

Seizure
OK

Staff "B" Coy.

ATTESTATION PAPER.

No. 725057

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Moon
- 1a. What are your Christian names? John
- 1b. What is your present address? Kent St Lindsay
- 2. In what Town, Township or Parish, and in what Country were you born? Glasgow Scotland
- 3. What is the name of your next-of-kin? Mary Alice Moon
- 4. What is the address of your next-of-kin? 9 Kent St Lindsay Ont
- 4a. What is the relationship of your next-of-kin? wife
- 5. What is the date of your birth? 16th Feb 1890
- 6. What is your Trade or Calling? clergyman
- 7. Are you married? yes
- 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? A.D.C. 2 years
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? yes
- 12. Are you willing to be attested to serve in the } yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Dec. 22 1915. John Moon (Signature of Recruit)
Wm Beauphelle (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Moon, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Dec. 22 1915. John Moon (Signature of Recruit)
Wm Beauphelle (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 22 day of January 1916.
[Signature] (Signature of Justice)

6
HST

Description of John Moon on Enlistment.

Apparent Age 25 years 10 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. 6 ins.

Scar on palm right hand

Chest measurement { Girth when fully expanded 35 1/4 ins.
 Range of expansion 3 1/4 ins.

Complexion Fair

Eyes Blue

Hair Black

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations S. Army
(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 Dec. 22, 1915

Place Lindsay

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date JAN 11 1916 1916

23-1-19

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.



Name MOON JOHN
Regt. No. 75057 Rank Pvt
Corps 109th Bn (#222)

WILL DESPATCHED
TO M. D. 2
JUN 7 1920

Demobilization

28732

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

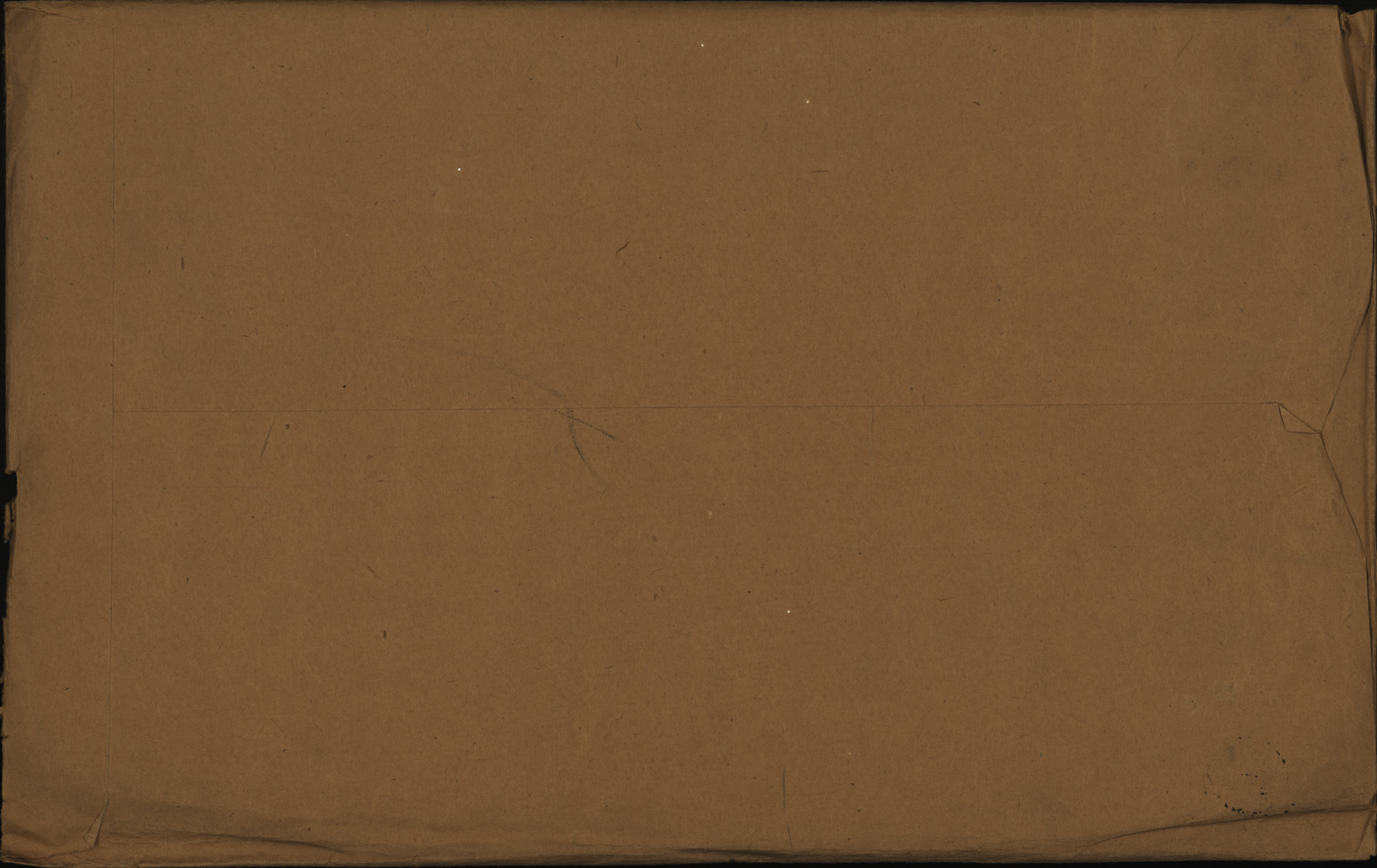
62 ——— 20
 22 ——— 20
 10 ——— 20
 1.



