

80th Battalion, C.E.F.
ATTESTATION PAPER

Original
Ly Sec. No. 725/106
H. Coy.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.
 (ANSWERS)

1. What is your name? *Leo Houlihan*
 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? *Mother Rose Ann Houlihan*
 4. What is the address of your next-of-kin? *52 Duke St Lindsay Ont*
 5. What is the date of your birth? *February 18th 1895*
 6. What is your trade or calling? *Brakesman 23*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *and inoculated* *J.H.* *Yes*
 9. Do you now belong to the Active Militia? *No*
 10. Have you ever served in any Military Force?
If so, state particulars of former Service. *No*
 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*
- Leo Houlihan* (Signature of Man.)
R.H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Leo Houlihan*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *September 16* 1915. *Leo Houlihan* (Signature of Recruit.)
R.H. Anderson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Leo Houlihan*, 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 *September 16* 1915. *Leo Houlihan* (Signature of Recruit.)
R.H. Anderson (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 *16* day of *September* 1915.

[Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)

DESCRIPTION OF Leo Houlahan ON ENLISTMENT.

Apparent Age 23 years 7 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.

Height 5 ft. 7 3/4 ins.

(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.)

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Scar over right eye

Complexion Fair

Eyes Brown

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date September 2 1915

J. McCulloch

Place Lindsay

Lieut
 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

Leo Houlahan 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.

W. G. Hatcher (Signature of Officer.)

Date OCT 6 1915

COLONEL
 O. C. 80th Battalion, C.E.F.

REGIMENTAL DOCUMENTS

10-4-19
E.O.H.

NAME HOULIHAN, LEO (Cpl.) REGT. NO. 725106 UNIT 80th Bn. H. Q. FILE NO. _____

3

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH
Category

34802

DISCHARGE

Category

med-impr.

DESERTION

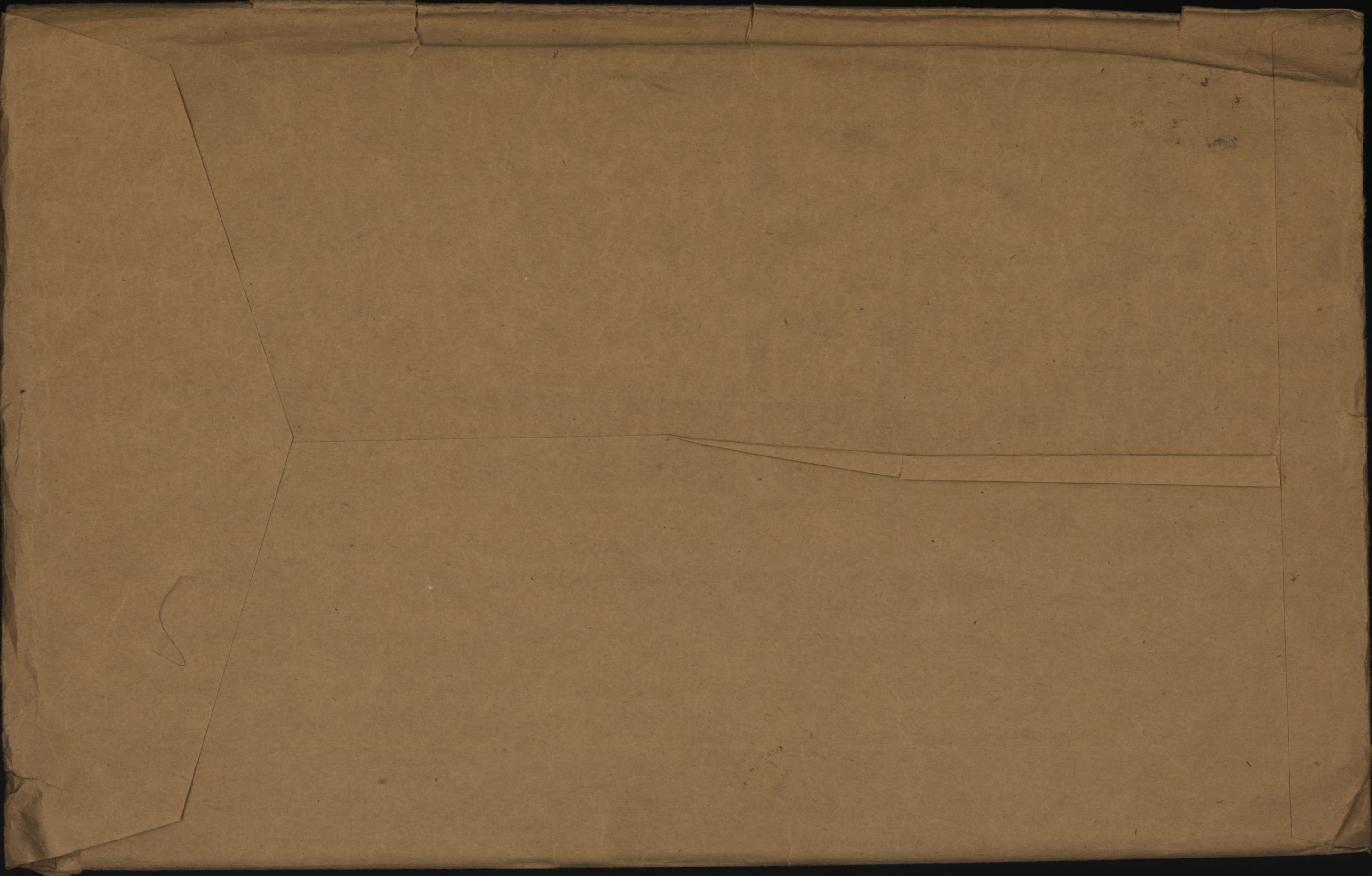
H

(3)

6 4
25 4
27 4

3

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 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)
- 3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- 2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- 2 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)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 2 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)
- M.F.W. 192 -- 1
- 1 71 1237
- 1 0000 50099
- 4 misc
- 2 pass card
- 1 A + B
- 1 sample of
- 1 R 122
- 1 paycard
- 1 - 1238



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725106 (Rank) Corporal

Name (in full) HOULIHAN, Leo. enlisted in

the 109th Overseas Battalion.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 16th

day of September ~~19~~ 15.

HE served in Canada, England and France.

and is now discharged from the service by reason of being medically unfit for further

War Service. Authority Med. Board D/ 3-3-19 R.O. 1420.

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

Age 27 yrs. 1 month. Marks or Scars Three parallel scars 4", 6" & 5"

Height 5 ft. 7 ins. long outer ant. & post. border

Complexion Fair right forearm. 4" scar rt. thigh.

Eyes Hazel

Hair Brown

L. Houlihan

Signature of Soldier

R. Papp Lieut
Captain
Issuing Officer
No. 3 District Depot
Rank

Date of Discharge 8-3-19 Appointment March 19

Signed at Kingston, Ont. this 8th day of March 19

in Military District No. 3

File Reference No. 3DD-3-H-618

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 725106 Rank Pte Name Houlihan, L.
(Surname first)
Unit 80th Bns who was* Discharged
On March 8th 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/19 to 3/3/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>8</u> days at \$ <u>1.00</u>		<u>8.00</u>
Field Allowance..... <u>8</u> days at \$ <u>0.10</u>		<u>.80</u>
Separation Allowance.....		
Clothing Allowance.....		<u>35</u>
Post Discharge Pay.....		
*Other Credits.....		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>6544</u>	<u>43.80</u>	
Total.....	<u>43.80</u>	<u>43.80</u>

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Feb 1919 }
and Separation Allee. for month of..... 191..... } (to) Assignee Miss May Houlihan
(Address) Lindsay Ont
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment..... married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer..... 3 DD-3-N-618

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

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

Date 1/3/19
Place Kingston Ont

W. Peter Captain,
OFFICER I/C DEMOBILIZATION PAY DEPT.
MILITARY DISTRICT NO. 3
Paymaster.

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

013

To be made out in duplicate.

DUPLICATE I.C. 11-1-55

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 725106.....

(3) Full Name of Soldier Lieut. Houlahan.....

(4) Place of Birth Lindsay Ont Canada.....

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

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address Lindsay Ont Canada.....

(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*
If so, state name and address *D M Houlihan Lindsay Ont Canada*

(10) Is your Mother alive? *Yes*
If so, state name and address *Mrs R Houlihan Lindsay Ont Canada*

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *Yes*
If so, in what Company? *Brotherhood of Railway Men*
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 *July 19th / 16*

[Signature] Lt. Col.
O. C. 109th Overseas Battalion, C. I. F.
Officer Commanding.

