

Unit 109th O/S Battalion CO Rank Lieutenant Name R. J. Moore

## OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

**ORIGINAL**

### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Moore
- (b) What are your Christian Names? Robert Ivan
2. (a) Where were you born? (State place and country) Twp of Ops Canada
- (b) What is your present address? 65 Bond St. Lindsay
3. What is the date of your birth? 19th Sept. 1892
4. What is (a) the name of your next-of-kin? James Moore
- (b) the address of your next-of-kin? R. R. No. 1. Reaborn
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Student-at-law
6. What is your religion? Methodist
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 45th Regt.
9. State particulars of any former Military Service.....
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

R. J. Moore Lieut. (Signature of Officer.)

### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Feb. 15<sup>th</sup> 1916

J. McCulloch Capt.  
Medical Officer

Place Lindsay

109th Overseas Battalion C. E. F.  
Medical Officer.

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

OFFICERS' DEGRADATION TABLE

CANADIAN OVER-SEAS EXPERIMENTAL FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

1. What is your name?  
 2. What is your rank?  
 3. What is your service number?  
 4. What is your date of birth?  
 5. What is your date of entry into service?  
 6. What is your present assignment?  
 7. What is your previous assignment?  
 8. What is your educational background?  
 9. What is your professional background?  
 10. What is your military background?  
 11. What is your civilian background?  
 12. What is your family background?  
 13. What is your marital status?  
 14. What is your health status?  
 15. What is your physical fitness status?  
 16. What is your moral character status?  
 17. What is your conduct status?  
 18. What is your efficiency status?  
 19. What is your loyalty status?  
 20. What is your reliability status?

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the provisions of the Medical Examination Regulations and find that he is fit for duty.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

REGIMENTAL DOCUMENTS

NAME *MOORE ROBERT IVAN* REGT. NO. *38* UNIT *Bn.* H. Q. FILE NO. *332-43-47*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

3

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2-04 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Doc S.V. 10

