn.	apptd a/R/Plt Paid	St. Field	9.5.18.	P. T. 34
2.7.18.	11th Bn. C.E.	T.O.S. from 124 Bn.	<del>St. Field</del> " "	29.5.18	" " 124 00 42d 27/18
6-12-18	~ ~ ~	Apptd Lance Corporal	1/2 Plt " "	9-5-18	pt# DO38
18.4.19	"	Graded as clerk class 2/paid	Lt. Haore	14.2.19	" 24.
12.5.19.	M. Wing ecc.	T.O.S. pending Pto Cam.	" Witley	10.5.19	Pt# 032.
			83-I	6.6.19.	
7-6-19	M. WgCCC	SCS .O CANADA	Witley	6.6.19	DO 58.



CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE No. \_\_\_\_\_

THIS IS TO CERTIFY that No. 724673 (Rank) S/ Cpl

Name (in full) DOVEY MICHAEL ISADOR enlisted in the 109th Batt C.E.F.

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 11th day of December 1915

HE served in 11th Batt C.E. France

and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

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

Age 21 yrs 6 mos

Height 5" 6 1/2

Complexion Sark

Eyes Brown

Hair Black

W. H. Bossey  
Signature of Soldier.

Marks or Scars \_\_\_\_\_

Nil

[Signature]  
Issuing Officer.

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

Date of Discharge  
**DISTRICT DEPOT**  
**JUN 16 1919**  
**TORONTO**

Date JUN 16 1919 1919

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.



POVEY MICHAEL TRAVIS

1004 RAIL C ST.

INDIANAPOLIS

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9  
checked with  
Permanent documents.  
Certified documents

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Michael Teodor 2. Surname Dorey
3. Rank Lance Corporal 4. Original Unit 109<sup>th</sup> Battalion 5. Reg. No. 724673
6. Address, in full, to which future payments of gratuity are to be forwarded  
Home Bank of Canada  
Lindsay, Ontario, Canada
7. Date of enlistment in the C.E.F. 4.12.15
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. Not applicable
10. Address, in full, of such dependent. Not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
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 —~~
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?~~
14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service~~
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 years 5 months  
109<sup>th</sup> Batty 4.12.15 to 8.12.16 124<sup>th</sup> Batty  
8.12.16 to 31.3.17 12<sup>th</sup> Res Batty 31.3.17 to 4.5.17  
124<sup>th</sup> Batty 4.5.17 to 24.5.18. 11<sup>th</sup> Batty C. C. 24.5.18 to date
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*
20. ~~Have you been issued with a War Service Badge? If so what class?~~
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. ~~Are you now serving in the C.E.F.? If not, give: (a) Date of discharge (b) Reason for discharge~~

JUN 16 1919

DEMOBILIZATION

DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?  
 (b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *[Signature]*  
 Place of Residence: *Tudsay Out.*  
 Declared before me at: *Whitley Camp Surrey*  
 This *Thirteenth* day of *May* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Questions 12-13-14-20-24-25-26-27 are unanswered.  
*[Signature]* Major 11th Bn C.E.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

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

To Whom *Mr. Michael Dovey.*

By Whom Assigned *Dovey M. J.*

Address *Lindsay.  
 Ont.*

Regtl. No. *724673.*

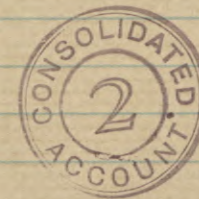
Rank *Private*

Corps *109th Bn.*

Rate *15<sup>00</sup> Aug 1<sup>st</sup> 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				





UNITED STATES DEPARTMENT OF THE ARMY  
ASSIGNED PAY  
OVERSEAS COMPENSATION

To Whom Assigned

Rank

Grade

Pay

PAYMENTS

To Whom

Address

Date

11/11/41

11/11

11/11



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. 6832.

*Mr. Michael Dorey*

**PAYMENTS.**

Pte. *Dorey M. J.*  
 Name of Soldier *Dorey M. J.*  
*724673.* *109<sup>th</sup> Btn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1500 Aug 12<sup>th</sup></i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>023939</i>	<i>45</i>	
Nov.		<i>229247</i>	<i>15</i>	
Dec.		<i>034623</i>	<i>15</i>	
Jan.	1917	<i>Z38958</i>	<i>15</i>	
Feb.		<i>3 44286</i>	<i>15</i>	<i>15 H</i>
March		<i>R47227</i>	<i>15</i>	<i>15 Aug</i>
April		<i>M 2067</i>	<i>15</i>	<i>15-B.</i>
May		<i>U7652</i>	<i>15</i>	
June		<i>P14471</i>	<i>15</i>	<i>15-B.</i>
July		<i>Z23679</i>	<i>15</i>	<i>cu</i>
Aug.		<i>H 25549</i>	<i>15</i>	<i>cu</i>
Sept.		<i>9 35735</i>	<i>15</i>	<i>cu</i>
Oct.		<i>T 41914</i>	<i>15</i>	
Nov.		<i>0 53742</i>	<i>15</i>	
Dec.		<i>0 55723</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>258-00</i>
March				
April				
May				
June				
July				

*GA*

*W.*

*GA*

*15-B.*



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.				



