

MAR 13 1916

B

ATTESTATION PAPER.

No. 724096.

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

auth. part of 80-62/147
38th. Reg. + Statutory Decl. attached

- 1. What is your surname? *McCreavey*
- 1a. What are your Christian names? *Joseph Lawrence*
- 1b. What is your present address? *Belmont, Dublin*
- 2. In what Town, Township or Parish, and in what Country were you born? *Belfast, Ireland*
- 3. What is the name of your next-of-kin? *Patrick Lawrence McCreavey*
- 4. What is the address of your next-of-kin? *47 Queen St. Dublin, Ireland*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *Jan 1st 1895*
- 6. What is your Trade or Calling? *Farmer*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
- 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, *Lawrence J. McCreavey* 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.

Lawrence J. McCreavey (Signature of Recruit)

Date *MAR 13 1916* 191*6*. *J. J. McCreavey* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Lawrence J. McCreavey* 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.

Lawrence J. McCreavey (Signature of Recruit)

Date *MAR 13 1916* 191*6*. *J. J. McCreavey* (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 *Belmont* this *MAR 13 1916* day of *March* 191*6*.

J. J. McCreavey (Signature of Justice)

alias Joseph, Lawrence, McCreary

Full

Description of Joseph Lawrence McCreary on Enlistment.

Apparent Age.....*21* years*2* months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....*5* ft. *3 1/2* ins.

scars on back of neck.

Chest measurement. { Girth when fully expanded.....*35 1/2* ins.
Range of expansion.....*3* ins.

Complexion.....*Fair*

Eyes.....*Blue*

Hair.....*Brown*

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

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.....*MAR 13 1916*.....191

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.

alias Joseph, Lawrence, McCreary

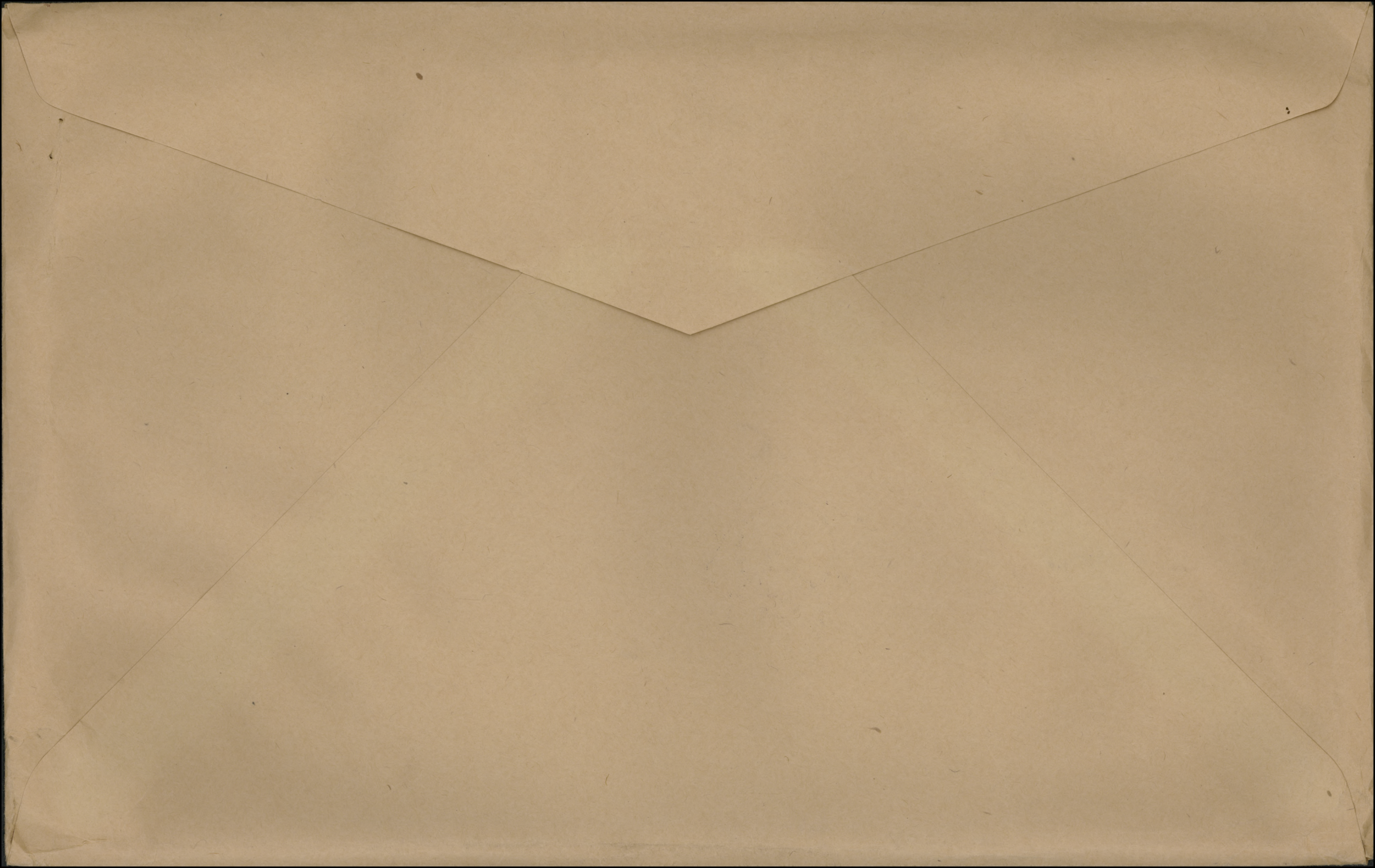
Full

Joseph Lawrence McCreary 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.

..... Lt. Col. (Signature of Officer)

Date.....*MAR 13 1916*.....191

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



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 100th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 724096

(3) Full Name of Soldier Joseph Lawrence Mc Areavey

(4) Place of Birth Belfast

Ireland

(5) Are you married, or not? No

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

(b) Present Postal Address R. R. No 3 Grilla

(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..... 47 Queen St. Dublin.....

(10) Is your Mother alive?..... Yes.....

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

..... 47 Queen St. Dublin.....

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

Are you her sole support, or not?..... No.....

(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.

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..... July 7th 1916.....

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

Name

Mr Arcavey Lawrence Joseph

Rank

Plt.

Reg. No. 724906.

Unit

109th Batta

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14. 9. 16 25. 9	Mie Hosp Braunschott. Discharged	N. Y D Donschott		14 16.		



No 12 *banzen* HOSPITAL.

AT

A. & D. No. **10511** PL. OF ACTION

RANK *1st* REG. No. *724096* UNIT *1st b b D.* SICK OR WOUNDED

NAME *McCreary Jr* AGE *25* RELIGION *A. C.*

PLACE IN HOSPITAL *Ward 5*

DIAGNOSIS *Perityphilitis*

ADMITTED *13/11-18* FROM

DISCHARGED **DEC 18 1918** To *Epsom*

TRANSFERRED *38/12*

SERVICE AT HOME IN FIELD

RESULTS

JOSEPH. LAWRENCE.

Name

McAreevey Rank

Pte ✓

Reg. No. 724096 ✓

Unit

~~38th Batta~~~~Labour Post~~

GEN Depot.

W.

Next of Kin

MR. P. L. McAREVEY.

47. QUEENS ST. DUBLIN. IRELAND.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-4-18.	11 Can Field	Ant Sorries	A 195			17029
20-4-18	42 Cos	Clayton	do	A 201		17287
22-4-18	26. Coy	H Staples	do	A 203		957-2
3-6-18	25. Coy	H Hardelot.	do	A 204		1774/15
12-8-18	Discharged		do	A 203		3166/16
20-8-18	20 Coy	H Camiers	Sorries	A 30X		4480/1
24-8-18	26 Coy	H Staples	do	A 306		3562/2
27-8	25 Coy	H Hardelot.	do	A 105		3645/5
	2-9-18	29 Coy				
1-9	Cos Middle	War Hospital	Sick	B108		25397
14-9	1st Coy	War Hospital	Sick	B119		26587

P.T.O.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	309 DISCHARGED	do 3 rd Command Seaford	do	B136		8418 Eps-Mc 1914
(30-9-18)	Mil procedure	on 12-10-18	3 rd			
14 11	12 Cdn Gen Hosp Bramshott					
			Perityphilitis	C174		1202
19-12-	Mil (con) H. Epsom		do 9 Appendicitis			
				(Oper) C205		3519
2 5-19	Discharged		do	P. 308		3577.

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS
BLANK.