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.				
12-2-17	124 Bn	Disch from Host.	Witley	6-2-17	Pot D.O. 43
17-2-17	"	Rev. to perm. grade	"	20-2-17	48
9-3-17	124 Bn	Emb for France	Witley	9*3*17	Pt II DQ68
21.8.17.	" "	Appntd L/Cpl.	Field L/Cpl.	7.7.17	— 124
25-1-18	- "	Appntd. A/Cpl. with pay	Lt. Field	27-12-17	— 5
		Now know	asl 24th Pnr		
23.4.18	(P.B. 124)	Wounded	Btn Can-ENG	10-3-18	Pt II. A195
23.4.18.	124. B.N.	Confirmed in rank of Cpl	" "	14.4.18	Pt II. 26
3.5.18.	"	S.O.S. to G.E.R.D. Wounded	" "	27.12.17	Pt II. 29
17-1-19	C.E.	Invalided to Canada	5 P.G. Hos. Liverpool	19.4.18	Pt II 29, G.E.R.D. 150 d/1.6.18
				13-1-19	CL B. 423 & CERD Do 21-21/19

REMARKS
Taken from Official Documents.

ATB. 103 CHECKED
19 MAR 1917

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 18 FEB 1971

NAME

Service No.

CPC No.

NOM HOULIHAN LEO

Matricule No 725106

CCP No 117812

WVA No.

AAC No

Information Received from:

Information reçue de:

LETTER R. E. BROWN SOLICITORS

Date of Death

Date du Décès 19 DEC 1970

Place

Endroit NOT STATED

Distribution: WSR-DASG

VI - ASS

~~DO - BD~~

HO - BC

Pour le chef,

A.F. Coultas
for Chief, Central Registry Division.

Dépôt central des dossiers.

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D. C. 20330
OFFICE OF THE ASSISTANT SECRETARY
FOR VETERANS BENEFITS

19 FEB 1970

1970

1970

19 FEB 1970

19 FEB 1970

1970

1970

1970

No. 5 CANADIAN
GENERAL HOSPITAL
LIVERPOOL

DOCUMENT
CARD

HOSPITAL.

A. & D. No. T 7214 AT INV. TO CANADA

ADMITTED 2 DEC 1918 DISCHARGED 3 JAN 1919 WARD No. M L

REGTL. No. 725106 RANK Cpl. NAME HOULIHAN L.

UNIT 124 Batts. TRANSF'D FROM St. Kinghill

DIAGNOSIS Spw b. f. Rt. Radius DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT
		2 DEC 1918	07		

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c _____ FLOOR _____ WARD _____ ON _____ 191 _____

RECEIVED FROM M.O. COMPLETE _____ 191 _____

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

MCS
TCS

No. 725106 RANK

Pfc
Sergt.

NAME

Kaulihan, Leo

T. O. S.

UNIT

109th. Battalion

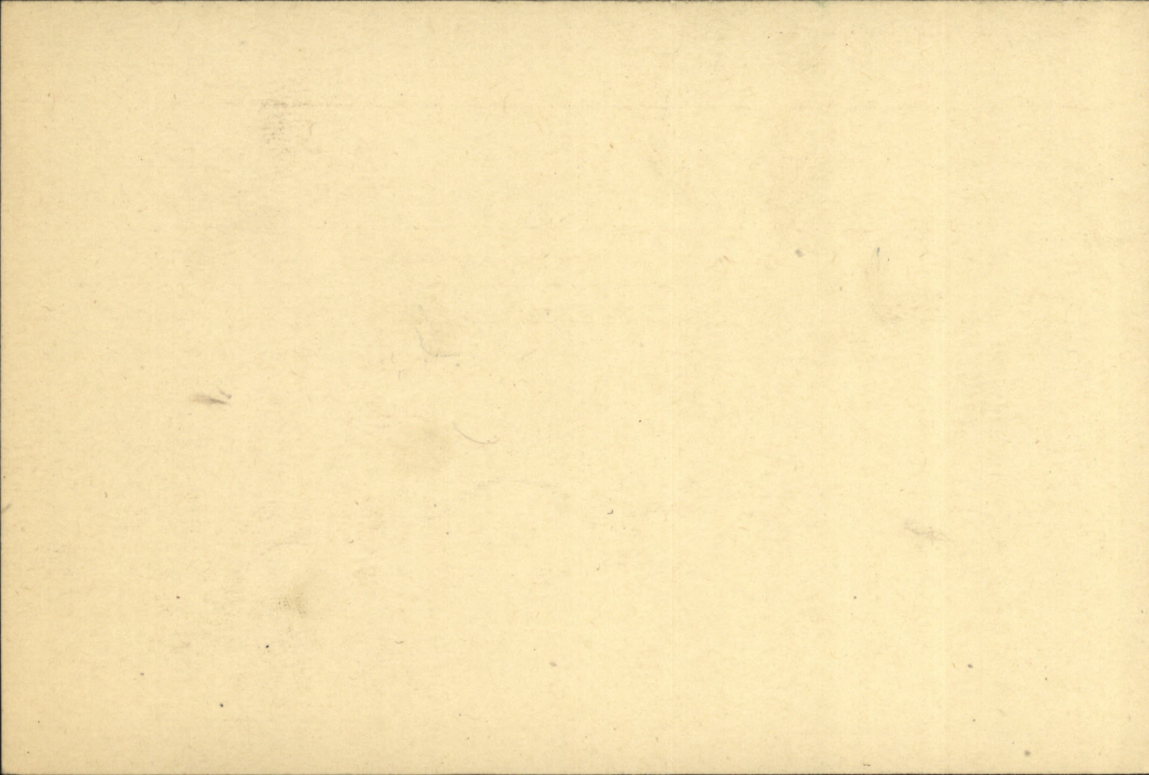
Transferred from 80th Bn.

1-1-16. S. O. 29. 5-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan.	1916 Jan 31	✓		
	Feb.	✓		
	Mar.	✓	Prom. Sgt. 13-16	D. O. 70. 4-3-16.
	April.	✓	Pro. Sergt. 18-4-16	S. O. 128 of 18-4-16.
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



LEDGER NO. 24

SERIAL NO. A 4265

REG. NUMBER 725106 NAME Houlihan Leo 37

RANK 6 pl CORPS # 3. D. D.

AGE 25 SERVICE 13/12

NAME OF HOSPITAL Queens Univ Mil. PLACE Kingston

DATE OF ADMISSION 38-1-19

DISEASE G. S. W. RT. Arm. Frac RT. Radius, Shoulder & Fligh

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 3 Coy Co 6-3-19 IN CATEGORY 6

REMARKS:.....

.....

.....

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.....

.....

.....

MD
Number 725106

Rank

~~Cpl~~ ~~a/s~~ ~~SE~~

Surname HOLLIHAN

Christian Name

Leo

C.E.
Units ~~124th Au Cav Inf~~ Theatre of War

France

Date of Service

9/3/17

Remarks

12 Luke St.

Latest Address

Lindsay
Ont.

Roll No.

B. Page 14701.

200m.-2-21.M.

DESP JUL 28 1922
REGN. NO. 6VH7665

NAME

Houlihan Leo J

REGT'L. No.

725106

RANK AND CORPS

Sgt. A/Cpl. (109 Bn) 124th Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

N. J. K.

Houlihan Mrs. Rose Ann. (Mother)

2-4-2

52 Duke St., Lindsay, Ont.

H. 116.

23-4-18.

admn 22 Gen H. Camiers April 14thH. L. 9195³

23-4-18

1918. G. W. R. Arm. Leg, shoulder. ✓

1-7-18
 P. 1-8-18

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6.	Mil. Rochester Row	14-8-16	N. Y. H. P.
16	" " Row Lon.	23-9-16	V.D.G. <u>Cherished</u> list 217
39	Camp Aldershot	26-11-16	N. Y. H. P.
62	Discharged	13-12-16	V. D. G.
B196	Queen's Civil Birmingham	20-4-18	S.W. R. arm Leg & shldr.
B274-1	Grav. Can Spec. Buxton	23-7-18.	S.W. R. arm R. Leg & R shldr.
B 325-1	Et. Hosp Etchingham Levinge	19-9-18	" " " " " "
			V.D.G.
B389 (1)	5 Can Gen. Kirkdale	3-12-18.	S.W. R. arm R leg & R shldr + 20.
B423-3	Inv to Canada.	13-1-19.	" " " " " " " " " "

Leo

Name HOULIHAN, Rank aj. pl. Reg. No. 725106.Unit 124 Pur. Bn. C. E.Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918			<u>Sw. R. Arm.</u>			
<u>14-4</u>	<u>22 Gen. Hosp. Cairns</u>	<u>R. Reg. R. Shldr.</u>	<u>R. Shldr.</u>	<u>A 195</u>	<u>H 116</u>	<u>843-11</u>
<u>20-4</u>	<u>22nd Civil Hosp. B. Ham.</u>	<u>off. 1st S. Ent.</u>	<u>do.</u>	<u>13196</u>		<u>16763</u>
<u>23</u>	<u>Grand Gen. Hosp. Buxton</u>		<u>do.</u>	<u>13274</u>		<u>21819</u>
<u>19</u>	<u>Gen. H. Etchingham</u>		<u>do.</u>			
<u>3</u>	<u>125 G. H. Kirkdale</u>		<u>do.</u>	<u>13225</u>		<u>26914</u>
<u>13</u>	<u>Invalided to Canada</u>		<u>do.</u>	<u>13389</u>		<u>2404</u>
				<u>B423</u>		<u>6512</u>