*Handwritten notes and signatures*

*Handwritten number 38*

*Stamp: H in a circle*

*Stamp: W in a circle*

*Stamp: H in a circle*

30030

DEATH

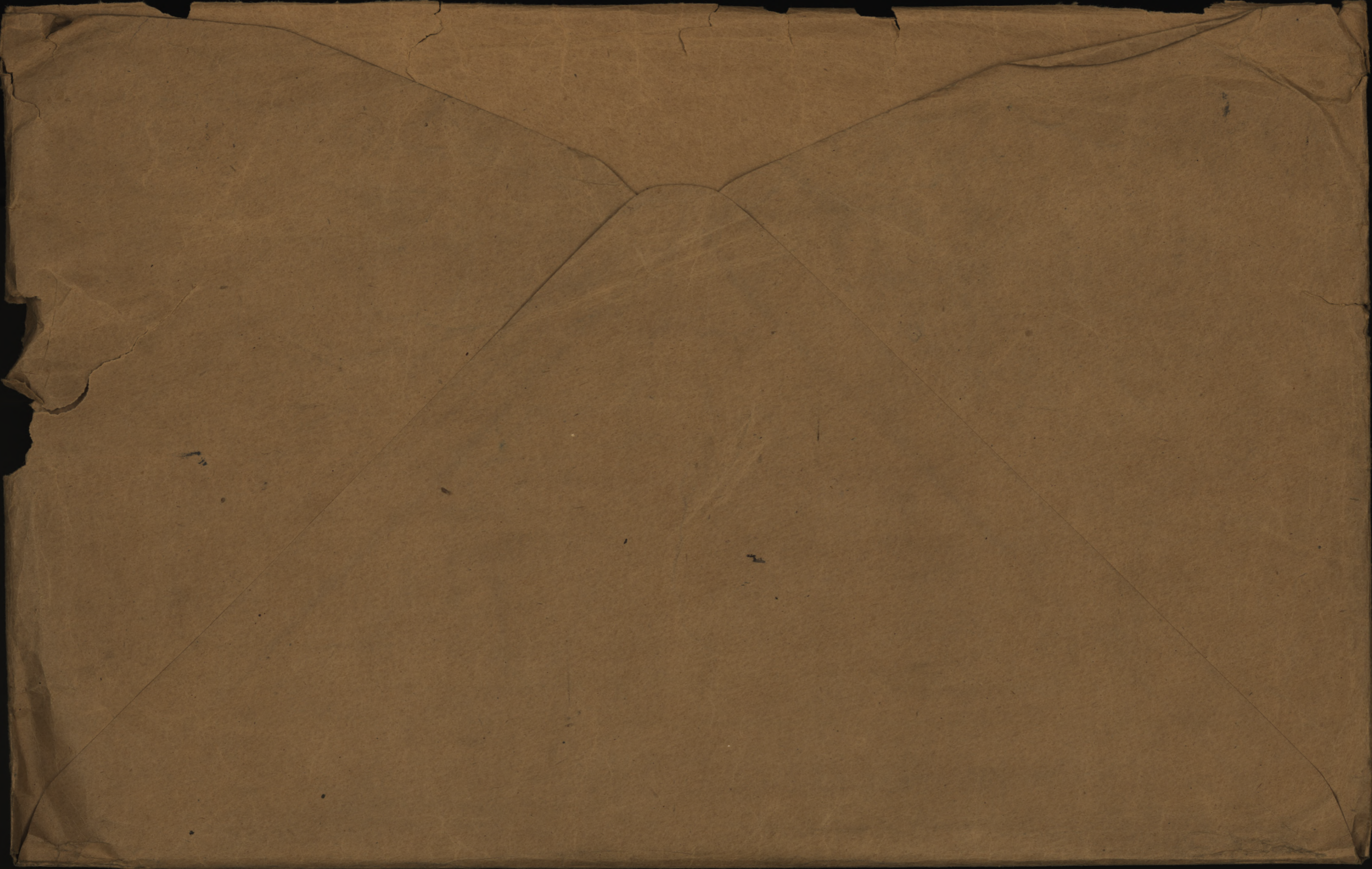
Category

DISCHARGE

Category *Demob*

DESERTION

*Handwritten numbers: 3, 2-11, 2-11*



SURNAME. *Moore*

CHRISTIAN NAMES *Robert, Ivan.*

REGL. No. RANK *Lieut.*

UNIT ~~109th.~~ *38*

FORMER CORPS *45th. Regt.*

NEXT OF KIN.

NAMES IN FULL *Moore, James.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *R. R. no 1. Reaboro, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Ops. Ip. Ont.*

DATE *Sept. 19th. 1892.*

PLACE OF ATTESTATION *488*  
*of 23-7-16*

DATE *P/G. 16/1/19-253 Lieut.*

*Auth for Trans. Cable 05333-23-11-16*

3  
CARD NO.  
*S.O.S. 1/2/19*  
*P.O. 1602 "G"*  
FOLL.  
*Demob. m.o. 2*  
*also auth DO 44 of*  
*13-2-19 #2 1910*  
*Bm.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Student at law.*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont*

DATE

*Feb. 15th. 1916.*

*Present Address: 65 Bond St., Lindsay, Ont.*

Name

MOORE  
ROBERTRank  
I/VAN

LIEUT

Reg. No.

Unit

38th Bn ✓

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	Base					
28-10	Reported GHQ (1519) WOUNDED.			1127	1921 ✓	11
29-10	23 bbsbn 38957	CSW Ram		1131		
3-11	24 Gen. Staples Wd.		Sgt	1132		
6-11	2nd New Canada Munition Esc. No. 7007				1134	
4-12	Can. Con. Off. Hos. Matlock Bath 7001				1158	
10-12	Discharged 7003				1162	





Name MOORE  
Robert Ivan  
Unit 38th Bn.

Rank Lieut.

Reg. No. 9 M 1464

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-11-16	Duch. of West Hos. Let report	G.S.W Back	Sev.	530	05333	24-11
3.12.16	Kitchener Hos. Brighton	new added	sev	541		
1-3-17	Dresden Eng.	1/2/16		616		

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

2





Number..... Rank *a/capt*

Surname..... *MOORE*

Christian Name..... *ROBERT IVAN*

Unit..... Theatre of War..... *FRANCE*

Date of Service..... *29.7.16*..... *13.8.16*..... *4.1-19*

Remarks.....

Latest Address..... ~~*Rosboro Ont.*~~

..... *6 William St.*

Roll No. *"B" Page 4738*..... *Lindsay Ont.*

S. U. 19352. Desp.

28

136

Surname

Christain Name

Reg. No.

MOORE.

R. I.

4-M-283.

Rank

Unit

Lieut.

38th. Bn.

MEDICAL BOARD held at

Date

Serial No.

(1) London area. 1-3-17.

Other Medical Boards at

Date

Serial No.

(2) do. 2-4-17.

(3) Seaford 15-5-17

(4) Matlock Bath 5-12-18

(5)

Condition found by Board

G SW. rt. Scapula. rt G SW. rt. Arm, F'arm.

Disposition Recommended

(1) Unfit any ser. 1 mth.

(2) Home ser. Gen. ser. 1 mth.

(3) Fit General service

(4) Fit for General service.

(5)

PENSIONS &amp; CLAIMS BOARD held at

Date .....

Disposition

Remarks

Moore.

R

I.

Lieut. 38th. Battn. 6th. Res. Bn.

Duc. of West. Le Touquet. 20-11-16.  
 Kitchener Hosp. Brighton. 3-12-16.  
 No.13 Canadian Gen.Hosp.Hastings. 19-5-18  
 No.23 Casualty Clearing Station 29-10-18.  
 No.24 General Hospital, Etaples 3-11-18.  
 HS. to 2nd. West. Gen. Hosp. Manchester 6-11-18.  
 Canadian Conval. Offs. Hosp. Matlock 4-12-18.

G.S.W. Back. sev. (Shldr).