Place *Ypsom*
Reg. No. *724096* Rank *pl* Name *M. E. Avery*
Unit *38ca* Age *25* (Adm. *20.12.18*)
Division *B* Hut *22* Date of (*14-1-19*)
(Disch.)

DISABILITY.

Date

*15 Nov
1918*

Opn appendicitis

CLASS.

Gen. 7. 1. 19

Hours of
Attendance,
a.m. *9³⁰*
p.m. *3⁰⁰*

MACHINES.

REMARKS.

scar normal

LEAVE THIS
BLANK.

PROGRESS, Notes. 7.1.19.

General

DISPOSITION.

P.T.M.

Harry D. Gross

Capt.

Officer i/c Gymnasium.

gm
Stamps

724096

Pte

Number.....Rank.....

Surname, *McAREANEY*

Christian Name, *Joseph Lawrence*

Units *38th Bn CAN. Exp* Theatre of War, *France*

Date of Service, *6-12-16*

Remarks.....

Latest Address, *Orilla, P.O.*

Ont

Roll No.

B. Page 6160.

DESP. DEC 20 1921

REGN. 414807

SURNAME.

McAreevey

"I" CARD NO. ✓
50.5 Div 12.7-19
FOLL.
9. M. 19. 20197016
7-19. Demob + 2/18

CHRISTIAN NAMES

Joseph Lawrence

REGL. No.

7240 96

RANK

Plt.

UNIT

109th

Batt.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McAreevey Patrick Lawrence

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*47 Queen St., Dublin,
Ireland.*

COUNTRY OF BIRTH

Ireland. Belfast.

DATE

Jan. 1st. 1895

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Mar. 13th 1916

Sailed from Halifax Per S [redacted] S

488 R/1611-7-19-368 Plt

L. L. 94504. M. & D. 6512.

"Olympic", 23-7-16

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

farmer.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21 YEARS

2 MONTHS

HEIGHT

5 FEET

3 1/2 INCHES

CHEST MEASUREMENT

35 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

fair

EYES

blue

HAIR

brown

DISTINGUISHING MARKS

Scars on back of neck

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Present Address, Cambridge, Ont.

Surname

Christian Name or Names

Reg. No.

724096

McAreevey

Unit

Co.

Troop

Batty.

Rank
plé.
Hospital

109th Bn

~~E.D. 38~~

~~38~~ E.O.C.H.P.

Date of Admission

H.Q.L.U.

misc. Gen Dep

Transferred

Bramshott Mil

Hosp. 14.9.16

11 ban Fld Amb

Hosp. 15.4.18

42 Cas. C. Station

Hosp. 20.4.18

No 26 Gen. Staples

Hosp. 22.4.18

Diagnosis

Noncellitis

(1) Later Diagnosis (if changed)

(2)

(3)

Psoriasis a.F.

Psoriasis a.T. (20.8.18) Sick. Sev.

Additional Diagnosis: if more than one state present

Perityphilitis ^{noted}

Perityphilitis & Appendicitis a.F. (2)

DISPOSITION

Dis. 25.9.16 Date

Dis 12.8.18

Ch. 25.9.16 #14 ✓

Ch. 30.9.16 #16 ✓

23.4.18 #195

30.4.18 a 201-1

2.5.18 @ 203

7.6.18 a 234

16.8.18 a 293 (4)

28.8.18 A 304

29.8.18 A 305

3.9.18 a 305 (3) x

6.9.18 B.108

19.9.18 B.119 x

9.10.18 B.136

22.11.18 C.174

REMARKS

Re. Regt no. 724096 is correct, there will be no correction through the B.D. on account of not being able to find b.c. for 1916 entries.

Dis 30.9.18

Dis. 2.5.19

A.M.D. 2 Dept.

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

P. J. O

RW

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	25. G. Hardelot. 20 ls. Cammer	3. 6. 18. 20. 8. 18
2.	76 ls. Etaples.	24. 8. 18
3.	25. G. Hardelot. Co. of Middlesex War. St. Albans. Woodcote Pk. Epsom.	24. 8. 18 1. 9. 18. 14. 9. 18
4.	12 C. G. Bramskott Mill Cor. Woodcote Pk. Epsom	14. 11. 18 19. 12. 18.
5.		
6.		
7.		

31-12-18 C205
7.5.19 C308

Regtl No., Rank and Name 724096. P. Mc. Manney Corps 38.

Disease

Hospital M. C. H. Epsom.

To Officer i/c Laboratory.

Ward B. Sub. Hut. 22.

Please carry out an examination of the accompanying specimen of urine.

With special regard to

Date 4-3-19.

O. i/c

Ward.

LABORATORY REPORT.

COLOR	<u>Yellow</u>
REACT.	<u>acid</u>
SP. GR.	<u>1010</u>
ALB.	<u>0</u>
SUGAR	<u>0</u>

Date of Examination

W.3212. 50M-4-4-18.

O. i/c Laboratory.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD, Oct. 28, 1918.

No. 724096 Rank PTE Name MC AREAVEY, J. L.

Local Unit 109 BATT. Overseas Unit 38 BATT. Age 25

Examination held at 3rd C.C.P. SEAFORD.

DISABILITY. PSORIASIS.

Overseas-Local

SCRATCH ONE OUT.

PRESENT CONDITION.

In June 20 mos. evacuated for psoriasis - no history of previous illness. Diffuse eruption covering greater part of body, large patches - desquamating surface. Syphilitic examination negative.

M.H.S.

Braunschott M.H. - 13-9-16 to 25-9-16. Tonillitis.

Middleby W.H. - 31-8-18 to 13-9-18 psoriasis

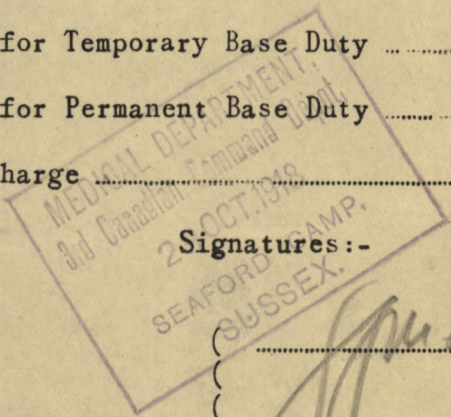
M.C.H. Sprou - 13-9-18 to 30-9-18 "do"

Has not improved in hospitals - and M.H.S. states condition is not amenable to treatment.

Owing to condition present - not fit for category higher than BII.

BOARD RECOMMENDS:-

- 1. Fit for Duty BII. not likely to be raised in 6 months.
2. Fit for Duty after ... weeks' physical training.
3. Fit for Temporary Base Duty ... weeks.
4. Fit for Permanent Base Duty
5. Discharge



Signatures:-

Members (Signatures of medical board members including President and others)

APPROVED.

Dated Seaford 29-10 1918 For A.D.M.S. (Signature)

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____

Rank _____

Overseas Duty _____

PRESENT CONDITIONS

BOARD RECOMMENDS

APPROVED

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724096	Pfc.	McArdley	J.
Year	Unit.	Age.	Service.	
	30. Canis.	25		
Station and Date.	Disease			
	Pleurisy			
	Present Disability			
21-8-18	F.M.C. Pleurisy & mouth secretion.			
31-8-18	Nashbury: } Pleurisy } Scalp - } Arms. } Knees } Legs } Thigh } Ankles }	J.H.		
2-9-18.		To get up.		
7-9-18	Free scaling - Pt feels well -			
10-9-18	Board for 10th (transfer to Ireland) Canadian Hosp!	Stewart Kelly C/S		



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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) MCAREAVEY, Joseph I.

REGIMENT EORD RANK Pte. No. 724096

Date of Examination in England 13-6-19 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 14-17-32

2. EXTRACTIONS _____

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

Signature of Dental Officer

W. H. Shepherd Capt.

1875

1875

1875-17-3

1875-17-3

SERVICE AND CASUALTY FORM (Part

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

Nothing to be written in this margin.