A & B 122-
 M & W 39a-
 M & W 192-
 M & W 2571-
 M & W 465-
 M. F. W. 62
 50mm-9-16
 H. Q. 1772-39-935

M. F. W. 62
19149

cascard



Reg. No. 725057	Rank. Pvt	Surname Moon	Category. B2	Dentally Unfit.
Christian Names (1) John		(2)	Date 10-1-17	
(3)				

Place of Enlistment: Lindsay	Date of 22-12-15	Taken on from 1 CORP.	Religion I.A.	Inoculations 25-2-16 2-5-16 10-5-16 25-9-17	Company 7
Province: Ont.	Age on 29	Date 25-5-17	Vaccination 2-2-16		

On Command.....	Hospital.....	Permanent Cadre Date taken on	Employed as Band
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil) Clergyman
Reason for Return:	Transferred or Posted to Date.....

Married or Single	LEAVE.			
Address of Next of Kin Mary Alice Moon 5 St Georges Ave. Lindsay Ont Toronto Canada	No. of Pass Issued. 76503	FROM. 13-6-17 3-1-18 18-7-18	To. 22-6-17 9-1-18 24-7-18	Free Transportation. I.D.P. Jes

MMO

Number. 725-057 Rank Pte

Surname. MOON

Christian Name. John

Units. 109 Bn Can Div. Theatre of War. England

Date of Service. 31/7/16

Remarks.

Latest Address. ~~5 St Albans Ave~~

~~Toronto Ont.~~

Roll No. *a Page 1312* 12328-88 St.

Edmonton Alta

~~B~~

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

SIG.
OR
REC'T

PAID
TO

PAID
FROM

PARTICULARS

M. D. P. APR 10 1922
 GN. No. 158251

No. 725057. RANK Pte

NAME Moran, John.

T. O. S. 22-12-15. UNIT 109th Battalion.
 D. O. 28. 22-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 dec 22	1915 dec 31	✓		
1916 Jan	1916 Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
 JUL 23 1916



SURNAME.

Moon

2 CARD NO.

CHRISTIAN NAMES

John.

S.O.S. Div 7-1-19

FOLL.

A.O. 3 of 3-1-19

REGL. NO.

725057

RANK

Pte.

Dem. fl.

UNIT

~~*109th*~~

2 D. D

Batt.

FORMER CORPS

A. S. C.

NEXT OF KIN.

Also notify
~~CHANGE OF ADDRESS~~

NAMES IN FULL

Moon, Mrs. Mary Alice Mrs. J. Moon

RELATIONSHIP TO SOLDIER

Wife.

*5 St. Claren's St.,
Toronto, Ont.*

ADDRESS

~~*Kent St. Lindsay, Ont.*~~

no 5 St. Clarens Ave., Toronto

54.21.38-1.26/10/18.

Ont.

auth. S.A.A. 26/5/18.

COUNTRY OF BIRTH

Scotland, Glasgow.

DATE

Feb 16th. 1890

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 6th. 1916.

Sailed from Halifax Feb.

"S.S. Olympic" 23-7-16 ⁴⁸⁸/₂₆
R/C 28/11/19 ²³¹/₁₆

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Clergyman.

RELIGION

Sal. Army.

DESCRIPTION.

APPARENT AGE

25 YEARS

10 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

35 1/4 INCHES

EXPANSION

3 1/4 INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

Black.

DISTINGUISHING MARKS

Scar on palm right hand.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 22 1915

1-1-11-1
1-1-11-1

NAME

Moon, J.

RANK AND CORPS

Pvt.

21st Ban. Res. Bn

REG'TL No.

725057

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

74	Can. Mil, Bramshott	13-7-17	V. D. G.
885	Discharged	6-9-17.	V. D. G. (Alberta Reg't)

Surname

Christian Name or Names

Reg. No.

MOON

J

725057

Rank

Unit

Co.

Troop

Batty.

Pte.
Hospital

21st Res. Bn.

Alta Regt.

Date of Admission

Bramshott Military

17-7-17.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

V.D.G. *JK*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 6.9.17

Date

24-7-17. 74.

REMARKS

8.9.17 65

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name L MOON, John Rank Pte Regtl. No. 725057
 Original 9th Present unit CORD M. or S. S Age 28 Religion Sal Army Fyle Depot.....
 Port, ship, and date of arrival Quebec, Aquitania, 28-11-18 Ref. H.Q.....
 Next of kin Wife, Mary Alice Moon, 51 St. Clarens Ave. Toronto
 Address on leave Kent St. Lindsay, Ont.
 Address on discharge 5 St. Clarens Ave. Toronto
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation Clergyman Date and place of enlistment Lindsay, 6th Jan/16
 Diagnosis Demobilization Date of Medical Boards 18-12-18

Date.	Remarks	Pt. 2 Order No.
T.O.S. 22-11-18	Posted to Cas. Co. Ex. Camp 28-11-18 leave from 2-12-18 to 16-12-18 Subs. from " " "	230

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

Date.