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-8-16	EFFECTIVE DATE:-	
AMOUNT:-	15 <sup>00</sup>	AMOUNT:-	
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.	
Michael Dovey Father NR			
Lindsay Ont			
<u>Stopped 1.6.19</u>			

NAME:- DOVEY Michael J

NUMBER:- 724673

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<del>Private</del>
2037 4/6/18	9/5/18	2 <sup>d</sup> Lt C. w/c pay
2038 6 <sup>th</sup> 11cb.	9.5.18	Lt Col.
20.24 18 <sup>th</sup> 11CE	14.2.19	1 <sup>st</sup> Class Ck.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109<sup>th</sup> Batta

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			109 <sup>th</sup> Batta

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
21.4	182	30/110 B	5.23				
25.11	195	20 v	3.49				
11.5	2027	20	48.67				

Trans. to Canada Ref 1<sup>st</sup> 1/19 Ref. N.R. 15. 9129 15<sup>th</sup> 19 B. 2nd Lt to 2nd Lt MR 4

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
2037 4/6/18	105	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward								108.30		
Apr	P.P.	33		Co A P				15			
				a. A 6730 5/4	3 57						
				93 11/4	4 46				118.27		
		33			8 03			15			
May	P.P.	34 10		Co A P				15			
				186 5/5	3 57						
				236 17/5	4 46				129.34		
		34 10			8 03			15	165.30		
June	diff 4c & P pay from 9/5/10 31/5 23 45 2/11	115		Co A P				15	230.8		
	June 4c pay.	34 50		280. 4/6/18 Eng J.	4 46						
				379. 20/6/18	3 57						
		35 65			8 03			15	141.87		
July	4c Pay:	35 65		a.p.				15			
				442. 12 <sup>th</sup> Co. E. 2/7/18	4 46						
				8 11 <sup>th</sup> 17/18	4 46				153.69		
		35 65			8 94			15			
Aug	L/c Pay	35 65		Co A P				15			
				90 11 6 E 1 8 18	3 57						
				162 " 20 8 18	3 57				167.20		
		35 65			7 14			15			
Sept	L/c Pay	34 50		Co A P				15			
				35720 Co P Ldon 18 9 18	48 67						
				228 11 6 E 10 9 18	3 57				1324.46		
		34 50			52 24			15			
Oct		35 65		Co A P				15	155.01		
		35 65						15			

COMPILED BY C. Palma  
CHECKED BY Ward



NUMBER

124673

RANK

NAME

DOVEY M. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Boot & wd.								155 11		
Nov	Rec'd Pay	34 50		Cal.				15			
				Troop Stop 60 <sup>cts</sup> per day 1.10.18							
Dec	Do	35 65		to 26.11.18. (V.D.) to 38 6 <sup>12</sup> / <sub>18</sub> 11 Cb.		34 20					
				Cal				15			
Jan	Do	35 65		Cal. jaw				15	181 41		
		106 80				34 20		45			
Feb	Do	32 20		Cal				15			
				Troop stop 27/11/18 to 8 <sup>12</sup> / <sub>18</sub> 12 days							
				to 2 23/19 11 Cb.		7 20					
				A.P. 1308 7 <sup>cts</sup> 28 <sup>12</sup> / <sub>18</sub>	9 33						
				AR 1461 4 Ccs. 16.4.19	5 60						
				" 1200 11 Cb. 4.2.19	18 66						
				" 1156 do. 4.2.19	7 46						
				AR. 1244 do. 17-2-19	3 73						
Mar	"	35 65		Cal.				15			
				AR 1325 11 Cb. 4.3.19	3 65				66 89		
				" 1421 11 Cb. 16.3.19	3 65				62 95		
		67 85				149 41		7 20			
Apr	P. & A.	34 50		Cal.				15			
	U.Ci. Diff in pay as L.C. and 1 <sup>st</sup>			AR. 10 5 <sup>cts</sup> 19	11 CE	3 49					
	Case Certs 76 days @ 55 <sup>cts</sup>	41 80		" 1488 28 <sup>cts</sup> 19	11 CE	18 25					
May	P. & A.	52 70		Cal				15			
		129 00		AR. 103 18 <sup>cts</sup> 19	" "	17 44			122 44		
				" 195 28 <sup>cts</sup> 19	" "	3 49					
				" 2022 14 <sup>cts</sup> 19	C.C.E	48 67			70 61		
						91 34		30			
				AR 3043. 28.5.19. <sup>Endorsed</sup> C.C.E	24 33						
				" 182 23.4.19 11 Cb.	5 23				41 05		
						29 56					











SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

WAR SERVICE BADGE  
CLASS "A" No. 327760  
S. a. I.  
O. G. 3.  
M

1. No. 724673  
2. Rank. L/ser  
3. Name. DOVEY MICHAEL ISADOR  
4. Unit. 11<sup>th</sup> Batt C.E. France  
5. Date of Discharge JUN 16 1919 Place Lindsay Ont.  
6. Reason for Discharge Demobilization Toronto

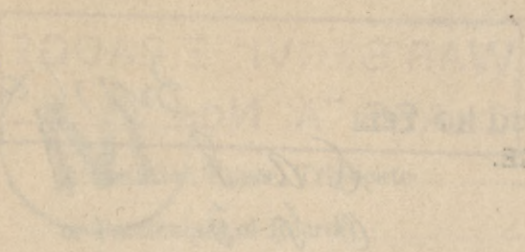
No. 2 Authority Depot, Part II, D.O. No. 17  
8. Proposed Residence after Discharge Lindsay Ont.  
H-M-T Olympic  
SAVED S'EM'TON 6/6-19  
ARR'D HALF 'X June 12 1919

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
M. F. W.?  
Signature of Soldier. *M. Dovey*

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.  
Place No. 2 DISTRICT DEPOT  
Date JUN 16 1919 TORONTO  
Signature *A. Mays*  
For O.C. No. 2 District Depot.  
(O. C. Discharging Unit.)

E. R. J. ak





PROCEEDINGS ON DISCHARGE  
Demobilization

1. No. 714573  
 2. Rank 1/10  
 3. Name JOSEPH MICHAEL ISABOR  
 4. Unit 11 of 1st Bn. of France  
 5. Date of Discharge JUN 18 1919  
 6. Reason for Discharge Demobilization  
 7. Proposed Residence after Discharge  
 8. Authority Cert. Part II, P. 619  
 9. Proposed Residence after Discharge

H-M-1 OLYMPIC  
 SIGNED E.H.M. TON 618-19  
 DATED HALF X JUNE 13 1919

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge Certificate  
 M. E. W. T.

*[Signature]*  
 Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

*[Signature]*  
 D.O. No. 2 District  
 10 G. Discharge Div.

TORONTO  
 JUN 18 1919  
*[Signature]*



LIST OF DISCHARGE DOCUMENTS

Medical Form W. 22	Attendance Paper, Registers
Medical Form W. 122	or Particulars of Service
Medical Form W. 128 or A.F. 8. 122	Field Control Sheet
Medical Form W. 24 or A.F. 8. 122	Company Form
Medical Form W. 22	Last Pay Certificate
	Certificate that issuing documents are unobtainable
Medical Form B. 212 or A.F. 8. 122	Medical History Sheet
M.F. 8. 222, A.F. 8. 122 or A.F. 8. 42	Proceedings of Medical Board
Medical Form B. 122	Dental History Sheet
M. F. W. 122 or D. 21. 2. 122	Medical Report
Medical Form B. 122	Regimental Control Sheet
Medical Form B. 322	Company Control Sheet



**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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 33)  
(Enclosed in special envelope (200M) );
9. Copy of Discharge Certificate (M.F.W. 33a).
10. Dispersal Certificate (C.D.F.).
11. Equipment Statement, Q.M.G. Form (D.O.S. 3) and Certificate.
12. Last Pay Certificate (P. 551).
13. Pay Book (C.D.F.).
14. War Service Certificate (Form M.F.W. 2000).
15. Sundry Documents.

Group..... **B**

Checked by No..... **17**

Date..... **JUN 1919**

*[Handwritten signature in blue ink]*



"OLYMPIC" 12-6-19

103017

AUDITOR PAYMASTER

DISPERAL "I" DOVEY, M.I.