Phimosis. *phimosis*

R.F.B., Wounded: -28-10-18.

G.S.W. Arm rt. & F'arm lt. *and*

Discharged: - 1-3-17.

Discharged: -13-6-18.

do. 10-12-18

C.L. 24-11-16. 530-4.

7-12-16. 541. C.L. 9-11-18 1134-3.

6-3-17. 616-4. 7-12-18 1158-2.

22-5-18 988-4. 12-12-18 1162-3.

15-6-18 1009-4.

1-11-18 1127-4.

6-11-18 1131-2.

7-11-18 1132-2

A.M.D. 2 DEPT.

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

*Handwritten mark*



*ESRD* **ORIGINAL** *Original*  
**MEDICAL HISTORY SHEET.**

Surname Moore Christian Name Robert Joan

Examined { on 15 day of Feb. 1918  
 at Sudbury  
 Birthplace { City or Town Ship of Ops  
 County Ontario

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

Apparent age 23 years  
 Trade or occupation Student-at-law  
 Height 5 Feet 8 1/2 Inches.  
 Weight 145 Lbs.  
 Chest measurement { Minimum 34 inches.  
 Maximum expansion 38 1/2 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.
		M.O.

Vaccination Marks { Arm Right None Left One  
 Number one  
 When Vaccinated last Feb. 5th 1916  
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>5-2-16</u>	<u>fit</u>	<u>J McCulloch</u> M.O.
<u>27-7-16</u>		<u>J McCulloch</u> M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12-5-16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
<u>17-5-16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
<u>25-5-16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

Enlisted on day of 191 at Sudbury

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn C.E.F.</u>	<u>Lieut.</u>		
Transferred to	<u>C. C. 6th Can. Res. Bn.</u>	<u>TAKEN ON STRENGTH</u>	<u>6th Can. Res. Bn.</u>	<u>FEB 15 1918</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>76 strand Seaford</u>	<u>1-3-17</u> <u>15/5/17</u>	<u>G.S.W. Rt Scapular region</u> <u>G.S.W. Rt Scapular region</u>	<u>I was have V.D. Examination</u> <u>Head &amp; find Bone</u> <u>Fit for General Service</u> <u>Godwood, Capt.</u>
<u>Cloth. Millbrook Bn</u>	<u>5-12-18</u>	<u>G.S.W. Arm (R)</u> <u>" Forearm (L)</u>	<u>Cat. A</u> <u>Dr. James Capt. Lane</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.

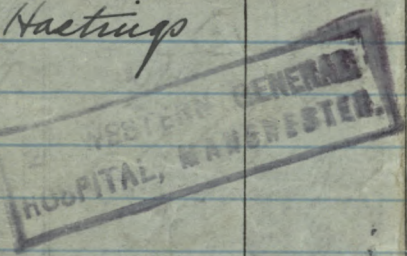
**CANADIAN**

Christian Name Robert James

Morrison

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 3 Cont. Serv. Coy Brighton #13 Cont. Div. Hastings	2-12-16	2	12	6	1	3	17	GSW. Shoulder.	90	Wound healed.	H. Coate Lt. Col. R.A.M.C.
		18	5	18	13	6	18	Phimosis	27	Operated upon. Satisfactory result.	St. Byers Capt. Casse
		6	11	18	5	12	18	Bow at angle of forearm.	29	Wd 28-10-18. F. B. removed wounds excised & sutured 21-11-18 umbilical hernia pad applied for transfer.	J. M.
CCoB Mallock Bath		3	12	18	10	12	18	do	8	Wounds healed, no disability. Heart and lungs O.K. No disability from umbilical hernia.	Major R.A.M.C., T.F. J. M.



Robert James Morrison

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1183 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. .... Rank Lieut Name Moore, R. D. E.O.R.  
(Surname first)  
Unit #208 who was\* Sgt.  
On 1-2-19 191... to Demob  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 1-2-19 191...  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month. <u>L.P.C.</u>	<u>28</u>	
Regimental Pay <u>1</u> days at \$ <u>2</u> c.		<u>2</u>
Field Allowance <u>1</u> days at \$ <u>1</u> c.		<u>1</u>
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits <u>Subs 18-1-19 - 1-2-19</u>		<u>2550</u>
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>22791</u>	<u>50</u>	
Total	<u>28.50</u>	<u>28.50</u>

\*Give particulars.

A monthly stoppage of \$ 2 (†) has ..... (‡) been paid on account of  
Assigned Pay for the month of ..... 191..... }  
and Separation Allee. for month of ..... 191..... } (to) Assignee .....  
(Address) .....  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment.....married or single.....  
(2) Separation Allowance, entitled or not no..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer D044.....

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

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

Date 18-2-19  
Place ORONTO, ONT.

Malcolm Lockman  
CAPT.  
PAYMASTER, No. 2 DISTRICT DEPT. Paymaster.

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



**MEDICAL BOARD REPORT ON A DISABLED OFFICER.**

(ALSO TO BE USED FOR DISABLED NURSES.)