Remarks.

Pt. & Order No.

7-1-19

S.O.S. DISCHARGED "DEMOBILIZATION" (91 days PDP. & clo' all') 201 3.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 100th OVERSEAS BATTALION, C. E. F.

Regimental No. 425054 Rank Private Name Moore John

Enlisted (a) 22.12.15 Terms of Service (a) D of W. (Service reckons from (a) 22.12.15)

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

Extended _____ Re-engaged _____ Qualification (b) Clergyman.

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	

8/12/16	O.C. 109 th Bn	Transferred to 124 th Bn	Witley	8/12/16	<p>Capt.</p> <p>ADJUTANT</p> <p>100th Overseas Battalion, O. E. F.</p> <p>O.O.P. II, # 343</p> <p><i>W. T. Selton</i> Capt.</p> <p>ADJUTANT</p> <p>100th Overseas Battalion, O. E. F.</p>
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9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	<p>Part II Orders 265</p> <p><i>W. T. Selton</i> MAJOR ADJUTANT,</p> <p>124th BATTALION C.E.F.</p>
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10.1.17	124 th Bn.	Transferred to C.C.A.C.	Witley	10.1.17	<p>Part II Orders 18</p> <p><i>W. T. Selton</i> ADJUTANT,</p> <p>124th BATTALION C.E.F.</p>
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(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.]

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				
15.2.17	124 th Bn	Attached to 187 th Bn. 187	Witley Camp	12.10 10-1-17	Part II Orders #46 Lieut. asst. adj. 124 th Can. Inf. Bn.
26/1/17	O.C. 187	T.O. Attached strength of 187 Batta.	Witley	10/1/17	D.O. # 23 - 1917. L.B. Brong O.C. 187th C. BATTALION, C. E. F.
20/2/17	O.C. 187	S.O. Attached strength of 187 Batta.	Seaford	20/2/17	D.O. # 45 - 1917. L.B. Brong O.C. 187th C. BATTALION, C. E. F.
10/1/17	21 st Res Bn.	Attached to 21 st Res Bn.	Bramshott	20/2/17	PI II DO 120.
30.7.17	21 st Res Bn.	Ceases to be attached to 21 st Res Bn.	Bramshott	25.5.17	PI II DO 201. Asmission Lieut. & Asst. Adj. 21st. Reserve Battalion (Alberta).
30.7.17	21 st Res Bn.	T.O. S. ex 1 st C.O. R.D.	Bramshott	25.5.17	PI II DO 201 - (1 st C.O. R.D. # 2077 Asmission Lieut. & Asst. Adj. 21st. Reserve Battalion (Alberta).
18 NOV 18	21 st RES. BN.	POSTED TO ALBERTA REGTL. DEPOT	BRAMSHOTT.	15 NOV 18	PI II D.O. No. 273 Lieut. & Asst. Adj. 21st Reserve Battalion (Alberta.)
22-11-18	O.C. A.R.D.	T.O.S. FROM S.O.S. TO Port of Embarkation Embarked. Exp. for Canada	BRAMSHOTT		Part II D.O. Chas. Duckett
19/11/18		Disembarked Canada			

To be made out in duplicate.

H.Q. 54-21-23-53

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 BATTALION CANADIAN INFANTRY

(2) Regimental Number..... 425057

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

(4) Place of Birth..... Glasgow Scotland

(5) Are you married, or not?..... Married

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

(b) Present Postal Address..... 27 Gladstone Avenue
Toronto Ont

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

(8) Have you any children?..... Yes 2

If so, give number of boys and girls..... 2 Boys

Also their names and ages..... Kris Herbert 2 years
John 3 months

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

If so, state name and address *John Moon 269 Roseberry St St James Winnipeg*

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

If so, state name and address *Mrs E Moon same address as above*

(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.

Already arranged

(15) Are you insured?..... *Yes*

If so, in what Company?..... *London Life*

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 11 1916*

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

Rank *He* Name **MOON, John** ✓ Reg'l No. **725057** ✓
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married** ✓

Place and Date of Enlistment **Lindsay. 22nd Dec. 1915.** ✓ Place of Birth **Glasgow. ✓
 Scotland.**

Name and Address, Next-of-Kin **Mary Alice Moon.** ✓
5 St. Blarins Ave. Toronto Auth R.L. 299. d. 11%
~~Kent St. Lindsay. Ont. Can.~~ ✓ Relationship **Wife,**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **8119**
 File R.L. _____
 Category _____
CANLOR