Forms/B. 103/8

HWV(R1460)

3/19

100,000

P2151

W10416—

(6 28 19)

<p>(1) Substantive rank <i>Otc mil.</i></p> <p>*Acting rank *(To be entered in pencil to facilitate alteration.)</p> <p>(4) Surname <i>McCreaney</i></p> <p>(5) Christian Names <i>Joseph Lawrence</i></p> <p>(6) Army Form, number of, Attestation Form or Record of Service paper }</p> <p>(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)</p> <p>(8) Date of birth as stated on enlistment <i>Jan 1st 1895.</i></p> <p>(9) (a)</p>	<p>(2) Regiment or Corps</p> <p style="font-size: 2em; text-align: center;"><i>109th Bn</i></p>			
<p>(10) Enlistment (b) <i>Lindsey</i></p> <p>(12) Service reckons from (date) <i>13 March 1916</i></p> <p>(14) Any subsequent variations (if any) of conditions of service }</p>	<p>(11) Engagement (c)</p> <p>(13) Special conditions (if any) of enlistment (d)</p>			
<p>(Authority) _____ (date) _____</p>				
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				<p>Industrial Group No.</p> <p>Trade or Calling <i>Farmer</i></p> <p>Married or Single <i>Single</i></p> <p>Particulars of Trade Test</p> <p>Occupation Cards despatched on (date)</p> <p>Second Occupation Card despatched on (date)</p>
<p>(17) Next of Kin <i>Patrick Lawrence (my father)</i></p> <p>(18) Demobilizer (f) _____ (Place) <i>McCreaney 47 Queens St Dublin Ireland</i></p> <p>(19) Pivotal-man (f) _____ (Date)</p> <p>(20) Qualifications (g) _____ or (21) Corps trade and rate</p>				<p>Signature of Posting Officer</p>
<p>(22) Extended {</p>				<p>(23) Re-engaged {</p>
<p>(24) Miscellaneous entries:—</p>				

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

	(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, an initials and ra of an officer
		Arrived in England per H.M.S. 2810.		31-7-16	
13-9-16	109 th Bn	P45 No 257	Admitted to B.M. Hospital Bramshott	12/9/16	
26-9-16	- do -	270	Dis from B.M. Hospital	- do -	25-9-16
4-12-16	- do -	33	Sol on trans to 38 th Bn	Witley	4-12-16
13-12-16	38 th Bn	- 242	LOS from 109 th Bn	Fields	6-12-16
18-6-18	- do -	55-	Award - G. C. Badge Pt	- do -	13-3-18
22-8-18	- do -	75-	Sol to San Labu Pool	- do -	16-8-18
11-9-18	Lab. Pool	- 143	Invalid Disease & Posted to Gen Dept S of Liffe	Field	31-8-18
17-10-18	Gen Dept	- 247	On Com 3 rd G.C.D.	Witley	12-10-18
7-11-18	1 st G.C.D.	- 308	Attached from 3 rd G.C.D.	Witley	5-11-18

C.L.S. P45 No 129 of 23-8-18
 Gen Dept 276 of 11/18

J. J. Grier
 for Colonel i/c Records, *Om TC*

5-5-19	E.O.R.D.	Pt. 5 No 104	T.O.S. on posting from 6 th Res Bn detached to Depot Coy.	Seaford	2-5-19.
10-5-19	E.O.R.D.	Pt. 5 No 109	Above order amended to read T.O.S. on posting from 38 th Bn detached to Depot Coy	Seaford	5-5-19.

2-6-19
 TAKEN ON STRENGTH Part. 11 Ord No: 7
 EMBARKED FOR CANADA.....

J. J. Grier
 Lieut.
 i/c Records, 8 Wing C.C.G. Witley 1-6-19

Nothing to be written in this margin.

2nd Sheet

Casualty Form—Active Service.

Regiment or Corps *Can Lab Pool*
 Rank *Pte* Surname *M. Arceavy* Christian Name *Joseph Lawrence*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation 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...			
<i>20/8</i>	<i>20 Gen</i>	<i>Psoriasis m</i>		<i>20/8</i>	<i>W3034/H1344</i>
<i>24/8</i>	<i>-</i>	<i>state report 2/9/18</i>	<i>26 Gen Hptl</i>	<i>24/8</i>	<i>H 2257</i>
<i>27/8</i>	<i>26 Gen</i>	<i>K.X. 17 752. 29/10</i>	<i>To. 25 Gen Hptl</i>	<i>27/8</i>	<i>H 3808</i>
<i>31.8.18.</i>	<i>25 Gen Hoapl.</i>	<i>invalided "Psoriasis" per M/Pl.</i>			<i>AFW 2083</i>
		<i>Peter Ade Connick and posted to Gen Dept. Thorncliffe</i>		<i>31.8.18.</i>	<i>RTR 5889.</i>
					<i>No 143.</i>
					<i>11.9.18.</i>
					<i>W. Johnson Captent post W. a. a. b Canadian Section S. Hptl. 3rd Ech</i>
<i>11.9.18</i>	<i>Gen. Depot</i>	<i>T.O.S from Labour Pool</i>	<i>S. cliff</i>	<i>31.8.18</i>	<i>D.O. 216</i>

Date	Report From whom received	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
11.18	DISCHARGED FROM 3 RD G. G. D.	166k	1st Bn. P.A.T. I.D. O.N.		262 6/11/18
					For O.C. 3rd Canadian Command Depot.
	Admitted to 1st G.G.D. from 3 rd CCD.	D.O. Pt. II No. 308 2/7.11.18.			
16.11.18.	Ceases to be attached on proceeding to	Reg Dep Coy		D.O. No. 317	2/17/18
					Capt-Adjutant 3rd Canadian Command Depot.
13.11.18	166k	Not being 21 days does effect 13.11.18	with	D.O. No. 415	
					Under Commanding 3rd CANADIAN COMMAND DEPOT.
JUL 3 1919	O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D.	197	
JUL 12 1919	S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			197	
					Lieut. For O. C. No. 2 District Depot.

*W.S.B. Glass A.
S.M.S. Lt.
1st C.C.D.*

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

Casualty Form—Active Service.

Wt. 54.
FORM 10-15.
H.Q. 1773-30-920.

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

*Auth. AL-135-91
R2.S-1617*

Regimental No. 424096 Rank Private Name McCreavey Joseph Lawrence

Enlisted (a) 13.3.16 Terms of Service (a) D of W Service reckons from (a) 13.3.16

Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				

*Embarked Canada Halifax 24.7.16.
Disembarked England Liverpool 31.7.16.*

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

4-12-16 O.C.
109th.

Proceeded overseas for service with 38th.Btn.

Witley 4-12-16 D.O. Pt. 11 339

CERTIFIED CORRECT.
12 DEC. 1916
CAN. DEPT. OF MILITARY AFFAIRS

Sos on IC to C.E.F. proceed to Canada 3-7-19

*Outsitting Capt.
ADJUTANT
109th Overseas 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

724096 *McCreaney* *J. L. J.*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6.12.16	C.B.D.	TAKEN on STRENGTH 38 th Havre		6.12.16	N. R. <i>PRO. 242 d 13.12.16.</i>
7.1.17	"	Left for Unit	FIELD	7.1.17	N. R.
13.1.17	Unit	Joined Unit	FIELD	9.1.17	B. 213. DCS. <i>80 d 22.1.17</i>
21.12.16	Records	<i>Authy for changing name</i>		<i>RR-1-109-91</i>	<i>Hettill's Records London d KI-102-1027.</i>
				<i>RAS-211216.</i>	<i>Prof Naultain Lieut.</i>
1.6.17	"	<i>Name changed.</i>			<i>PRO. 63 d 14.6.17</i>
24-11-17	OC Unit	<i>Granted 14 days leave.</i>	Field	22-11-17	<i>B213 PKII O No. -114 d 4 7 1/2</i>
15 DEC 17	Unit	Joined Unit	FIELD	11.12.17	B. 213.
16.4.18	12 C.F.A.	<i>Potiaricasis (Sick) of to</i>	11 C.F.A.	15.4.18	<i>a 1192.</i>
"	"	"	"	"	<i>a 1189</i>
20.4.18	42 CCS	"	42 CCS.	20.4.18	<i>a. 1370.</i>
21.4.18	11 C.F.A.	"	"	"	<i>a. 1424.</i>
22.4.18	26 Gen.	<i>of 15 to</i>	26 Gen	22.4.18	<i>W-8976 of records</i>
26.5.18	"	<i>ex 42 CCS.</i>	"	26.5.18	<i>W-11.17/232.</i>
3.6.18	"	<i>Remaining</i>	"	3.6.18	<i>W-3107</i>
"	25 Gen.	"	25 "	"	<i>W-3182.</i>
"	25 Gen.	<i>81R-212</i>	25 "	13.3.18	<i>B213-2055.</i>
8 JUN 18	25 Gen	<i>only get</i>	25 Gen.	27.7.18	<i>KI. 19.232.</i>
27.7.18	25 Gen	<i>remaining</i>	25 Gen.	12.8.18	<i>W-9740.</i>
12.8.18	"	<i>Potiaricasis to</i>	Base.	15.8.18	<i>NIR 416.</i>
15.8.18	C.I. B.D.	<i>200. for Board</i>	"	17.8.18	<i>" 448</i>
17.8.18	"	<i>Class. B2. Potiaricasis</i>	"	16.8.18	<i>W3339-658 2075.</i>
16.8.18	"	<i>by a. f. Deans</i>	"	16.8.18	<i>KR16276-20.75-</i>
"	"	<i>S.O.S. 28th to Can. Lab. Pool.</i>	"	17.8.18	<i>KR16276 PRO. 129. 23/8/18</i>
21.8.18	advt	<i>to S. Cdn Lab Pool. x.38/18</i>	"	20.8.18	<i>NIR 425</i>
	advt	<i>arrived from 20th Gen Hosp.</i>	"		

22 AUG 18

CANADIAN EXPEDITIONARY FORCE

Service Badge
Class A, No. 228476

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 724096 (Rank) Pte

Name (in full) McCreavey, Joseph Rowan enlisted in
the 109th. O/S. Bn.