Station CCoH Matlock Bath

Date 5 12-18

1. Rank and Name Lieut. Moore, Robt. Ivan  
 2. Unit 38<sup>th</sup> Can. Batt. 1<sup>st</sup> E.O.R.D. Witley  
 3. Age 25 4. Total Service 37mo War Service { (a) at home 8mo  
 (b) abroad 6mo (France)  
 5. Address 6<sup>th</sup> Res. Batt. E.O.R.D. Witley.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability C.S.W. Arm T.T.(R) Forearm  
 7. Date of origin of disability 28-10-18  
 8. Place of origin of disability France  
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

To 23<sup>rd</sup> Oct. 28-10-18 Nerves intact, wound dressed. To 24 Gen. Hosp. 2-11-18. X-ray. F.B. in right arm, removed from detritus, wound sutured and other wounds dressed. To 2<sup>nd</sup> West. Gen. Manchester Wounds healed. To CCoH. Matlock Bath. General condition good. Wounds healed and no disability. Has had pneumonia 1914 and rheumatism. Chest negative. Small umbilical hernia, easily reducible and of long standing since childhood.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.  
 (iii) Expressions such as "may," "might," "probably" should be avoided, if possible.  
 (iv) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No.  
 (b) in the service? Yes  
 11. Was it attributable to military service? Yes  
 If so, to what specific military conditions is it attributed? Battle conditions

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? h.a.  
 If so, by what specific military conditions? h.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

I concur in the findings of the Board of Medical Officers.  
 Captain, D.A.D.M.S. for D.M.S. Canadians.

14. What is the officer's present condition? General condition good. Wounds  
healed, movements free, no disability. Chest negative. No  
military disability from umbilical hernia. The board considers  
this officer fit for general service.

15. To what degree is the officer disabled at the present time? \_\_\_\_\_  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50,  
40, 30, 20, under 20, or nil.)

16. Is the disability permanent? no

17. If not permanent, how soon is re-examination recommended? \_\_\_\_\_ months.

18. Is it necessary that the officer should be re-examined by the same Board? no

19. What treatment is the officer receiving, and where, and from whom? \_\_\_\_\_

CCON. Matlock Bath

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? \_\_\_\_\_

no

21. Does the officer require the constant attendance of another person? no

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service yes

B.—Fit for service in a garrison or labour unit abroad \_\_\_\_\_

C.—Fit for home service:—

(i) Active duty with troops \_\_\_\_\_

(ii) Sedentary employment only \_\_\_\_\_

D.—For admission to a command depot \_\_\_\_\_

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital \_\_\_\_\_

(ii) In an officers' hospital \_\_\_\_\_

F.—Permanently unfit for any further military service \_\_\_\_\_

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? \_\_\_\_\_

S. G. ... Edmund  
President.

W. ...  
J. ... } Members.

CERTIFICATE AS TO MISSING DOCUMENTS OF:-

Lieut Moore, R. I.

109<sup>th</sup> Bn.

As called for in Headquarters Instructions A.G., A-8-155 of the 4th January 1919. This will certify that:-

The has form  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the above

mentioned Officer is Temporarily unavailable  
~~are~~  
~~Not available~~

owing to attached letter record of service in lieu thereof.

A. H. Hume  
Captain. major  
Secretary,  
CANADIANS.

for Assistant Military

26-2 1919.

Dear Mother

Top of page

Dear Mother

attached find record of account in the name of

William



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 D. Co, 109th Bn CEF.

(2) Regimental Number .....

(3) Full Name of Soldier Lieut Robert Evan Moore

R. No. 1 Reaboro Ontario

(4) Place of Birth Mount Horeb, County of Victoria  
Ontario

(5) Are you married, or not? no

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

(b) Present Postal Address .....

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

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

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 James Moore Reabore, Ontario

(10) Is your Mother alive? yes  
If so, state name and address Latitia Catherine Moore  
Reabore Ontario

(11) If your Mother is a widow ✓  
Are you her sole support, or not? .....

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

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

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

(15) Are you insured? yes  
If so, in what Company? Sun Life Assurance Co  
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 19/16

J. J. Allen Lt. Col.  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT  
20 DEC 1916  
CANADIAN RECORD OFFICE

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

Casualty Form—Active Service.

M. F. W. 54. (A: F. B. 103.)  
250M.—1-16.  
H. Q. 1772-39-920.

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

Regimental No. \_\_\_\_\_ Rank Lieut Name Moore Robert Ivan

Enlisted (a) 22-11-15 Terms of Service (a) 9 of W. Service reckons from (a) 22-11-15

Date of promotion to present rank } \_\_\_\_\_ Date of appointment to lance rank } \_\_\_\_\_ Numerical position on roll of N. C. Os. } 23/7/16.

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Student - at - Law.

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.
--------	---	-------	------	--

Embarked Halifax N.M.S. 2810 24-1/16  
Disembarked Liverpool 31-1/16  
Transferred to 38<sup>th</sup> Battalion 1/8.16.