Discharge, Date and Place Reason Character

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T 2810 31-7-16					
8.12.16	Ob 109th Bn	SOS on tpfu to 124th Bn	Witley	8.12.16	Pt II D.O. 343
9.12.16	Ob 124th Bn	SOS on tpfu to 109th Bn	"	"	" 265-
18.1.17	"	att'd to 124th Bn	"	10.1.17	" 18.
16-2-17	"	ceased to be att'd to 124th Bn talked to 187th Bn	"	10-1-17	" 47
20-2-17	CCAC OC. 187.	lost on Camp 124th ceased to be att'd for D. vis. R. Q.P.C	Hastings Seaford	10-1-17 16-2-17	Pt II D.O. 62 " 45-
14-3-17	CCAC.	S.O.S. on transfer to	Hastings	10.3.17	Pt. II D.O. 120
1st Cont. Ont. Regiment					
20.3.17	Ob 109th Bn	T.O.S from CCAC	W Sandling	10.3.17	Pt II D.O. # 11
25-5-17	"	act to 12th Res. cease att to 12th Res & SOS to 21st Bn	✓		77

Moon J. 725057

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.				
24.7.17	21 st Res.	Adm. Can. Gen. Hosp.	Bransford	13.7.17	C.L. 74. V.D.G.
30.7.17	"	I.O.S. afterm. Cadre.	"	25.7.17	Pt II O. 201
7.9.17	A.R.	Disch. from Hosp.	do.	6.9.17	C.L. C. 5. V.D.G.
18.11.18	21 st Res	S.O.L. to A.R. 2	"	15.11.18	A. II. 243.
26.11.18	A.R. 2	S.O.L. to E.F. Canada	"	22.11.18	A. II. 300 <small>AR 20 Pt II 294 1/1948</small>

St. Catharines Ont.

7250 Pte. Moon, John, 109th Battalion, C.E.F.

HP

Will reached by Regt. Paymaster.

HP 2

J. J. Williamson CAPT.
Paymaster, 100th Overseas Battalion, C.E.F.

71784

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 725057

Name John Moon

Unit 109th Batt. C.E.F.

Military Will.

Everything I possess
both real personal
and otherwise, to
my dear wife

Mary Alice Moon

H. W. T. Bredin

Signature John Moon

Rank and Regt. Pte. 109th Bat. C.E.F.

Date 10-10-16

X

(17)

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 925057 Rank Pfc. Name Moore, John
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
NOV 22 1918	<u>O/S</u>		T.O.S. No.2 District Depot, Part II,	D.O. No. <u>230</u>	
				<u>Johnston</u> Lieut. <u>Capt.</u> For O.C. No. 2 District Depot	
			Dis #2 D.D. Jan 7th 1919 Ptl 1 #201.		
			<u>Johnston</u> Capt		
			O. C. Discharge Sections, No. 2 District Depot		

(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.]

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

[Stamp] G. O. Discharge Sect
No. 2 District Dep.

Rank

Appointment

30 Uniform not to be worn after
days of discharge unless written
authority has been granted by
the G. O. C. of district.

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

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

No. 725057 Rank Pte. Surname Moon
(Given name in full)

Unit or Corps #2 D. Depot Birthplace John
Glasgow, Scotland

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

1. GENERAL DESCRIPTION:

Physique Medium Weight 115 lbs. Height 5 ft. 6 in. Colour of Eyes gray
Nutrition Medium
Pulse 96
Condition of arteries Normal
Vision Rt. 20/200 Left 20/40
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
2 vac. marks, left arm.
1 " " " " "

Opinion as to general health and physical condition. He is not very robust, but health is good.
albumin

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

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

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

Vision Left 20/40 Improved by glasses.
Right 20/200

Had U. D. C., treated 11-7-17 & 6-9-17. Urine no albumen no sugar.

Moderate condition of flat feet - always had trouble in route marching.
Unable to fully extend 1st. interphalangeal joint of left right ring finger; can extend at 160°; flexor tendon area also ^{slightly} tender, and painful when joint

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas).....

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at Toronto (Ex-Camp)(Canada).....

Date 18-12-18 Signed A. J. HolmesM.O.

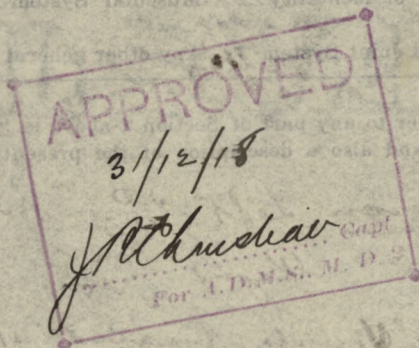
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature John Moon

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

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

is passively extended. Due to accident since enlistment, but too trivial to constitute a disability; the grip of the whole hand being O.K.



MEDICAL HISTORY SHEET.

ORIGINAL

Surname Moon Christian Name John

Examined { on 22nd day of December 1915
 at Lindsay
 Birthplace { City or Town Glasgow
 County Scotland

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

Apparent age 25 years
 Trade or occupation Clergyman
 Height 5 Feet 6 Inches.
 Weight 113 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 35 1/4 inches.
 Physical development Good
 Small-Pox Marks none

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

Vaccination Marks { Arm Right One Left Two
 Number Skull
 When Vaccinated last Feb. 2nd 1916
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	VACCINATIONS.
<u>2.2.16</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>25.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>10.5.16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>25.9.16</u>	<u>"</u>	<u>H. Boyd</u>

Enlisted on 22nd day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C & F</u>	<u>4725077</u>		<u>22.12.15</u>
Transferred to.....	<u>124th OVERSEAS BATTALION C.E.F. C.C.A.C. - 15.1.17</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>10 JAN 1917</u>	<u>Def. vision</u>	<u>70. (ii), Cleopelle</u>
<u>APPROVED</u>	<u>10/1/17</u>	<u>do.</u>	<u>131 C II, Bramshott</u>
<u>Bramshott</u>	<u>15/1/17</u>	<u>do.</u>	<u>B2 Bramshott</u>
<u>En. Camp, Toronto</u>	<u>18-12-18.</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.