CANADIAN EXPEDITIONARY FORCE at Ludwig on the 13th.
day of March 1916

HE served in 28th. Bn. in France

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

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

Age 24 Years 2 Mos

Height 5 ft 3 1/2"

Complexion Fair

Eyes Blue

Hair Brown

Just in service
Signature of Soldier.

Marks or Scars
Scars on back
of neck.

Date of Discharge



John Lang
For Issuing Officer.
O.C. No. 2 District Depot.

Rank

Date JUL 12 1919 19.....

NB - 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.

March 28
109 St. C. St.
The Grand
1916

Dear Mr. ...

24/100
2/4 3/4
Jan
Blue
Brown

No. 724096 RANK *Pte*

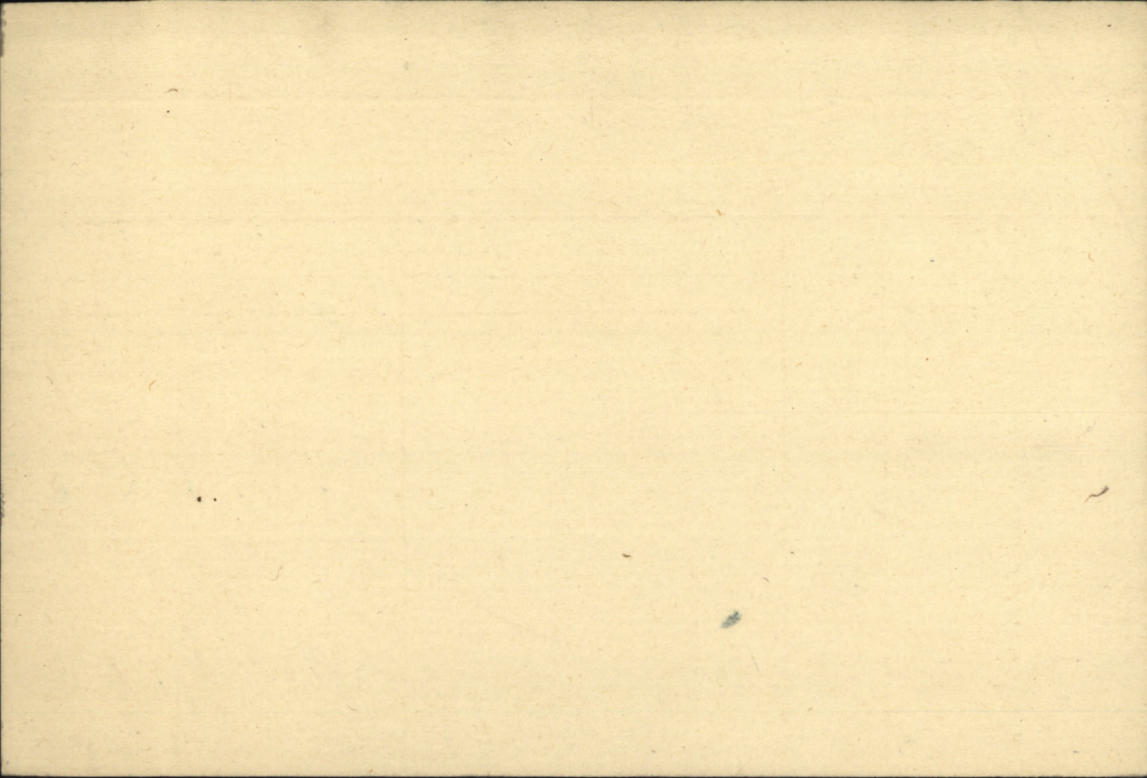
NAME *McCreavy J. L.*

T. O. S. *13-3-16* UNIT *109th. Battalion.*
N.O. 104. 21-3-16.

M. D. *3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Mar 13</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>April.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



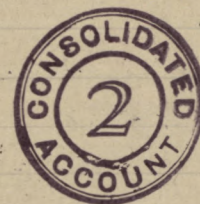
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Bank of Montreal* By Whom Assigned *Mr. Arcarey J. L.*
 Address *Ottawa* Regtl. No. *424096*
Ont Rank *Pte* *B. Co.*
 Rate *\$ 15⁰⁰* *AUG 1 1916* Corps *109 Btn.*

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				



100

1000

10000

100000

1000000

MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Bk of Montreal

Gr. of.
 PAYMENTS.

Name of Soldier

M^r Areavey, J. L.

724096

Pte

109 Btn

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15 00</i>
				<i>"B" AUG 1 1916</i>
April	1916			
May				
June				
July				
Aug.		<i>W 15032</i>	<i>15.</i>	
Sept.		<i>M 17376</i>	<i>15</i>	
Oct.		<i>S 22064</i>	<i>15</i>	
Nov.		<i>E 26937</i>	<i>15</i>	
Dec.		<i>E 34561</i>	<i>15</i>	
Jan.	1917	<i>N 39896</i>	<i>15</i>	
Feb.		<i>N 46144</i>	<i>15</i>	
March		<i>Z 50813</i>	<i>15.</i>	<i>15 60</i>
April		<i>G 7155</i>	<i>15</i>	
May		<i>E 9999</i>	<i>15.</i>	<i>15.8.</i>
June		<i>D 15806</i>	<i>15</i>	<i>Pa</i>
July		<i>E 23481</i>	<i>15</i>	<i>Pa</i>
Aug.		<i>P 30224</i>	<i>15</i>	
Sept.		<i>K 37222</i>	<i>15</i>	<i>Pa</i>
Oct.		<i>R 2868</i>	<i>15</i>	
Nov.		<i>X 49128</i>	<i>15</i>	
Dec.		<i>Y 56786</i>	<i>15</i>	<i>255.00 AD</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

me

7/1

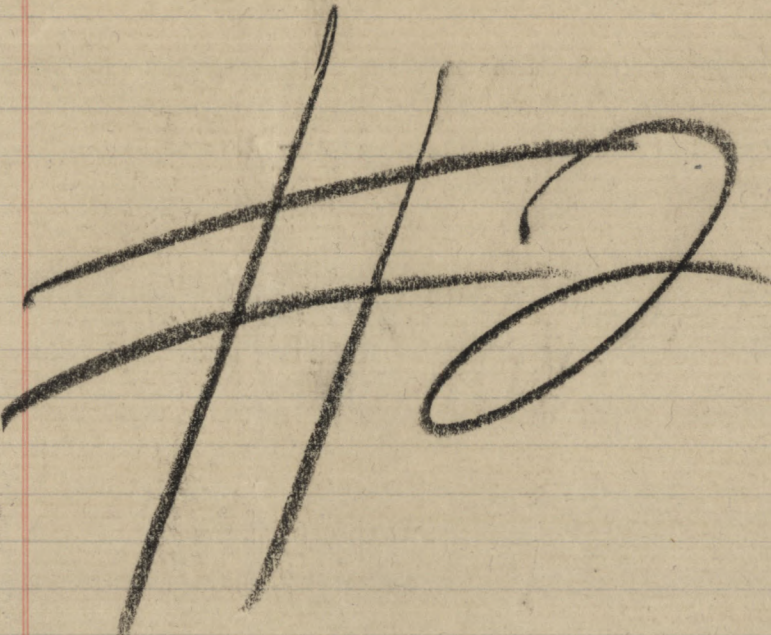
SS

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

ASSIGNED PAY: *England* ENGLAND or CANADA
 SEPARATION ALLOWANCE: ENGLAND or CANADA
 EFFECTIVE DATE: ~~1-8-16~~ *1.11.18*
 AMOUNT: ~~10-00~~ *Stopped 1/8/19.*

NAME: *McAREAVY Joseph Lawrence*
 NUMBER: *724096*

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.
249 Bank of Montreal Kingston Ont
Mrs D. Canavan "Mother"
Howth Terrace Whitehall Belfast Ire
R.2. tr. 28/8. Stopped 1/8/19.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS
 ORIGINAL UNIT: *109 Bn.*
 DATE ACCOUNT FIRST OPENED: *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
	<i>129-17/8/18</i>	<i>1/9/18</i>	<i>38 Bn. Lab. Prob</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>11/1/19</i>		<i>249 P.A.</i>	<i>2.20</i>				
5/1/19	1915	Leiford	£15 73.00				
2/6/19	853	Leiford	£3 14.60				
			<i>89.80</i>				

f. p. c. balance by, 20.35
Restricted Pay 2 months from 22-10-18 to 25/10/18 30/18 3.66.0.