Granville Can. Spec. Hosp.
 Buxton Derbyshire

A. & D.
 CARD

AT

A. & D. No. T 2287 PL. OF ACTIONRANK Cpl REG. NO. 425106 UNIT 124 C.P. SICK OR WOUNDEDNAME Keulihan L. AGE 24 RELIGION R.C.PLACE IN HOSPITAL RADIAGNOSIS sw R thigh, shlder & JointsADMITTED 22 JUL 1918 FROM 14 South Gen B. CampDISCHARGED 18/9/18 TOTRANSFERRED Can. Spec. Hosp. EtringhillSERVICE AT HOME 3 1/2 IN FIELD 1 1/2

RESULTS

59 days

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

C.
NAME *Houlihan Leo.*

*80, 8, 210, m. 83-14. 9
200690/10-3-19 3*

RANK & No. ~~Pte.~~ *Sgt.* 725106 ~~219753~~

CORPS ~~80th.~~ ~~109th~~ *# 322-21* Batt.

ENLISTMENT, PLACE *Lindsay.* DATE *Sept. 16th. 1915. S.*

FORMER CORPS *Nil.*

COUNTRY OF BIRTH *Canada. Lindsay Ont.*

NEXT OF KIN *Houlihan Mrs. Rose Ann. (Mother)*

ADDRESS OF NEXT OF KIN ~~52 Duke St.~~ *Lindsay Ont.*

Sailed from Halifax 23/7/16. per S.S. "Olympic"

DISCHARGE, PLACE *Boys 546. Lindsay Ont.* DATE *Letter 1-11-18.*

Pl. 23-7-16. 488/17.

P/O 26-1-19. 257/12. lpl. 3

M. F. W. 22. 100 m. -8-15.

Name

Houlihan Leo

Rank

Sgt.

Reg. No. 725106.

Unit

109th Bath.

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14.8.16	Mie Hop Rochester Row	S.W.	A. Y. 2	6		
23.9.16	Discharged			16		
26.11.16	Diagnoses should read Gonnaught Aldershot.		W. J. G.	17		
6-12	Discharged.		W. J. S.	39 1/2		

NO. 5 CANADIAN
GENERAL HOSPITAL
LIVERPOOL

HOSPITAL.

A. & D.
CARD

AT

A. & D. No. T 4214 PL. OF ACTION

RANK Cpl REG. No. 725106 UNIT 124 RC SICK OR WOUNDED

NAME HOULIHAN L AGE 24 RELIGION RC

PLACE IN HOSPITAL ML

DIAGNOSIS Grw CSR Radius

ADMITTED 2 DEC 1918 FROM Etobicoke

DISCHARGED 13 JAN 1919 To INV. TO CANADA

TRANSFERRED

SERVICE AT HOME 2 1/2 IN FIELD 1 1/2

RESULTS

Toronto
Lindsay
Ont.

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

Dec 1915
F.

REMARKS.

22
Railway Brakeman

I 21.

25.11.18 V.D.G.

Snapnel

Camp. Fract.

Severe

Upper Extrem.

Radius

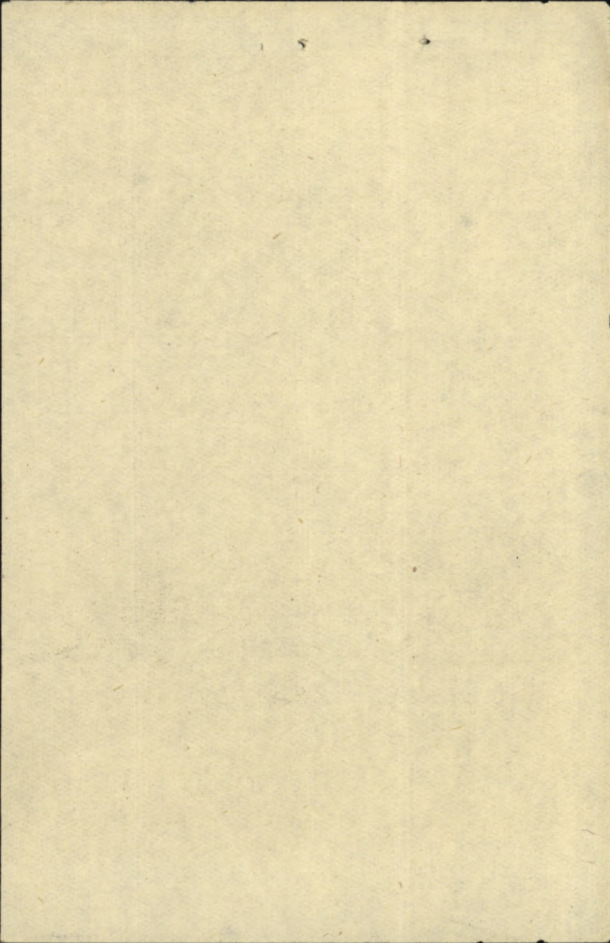
Snapnel

Flesh

Severe

Upper Extrem.

Shoulder



Surname **Houlihan** Christian Name or Names **L.L.** Reg. No. **725106**
 Rank **a/cpl.** Unit **109th Bn. (124P)** Co. Troop Batty.
~~Sgt.~~

Hospital **Rochester Row Military S.W.** Date of Admission **14.8.16**

Transferred **22 Gen. Camiera** Hosp. **26.11.16**
Queens Civil H. Birmingham Hosp. **14-4-18**
Queen's Civil H. Birmingham Hosp. **20-4-18**
Queen's Civil H. Bristol Hosp. **23.7.18**
C. S. Etchinghill **19-9-18**

Diagnosis **N.Y.D. V.D.**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

nos.
S. W. Rt. Arm. Rt. Leg, shldr. + V.D.C.
av.

Additional Diagnoses: If more than one state present

DISPOSITION

Dis. 23.9.16 Date
" 6.12.16,

C.L. 22.8.16 6

REMARKS

Ch. 30.9.16 16
5.10.16 17
30.11.16 30 Inv. to Canada - 13. 1.1917
15.3.17 62.
" 22.4.18 a.195
24.4.18 B.196
25.7.18 B.274.1
21.9.18 B.325
5.12.18 B.389
17. 1.19 B 423-3.

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

wh

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

B. C. G. Kirkdall.

3.12.18.

2.

3.

4.

5.

6.

7.

24.5



*Name HOULIHAN Leo Rank Pte. Regtl. No. 725106
 Original unit 80th Bn. Present unit 124th Bn. or S. Age 25 Religion R.C. Fyle Depot 3-H-618
 Ref. H.Q.

Port, ship, and date of arrival "Essequibo" Halifax 25-1-19

Next of kin Mother, Mrs. Rosana Houlihan, 52 Duke St., Lindsay, Ont.

Address on leave Same.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Brakesman Date and place of enlistment Lindsay 16-9-15

Diagnosis G.S.W. Rt. Arm. Date of Medical Boards 3-3-19 Cat - E

LOCAL CARD
No. 3 District Depot

Date.	Remarks	Pt. 2 Order No.
<u>TOS</u>	<u>From Clearing Depot</u>	
<u>28-1-19</u>	<u>Posted to Hospital Section, Queen's</u>	<u>HS 32</u>
<u>29-1-19</u>	<u>Granted leave with subsistence to</u>	<u>HS 32</u>
<u>13-2-19</u>	<u>to</u>	<u>HS 45</u>
<u>6-3-19</u>	<u>Transferred to Bus Boy</u>	<u>HS 66</u>

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

Date.

Remarks.

Pt. 2 Order No.

7-3-19

J.O.S. from 200 Sec. Queens by 3-19

l.c. 66.

S.P.M.

S.O.S.

B.W.K.