VENEREAL DISEASE RECORD

Date 6.7.17

Reg. No. 725057 Rank Pte Name Brock J

Unit 21st Res Bn Area Bramshott Camp

Diagnosis V.D.G. Date and Area of Exposure 24.6.17 Brighton

Details of Early Treatment;- Type Syphil. wash and tubes 2

Interval after exposure (hours) 10 hours

Place Home Brighton no special address

Description of alleged infected Prostitute

(1) Name Kelly 2

(2) Address London - said she lived near Waterloo Bridge

(3) Height 5ft 4" (4) Figure slight & thin

(5) Complexion Fair (6) Hair Fair

(7) Eyes Brown (8) Dress white silk

(9) Habitat Visiting Brighton for 1 week

(10) Companion none

I certify that I can identify above described suspected Prostitute.

Signature of soldier John Meron

If on Leave, reason for same Bank duty for 10 days

Date of Pass 14th - 24th June

Date of vise Stamp none

REMARKS

This man reported 12 days after exposure, Jules used before & after exposure, he was not in a house in Brighton with her & does not know where she was staying. This man is being crim'd re: signature of Medical Officer

A D M S. B 19

11-6-17 (300)

in O.C.'s hands

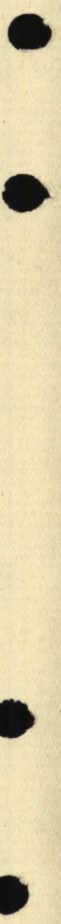


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Main body of the document containing several paragraphs of extremely faint, illegible text. The text is too light to be transcribed accurately.

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Faint text at the bottom right, possibly a date or page number.



File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.

Name *Edward* days at \$ *100* / \$
S. A. months at \$ per mo. \$ \$

Address *Less P. D. P. Credited* \$
 \$
 \$
Less further debit balance \$
Not due as of 12/31/1918 \$

TO SOLDIER & DEPENDENT				
O	Ag. No.	Ch. No.	Ch. No.	Amount
1				
2				
3				
4				
5				
6				
Total		Total		

Clerk

Dependent.....

Address.....

Pay Soldier \$..... Pay Dependent \$.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

Name

Pte Moon J.

M. F. W. 41
100M-1-18,
1772-30-838.

Regimental No.

725057

Name and address of next-of-kin

Unit

Alta R. Depot 109 Bn

Arr. 28/11

S.S. Agutencia

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Mrs J.
5 St. Clarens Ave, Toronto

Date and place discharged

Reason for discharge

Character on discharge

Ma ady. 30th Sept - Dec

1/1/19 Pay Sa. & a. P.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Dec 1	31	31	1	31	31	10	310	12	4610	44959	3	91	4219	4610		J.O.F. 22/11 & posted to Cas. 28/11 Sub 7/12 - 16/12 D.O. 230 42-19 Ar. R.P.C.

TRANSFER

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

To Whom *M^{rs} John Moon.*
Address *27 Gladstone Ave,
Toronto.
Ont.*

By Whom Assigned *J. Moon.*
Regtl. No. *725057.*
Rank *Private.*
Corps *109th Battⁿ.*

Rate *\$ 20⁰⁰ Aug. 1st 1916.*

2 on 8 ⁹/₁₆ Cd. 27 ¹⁰/₁₆.

PAYMENTS

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



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10/1/10
11

11 11 11 11 11

11 11 11 11 11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs John Moon.

PAYMENTS. #

Name of Soldier

*J. Moon.
Private, 109th Battⁿ*

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 20⁰⁰ Aug. 1. 1916.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>024136</i>	<i>60</i>	<i>to adj</i>
Nov.		<i>030857</i>	<i>20</i>	
Dec.		<i>035033</i>	<i>20</i>	
Jan.	1917	<i>840340</i>	<i>20</i>	
Feb.		<i>046754</i>	<i>20</i>	
March		<i>057951</i>	<i>20</i>	<i>20 R</i>
April		<i>03726</i>	<i>20</i>	<i>20 B.</i>
May		<i>D10411</i>	<i>20</i>	
June		<i>C16369</i>	<i>20</i>	<i>D</i>
July		<i>D24267</i>	<i>20</i>	<i>D</i>
Aug.		<i>Q31018</i>	<i>20</i>	
Sept.		<i>Q37913</i>	<i>20</i>	<i>6</i>
Oct.		<i>H44554</i>	<i>20</i>	
Nov.		<i>S57636</i>	<i>20</i>	
Dec.		<i>D57833</i>	<i>20</i>	<i>340.⁰⁰ NW.</i>
Jan.	1913			
Feb.				
March				
April				
May				
June				
July				

*adj notes
CW*

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.				