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada 30.6.19. NR 10366-6/6/19. Disalt to Witley J. wing A.D. 2.1.*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 31</i>	<i>Bal. Fwd.</i>								<i>9247</i>		
<i>Apr</i>	<i>P.P.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
				<i>AR. 87 2/4/18 38 Bn.</i>	<i>8.03</i>				<i>9798</i>		
				<i>" 329 30.4.18 64 Bn.</i>	<i>4.46</i>						
<i>May</i>	<i>P.A.</i>	<i>33-34</i>	<i>10</i>	<i>C.A.P.</i>				<i>15</i>			
				<i>" 2501 12/5/18, C.G.B.A.</i>	<i>4.46</i>				<i>10916</i>		
				<i>" 3197 26/5 "</i>	<i>4.46</i>				<i>12616</i>		
<i>June</i>	<i>P.A.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>	<i>14526</i>		
<i>July</i>	<i>P.A.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
<i>Aug</i>	<i>P.A.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>			
				<i>" 6889, Det. Prob. 15/8/18</i>	<i>4.46</i>				<i>15276</i>		
				<i>" 1617, C.G.B.A., 17/8/18</i>	<i>7.14</i>				<i>17046</i>		
<i>Sep</i>	<i>P.P.</i>	<i>33</i>		<i>Cap.</i>				<i>15</i>	<i>17008</i>		
				<i>AR. 1418 13.9.18</i>	<i>7.3</i>				<i>16516</i>		
				<i>AR. 20790 9.9.18</i>	<i>9.93</i>				<i>15543</i>		
				<i>AR. 6115 30/10/18 67</i>	<i>6.390</i>				<i>10676</i>		
<i>Oct</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>15</i>	<i>12586</i>		
	<i>S.F. from 30/9/18 - 7pm 12/10/18 = 12 days</i>								<i>13462</i>		
	<i>DO. 238 9/10/18 1660 27177</i>		<i>870</i>						<i>12262</i>		
				<i>6 days F.P. No 2 A.W.L. 7pm 11/10/18 - 7pm 11/10/18</i>							
				<i>Sentenced 19.10.18 Inmate 17/10/18 Sentence 21/10/18 DO 248 3660 21/10/18 30300</i>							
<i>Nov</i>			<i>4286</i>	<i>C.A.P.</i>					<i>14162</i>		
			<i>33</i>	<i>ANAR 4407 28/10/18 3660</i>	<i>2.43</i>				<i>13919</i>		
<i>Dec</i>			<i>3410</i>	<i>E26766</i>	<i>L3-18</i>			<i>15</i>	<i>15829</i>		
	<i>S.F. 30.9.18-12.10.18 = 12 days DO 262 4/11/18 3660 8768</i>								<i>16929</i>		
	<i>6 days F.P. No 2 Inmate 17/10/18 Sentence 21/10/18 DO 262 4/11/18 3660</i>		<i>11</i>	<i>40, 248 Cancelled DO 262 6/11/18 3660</i>					<i>15919</i>		
	<i>6 days F.P. No 2 Inmate 17/10/18 Sentence 21/10/18 DO 262 4/11/18 3660</i>			<i>11/10/18 - 7pm 17/10/18 11 days pay DO 262 4/11/18 3660</i>				<i>12 10</i>			

NUMBER 724096 RANK

RK NAME McCreary J. L.

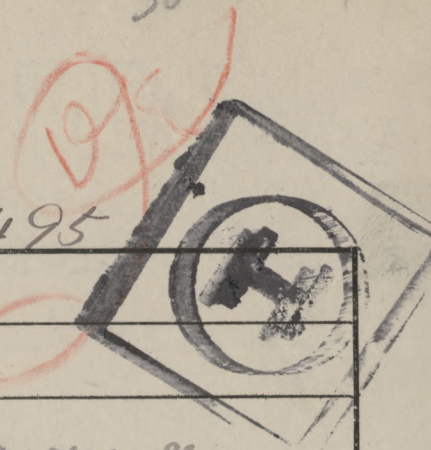
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		7810			243	1210	15	15	15219 B.		
Jan	P P	3410							19229		
				AR 3873. 4/12/18 124a. 11ap	487				18742		
				AR 7491 19/12/18 66N Eprom	973				17769		
				AR 4909 23/10/18 ✓	1947				15822		
				Y 23444 7-1-8			15		14222 B		
		11220			3650	1210	30	15			
Feb		3080		Y 80444 7-3-8			15		15802		
Mar		3410		Y 42354 7-3-8			15	✓	17712		
				AR 5210. 20/2/19. 66N Eprom. 23	487	✓			17225		
				AR 2046 20/1/19 ✓ 23	487	✓			16738		
				Rem 4343 11/3/19 25	4867				11871		
				AR 4638 20/2/19 Mut. Station	973	✓			10898		
		6490			6814		30				
Apr.		33		A 16924 Apr 9-18			15				
May		3410		2 50075 May 3-1-8			15		14686		
				AR 2724 - Cert. Eprom - 22/4/19	973				13635		
				" 1839 - " 15/4/19	2920				10715		
		6710			3893		30				
June	P.P.	33		A 10932 [AR June [26.3.4			15				
				AR 3028 - see W. Day - 18.6.19/21	973				10042		
				✓ 853 - ✓ 2.6.19	1460				8582		
		33			2433		30				
Aug.				AR 1915. Seaford - 5-5-19.	73				1282		
					73						
Jan/20				37% 2 days P.O. 11/1/19.							
				AR 594 See Panel	220				1062		
					220						

S.O.S. 3/7/19

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

30-10-44

A228495



1. No. 724096

2. Rank. Pte.

3. Name. M^e Aravey Joseph Lawrence

4. Unit. 109th Bn 6th Res. 38th Inf Bn

5. Date of Discharge JUL 12 1919 Place TORONTO, ONT.

6. Reason for Discharge Demobilisation.
 Next of Kin mother.
 Occupation Farmer. Group 1
 Service in France 23rd Group
 Category. d1

7. Authority. No. 2 District Depot, Part II, D.O. No. 197.

8. Proposed Residence after Discharge Oriens out. P.O.

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

10. CONFIRMATION.
 The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT
 Date JUL 12 1919
 TORONTO

Signature For O.C. No. 2 District Depot. (O. C. Discharging Unit.)

DEMOBILIZATION

EMB K13 L VERMOREL 8-7-19
 DIS-B'D QUEBEC 10-7-19

14-5-45

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 (M.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44)
(Enclosed in special envelope (260M))
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D. 3).
11. Equipment Statement & M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851)
13. Pay Book (A.F. 64)
14. War Service (Proficiency) Form (M.F.W. 2595)
15. Sundry Documents

Group B3
 Checked by No. 38
 [Signature]
 2/7/19

1.	N
2.	F
3.	N
4.	U
5.	I
6.	F
7.	A
8.	F
9.	
10.	

14 16 LIST NO.	Mil. Beams Cott. Dise.	14-9-16 25-9-16 DATE OF ADMISSION	No. 4. 20 "A" East-Act Regt. Insectitis REMARKS
A 195 ¹	#11 Can. Fld. amb	15-4-18	Psoriasis
A 201 ¹	#42 Cas. Clg. Str.	20-4-18	"
A. 203 ¹	#26 Gen. Staples	22-4-18	" "
A. 234	25 Gen. Hurdlox	3/6/18	" E.O. Regt.
A. 293 ⁴	Dise.	12-8-18	" " "
A 304 ¹	20 Gen. Comies	20/8/18	"
A 905 ²	25 Gen. Hurdlox	27/8/18	psoriasis
B. 108	Cty. of Middlesex		
E+	Wals. Napsbury	1/9/18	" sick sed.
	St. Albans.		
B. 119.	16 Mil. Cond. Epsom	14/9/18.	" " " (con)
B 136. ³	Dise.	30/9/18	" con.
C. 174.	12 Can. Gen. Beams Cott.	14-11-18	perityphilitis

NAME

Mc. Aweeney J. L.