Discharged

R.O. 1421

Kingston

5/3/19

Pt. 2. Order

69

Lieut.

for O. C., No. 3 District Depot

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HOULIHAN, L.
 REGIMENT 124th Batt CE. RANK Cpl. No. 725106
 Date of Examination in England 5/12/18 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7
2. EXTRACTIONS 14
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada yes
- (b) In England no
- (c) In France no

Signature of Dental Officer [Handwritten Signature]

DENTAL CERTIFICATE FOR DEMOBILIZATION

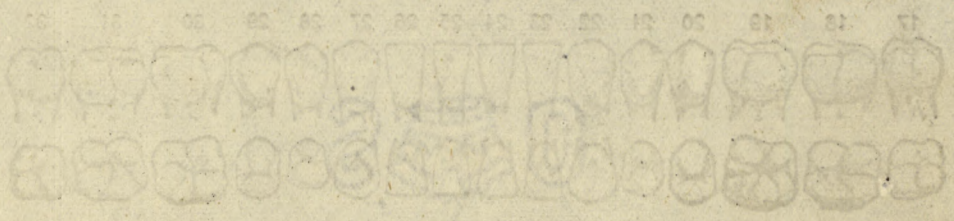
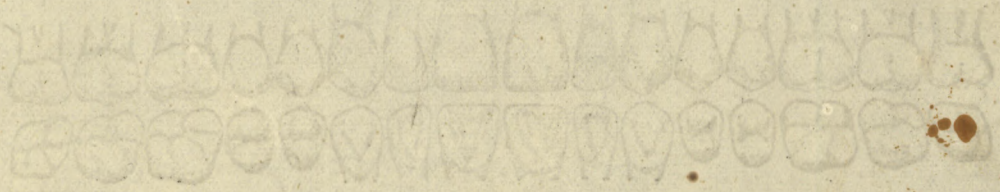
DIRECTED TO
DENTAL OFFICERS

HOLLIBORN J.

1244 Bath St. No. 222106

3/12/48

Date of Examination in England



PRESENT DENTAL REQUIREMENTS

- 1. Fillings
- 2. Extractions *1/4*
- 3. Crowns
- 4. Dentures
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Has the candidate Dental Treatment? (Specify details where applicable in any of a, b or c)

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

Yes

[Signature]

Signature of Dental Officer

CASE HISTORY SHEET.

Queen's Univ. Military Hospital. Kingston, Station.

No. 725106 Rank Cpl. Name Houlihan, Leo. Age 25

Unit 124 Can. Pioneers, C.E.F. Completed years of service Where and how long } Since 2nd Sept./15 - 13 months France.

Date of admission Jan. 29/1919. Date of discharge March 6th, 1919.

Diagnosis GSW rt. forearm, shoulder & thigh. Place of origin Arras France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Man was wounded at Arras 9th April 1918 by shrapnel causing multiple wounds to right shoulder (superficial) right forearm, (cpd. fracture rt. radius) also right thigh anteriorly (superficial) Man complains of weakness right forearm as a result of shrapnel injuries & fracture of radius. Exam - shows - 3 linear scars right forearm as follows (1) a scar 6" long over radius middle third (2) another 6" long on anterior surface of forearm. (3) Another scar 5" long on dorsum of right arm same level. All scars are depressed & grooved being adherent to the underlying structures. Pronation normal. Supination 75% normal. Grip of hand 25% that of left hand. No effects on nerves as sensation in hand is apparently normal. Another small shrapnel scar over outer border of right trapezius behind clavicle. Another scar 4" on anterior surface middle third right thigh. Wassermann test - neagtive 27th Feb. 1919.

FAMILY HISTORY. Negative.
(Tuberculosis, mental or nervous diseases.)

TREATMENT. Urinalysis - normal. X Ray - Old fracture middle third right radius. Union & position good. Massage & electricity to scars. Wassermann test.

CONDITION ON DISCHARGE. AS above. Category "E".
(and disposal made of case.)

Date March 8/19.

H. J. Swenson Capt A.M.C.
Medical Officer i/c case.
6
A 9265

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

M. F. W. 54. (A. F. B. 104)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 425106 Rank Private Name Houlahan Leo

Enlisted (a) 10/9/15 Terms of Service (a) D of W Service reckons from (a) 1-16-10/9/15

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) Brakeman.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England.</u>		<u>Liverpool</u>	<u>31.7.16</u>	
<u>5/8/16</u>	<u>Appointed As Sgt (Sig)</u> <u>1094 Bn</u>		<u>Quincy</u>	<u>5.8.16</u>	<u>Part II order 216.</u>
<u>8.12.16</u>	<u>6C109th</u>	<u>Transferred to 124th Bn.</u>	<u>Witley</u>	<u>8.12.16</u>	<u>D.O. Pt #43</u> <u>3</u>
<u>9-12-16</u>	<u>124th Bn.</u>	<u>Taken on strength of 124th Bn., C.E.F.</u>	<u>Witley Camp</u>	<u>8-12-16</u>	<u>Part III Orders 265</u>

Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.
D.O. Pt #43
3
W. Eastmore
CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.
W. Eastmore
MAJOR ADJUTANT,
124th BATTALION C.E.F.

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

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				
19-1-17	124th. Bn.	Transferred to Garrison Duty Battalion	Witley	18-1-17	D.C. Pt. 11 No. 19. <i>Alv. Eastman</i> Lieut. Asst. Adjt. 124th. Battalion, Can. Inf.
17.2.17	124 th Bn.	Reverts to Permanent Grade to comply with Estab ^t	Witley Camp	20.2.17	Part II Orders # 48
9-3-17	124th Bn.	Proceeded for Overseas Service	Witley Camp	9-3-17	Part II Orders No. 69 <i>Amough</i> Lieut., Asst. Adjt. 124th. CCBG (Para)
11-3-17	M.L.O.	Disembarked	Boulogne	11-3-17	N.R.
4.8.17	O.C. 124 Bn.	Granted 10 days leave to Louder	Field	4.8.17	B.213 DO. Pt. 11 No. 122 d. 14.8.17
11.8.17	do.	Apptd. Lance Corporal	Field	7.7.17	B213 Pt. 11 DO 124, 21.8.17.
18.8.17	do.	Rejoined Unit	do.	14.8.17	B.213
15.9.17	do.	To Course 1st. Army Sch. of Mines.	do.	10.9.17	B.213 DCS 43 d. 25.9.17.
29.9.17	do.	Rejoined Unit	Field	25.9.17	B.213
12.1.18	do.	Apptd. A/Cpl. (with PAY)	do.	27.12.17	B.213 DO. 5 d. 25.1.18
12.1.18	do.	B.F. & T. Course	do.	6.1.18	B.213
7.2.18	do.	Rejoined Unit	do.	27.1.18	B.213
23.3.18	do.	Granted 14 days leave	Paris	21.3.18	B.213; DO. 22
30.3.18	4 C.I.B.N.	J.O.S. from Leave A	Base	30.3.18	N.R. 278.
6.4.18	124 Bn	Rejoined unit	Field	5.4.18	B.213
10.4.18	13 Cfa	Srs. Arm ^R Legt- Leg ^R Bk ^R adm ^R to 57 Cpl.	do.	10.4.18	9.3702.
13.4.18	42 C.C.S.	" " " " " adm.	do.	10.4.18	9.4541
14.4.18	22 Gen.	" " " " " "	do.	14.4.18	9.4700.
13.4.18	124 Bn	Confirmed as Corporal	Field	27.12.17	B.213; D.O. 26 d/23.4.18
do.	do.	Evacuated wounded	"	9.4.18.	B.213.

CERTIFIED CORRECT.

2 MAR 1918

CAN. RECORDS, LONDON.

ORIGINAL
MEDICAL HISTORY SHEET. ORIGINAL

Surname Koulehian Christian Name Leo ML

66149

Examined { on 2nd day of September 1915
 at Lindsay
 Birthplace { City or Town Lindsay
 County Ontario

Approved by J. McCulloch
 Rank Lieut. M.O.

Apparent age 23 years
 Trade or occupation Brakesman
 Height 5 Feet 7³/₄ Inches.
 Weight 140 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 36 inches.
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>25 APR 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Two
 Number Two
 When Vaccinated last Sept 9th 1915
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>9-9-15</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

(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>
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2-11-16</u>	<u>"</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

Enlisted on 16th day of September 1915 at Lindsay

Corps.	REG'TL NUMBER.	HABITS.	DATE.
<u>Overseas Contingent</u> <u>45th Victoria Regt.</u>	<u>277753</u> <u>725106</u>		<u>16</u> <u>2-9-15</u>
<u>124th OVERSEAS BATTALION C.E.F.</u>			<u>9 MAR 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Granville C.O.H</u> <u>Burlington</u>	<u>Aug 12th 1918</u>	<u>Sw. right thigh,</u> <u>shoulder & right</u> <u>forearm</u>	<u>Invalid 15 Canada</u> <u>with leave</u> <u>capt. corps.</u>

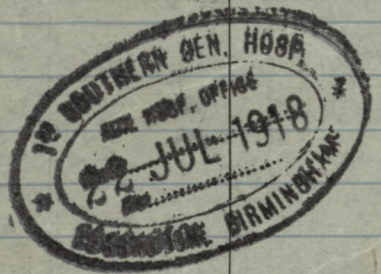
CANADIAN

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Christian Name

Surname

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				
Belleville Counaugh	8/11/15	24	11	15	13	12	15	Venereal	19	Placed on Syphilis Register Aldershot 28.11.16.	H. H. Meyer Major 5774
Counaugh Ashot		25	11	16	6	12	16	Syphilis	12	Treated with 606 etc. Trig. Recurved.	H. H. Meyer Lt
Mil. Hospital Rochestwe Row S.W.		13	8	16	23	9	16	Gonorrhoea	42.	3 Camphormide Irrig. 3 Vaccines Pot Permang Mist Alkaline Glyc & Belladonna Fomentations to testicles Kolman silver nitrate once only. Placed on Syphilis Register Aldershot. 28.11.16.	John Armstrong Capt. R.A.M.C. DT.
Granville Can Buxton Derbyshire	Spec. Hosp	22	7	78							
		19	4	18	22	7	18	95 W. R. Leg R. arm L. arm R. shoulder	95	All wounds simple fresh severe - also gonorrhoea	Tom West M.R.C. CAPTAIN R.A.M.S.T. FOR ADMINISTRATOR, 17. SOUTHERN GENERAL HOSP.