1.3.16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mary Alice Moon*
 Address ~~*39 Bidoat St.*~~
27 Gladstone Ave, Lindsay
Toronto, Ont.
 Relation to Soldier } *wife*
 wife, child or mother }

Name of Soldier *Moon, John*
 Regtl. No. *725057*
 Rank *Pte*
 Corps *109th Battaⁿ*
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>M 28946</i>	<i>20</i>	



15012

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1

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Alice MoonWife

Name of Soldier

Moon, John

PAYMENTS.

725057Plus

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	2594	20	20
May	16	3710	20	20
June		9214	20	20
July		10216	20	20
Aug.		113611	20	20
Sept.		17295	20	20
Oct.		20216	20	20
Nov.		23404	20	20
Dec.		26274	20	20
Jan.	1917	X 29373	20	20
Feb.		X 32377	20	20
March		X 35691	20	20
April		X 1967	20	20
May		X 5145	20	20
June		X 8375	20	20
July		X 11405	20	R
Aug.		15231	20	B
Sept.		18020	20	B
Oct.		X 19349	20	B
Nov.		D 24966	20	M
Dec.		W 26443	20	RW 440. ^m H.D.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: MOON, John.								
EFFECTIVE DATE: 1st Aug 1916.		EFFECTIVE DATE: -		NUMBER: 725057.								
AMOUNT: 20.⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT						
				Mrs. John Moon. (Wife) 27 Gladstone Ave. Toronto, Ont.					Private			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				UNIT AND TRANSFERS								
				ORIGINAL UNIT: 109th Bn.			DATE ACCOUNT FIRST OPENED: 1st Aug 1916.					
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'5'0	UNIT TRANSFERRED TO	
12-11-18	2015	B'shott Lt	4.87								Alta. R. D.	
DAILY RATES OF PAY AND ALLOWANCES												
									PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
									1.-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Disch. h. Canada 1/12/18. A.P.A. nr. 175 d/14/11/18.**

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mch. 31	Balance forward.								19.30	Nil	
Apr.	P. Pay	33-		C.A. Pay AR 73-21 Res. 15/4/18. 4.87 AR 236- " - 29/4/18. 14.60	4.87			20-		Nil	
May	P. Pay	34 10		C.A. Pay AR 360-21 Res. 15/5/18. 2.43 AR 498- " - 30/5/18. 4.87	7.30			20-	12.73		
June	P. Pay	34 10	33-	C.A. Pay AR 612-21 Res. 15/6/18. 4.87 " 788 " 29.6.18. 7.30	12.17			20	19.53	Nil	
JUL	P. Pay	34 10	33	Can: A.P. AR 6922 21 Res. 15.7.18. 12.17 " 971 " 22.7.18. 4.87	17.04			20	20.36		
AUG	P. Pay	34 10	34 10	" 1511 " 15/8. 4.87 " 1343 " 31/8. 4.87	9.74			20	21.78		
Sept.	P.P.	34 10	33	CAP F.R. 1454 15.9. 21 Res. 2.43 " 1509 13.9 " 12.17	14.60			20	20.18		
Oct.	P.P.	34 10	33	cap " 1685 15.10. 4.87 " 1827 31/10. 9.73	14.60			20	19.68		
		34 10			14.60			20			

P.T.O.

NUMBER	RANK	NAME		PARTICULARS				BALANCE	DEFERRED	SEPARATION
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.		
nov.	Atis pay. nov-18	33		Con a p.				20		
		33		AR 2015-15/11/18 n Res	487				27	81
					487			20		
				DOB 27/1/18 to 300 26/1/18 A.R.D.						

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 56

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725057 Rank Pfc Name 725 Moon J.
 Corps 12 D.S. who was* Discharged
 On January 7th 1919, to
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1919,
 to Jan 7th 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No.			Regt'l. Pay <u>7</u> days at \$ <u>1</u> c.	<u>7</u>	
Assigned Pay and Sep'n Allice. No. <u>7 days</u> <u>45132</u>	<u>6</u>	<u>75</u>	Field Allow. <u>7</u> days at \$ <u>10</u> c.	<u>70</u>	
Other charges			Separation Allowances* (Monthly) <u>7 days</u>	<u>6</u>	<u>75</u>
Payment on transfer or discharge No. <u>45133</u>	<u>42</u>	<u>70</u>	Other Allowances* <u>Clothing</u>	<u>35</u>	
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	49	45	Bal. Dr. (to be deducted by new unit)		
			Total	49	45

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned
 Pay for the month of December 1918
 and Sep'n Allice. for month of 7 days 1919 (to) Assignee Mrs J Moon
 (Address) 5 St Charles Ave Toronto

(†) 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.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted Yes
- (3) cause of discharge Recommissioning authority 80.3
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
 Date Jan 4/19
 Place Toronto Ont
W. J. Peave CAPT.
 PAYMASTER, No. Paymaster CT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

137324

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

10 - 1 - 1917

No. 725057 Rank Pte. Name Moore, John
Local Unit 124 Bn Overseas Unit _____ Age 26

Examination held in Bramshott area.

DISABILITY. Defective vision

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Specialists report
R. V. 6/36 } with glasses 6/12
L. V. 6/18 } 6/6

fit for comm care comm Signed W. E. Arley
Capt. comm

Rather poor physique. Has some difficulty
in route marching

Board recommends :

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

Signatures :

Members { C. E. Cochrane Pres.
H. MacLaren Capt

Approved.