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

11/8/16 38<sup>th</sup> Bu Proceeded of Seas. 13/8/16 P/Record 167.  
J. Bunnham  
Major  
R.I.  
MAJOR,  
FOR OOL, 1/6 RECORDS, C.E.F.

M.L.O. Disembarked Havre 14/8/16 L.R. 6297  
2-9-16 Unit. P.T. & B.F. Course to 2-9-16 Field 28/8/16 A.F.B. 2184-2-9-16.

22.11.16 1st 5th Army Wounded Field 18.11.16 off. cas. list 812- Dec 43/24.11.16.

19.11.16 4 C.C.S. 400 back adn 4 C.C.S. 18.11.16 } 936/81534-Des 46-27.11.16.  
H.Q. to 15 A.T. 19.11.16 }

20.11.16 1 Red X Hqs. adn 1 Red X Hqs. 20.11.16 W3084/88

25.11.16 1st Wounded in active Field 18.11.16 B21300052 d 5.12.16

1.12.16 1 Red X Hqs. P.W. Back to England 1.12.16 W3083/223 H.Q. 23807.12.16.  
H.S. Dieppe

(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.

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				

TAKEN ON STRENGTH AND POSTED TO GENERAL LIST.

4-4-17. G.O.C. Can. A.C. can. B. Transferred to 7th. Res. Bn. Seaford. 3.4.17. A.C.D. 534. Can. O. 6.

W. M. Hillon

FOR DIRECTOR OF PERSONAL SERVICES, C.O.M.F.

7-4-17. 7th Res Bn T.O.S. from General List. Seaford 3-4-17 Pt II B.O. 84

2-1-18 7th Res Bn Appointed A/Captain while in command of a company. Seaford 1-12-17 Pt II B.O. 1. L.G. 30453 d/3.1.18

FEB 15 1918 G. 6th CAN. RES. BN. TAKEN ON STRENGTH 6TH CAN. RES. Seaford. FEB 15 1918 PART II No. 39.

27/2/18. G.O.C. Res. On Command Revolver School. Wareham. Seaford. 26/2/18 Pt II B.O. 49

27.3.18. G.O.C. Res. Ceases to be "On Command" Revolver School Wareham. Seaford 3.3.18 Pt II B.O. 73.

15/4/18 G.O.C. Res. On Command to Drill & General Course, Chelsea. Seaford. 15/4/18 Pt II B.O. 89.

22.4.18 G.O.C. Res. Relinquished the acting rank of Capt on ceasing to be spec. employed. Seaford 20.4.18 Pt II B.O. 95. 15.2.18 L.G. 30628 d/3.4.18.

6.5.18 G.O.C. Res. Ceases to be "On Command" Dr & Course Chelsea. Seaford 5.5.18 Pt II B.O. 107

CERTIFIED CORRECT  
25 SEP 1918  
CANADIAN RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.)  
350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps <sup>109<sup>a</sup></sup> ~~6th. Can. Res. Bn.~~.....

Regimental No..... Rank Lieut. Name Moore, Robert Ivan.  
C. E. F.

Enlisted (a) ~~22-11-15~~ Terms of Service (a) D. of W. Service reckons from (a) ~~22-11-15~~ 23-7-16

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

Extended..... Re-engaged..... Qualification (b) Student at Law.

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				
12-6-18.	O.C. 6th. Res.	S. O. S. 6th. Can. Res. on posting to the E. O. R. D.	Seaford	11-6-18.	Pt. 11. B. O. #137.
15-6-18.	6. B. E. O. R. D.	10. S. E. O. R. D. on posting from the 6th Res. Bn. & shown in Hosp.	Seaford.	11-6-18.	Pt. II D. O. 154.
17-6-18.	6. B. E. O. R. D.	Pt. II D. O. 154 is cancelled	Seaford.		Pt. II D. O. 155.
17/6/18.	O.C. 6th. Res.	Pt. II D. O. 137 is cancelled	Seaford	11/6/18	Pt. II D. O. 142.

*C. W. Wainfield*  
OFFICER I/O RECORDS 6th CAN. RES. BN.

*A. B. Brown*  
for Officer Commanding,  
East Ont. Reg'l 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.