Duplicate Medical History Sheet posted to here.

W. J. Your
Capt R.M.C.

X-ray shows fracture mid third right radius
union & position good. f & B 179 etc

Leo

M. C. C. C.

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Miss Mary Houlihan
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier

Houlihan Leo

L. L. Job 310.—Req. 6574.

725106 Pte. *109 Batts*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>J 15265</i>	<i>15</i>	
Sept.		<i>Q 18547</i>	<i>15</i>	
Oct.		<i>2 23244</i>	<i>15</i>	
Nov.		<i>S 28370</i>	<i>15</i>	
Dec.		<i>M 32923</i>	<i>15</i>	
Jan.	1917	<i>Ch 38654</i>	<i>15</i>	
Feb.		<i>J 45027</i>	<i>15</i>	
March		<i>F 50044</i>	<i>15</i>	<i>15-L</i>
April		<i>B 2594</i>	<i>15</i>	<i>15-L</i>
May		<i>B 8834 B 8833</i>	<i>15</i>	<i>8833 Can</i>
June		<i>W 16112</i>	<i>15</i>	<i>15-C</i>
July		<i>B 24083</i>	<i>15</i>	<i>15-C</i>
Aug.		<i>B 352576 K 29179</i>	<i>15</i>	<i>K 29179 Can 7 1/2 M 17</i>
Sept.		<i>V 35599</i>	<i>15</i>	<i>2 L</i>
Oct.		<i>L 40938</i>	<i>15</i>	
Nov.		<i>M 48435</i>	<i>15</i>	
Dec.		<i>H 52437</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

(Red)

15-C

255 00V

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Miss Mary Haulihan By Whom Assigned Haulihan Leo.
 Address Lindsay Regtl. No. 725106
Ont. Rank Serjt
 Corps 109 Batt.
 Rate \$ 15.⁰⁰ **AUG 1 1916**

PAYMENTS

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



EX 1100
11 11 11

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11 11 11
11 11 11
11 11 11

P. 878.

Extract D.O. No. 70

Unit:- CERD

Date:- *Can Section*

~~XXXXXXXXXX~~

MAILING LIST

Reg. No.

Rank

Name

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. *MD 2*

725106

PTE

HOU LI HAN, J.

Acted on

13 1 19

Ledger Ck.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

War Service Badge Class. *A & B*
No. *906-16 C 55192* Issued

SHORT FORM
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



ACTION TAKEN

1. No. <i>725106</i>	
2. Rank. <i>Corporal</i>	
3. Name. <i>HOULIHAN, Leo</i>	
4. Unit. <i>No. 3 District Depot.</i>	
5. Date of Discharge	Place
<i>8-3-19</i>	<i>Kingston Ont.</i>
6. Reason for Discharge <i>Medically unfit for further War Service.</i>	
7. Authority. <i>Med. Board D/3-3-19 R.O. 1420</i>	
8. Proposed Residence after Discharge <i>Lindsay, Ont.</i>	
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. <i>39</i>	
<i>J. Houlihan</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <i>Kingston, Ont.</i> Date <i>8-3-19</i> <i>KCD 11/3/20</i>	
Signature..... (O. C. Discharging Unit.) <i>[Signature]</i> Lieut. O. C. Discharge Section No. 3 District Depot	

627
644
6/18

PROCEEDING WITH DISCHARGE

(Continued)

1. Name of the person to be discharged: _____

2. Address of the person to be discharged: _____

3. Date of discharge: _____

4. Name of the person to be discharged: _____

5. Address of the person to be discharged: _____

6. Date of discharge: _____

7. Name of the person to be discharged: _____

8. Address of the person to be discharged: _____

9. Date of discharge: _____

10. Name of the person to be discharged: _____

11. Address of the person to be discharged: _____

12. Date of discharge: _____

STATEMENTS TO BE MADE BY SOLDIER

I hereby certify that the following is a true and correct statement of the facts and circumstances of my discharge:

1. Name of the person to be discharged: _____

2. Address of the person to be discharged: _____

3. Date of discharge: _____

4. Name of the person to be discharged: _____

5. Address of the person to be discharged: _____

6. Date of discharge: _____

7. Name of the person to be discharged: _____

8. Address of the person to be discharged: _____

9. Date of discharge: _____

10. Name of the person to be discharged: _____

11. Address of the person to be discharged: _____

12. Date of discharge: _____

COMMENTS

The following is a true and correct statement of the facts and circumstances of my discharge:

1. Name of the person to be discharged: _____

2. Address of the person to be discharged: _____

3. Date of discharge: _____

4. Name of the person to be discharged: _____

5. Address of the person to be discharged: _____

6. Date of discharge: _____

7. Name of the person to be discharged: _____

8. Address of the person to be discharged: _____

9. Date of discharge: _____

10. Name of the person to be discharged: _____

11. Address of the person to be discharged: _____

12. Date of discharge: _____

LIST OF DISCUSSION TOPICS

1. Introduction

2. Theoretical background

3. Methodology

4. Results

5. Discussion

6. Conclusion

7. References

8. Appendix

9. Bibliography

10. Index

11. Glossary

12. Summary

13. Acknowledgements

14. Author's biography

15. Contact information

16. Declaration of interest

17. Funding sources

18. Ethics approval

19. Data availability

20. Conflicts of interest

21. Author contributions

22. Correspondence

23. Peer review

24. Publication details

25. Copyright

26. Reprints

27. Permissions

28. Distribution

29. Archiving

30. Open access

31. Creative Commons

32. Digital Object Identifier

33. Crossref

34. Scopus

35. Web of Science

36. ResearchGate

37. Academia.edu

38. Mendeley

39. Zotero

40. EndNote

41. Reference Manager

42. Bibliography Manager

43. Literature Manager

44. ProQuest

45. EBSCO

46. JSTOR

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

725106 Sgt. Houlihan, H. 109th Battelion, C.E.F

Will detached by Regt. Paymaster.

76263

J. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 725106

Name Sgt Leo Houlihan

Unit 109th B.N. Can Inf

Military Will.

In the event of death I
give the whole of my
property and effects to
My Mother Mrs Roseann
Houlihan 52 Duke St
Lindsay Ont Canada

(witness)

John R. Sandbrook

Signature Sgt Houlihan L

Rank and Regt. Sgt 109th Can Inf

Date 1st Nov 1916

1870. Dec. 10. No. 1000. Boston. Mass.
With reference to the 7. 1870.

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GRANVILLE CANADIAN
SPECIAL HOSPITAL

6591
4600/10/10
425/106

B. Sec.
MEDICAL CASE SHEET.*

99-457

No. in Admission and Discharge Book.
T2283
Year
22 JUL 1918
Station and Date

Regimental No. 725106 Rank. *spl.* Surname *Houlihan* Christian Name *L.*
Unit. *124 th Can. Pioneers 24* Age. *24* Service. *3 1/2 1 1/2*

Disease *S.W. Rt thigh, shoulder & Rt arm*
Leg & Shoulder

Civil Occupation *Bricklayer*
Enlisted *Lindsay Det. 2. 9. 15*
England *20. 7. 16*
France *14. 3. 17*
Wounded *9. 4. 18. Quas.*
England. *20. 4. 18.*
Borneo. *Lindsay Det. 18. 2. 1894.*

Hospitals. *2.A. to 42. C.C.S. ^{10. 4. 18} Operation (2) 22 G.H. 4. 18*
Quasnoy's Hosp. Birmingham 20. 4. 18
one
oper. Wounded by. HE frag. High thigh. Rt arm & Rt shoulder
operation esp. I wounds excised Rt arm TB removed.
Thomas splint
II next day: wounds Rt thigh & Rt shoulder
excised. TB removed.

operation. at Birmingham - For Hornorham Rt arm
bleeding point tied.