16

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

REGT. No. 724673

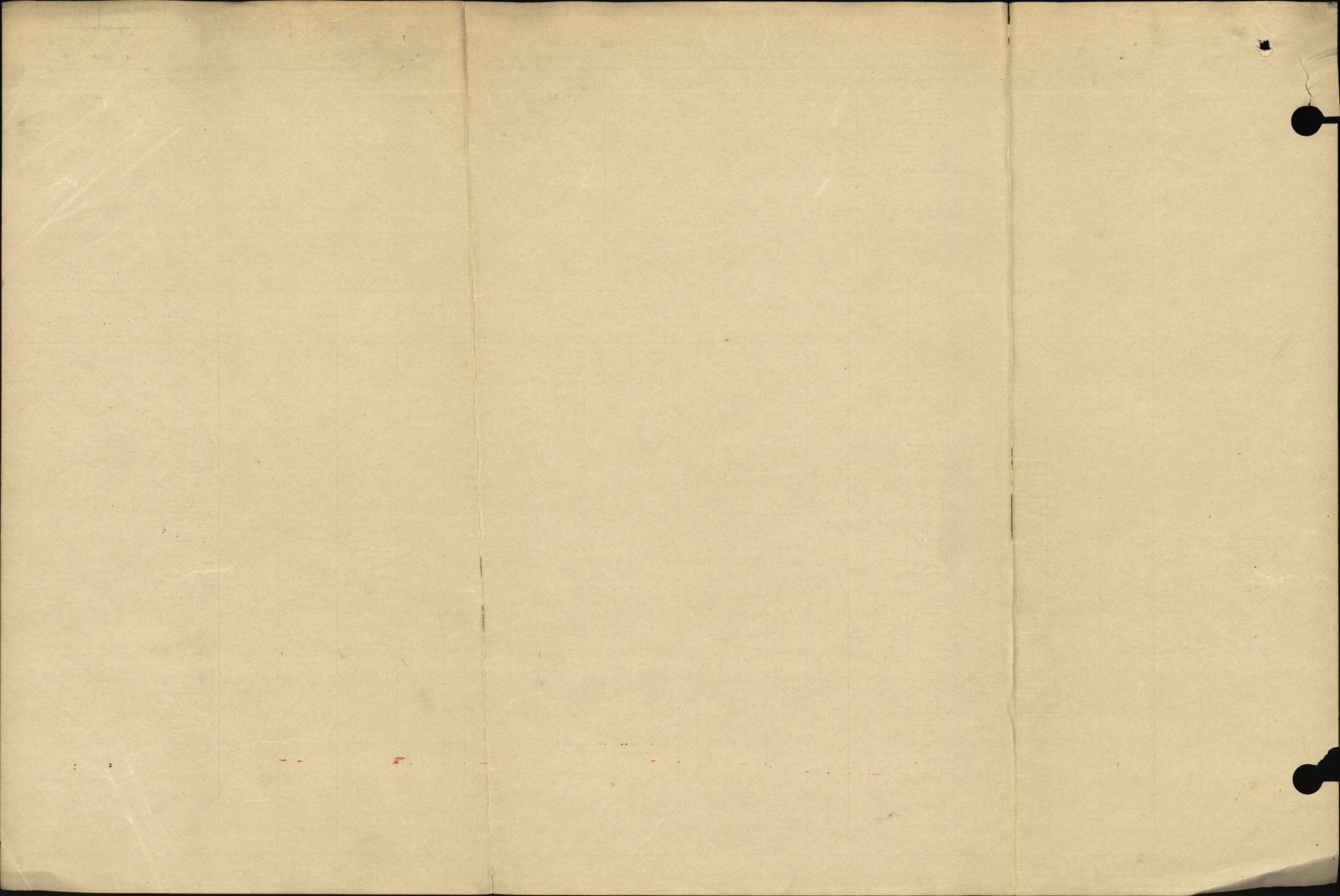
RANK L/Cpl NAME (IN FULL)

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					109 rsn.		Home Bank of Canada Lindsay
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					1500 Covid 5 Ottawa	30-6-19	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Michael Dovey		
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
					Toronto		16-6-19
					REASON		Demob
					AUTHORITY		Do 171
					IF ENTITLED TO POST DISCHARGE PAY		Yes

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.								\$	C.
31-5-19					6538	6538														6538	W.S.G. paid by bank
21-6-19	21	70	35	90																	1-6-19 21-6-19
					3500																worked
					7000																W.S.G. 7000
																					Boat 8 days
																					a P fine
																					applied
																					1st W.S.G. Paid by #2 D.D.
																					W.S.G. as about
																					5 days P further
183 days																					W.S.G. 7000
																					8-50
																					78 50
																					341 50
																					140 290 ac
																					210 210
																					280 140
																					350 70
																					420 10
																					341 50
																					78 50
																					420 10
																					W.S.G. paid in full
																					John Miller
																					FOR PAYMASTER WAR SERVICE (GENERAL)







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D 6246 Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Empty box for rate of separation allowance

RATE OF ASSIGNMENT

15. Empty box for rate of assignment

Handwritten notes: 724673, 228, 280

PARTICULARS OF SEPARATION ALLOWANCE

No. 724673, Rank Pte., Soldier's Name M.J. Dovey, Battalion 109 Battrn.

PARTICULARS OF ASSIGNMENT

Name Michael Dovey, Address Lindsay, Ont., Change of Address

Table with columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS. Includes handwritten entries from Dec 31 to Jun and a total of 525.

M. F. W. 128, 400M-6-17-1772-89-1141, L. L. 22220-M. & D. 7688.

A/c Closed 30-6-19, Ret'd per, Date 17/6/19



AUDITED. da 91814