Bramshott 10-1- 1917 Stewart May
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

147381

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

101

No. _____ Rank _____ Name _____
 Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(attach one out)

PRESENT CONDITION

Board recommends:

1. Fit for duty.

2. Fit for duty with _____ physical training.

3. Fit for Base duty.

4. Fit for Permanent Base Duty.

5. Discharge.

Signature:

Pres.

Members

Approved

101

Bramshott

Reserved for M.H.C.

Regt. No. 725057 Rank. PTE Surname. MOON Christian Name. JOHN

Unit or Corps—(a) Overseas from United Kingdom. (b) In United Kingdom. 21st Res Bn

Born at—Town. Glasgow County or Province. Scotland

Date of Birth—Day. 16 Month. Feb Year. 1890 Age. 28 yrs. 8 months.

Joined at. Lindsay out Date. 22-12-15

Former Trade or Occupation. Clergyman

Permanent marks or peculiarities that will serve for future identification :

NIL.

Height—feet. 5 inches. 6 Colour of eyes. Grey

Signature of Soldier (for identification purposes). John Moon

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) Defective vision
Disabilities Group (b) -
Disabilities Group (c) -

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

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Rows: Disease or injury to which the disability is due, Place of origin, Date of origin. Handwritten: Congenital, Birth.

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 ? Yes If yes, has Active Service aggravated it ? no
(ii) As to Group (b) above ? - If yes, has Active Service aggravated it ? -
(iii) As to Group (c) above ? - If yes, has Active Service aggravated it ? -

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

(i) As to Group (a) above ? -
(ii) As to Group (b) above ? -
(iii) As to Group (c) above ? -

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

- (i.) While on duty? *no*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *Not applicable*
- (iv.) Where? *—*
- (v.) When? *—*
- (vi.) Opinion of the Court? *—*

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).

*M 7 313 shows Passed through Bramshot Hoop.
 11-7-17, with Gonorrhoea.
 Specialist's eye report shows defective vision*

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

*Right eye vision 6/36. Left eye 6/18
 With glasses R.E. 6/12 Left eye 6/6.
 Other systems normal.*

8. OPERATION. (i.) Was one performed? *no*

(ii.) If so, state what. *—*

(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. *Lower molars extracted.*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *no*
- (b) Fit for base duty? *yes*
- (c) Invalid to Canada? *no*
- (d) Discharge from the Service as permanently unfit? *no*

Date of Report *14-11* 191*8*

Station *Bramshot*

Signed *J. Stephens Capt*
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except*

transhot:

J. M. Gray Capt { Officer in Hospital } Strike out one
 { S.M.C. Brigade } of these.

Dated at *14-11-18* Station, on *14 NOV 1918* 191*8*

* Delete if inapplicable.

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?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
None ten per cent - C.P.P.

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, $\frac{1}{2}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)
None

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
None assumed

18. Remarks.
Boarded under authority A.G. telegram 9083 dated 11/11/18

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

Classification for the Military Hospitals Commission.

Date of Board 15 NOV 1918

Chas. P. James Capt. President.
Signatures of the Board. *W. McHenry Capt. C.A.M.C.*

Station Bramshott.

Approved *R. G. Chom* Major, A.D.M.S.
D. A. D. M. S. for A. D. M. S.,

Dated at Canadian Troops, Bramshott Camp Bramshott, Station 15 NOV 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

[Faint, illegible handwritten text, likely the recommendation details]

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

[Faint handwritten signatures and names of board members]

10 NOV 1918

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

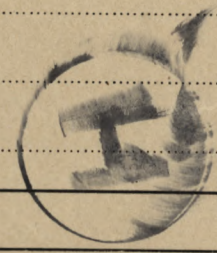
(Demobilization.)

M.B.

17-1-19
1808

M

1. No.	725057	
2. Rank.	Pte.	
3. Name.	MOON JOHN.	
4. Unit.	109th Bn. (#2 D.D.).	
5. Date of Discharge	Jan 7th 1919.	Place TORONTO, ONT.
6. Reason for Discharge	ON GENERAL DEMOBILIZATION	
7. Authority.	D.O. D.D. #2 Pt11 #261.	
8. Proposed Residence after Discharge	5 St. Calrens Ave. Toronto Ont.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
	M. F. W.?	
	<i>John Moon</i>	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
	Place Toronto Ont.	
	Date Jan 7th 1919.	
	Signature	
	<i>[Signature]</i>	
	(O. C. Discharging Unit.)	