- P.C.:
- I Wound Rt thigh healed - no disability.
 - II Wound Rt shoulder " practically no disability.
 - III Rt. arm
 - I Two 6" scars. dorsum of Rt arm. middle third.
 - a small scar inner aspect 1 1/2" above Tylod process ulna
 - II 7" scar Radial side of forearm. upper & mid third
 - scar very adherent to Corpi Radialis. this scar keeps breaking down.
 - III small scar flexor aspect. mid third Rt arm.
- all these are healed.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(44502) Wt. W 11203-M 1150. 1,450,000. 6/12 16. C.F. & S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.

Movements. Elbow. $\text{E} = 160^\circ$ $\text{E} = 50^\circ$.

Supination: $\frac{3}{4}$ normal. Pronation $\frac{1}{4}$ normal

Wrist: $\text{E} = 160^\circ$ $\text{E} = 170^\circ$. Lateral fair.

Fingers: $\text{E} = \frac{1}{2}$ normal. $\text{E} = \text{fall}$.

The scars on extensor aspect of arm are adherent to

extensor tendons. presenting full flexion.

Patient has been wearing a cock up splint. (long) this has caused stiffness

Treatment I - tear off splint

II - D. Dressing.

III. X Ray. middle $\frac{1}{2}$ of arm

IV Massage & manipulation fingers. wrist & elbow.

V Exam. $\text{E} = 170^\circ$. W. J. Tyrer

no nerve lesions.

add to treatment.

29 JUL 1918

Ionization to scars on right forearm, drainage to forearm. (A. H. Stone M.D.)

30-7-18 Urinalysis S.P.R. 10 27 React Acid const clear colour 2 ca. All cells.

27-7-18 X Ray Old fracture middle third radius right inner end.

Position Good

(J. H. Stone Capt)

3-AUG. 1918

A.P.B. 179 J.G.C. W. J. Tyrer

4-8-18

A.P.B. 179 J.G.C. report W. J. Tyrer

EXAM.

MED. J.H.

12 AUG. 1918

G. C. S. H.

gpl

27-8-18.

Arm wounds healed. movements right arm and hand

improving (A. H. Stone Capt)

3-9-18

Satisfactory & improving

W. J. Tyrer

17-9-18.

Discharge proved from penis. to lab.

17-9-18.

Path Report. Wreathel Smear. Grain Negative

W. J. Tyrer

intracellular diplococci morphologically gonococci

17-9-18

Transfer to Kensington

W. J. Tyrer

B. P. Blunquist capt

MEDICAL CASE SHEET.*

Sheet # 2

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
12283 1918.	725106	Cpl.	Houlihan	L.
	124th Canadian			24
				31/12 14/12.
Station and Date.	Disease SW Rt. Thigh Shoulder & Rt. Hip			
F. G. S. A. Boston	complication U.D.G.			
Sept 22-18 Sept 18-18	Transported to Etchingham for treatment of U.D.G. BR. Phlegm Capt.			
No 509 6-12-18	H. Multiple adherent scars on right forearm. Forearm atrophied. Movements of forearm & hand limited.			
	J. C. B. Capt.			

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

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725106 Rank 4th Name Wardman ^{Feb 9} 1917
Local Unit 124 Bn Overseas Unit _____ Age 26

Examination held in Bramshott area.

DISABILITY.

Overseas—Local.
(scratch one out)

V. O. S.

PRESENT CONDITION.

Completed course of treatment
at Aldershot. now fit
for active service.

specialist report
Capt MacFegon

m
Board recommends:

1. Fit for Duty. A 11/11
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

S MacFegon
Pres.

Members {

Approved.

Bramshott _____ 191 _____

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. _____
 Rank _____
 Name _____
 Local Unit _____
 Overseas Unit _____
 Age _____
 Examination held in Bramshott area _____

DISABILITY

Overseas—Local
(tick one off)

PRESENT CONDITION

[Faint handwritten notes describing the present condition of the member, including details of physical fitness and any medical issues.]

Board recommendations

- 1. Fit for Duty
- 2. Fit for duty after _____ weeks physical training
- 3. Fit for Base duty _____ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature: _____

Pres. _____

Members _____

Approved _____

Bramshott _____

Reserved for M.H.C.

Regt. No. 725106 Rank CPL Surname HOULIHAN Christian Name LEO

Unit or Corps—(a) Overseas from United Kingdom 124th CAN. PIONEERS (b) In United Kingdom

Born at—Town LINDSAY County or Province ONT. Country CANADA

Date of Birth—Day 18 Month FEB. Year 1894 Age 24 yrs. 6 months.

Joined at LINDSAY Date SEPT. 2nd 1915

Former Trade or Occupation BRAKEMAN

Permanent marks or peculiarities that will serve for future identification:—
1- Scar. Right thigh.
2- Scar Right shoulder.
3- Fin scars. Right arm

Height—feet 5 inches 7 1/4 Colour of eyes Hazel.

Signature of Soldier (for identification purposes) L. Houlihan

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.)
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).

1- FRACTURE. RIGHT. RADIUS.

Disabilities Group (b).

NA

Disabilities Group (c).

NA

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>SW. RIGHT FOREARM.</u>	<u>ARRAS.</u>	<u>9-4-18.</u>
(ii.) As to Group (b) above.	<u>NA</u>	<u>NA</u>	
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>	

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

(i.) As to Group (a) above? No

If yes, has Active Service aggravated it? NA

(ii.) As to Group (b) above? NA

If yes, has Active Service aggravated it? NA

(iii.) As to Group (c) above? NA

If yes, has Active Service aggravated it? NA

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

(i.) As to Group (a) above? YES

(ii.) As to Group (b) above? NA

(iii.) As to Group (c) above? NA

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **YES**
- (ii.) While off duty? **no**
- (iii.) Was a Court of Inquiry held? **no**
- (iv.) Where? **NA**
- (v.) When? **37**
- (vi.) Opinion of the Court? **NA**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

F.M.C. Missing. Patient States. Wounded by HE fragments Right thigh, Right Shoulder and Right forearm, operation at C.P.S. Wounds Right forearm excised FB removed. Thomas splint applied. operation a C.P.S. next day. wounds Rt thigh and shoulder excised - FBs removed. operation at Birmingham for 2nd Haemorrhage from right forearm. Bleeding point tied.

Hosp: 1- no 42 C.P.S. 2- no 22 Gen. 3- 1st S.G. Birmingham. 4- G.C.S.H. Buxton.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

wound Rt thigh healed - no disability. wound Rt shoulder healed, practically no disability. Right FOREARM - I Two 6" scars dorsum of Rt forearm middle third. II Small scar inner aspect 1 1/2" above styloid process of ulna. III 7" scar radial side flexor aspect forearm, upper and middle thirds. Scar very adherent to flexor carpi radialis. This scar keeps breaking down. IV Small scar flexor aspect mid third. all these are healed. Movements: Elbow - 84° E 160° & 45° 50°. supination 3/4 normal. Pronation 1/2 normal. Wrist 84° E 160° & 45° 170° Lateral flex. Fingers - 84° 1/2 normal. 84° fall. X Ray - old fracture middle third right radius. union and position good. Heart and Lungs neg, other systems neg.

8. OPERATION. (i.) Was one performed? **Yes**
 (ii.) If so, state what? *1-C.P.S. wounds Rt forearm excised FB removed. Thomas splint. 2-C.P.S. wounds Rt shoulder & thigh excised FBs removed dressed 3-Birmingham - Controlling 2nd Haemorrhage. Rt forearm*
 (iii.) Was one advised and declined? **no**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **YES**
 (ii.) If so, describe. **REMOVAL. Three upper left molars.**

10. DO YOU RECOMMEND:—
 (a) Fit for duty? **no**
 (b) Fit for base duty? **no**
 (c) Invalid to Canada? **YES**
 (d) Discharge from the Service as permanently unfit? **no**

Date of Report *Aug. 6th* 191*8*. Station *G.C.S.H. Buxton.*
 Signed *W.D. Lyons Capt R.A.M.C.* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
W.D. Lyons
 Registrar, for O.C., Station on *Granville Can. Sp. Hosp.* 191*8*
 * Delete if inapplicable.



Officer i/c Hospital } Strike out one
 S.M.O. } of these.
 Brigade }

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *Yes*
If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? *Yes*
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? *No*
Aggravated? *No*
(b) Misconduct of the Soldier { Caused? *No*
Aggravated? *No*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *N.A.*
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, or all.) *N.A.*

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? *N.A.*
(ii.) If not permanent, what is its probable minimum duration (in months)? *N.A.*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *N.A.*

18. Remarks. *walking cane*

19. Recommendation:—(a) Fit for duty? *No*
(b) Fit for base duty? *No*
(c) Invalid to Canada? *Yes*
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission. *E*

Date of Board

EXAM. MED. BOARD
12 AUG. 1918
G. C. S. H.

Station

Signatures of the Board

W. A. Bloom President.
J. A. ...

Approved

Dated at

Shal
CORONEL,
A.D.M.S. CANADIANS
BUXTON

A.D.M.S.