REGT. No.

724096

RANK AND UNIT

pl. 38th

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C. 205.	Ct #12 Con. Gen. Drums batt.		
10.	Mil. Con. W. det. 1912-18	Perityphilitis	
	J. R. Epsom.		+ appendicitis
C 308.	Disch.	2-5-19	" " " op.

21 / 1 1918

Division... 119... Hut... 22...

BASED FOR EXAMINATION AND REPORT BY:-

{ OPHTHALMIC SURGEON.
{ AURAL SURGEON.

AND COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. 724096... Rank & Name... Pt. McCreary J.A. ²⁵ 28 Jan with

Complains of... for eye report please

J.P. Mason
C.M.D.C.

QUESTIONS

ANSWERS BY { OPHTHALMIC SURGEON
{ AURAL SURGEON.

- (1) Does he need Hospital treatment
- (2) Will he be fit for Overseas?
 - (a) With glasses.
 - (b) With treatment
 - (c) Is any prescription given for glasses.
- (3) Diagnosis
- (4) Due to active service
- (5) Prognosis.

- (1) No
- (2) Yes
 - (a) Yes
- (3) astigmatism
- (4) No
- (5) good - clear

4/8 + 1.00 G.U. 60/60
5/8 + 0.25 - 0.75 G.U.

Remarks.

66
3
3

23/1/18 J.P. Mason Capt. R. A. M. C.
Signature of (a). examining case.
Horton (County of London) War Hospital, Epsom.

Handwritten text at the top of the page, possibly a header or address, including the words "LONDON" and "No. 1".

22. 1. 18

22

Mr. Wm. Brown
10, St. James's Street
London, W.

Dear Sir

10/1/18

10/1/18

Yours faithfully
Wm. Brown

10/1/18

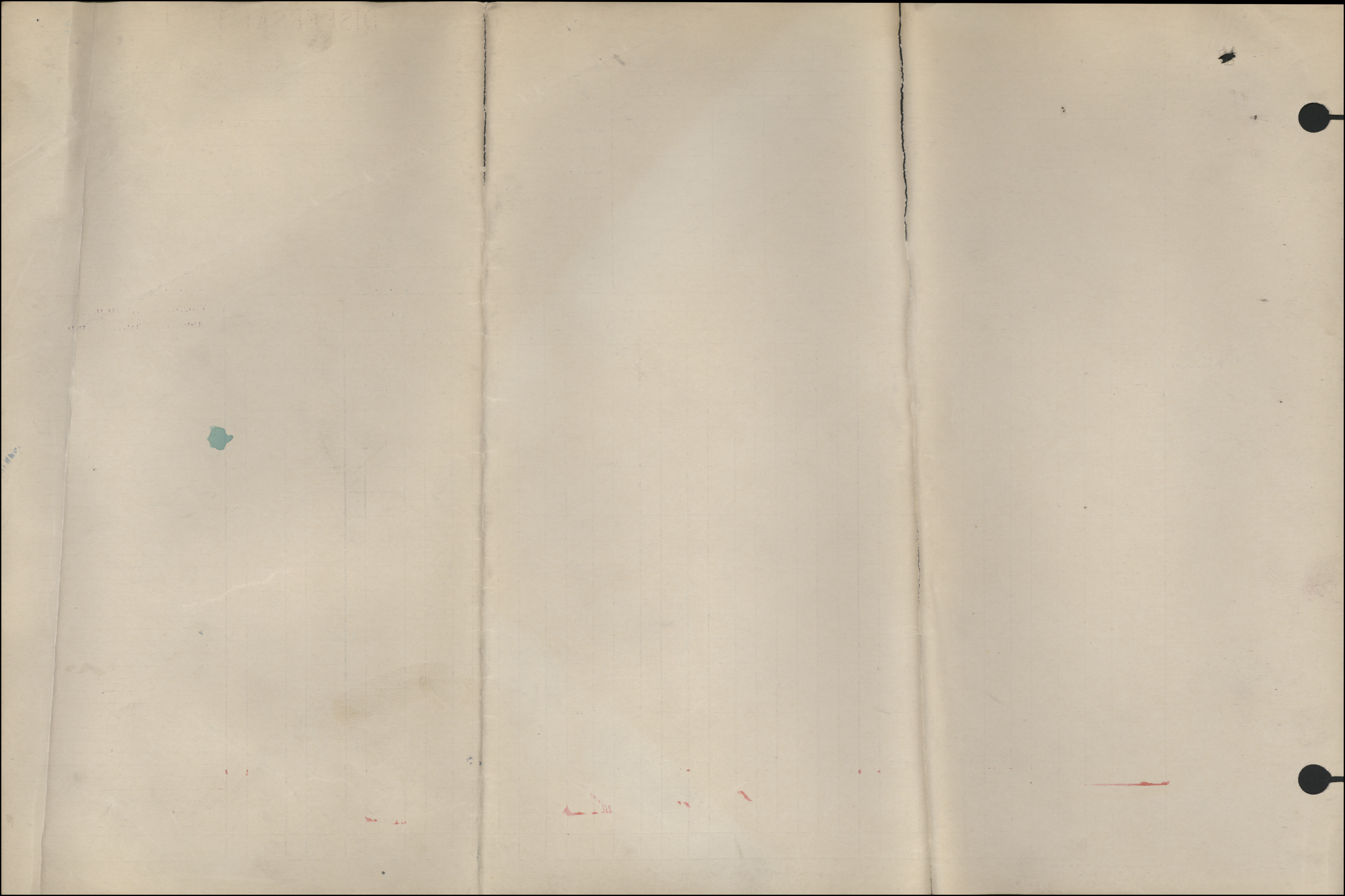
"EMPRESS OF BRITAIN" 11.7.19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

718649 **DISPERSAL "I"**
 REGT. No. 724096 RANK Pte NAME (IN FULL) Mc AR ^E AVEY, J.L. 12
 ORIGINAL UNIT C.E.F. Lab Pool Dominion Bank, Quillia Ont
 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION 13/3/16 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY \$ 15.00 DATE EFFECTIVE Closed by England 31-7-19
 PAYABLE TO Mrs D Canavan RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS Trout Terrace
 Whitewell Belfast
 STOP PAYMENT FORM RENDERED, DATE EFFECTIVE
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAYES
 Toronto 12.7.19 Dem ob D.O.197

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

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		\$	C.		\$	C.	\$	C.		DEBIT
30-6-19					2035														2035	Bal Lpc June	
18-7-19	18	10	1980	35 - 70 -	12480	3028		289163	973	487 5 -								14515		Cl allow 1st pay W.S.G. Boat train Boat cheque	
					14515													14515			
																					W.S.G. AMOUNT DUE SOLDIER DEPENDENT
																					W.S. Gas above 6 Days P.A. of c <i>[initials]</i>
183 days					42000																July 12th 1919 76 60 343 40 Aug 13th 107706 63 40 Sept 9 1409026 70 Oct 9 AR 159 70 1418818 Nov 7 1426075 70 Dec 9 AR 210 70 1731579
					42000																1st W.S.G. Paid by W.S.G. W.S.G. PAID IN FULL
																					FOR PAYMASTER WAR SERVICE GRATUITY



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Duplicate

Aug 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *724096*
Rank *Pte* Promoted Reverted Discharge
Soldier's Name *J. L. McCreary*
Battalion *109 Bn*
Beneficiary
Relationship
Address

PARTICULARS OF ASSIGNMENT

Mother

Name *Mrs Dan Canavan*
Address *Front Terrace, Whiteville,*
Change of Address *Belfast, Ireland*
1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>255</i>	<i>255</i>	
<i>Jan 1918</i>	<i>R 66586</i>		<i>15</i>	<i>15</i>	<i>etc transfer to Eug to mother with 2he mailed 15/10/18 Effectives 1-12-18</i>
<i>Feb</i>	<i>D 74955</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>L 91022</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>D 3715</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>N 13358</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>H 25789</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>A 26582</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>L 35290</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>M 46644</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>S 52871</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>M 58218</i>		<i>15</i>	<i>15</i>	

*Checked found correct
McCreary*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Canadian Pay Office
 Received by Pay. J.