*L. Moore, R.F.*

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				
16.9.18	O.C. 6th Res	S.O.S. 6th Res on foot <del>from</del> to 38th Bn.	<del>Seaford</del> Seaford	16.9.18	Pt. E B.O. 219
E O REGT					
17 SEP 18	C.B.D.	TAKEN on STRENGHT 38th		17 SEP 18	N.R. D.O. 91-23.9.18
20.9.18	"	Left for Unit via C.E.R.	FIELD	20.9.18	N.R. 452.
21.9.18	C.E.R.	arr. left for Unit	FIELD	21.9.18	" D.O. 1669.
28.9.18	Unit	Joined Unit	FIELD	22.9.18	B. 213.
29.10.18	1263a	Gen. arm. R. adm	to 23 ees	29.10.18	a 1537
"	23 ees	adm.	23 ees	"	a 1483
20.10.18	C.P.T. M. L. M.	Wounded in Action	Fla.	28.10.18	hit 1519.
1.11.18	23 ees	to A.T. 36		1.11.18	A 1624.
2.11.18	24 Gen.	adm	24 Gen.	2.11.18	w 456.
5.11.18	"	to	England	5.11.18	w-817.
- 2 NOV 18	38th.	Wounded in Action	Field	28.10.18	B-13.
5.11.18.	24 Genl.	WOUNDED - Detached E. Ont.	Reg. Dep.	5.11.18	W3083/6429 D.O. 119-d-18.11.18.
	Brighton.		SEAFORD		Lieut. for Lt Col. A. A. G.
					Canadian Section, G. H. Q. - 3rd, Ech.
14.11.18	E.O.R.H.	TOS from 38th Bn	Witley	6.11.18	DO 283.
16.12.18	"	Cases from TOS to 6th Res	"	10.12.18	DO 310.

OFFICER IN CHARGE RECORDS 6th CAN. RES. BN.

N.R. D.O. 91-23.9.18

N.R. 452.  
" D.O. 1669.  
B. 213.

a 1537  
" a 1483  
hit 1519.  
A 1624.  
w 456.  
w-817.  
B-13.  
W3083/6429 D.O. 119-d-18.11.18.

Lieut. for Lt Col. A. A. G.

Canadian Section, G. H. Q. - 3rd, Ech.

*J. Peary* Lieut. O. of Records  
for No. E.O.R.H.

*Temporary Sheet 3*

**Casualty Form—Active Service.**

Regiment or Corps 6th. Can. Res. Bn. Regimental Number \_\_\_\_\_  
 Rank Lieut. Surname MOORE Christian Name Wt. Joan  
 Religion Methodist 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 \_\_\_\_\_  
 Signature of Officer i/c Records.

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...			
<u>16/12/18</u>	<u>6th. Can. Res.</u>	<u>20 S. on porting from 6th. Can. Res.</u>	<u>Witley</u>	<u>10/12/18</u>	<u>NO 295</u>
<u>4/1/19</u>	<u>6th. Can. Res.</u>	<u>On command, Hdqrs. M.C. London, pending embarkation to Canada.</u>	<u>Witley</u>	<u>2/1/19</u>	<u>7th. Bn. 4.</u>

*W. J. M. Robinson*  
 Officer i/c Records,  
 6th Can. Res. Battalion.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoemaking, &c.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms B103/3.





original not available

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 ..... 38th Bn. ....

Regimental No. .... Rank Lieut. Name MOORE, Robert Ivan  
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				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	4-1-19	Auth.R.O. 1559 Pt. 2D.O. 44  <i>A.M. Turner</i> For O. C. No. 2 District Depot
		S.O.S. on Gen. Demob.	Toronto	1-2-19	Auth.R.O. 1602 Pt. 2 D.O. 44.  <i>A.M. Turner</i> For O. C. No. 2 District Depot Cognate: Health Reg 1.15.9.20 Major 181.22 Nov 18.5.29 Ex 17.5.35 MSC 1970 V.9

(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.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



ASSIGNED PAY.

UNIT.

RANK.

NAME OF RATE OF P. AND A.

DATE

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

109th Bn. <sup>Total</sup> \$475 Pay <sup>3<sup>00</sup></sup> \$2<sup>00</sup>  
Gen Lieut. <sup>the</sup> F.A. <sup>75<sup>00</sup></sup> 60<sup>00</sup>  
Eastern Dist Regt. 360 Messing <sup>1<sup>00</sup></sup> 1<sup>00</sup>  
7th Res Bn.

Lieut  
Capt.  
Lieut.

1<sup>12</sup>/<sub>17</sub>  
1<sup>14</sup>/<sub>18</sub>  
59.30  
58.30  
1668.

*Adv Outfit Allow 1/8*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BAL.

1918.

**1918-19**

April 16

April Pay (R)

108  
111 51

20 <sup>fld diff bet bapt rates 15<sup>18</sup> 31<sup>18</sup> 31<sup>18</sup> Relinqu rank of bapt 15<sup>18</sup> } P. 9.</sup>

51 75

21

Bank 1173

56 25

May 1<sup>st</sup>

Adv May Ptd. (£7.0.0) bank

1382.

31 06

15

May Pay (R)

111 60

111 60

22 *Draw allow. 25<sup>18</sup> 2.3<sup>15</sup>*

2251

15<sup>18</sup> + 3<sup>15</sup>

2279

21

Bank 2634

77 54

June 14

June Pay (R)

108

24

Bank 4126

108

July 10

July Pay (R)

111 60

23

Bank 5586

111 60

Aug 1

August Pay R.

111 60

21

Bank 7161

111 60

Sept 6

Adv on 9/6/18

Bank 7885

48 67

14

Sept Pay R

108

25

Bank 9127

59 33

Oct. 12

Travelling Allow 25<sup>18</sup> - 3<sup>18</sup> (3-18-0) paid as 3-8-0. Under entitled 10/-

102

2 43

18

Pay R.