Station

ASSISTANT DIRECTOR
OF
MEDICAL SERVICES
19 AUG. 1918
CANADIANS
BUXTON AREA.

CONNAUGHT
HOSPITAL
- 6 DEC. 1916
ALDERSHOT.

CONNAUGHT
HOSPITAL.
- 6 FEB. 1917
ALDERSHOT.

Army Form I. 1238.

SYPHILIS CASE-SHEET.

Regtl. No. 425106 Rank and Name Lt. Houlikan ^{Leo} Corps 109 C.S.F. Sig Coy.
Placed on Syphilis Register at Aldershot on 28. 11. 16 No. in Register 1162/16
Disease contracted at London . Primary sore appeared on (date) Nov 21st 1916

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Multiple ^{hard} chancres on Glans Penis.

Lymphatic glands in Groins & neck shotty. Elbows normal.

Skin (nature and distribution of rash)

Mucous membranes Throat, Tongue & cheeks normal.

No condylomata at anus.

Other symptoms No Headaches.

Eyes normal.

No Fever.

No bone or joint troubles

No nervous lesions.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction (Result (positive or negative))

Not Examined

Station Aldershot Date 28. 11. 16 Signature of M.O.

W. H. M. C. M. G. W.

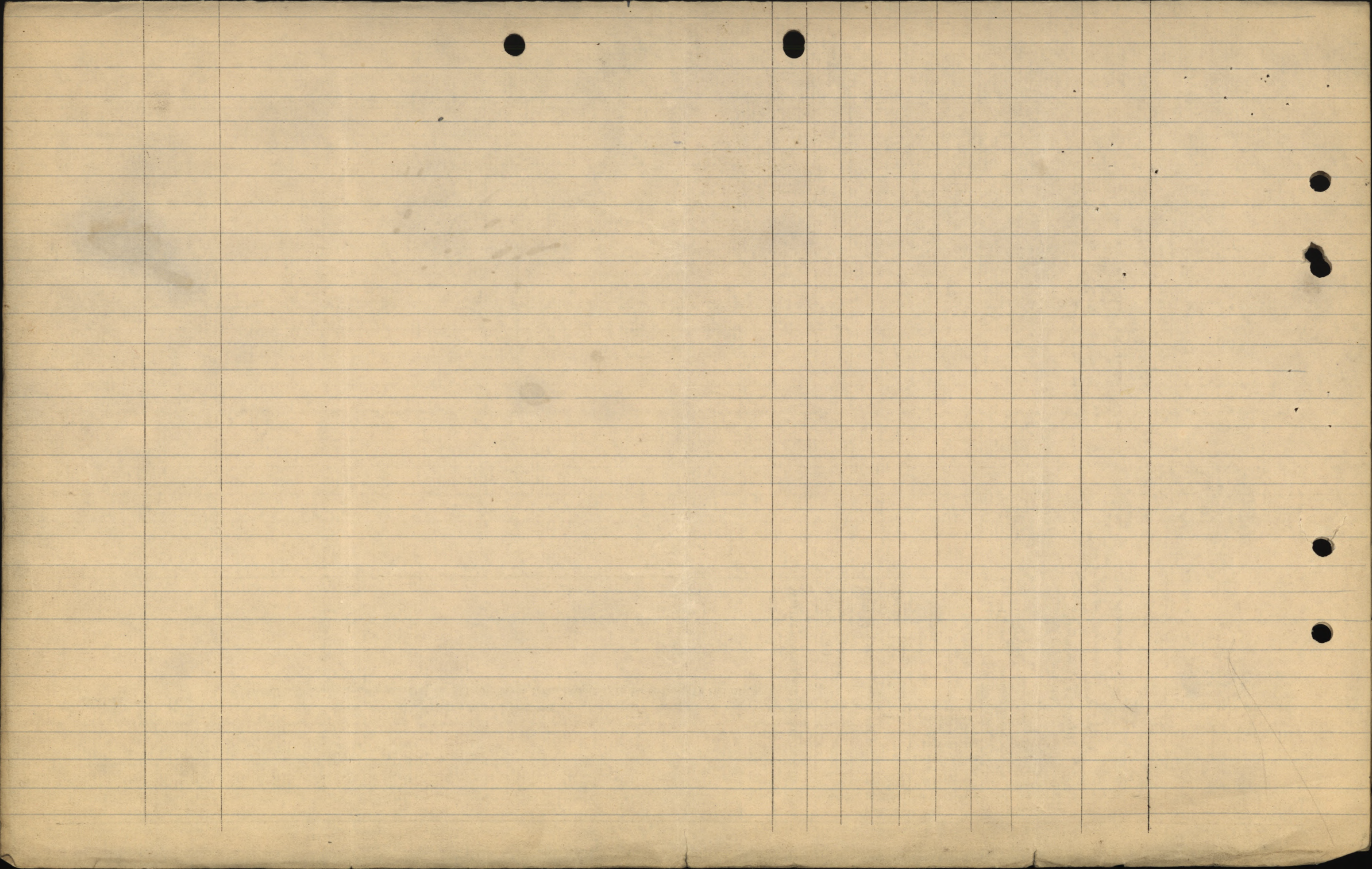
Captain, R.A.M.C.

Specialist in Dermatology,
Aldershot Command.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____



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.

STATION Kingston Ont. DATE Mar. 3rd/19

1. 1 (a) Unit 124th Can. Pioneers Regimental No. 725106 (c) Rank Cpl.

(d) Surname Houlihan (e) Christian name Leo

(f) Home address Lindsay Ont.

(g) Next of Kin Mrs. Rose Ann Houlihan (h) Relationship Mother

(i) Address of Next of Kin Lindsay Ont.

2. Age last birthday 25 Date of birth Feb. 18th 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay (b) Date Sept. 2/15

4. Personal description:

(a) Height 5'7" (b) Weight 142 (c) Complexion fair
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc.

3 parallel scars 4", 6" & 5" long outer ant. & post. border rt. forearm.
Another scar 4" long ant. right thigh

5. Former trade or occupation Brakesman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	175

	PERIODS	
	From	To
Canada <u>109th Bn. CEF</u>	<u>Sept. 2/15</u>	<u>July 1916</u>
England <u>124th Reserve Bn.</u>	<u>July 1916</u>	<u>March 2nd 1917</u>
France or other theatres of War <u>124th Pioneers</u> <u>CEF</u>	<u>March 1917</u>	<u>April 1918</u>

7. Original disease, or injury G.S.Wd. Right Forearm, right shoulder & right thigh

(a) Date of origin April 9th/18 (b) Place of origin Arras, France

(c) Cause H.E. Shell

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).)

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

See Section 9a

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 app.

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

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

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

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

Hospitals in France & England

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)

No

16. Can the former trade or occupation be resumed? Yes, with some limitations (If not, briefly state why)

17. Recommendations. That this soldier be discharged from the service

Pensionable disability right forearm due to service

L. Armstrong Capt. M.C. 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, 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

Leo Houlihan Rank. Signature of invalid examined.

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.)

Effects of G.S.Wd. Right Forearm - Weakness and limitation of use of Right hand

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.)

Subj. Man complains of weakness of right forearm as result of shrapnel injuries and fracture of radius.

Obj. There are three linear scars right forearm, one 6" long over radius, middle third. Another 6" long on anterior surface of forearm, a third scar 5" long on dorsum right arm same level. Scars are depressed & grooved, being adherent to the underlying structures. Pronation of forearm normal. Supination 75%. Free movements of wrist & fingers but grip of hand is 25% that of left hand. No effects on nerves as sensation in right hand is apparently normal. There is also a small shrapnel scar over outer border of right trapezius behind clavicle. No disability at present. Another scar 4" long on anterior surface right thigh, middle third.

X-Ray shows - Old fracture of the middle third of the Radius. Position & union good.

(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..... Pulse 72..... S.G.1.020 Acid Normal..... Cardio-Vascular System..... Genito-Urinary System..... Apparently Normal (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) S.B.P.118 Dias.76
Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No
Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... As above
Osseous and Joint Systems..... No..... Any other general condition.....

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

Man was wounded at Arras April 9th 1918 by bursting shell injuring right shoulder (superficial) right forearm (compound fracture right radius) also right thigh anteriorly superficial.

English papers give history of V.D.S. & V.D.G. both of which were treated and apparently cured. No urethral discharge since Oct. 1918

Wasserman reaction - negative Feb. 27/19

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.

YES

19. Is the invalid fit for

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

Yes "E"

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

with pensionable disability

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.

W. Gibson Caplan President.
Imasselah Caplan Members

PLACE..... Kingston.....

DATE..... Mar. 3/19.....

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.

..... President.
 PLACE..... }
 DATE..... } Members

APPROVED BY
Buillonhley Capt
 Assistant Director of Medical Services.
 DATE..... 5/3/19.....