AN. 6 1919

and Passed for Action
 Sub-Div. _____ Date _____

A.	Accts.
B.	Bank
C.	Disch.
D. ✓	Invest
E.	Obs.
F.	P. Eqs.
G.	P.H.S.S.
H.	Sep/O
K.	
L.	
M.	
P.	

for file

M. F. W. 128
 400M-617-1772-39-141
 L. L. 22320-M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

236

Aug 1-16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

BANK ACCT
(credit)

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *724096*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *J. B. McCreavey*
 Battalion *109 Battn. B. Co.*
 Beneficiary
 Relationship
 Address

Name *Bank of Montreal*
 Address *Ottawa, Ont.*
 Transferred Change of Address
 1 *To Mrs. Dan. Canavan*
 2 *Front Terrace Whiteville*
 3 *Beefast Ireland*
 4

ENGLISH

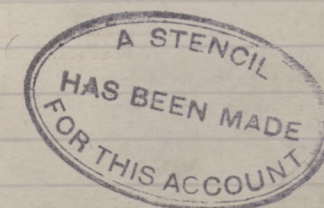
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec. 31</i>			<i>255</i>	<i>255</i>	
<i>Jan 18</i>	<i>66586 R.</i>		<i>15</i>	<i>15</i>	<i>F</i>
<i>Feb</i>	<i>74955 D</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Mar</i>	<i>91022 L</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Apr</i>	<i>3715 D</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>May</i>	<i>13358 N</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>June</i>	<i>25789 H</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>July</i>	<i>26582 A</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Aug</i>	<i>35290 K</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Sept</i>	<i>46644 M</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Oct</i>	<i>52871 S</i>		<i>15</i>	<i>15</i>	<i>W</i>
<i>Nov</i>	<i>58218 M</i>		<i>15</i>	<i>15</i>	<i>W</i>
			<i>420</i>	<i>420</i>	

File 12096-J-54

A/c Closed 31-7-19
Ret'd per Empress of Britain
Date 11/19.7.19. 197-2879.
Clerk. E. L. ...

MAR 18/35.
Sheets Mailed 5/12/8
Follow assignee 1-12-18-2M.

File AF for 15/18



M. F. W. 128
 400M-617-1772-39-1141
 L. L. 22820-M. & D. 1938.

A.C. Rank

Pte

Name

MCAREAVEY, Lawrence Joseph.

Joseph Lawrence (Auth 38th Bn. At. No. 63. R-122 2/14.6.17)

Reg'l No.

724096

Unit

109th. Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Lindsay. March. 13th. 1916.

Place of Birth

Belfast, Ireland.

Name and Address, Next-of-Kin

Patrick Lawrence McAreavey.

47, Queens St. Dublin, Ireland.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
		Arrived in England per H. M. T. 2310			31-7-16	
13/9/16	109th Bn	Adm'd to B.M. Hospital		Bramshott	12/9/16	PT II D O 252
26/9/16	Do	Dis from B.M. Hospital		Do	25/9/16	PT II D O 270
4.12.16	Do.	Sd on tfr to 38th Bn.		Whitley Field	4.12.16	PT II D O 331
13.12.16	38th Bn	T-C-S on tfr from	109th	Emsht	6.12.16	Pt II D O 242.
18.6.18	"	Awd. G.C. Badge	"	"	13.3.18	55
22.8.18	"	S.O.S. to C. Labour Pool	"	"	16.8.18	G.S.P. PT II D O 129 23-8-18 75
11-9-18	Lab Pool	Inval'd Proccasis & posted to Genl. Depot, Shorncliffe	Pte	Field	31-8-18	At. No 143. & (Gen. Dep. 216d/11 3/18 C. 370/CCB 200th 76-18 (3-CC) 2384/9.10.18)
17-10-18	Gen. Depot	On com. 3 B.C.D.		Witley	12.10.18	D.O. 247 &

109th Bn
109th Bn

AFB. 103. CHECKED
C.P. 16
11/14
dbm

Lab
Gen Dep

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.				
7.11.18	st 1 C.C.D	Attached from 3 rd C.C.D	Pte Witley	5.11.18	D.O. 308 & (Gen. Depo. 267d/9.11.18)
4.3.19	-do-	Leaves to be att nd whilst a patient in Hospital	-	13-11-18	Rt#R 61.
5.5.19	E O R D.	T.O.S. from 6 th Res.	✓	2-5-19	104.
10.8.19	✓	P.2. Order. 104 of 5.5.19 in as far as it refers to on/m is amended to read. "Is TOS on posting from 38 Batt on re-posting from Hosp. & detailed to Dept 6. w/c. from 5-5-19. D.O. 109			
2.6.19	S' Wing	TOS pending RTC	- Witley	30.5.19	- 7 ^{EWLD 7110129} 3.6.19
30.6.19	^{ccc} 2' Wing	TOS from S' Wing	-	25.6.19	- 40
		96 - 8 - 68		3.7.19	
17.7.19	Gen Depo	Leaves attch ^d 160D & Sent to EWLD	-	2.5.19	- 156
18.8.19	L Wing	SOS Canara S.L. 96	"	3.7.19	D.O. 2(a0)

BT

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.

DATE 1 - APR 1919

STATION M. C. H., EPSOM

1. (a) Unit 6th CAN. RES. BN. (b) Regimental No. 724096 (c) Rank PTE.
 (d) Surname MC AREAVEY (e) Christian name JOSEPH L.
 (f) Home address ORILWA, ONT.
 (g) Next of Kin MRS D. CANAVAN (h) Relationship MOTHER
 (i) Address of Next of Kin FRONT TERRACE, BELFAST, IRELAND
2. Age last birthday 24 Date of birth 1st JAN. 1895
3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY (b) Date 13-3-16
4. Personal description:
 (a) Height 5'6" (b) Weight 145^{LBS} ESTIMATED (c) Complexion FAIR
(stripped)
 (d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc.
OPERATION SCAR AT SIDE STOMACH
5. Former trade or occupation FARMER

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 <u>3</u>	Days <u>5</u>
---	-------------------	------------------

	PERIODS	
	From	To
Canada <u>SOLDIERS STATEMENTS</u>	<u>13-3-16</u>	<u>1-8-16</u>
England	<u>13-11-18</u> <u>1-8-16</u>	<u>TO DATE</u> <u>4-12-16</u>
France or other theatres of War	<u>4-12-16</u>	<u>13-11-18</u>

7. Original disease, or injury APPENDICITIS.
- (a) Date of origin 13/11/18. (b) Place of origin WITLEY, SURREY
- (c) Cause INFECTION, ON ACTIVE SERVICE

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.)

SCAR FROM APPENDIX OP with slight weakness of abdomen.

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.)

On ex. scar 3" long outer border Rt rectus musc. Scar bulges slightly, some slight tenderness on pressure on lower end of scar. Ex. of abdomen negative

Subjective complains that since operation bowels only move about 3 times a week also complains of weakness in abdomen when lifting

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... yes Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

Spec Sastigmatism R. 6/18 + 1.00 = 6/6 } 6/6
L. 6/18 + 0.25 + 0.75 = 6/6 } 6/6
Reports

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

200x sick suddenly 2 PM 13/11/18 with pain in abdomen to 12 c.g.H. op 14/11/18 Rt rectus incision free pus in abdomen. Ruptures, retro-coecal appendix removed. Rubber drain to Pelvis & abdomen. 22/11/18 drain removed 15/12/18 h.c.H. Epsom to date R.G.

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).)

13/9/16 - 25/9/16 Dorsalitis mied. 31/8/18 - 30/9/18 Psoriasis
County of Middlesex W. H. & West. Epsom Recovery
Typhoid fever 1909. 7 weeks in bed.

(c) Give a description of wounds, scars and deformities.
" appendectomy Scar right rectus muscle.

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.)

(a) no
(b) u.a.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 mos.

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

Massage & R.F.
Eye spec report attached

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? (If not, briefly state why) Yes

17. Recommendations

W H COOK
Medical Officer by whom the case is brought forward.
Major Campbell

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 J. McCreary 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

J. Mc
No 724096 J. McCreary Pte. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*We Concur and agree with opinion of Medical officer.
Eye report attached*

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

N.A.

- (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.)

*Boarded for return to Canada.
Auth. A. G. Pelham 9083-11-11-18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Epsom, Surrey* *H. W. Maudslayi, Col.* President.
A. J. Wood, Capt. Members

DATE *3 - APR 1919*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... President

DATE..... Members

APPROVED BY *[Signature]*
Assistant Director of Medical Services.
DATE *3-4-19*
Major, C.A.M.O.
for A.D.M.S., Canadians, London Area.