111 60

19

Bank 10348

114 03

30

Additional Outfit allow 1-8-18

100

30

Bank 10853

100

Nov 23

Pay R. & Adjst F.A. 12<sup>18</sup> to 31<sup>18</sup>.

140

27

Bank 12615

140

Dec 9

Pay R.

124

16

Bank 13770

124

UNIT.	RANK.	NAME.
NAME OF	RATE OF P. AND A.	DATE AUTHORITY
109th Bn. <sup>Total</sup> #475 Pay #300 #200	Lieut	Name Moore
Gen List. <sup>the</sup> F.A. 75 <sup>+</sup> 60 <sup>+</sup>	a' Capt.	Initials R. I.
Eastern Dist Regt. 360 Messing 100 <sup>+</sup> 100 <sup>+</sup>	Lieut.	Bank of Montreal.
7th Res Bn.		
6 " "		

Advance issued. Yes or No.....

*Outfit Allowance*

**1918-19**

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
April Pay (R)			108				
Bank	1173		51 75				
Adv. May Ptd. (£7.0.0) bank	1382.		34 06		8-34 06		
May Pay (R)		111	60	XX 60			
allc. 25 <sup>2</sup> / <sub>18</sub> 2.3 <sup>3</sup> / <sub>18</sub>	2251					3-8-0 <sup>8</sup> / <sub>18</sub> <sup>95</sup>	
15 <sup>4</sup> / <sub>18</sub> + 3 <sup>5</sup> / <sub>18</sub>	2279					11-5-0 <sup>8</sup> / <sub>54</sub> <sup>75</sup>	
Bank	2634		77 54				
June Pay (R)			108				
Bank	4126		108				
July Pay (R)		111	60				
Bank	5586		111 60				
August Pay R.		111	60				
Bank	7161		111 60				
Bank	7885		48 67				
Sept Pay R			108				
Bank	9127		59 33				
25 <sup>2</sup> / <sub>18</sub> - 3 <sup>3</sup> / <sub>18</sub> (3-18-0) paid as 3-8-0. Under credited 10%	102		2 43				
Pay R.		111	60				
Bank	10348		114 03				
Outfit Allow 1-8-18		100					
Bank	10853		100				
R. & Adjst Ftd. 12 <sup>9</sup> / <sub>18</sub> to 31 <sup>19</sup> / <sub>18</sub>		140					
Bank	12615		140				
Pay R.		124					
Bank	13770		124				Forward

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

6 Res Bu.

Pay 2<sup>00</sup>

Lieut

F.A. 1<sup>00</sup>

Messing 1<sup>00</sup>

\$4<sup>00</sup>

Name

Initials

Bank

W'lo

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUT  
To be initialed by P.M.

1919

Balance Fwd.

nil

nil

*Handwritten notes in red ink:*  
P. A. L. H.  
D. J. H. W.  
From L 19

Jan 2

air Jan P. O. A.

Bank

14294

124

18

Pay R.

124

*Large handwritten signature:* W. P. A. J.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
6 Res Bn.	Pay 2 <sup>00</sup> F.A. 1 <sup>00</sup> Messing 1 <sup>00</sup> \$4 <sup>00</sup>	Lieut			Name Mc Greg. Initials R. J. Bank Montreal 15'loo Place

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Bank 14294	nil 124	124		nil	<p>Revised from L. 1. to L. 3/19 Dip to W.C. Ledges From L. 19 to L. 12. 5/19</p>	
<i>no pay</i>						

ASSIGNED PAY.

UNIT.

RANK.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

109<sup>th</sup> Bu.  
Gen List  
Eastern Dist Regt  
9<sup>th</sup> Res Bn.

P.A. \$2.00 per diem  
F.A. 60¢ Mes 1<sup>st</sup>  
Total \$3.60 p.d.  
P.A. \$3.00 per diem  
F.A. 75¢ Mes 3<sup>rd</sup>  
Total \$4.75 p.d.

Lieut  
a'capt.

1917

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
1917 Apr 24	Pay Apr (R)		108		
26	Bank	3010		108	
May 18	Pay May (R)		111 60		
25	Bank	6049		111 60	
June 18	Pay June (R)		108		
27	Bank	9012		108	
July 25	Pay July (R)		111 60		
	Bank	13071		111 60	
Aug 16	Pay Aug (R)		111 60		
23	Bank	17361		111 60	
Sept 15	Sept Pay (R)		108		
27	Bank	21725		108	
Oct 6	Rations 8 dys <sup>6</sup> / <sub>7</sub>	5439			
9	Trav. Allee 23-24 <sup>9</sup> / <sub>7</sub>	6498			
12	Oct. Pay (R)		111 60		
20	Bank	26282		111 60	
Nov 16	Nov. Pay (R)		108		
21	Bank	30681		108	
Dec 10	Dec. Pay (R)		111 60		
13	Bank	32999		111 60	
1918 Jan 8	Diff. bet. capt's rates fr 1 <sup>st</sup> 17-31 <sup>12</sup> / <sub>17</sub> 31 days @ 1 <sup>15</sup> / <sub>15</sub>		35 65		
6	cash	35194		35 65	
16	Jan. Pay (R)		147 25		
23	Bank	39441		147 25	
	food.				