APPROVED BY
 Director-General of Medical Services.
 DATE.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H

9609 Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

157			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *725706*
 Rank *Sgt.* Promoted Reverted Discharge
 Soldier's Name *Leo Houlihan*
 Battalion *109 Batt.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Miss Mary Houlihan*
 Address *Rindosy Ont.*
 Change of Address
 1
 2
 3
 4

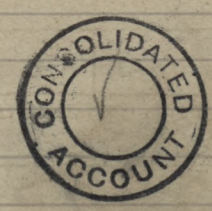
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec/31/17</i>			<i>255-</i>	<i>255-</i>	
<i>Jan/18</i>	<i>F 64542</i>		<i>15</i>	<i>15</i>	<i>Br.</i>
<i>Feb</i>	<i>G 73089</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>F 94528</i>		<i>15</i>	<i>15</i>	
<i>Apr.</i>	<i>I. 16814</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>D 12429</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>C 14813</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>July</i>	<i>V 37000</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>Aug.</i>	<i>F 30032</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>Sept.</i>	<i>G 45304</i>		<i>15</i>	<i>15</i>	<i>-</i>
<i>Oct.</i>	<i>J 50862</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>G 60036</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>K 62147</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan</i>	<i>F 71381</i>		<i>15</i>	<i>15</i>	

9017-2-13

M. R. O. Destroy H 58137 — 29-1-19

M. F. W. 128
400M-6-17-172-89-141
L. L. 22520-M. & D. 7663.

A/c Closed *31-1-19*
 Ref'd per *K. Rosquibo*
 Date *26-1-19* M. F. W. 187 *29-1-19*
 Closed *M. Brennan*
M D 3



AUTHORITY
 D.O. 48
 20124 2/18
 170.5 25/18

lance/cpl Pte
 REG'L No. 725106 RANK *Sgt* NAME *Houlihan Leo*

IF IN PERMT. CORPS
 WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *124 Bn.* DATE *21.1.17* AUTHORITY *110343 8.12.16.*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Sept 16th 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *aug 1st 1916*

PAYABLE TO *Miss Mary Houlihan Lindsay Ont* RELATIONSHIP *Sister*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

BILLS		CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
DATE	No.	DATE	1	2	3				4	CREDIT			
								14 50					
								2473 3627					
								15 6627					
								7880 3397					<i>13/8/16 to 23/9/16 D.O. 285 General 42 days 27³⁰</i>
								4937					
								6269					<i>D.O. 342 General 21-11-16 13 days @ 658 to 16-12-16</i>
								7769					<i>D.O. 343 8.12.16. 24 124 Bn Eff. 21.1.17</i>
								8446					
								8399					<i>A.O.B. 2 days D.O. 57 2 days F.P. D.O. 57</i>
								8526					<i>27/12 26/11 S/N 124 14 Pm Connaught Hospital Charges Q4005 589¹⁴ 14/2</i>
								9828					<i>Sate mess dues 109 Pm</i>
								11208					
								31802					

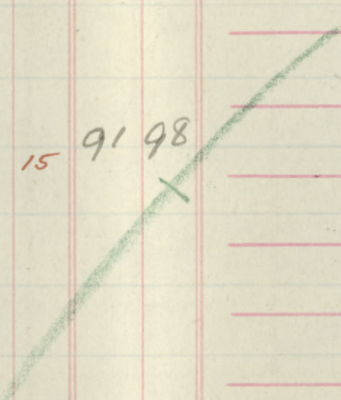
CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
4	51	16	97	150	40 77	318 02	112 08				
				15		20 35	124 73				
2	68			15		17 68	141 15				
				15	1 30	18 97	159 08				
				15		91 72	101 86				

2 DAYS' VEN 25-26/7 - amount 15 ✓
 APLA L.C. 7/7 - 20 124 - 21 8/7
 25 day pay of rank 7 - 31/7 - 25 day @ 5.

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	4 Balance
-------	-------	-------------	-------	-------	-------	-----------

		Forward				145 72
		cap				15
		1333 15/7 ✓	535			
		1485/1	100			
		1389 2/3	535			
		1451 7/3	535			
		1476 20/3	89 ✓			
		26651 24/3 CUP	26 77			
		27241 26/3 ✓	23 20			
			75 94 ✓			
						15 91 98

37 20



* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: -	1500/8/16	EFFECTIVE DATE: -	9/18
AMOUNT: -	1500	AMOUNT: -	1500
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.	
Miss Mary Hanahan Sister NR. hindsay St			

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
18/10/18	408	Buxton	7.30	18/9/18	18	Stoppage	18/9/18 to 15/18
8/18	516		7.30			59 Days @ .604	
13/18	500	58	38.95	14/11/18	200	ENHILL	
16/18	26	10 days @ 75%	7.30				
10/11/18	2881	Etchiny Hill	4.8			Trans to Canada	1/18

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transferred to Can: 31/8/18*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS
March 31	Bal fwd			
Apr	Cpls Pay	36		C.A.P. A.R. 40 5/4 H.R. 3714 2/4
		36		
May	Cpls Pay	37	20	C.A.P. A.R. 9013 2/5
		37	20	
June		36		C.A.P.
		36		
July		37	20	R14808-13/2
		37	20	
Aug 7	Cpls Pay	37	20	C.A.P.
	S.F. 16-26. P. ii 229 28/8 C.F.R.D.	7	30	
				A.R. 5699 Buel ✓ 4908 ✓ ✓ 5116 ✓
		44	50	
Sept.	Cpl Pay	36	00	C.A.P. AR6424 10/9/18 Jan
		36	00	
OCT	" "	37	20	2447- 11-10-18 C.A.P.
		37	20	
Nov		36		C.A.P.

27/20
15/20
5/20

ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: HOULIHAN Leo

118 9/18 EFFECTIVE DATE: NUMBER: 725106

AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Sister NR.	5. 25/1/18	27/12/17 Cpl
	2026 23/4/18	27/12/17 Confirmed Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT: 109th Bn

DATE ACCOUNT FIRST OPENED - 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F 0	UNIT TRANSFERRED TO
B.O. 29.	3/5/18	19/4/18	124 Bn 6. E. R. 10

ONCE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

Y	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
101	7 30			Work Stoppage 18 9/8 to 15 12/8	
	4 30			59 Days @ .604	3540
108	38 95	14.11.18	2800	ENILL	243
109	43 30				4270
110	48			Trans to Canada 1 1/2 months	

208 Trans to Can. 9/1/19 - 21/1/19

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10	10		10131 58

NON-EFFECTIVE: Trans to Can: 31 5/18

CR 1	CR 2	PARTICULARS	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
						91 98		
36		Cap			15			
		A.R. 40 5/4	5 35					
		HR 3714 2/4	9 73			97 90		
36			15 08		15			
37 20		Cap			15			
		A.R. 9013 2/5	9 73			110 37		
37 20			9 73		15			
36		Cap			15	131 37		
36					15			
34 20		AR			15			
		R1488. B'lan.	9 73					
37 20			9 73		15	143 84		
37 20		Cap			15			
229 28/8 CARD			38 93					
		AR. 5699 B'lon 13 9/18						
		✓ 4908 ✓ 13/18	7 30					
		✓ 5116 ✓ 8 9/18	7 30			119 81		
44 50			53 53		15			
36 00		Cap			15 00			
		AR 6424 10/9/18 Jan & B'lon	7 30			133 50		
36 00			7 30		15 00			
37 20		247 11-10-18 - C. Hill	247			156 71		
37 20		Cap			15	153 28		
36		Cap			15	174 28		

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
	<i>Food.</i>	36		<i>Food.</i>				15
				2900 14-11-18 <i>Electric</i>	243			
				2881- 26-11-18	487			
				4667- 6-12-18 - <i>CRD</i>	487			
				5415- 28-2-18. <i>509.50.</i>	487			
					1704			15
				<i>DR-6124-Kirkdals - 3-1-19</i>	487			
				<i>Q-4005-M136-429-19-12-18</i>	578			
				<i>Q-4005-M312-445-11-1-19</i>	24			
					1089			
<i>Feb 19</i>				<i>Loss Stipp 18.9.18 - 15.12.18.</i>			3540	

NAME

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Lwd.</i>				15	15328		
2800 14-11-18 Elettia	243				17428		
2881- 26-11-18	487						
4667- 6-12-18 - <i>COO</i>	487						
75415- 28-2-18. 50926.	487			15	15724		
	1704						
QR-6124-Kirkdals - 3-1-19	487						
<i>L.P.C. and.</i>	578				14659		
P-4005-M136-479-19-12-18	24				14635		
<i>L.P.C. and.</i>	1089						
P-4005-M312-455-11-1-19							
<i>L.P.C. and.</i>							
Hosp. Stopp 18.9.18 - 15.12.18.		3540			11095		