APPROVED BY *[Signature]*
ASSISTANT DIRECTOR OF MEDICAL SERVICES.
Director-General of Medical Services.
DATE *APR 7 1919*
13 BERNERS ST. LONDON, W.1

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE June 13/19

1. 1 (a) Unit 38th Bn (b) Regimental No. 7204096 (c) Rank Pte.

(d) Surname McAREAVEY (e) Christian name Joseph Lawrence

(f) Home address Orillia Ont.

(g) Next of Kin Mrs. Dean K. McAreavey (h) Relationship Mother

(i) Address of Next of Kin Front Terrace White Will Belfast Ire.

2. Age last birthday 24 Date of birth Jan. 12 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont. (b) Date 13. 3. 16.

4. Personal description:

(a) Height 5-6 (b) Weight 1st 135 (c) Complexion Medium
(stripped)

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

Scar of appendicitis operation

5. Former trade or occupation Farmer

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
	<u>3</u>	<u>105</u>

	PERIODS	
	From	To
Canada	<u>13. 3. 16.</u>	<u>24. 7. 16.</u>
England	<u>24. 7. 16.</u>	<u>4. 12. 16</u>
France or other theatres of War	<u>4. 12. 16</u> <u>2nd August</u>	<u>31. 8. 18</u> <u>same.</u>

7. Original disease, or injury ACUTE APPENDICITIS
(OPERATION)

(a) Date of origin 13-11-15 (b) Place of origin England

(c) Cause Infection

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.)

Constipation, pains in abdomen, loss of appetite

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.)

Obj. Symptoms: Scar of appendix operation at side abdomen, well healed & no tenderness. General condition ~~good~~ fair

Subj. Symptoms: since operation he has not felt as strong as previously. appetite only fair, bowels slightly constipated & at times he has slight abdominal pains. states he is 30 lbs. below weight.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... no Cardio-Vascular System..... no Genito-Urinary System..... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... no Respiratory System..... no Integumentary System..... yes
Disturbances of Mentality..... no Digestive System..... no Muscular System..... no
Osseous and Joint Systems..... no Any other general condition..... no

none normal.
small spot P sorrius l forearm, elbows & nape of neck.

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

O.P. states he had an attack of acute appendicitis 13-11-18 & was operated on the same day at Bramshatt.— no record available. Since operation he has not felt strong, bowels constipation, loss of appetite & abdominal pain at times.

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).)

states Typhoid 1911. A.F.O. 103 states
Parvosis 15.4.18. T again 20.8.18 I landed in
England 31.8.18.

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

scar of appendix operation

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.)

n.a.

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

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? *six months.*

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

*O.R. states operated for acute appendicitis 13.11.18.
no record available*

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*
(If not, briefly state why)

17. Recommendations

A. Archibald Capt
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 *Joseph Lawrence M. Searcy* 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 *nil.*

JL *John J. Lawrence* Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

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

20. It is certified that the invalid (a) Does require treatment. (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.) R.T.C. under auth. A.G. Tel 9002 7/11/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE DATE WITNEY 16-6-1919 [Signatures] President Members

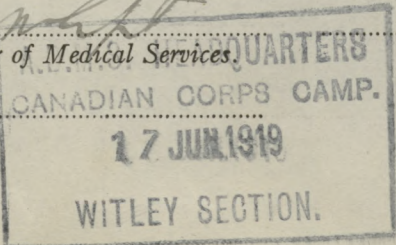
TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE DATE..... President Members

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



No. & RANK *724096 PI*
 NAME *McCreavy, J.A.*
 CORPS *28 Cav.*

Date of Exam.: *23.1.19*
 Date of Issue: *14.2.19*

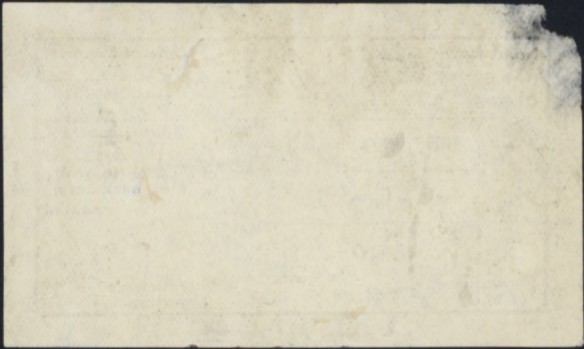
	Vision w/out Glasses	SPH	CYL	AXIS Standard Notation	Vision with Glasses
R	<i>6/18</i>	<i>-</i>	<i>+1.00</i>	<i>90°</i>	<i>6/6</i>
L	<i>6/18</i>	<i>-</i>	<i>+1.00</i>	<i>90°</i>	<i>6/6</i>

Ophth. Centre: *28*

Frame No.: (or Measurements)
P.D. 60 mm
3 - 46
3 - out

Signature of M.O. } *Mason*

Optician's Initials *F.S.*



24096

B. 724096

ORIGINAL

MEDICAL HISTORY SHEET.

MC189

Surname McCreary Christian Name Lawrence Joseph L.

Examined { on 13th day of March 1916
 at Lindsay

Birthplace { City or Town Belfast
 County Ireland

Apparent age 21 yrs 2 mon

Trade or occupation Farmer

Height 5 Feet 3 1/2 Inches.

Weight 124 Lbs.

Chest measurement { Minimum 32 1/2 inches.
 Maximum expansion 38 1/2 inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks { A r m Right None Left 4
 Number 4

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

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	
<u>23/9/18</u>	<u>D1</u>	<u>B.C.D.</u>	<u>4 SEP 1918</u> M.O.
<u>3.2.19</u>	<u>D1</u>	<u>Good</u>	M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date.	Result.	VACCINATIONS.	
<u>17.3.16</u>	<u>Nil</u>	<u>J M McCulloch</u>	M.O.
<u>10.4.16</u>	<u>Good</u>	<u>J M McCulloch</u>	M.O.
		<u>Good</u>	M.O.

(b) Slight defects but not sufficient to cause rejection
none

Enlisted on 13th day of March 1916 at Lindsay

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn CEF</u>	<u>724096.</u>		<u>13.3.16</u>
Transferred to	<u>88th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd Bn CEF</u>	<u>28-10-18</u>	<u>Asomac Bii</u>	<u>J M McCulloch</u>
<u>E. P. O. am</u>	<u>3 - APR 1919</u>	<u>appendicitis</u>	<u>J M McCulloch</u> <u>at 66</u>

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

CANADIAN

e.

Surname *McCreary* Christian Name *James Lawrence*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Bramshott</i>	<i>25 H</i>	<i>13</i>	<i>9</i>	<i>16</i>	<i>25</i>	<i>9</i>	<i>16</i>	<i>Tonsillitis</i>	<i>13</i>	<i>mild</i>	<i>D. L. Wall</i>
THE COUNTY OF MIDDLESEX WAR HOSPITAL, NAPSbury, ST. ALBANS.										Duplicate Medical History sheet posted to here:	
<i>No 6 H Epsom</i>		<i>31</i>	<i>8</i>	<i>18</i>	<i>13</i>	<i>9</i>	<i>18</i>	<i>Prognosis</i>	<i>14 18</i>	<i>21-8-18. Prognosis General condition good</i>	<i>Stewart T. Day C/O</i>
		<i>13</i>	<i>9</i>	<i>18</i>	<i>30</i>	<i>SEP</i>	<i>1918</i>			<i>still has Prognosis, not amenable to treatment Discharged to Command Depot. Cat D1</i>	<i>Dr. Hardman Capt C/O No 6</i>
No 12 CAN. GENERAL HOSPITAL								<i>appendicitis</i>			
		<i>13</i>	<i>11</i>	<i>18</i>	<i>18</i>	<i>12</i>	<i>18</i>		<i>36</i>	<i>acute suppurated appendicitis - append. suppurated 1" from base. removed & well washed. Drain in abdomen. Wound healed - To Con Depot.</i>	<i>H. Spence Major</i>
<i>West Epsom</i>		<i>18</i>	<i>12</i>	<i>18</i>	<i>10</i>	<i>FEB</i>	<i>1919</i>	<i>hooper</i>	<i>52</i>	<i>Operated & healed, the scar is still tender. Had mek B. O. P. here for Board. D1 Recommended by board.</i>	<i>J. W. B. 27-9-18 G. J. Murray</i>