PROCEEDINGS ON DISCHARGE

Demobilization

1. Name

2. Rank

3. Component

4. Date of Discharge

5. Date of Arrival

6. Reason for Discharge

7. Address of Next of Kin

8. Remarks (to be filled in by the Discharge Officer)

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the instated place and date I received my discharge Certificate

Signature

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

Date

Signature

Discharge Officer

LIST OF RESEARCH DOCUMENTS

Medical Form W. 100	Attestation Paper, Triplicate
Medical Form W. 100	or Variations of Form
Medical Form W. 100	Field Contact Sheet
Medical Form W. 100	Company Form
Medical Form W. 100	Last Day Certificate
Medical Form W. 100	Certificate for missing documents or materials
Medical Form W. 100	Medical History Sheet
Medical Form W. 100	Proceedings of Medical Board
Medical Form W. 100	Death History Sheet
Medical Form W. 100	Medical Report
Medical Form W. 100	Regimental Contact Sheet
Medical Form W. 100	Company Contact Sheet

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

64.

m-953

No. 2 DISTRICT DEPOT

AUDITOR *WPK* PAYMASTER *M*

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

M. OR S. *M*

REGT. NO. *725057*

RANK *PTE.*

NAME (IN FULL) *MOON, J.*

NEXT OF KIN
 ADDRESS
 IS SEPARATION ALLOWANCE PAID? *yes* ✓
 TO WHOM PAID *yes* ✓
 ADDRESS *Mrs J Moon*
5 St. Clarens Ave.
City.

RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>1.1.19.</i>			

ORIGINAL UNIT C.E.F. *109 BN.*
 PLACE OF ATTESTATION
 DATE OF ATTESTATION *Dec. 22. 1915* ✓
 ASSIGNED PAY, \$ *20⁰⁰*
 PAYABLE TO
 ADDRESS
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
 DISCHARGED *Toronto.* DATE *7/1/19* REASON *Demobilization* AUTHORITY *D.O. 3* IF ENTITLED TO POST DISCHARGE PAY *yes*

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS <i>ck nos</i>			ASSIGNED PAY <i>W.S.G.</i>	REGI-MENTAL CHARGES <i>ck nos</i>	OTHER CHARGES <i>W.S.G. S.A.</i>	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	DEBIT		CREDIT
<i>Jan 17</i>	<i>1¹⁰</i>	<i>7 70</i>	<i>675</i>	<i>49 45</i>				<i>4270</i>	<i>6 75</i>			<i>49 45</i>				<i>Dec. Pd. 35⁰⁰ cl. allow 6⁷⁵ Mpa Jan 7 days</i>		
			<i>675</i>	<i>49 45</i>												<i>500 00 ck mailed 8-1-19.</i>		
				<i>600 00</i>				<i>Jan 6</i>	<i>160</i>	<i>170 00</i>	<i>161</i>	<i>130 00</i>	<i>100 00</i>		<i>500 00</i>	<i>ck mailed 8-1-19.</i>		
								<i>Feb "</i>	<i>2868</i>	<i>70 00</i>	<i>2170</i>	<i>30 00</i>	<i>250 00</i>		<i>400 00</i>	<i>ck mailed 6-19.</i>		
								<i>Mar 6</i>	<i>775</i>	<i>70 00</i>	<i>776</i>	<i>30 00</i>	<i>300 00</i>		<i>300 00</i>	<i>4-3-19</i>		
								<i>Apr 4</i>	<i>261 559</i>	<i>70 00</i>	<i>261 560</i>	<i>30 00</i>	<i>400 00</i>		<i>200 00</i>	<i>5-4-19</i>		
								<i>May 5</i>	<i>269 854</i>	<i>70 00</i>	<i>269 855</i>	<i>30 00</i>	<i>500 00</i>		<i>100 00</i>	<i>Jan 5-19 wk</i>		
								<i>June 10</i>	<i>699 216</i>	<i>70 00</i>	<i>700 216</i>	<i>30 00</i>	<i>600 00</i>		<i>0</i>	<i>Handed to Dep 15-6-19</i>		
				<i>600 00</i>						<i>420</i>		<i>180</i>	<i>1600</i>			<i>Handed to man. 10-6-19</i>		

W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

M

18399 Aug 1/16

RATE OF ASSIGNMENT

20

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30 ⁰⁰
	1-12-17	119/18
	P.C.3257	PC2753
		M040622

PARTICULARS OF SEPARATION ALLOWANCE

No. 725057
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name J. Moon
 Battalion 109 Battrn.
 Beneficiary Mary Alice Moon
 Relationship Wife. M.F.W. 2554-2478
 Ret'd 23/10/18
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. John Moon
 Address ~~27 Gladstone Ave.~~ Toronto Ont.
 Change of Address
 1 #5 St. Claren's Ave.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/E	Total	REMARKS
1917					
Dec. 31		440	340	780	
Jan	H63088	30	20	50 ✓	13046-g-4 SARAP A/c Closed 3/12/18 Ret'd per Aquitania Date 28/11/18 F.X. 3/12/18 Clerk Lydell MR0 19168 3/12/18 History
Feb	75055 ✓	25	20	45 ✓	
Mar	90952 ✓	25	20	45 ✓	
Apr	8944 ✓	25	20	45 ✓	
May	16126 R	25	20	45 ✓	
June	20419 N	25	20	45 ✓	
July	29817 H	25	20	45 ✓	
Aug	39066 P	25	20	45 ✓	
Sept.	50497 S	25	20	45 ✓	
Oct	X54770	25	20	45 ✓	
Nov	761198	25	20	45 ✓	
Dec	R67725	45	20	65 ✓	
		765	580	1345	

M. F. W. 128
400M-6-17-172-58-114
L. L. 22320-M. & D. 7583.