UNIT.	RANK.	NAME.
NAME OF	DATE	AUTHORITY
109 <sup>th</sup> Bu. Gen List Western Dist Regt 9 <sup>th</sup> Res Bn.	Lieut a' bapt.	MOORE. R. I. Bank of Montreal
P.A. 2 <sup>00</sup> per dien F.A. 60 <sup>00</sup> Mess 2 <sup>100</sup> Total. \$3 <sup>60</sup> p.d.	1 <sup>12</sup> / <sub>17</sub>	Df 300 26 <sup>12</sup> / <sub>17</sub> 16.18875.
P.A. 3 <sup>00</sup> per dien F.A. 75 <sup>00</sup> Mess 2 <sup>100</sup> Total. \$4 <sup>75</sup> p.d.		

1917-18

ance issued. Yes or No.....

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apr (R)		108					
Bank	3010		108				
May (R)		111 60					
Bank	6049		111 60				
June (R)		108					
Bank	9012		108				
July (R)		111 60					
Bank	13071		111 60				
Aug (R)		111 60					
Bank	17361		111 60				
Sept Pay (R)		108					
Bank	21725		108				
10 days 8 dys 6/7	5439					10/8	
av. Allee 23 24 9/7	6498					18/6	4 50
Oct. Pay (R)		111 60					
Bank	26282		111 60				
Nov. Pay (R)		108					
Bank	30681		108				
Dec. Pay (R)		111 60					
Bank	32999		111 60				
a' bapt & its rates for 1 <sup>12</sup> / <sub>17</sub> -31 <sup>12</sup> / <sub>17</sub> 31 days @ 1 <sup>15</sup> / <sub>100</sub>		35 65					
cash	35494		35 65				
Jan. Pay (R)		147 25					
Bank	39441		147 25				
food.							



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*Eastern Ont. Regt*

*a' bapt.*

*1<sup>12</sup>/<sub>17</sub>*

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUT To be Initialed by P.F.
------	-------------	---------	-----	-----	-----------------------------	---------	--

<i>1918.</i>							
<i>Feb. 12</i>	<i>February Pay (R)</i>		<i>133</i>				
<i>21</i>	<i>Bank</i>	<i>40995</i>		<i>133</i>			
<i>March 9</i>	<i>March Pay (R)</i>		<i>147 25</i>				
<i>22</i>	<i>Bank</i>	<i>42610</i>		<i>147 25</i>			

NIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Kern Dr. Regt

a' bapl.

1<sup>12</sup>/<sub>17</sub>

Name

Morra

Initials

R. J.

Bank

of Montreal

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be Initialled by P.M. in every case.

INITIALS

133

Bank. 40995

133

✓

147 25

Bank. 42610

147 25

✓

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

meas. DATE

Beneficiary

109th Bn.

Lieut.

31-7-16

Address

38 Bn.

Amount. \$

Separation Allowance issued. Yes or No.....

Leave 1<sup>3</sup>/<sub>7</sub> - 1<sup>4</sup>/<sub>7</sub>. A.G. 399. 5<sup>3</sup>/<sub>7</sub>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
1916					
Aug 16	Bank			40 60	
18	Pay Aug (R) messg. fr. 31 <sup>7</sup> / <sub>16</sub>		112 60		
	ex. Bal. fr. Canada		40 60		
26	Bank			112 60	
Sep 20	Pay Sep R.		108		
26	Bank			108	
Oct 20	Pay Oct R		111 60		
25	Bank			111 60	
Nov 10	Pay Nov R		108		
27	Bank			108	
Dec 11	Pay Dec R.		111 60		
16	Bank			111 60	
1917					
Jan 18	Advance in Field 125 fcs. 21/11/16 Genl Act. 566			21 80	
22	Pay Jan R		111 60		
24	Bank	19286		89 80	
Feb 20	Pay Feb R		100 80		
21	Bank	21930		100 80	
Mar 19	Pay: March: R.		111 60		
25	Bank	24836		111 60	

1916-17

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

109th Bn.  
38 Bn.

Lieut.

31-7-16.

From Canada

Name Moore  
Initials R.J.  
Bank of Montreal.

10.R.O.#1225 C.7.D.

d/7-8-16.

issued. Yes or No.....

Leave 1 3/4 - 1 4/7. A.G. 399. 5 3/7

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS.

1916-17

g (R) messg. fr. 31 7/16  
fr. Canada.

40 60

112 60

40 60

112 60

108

108

111 60

111 60

108

108

111 60

111 60

in Field 125 fcs. 21/11/16 Genl Act. 566

21 80

111 60

19286

89 80

100 80

21930

100 80

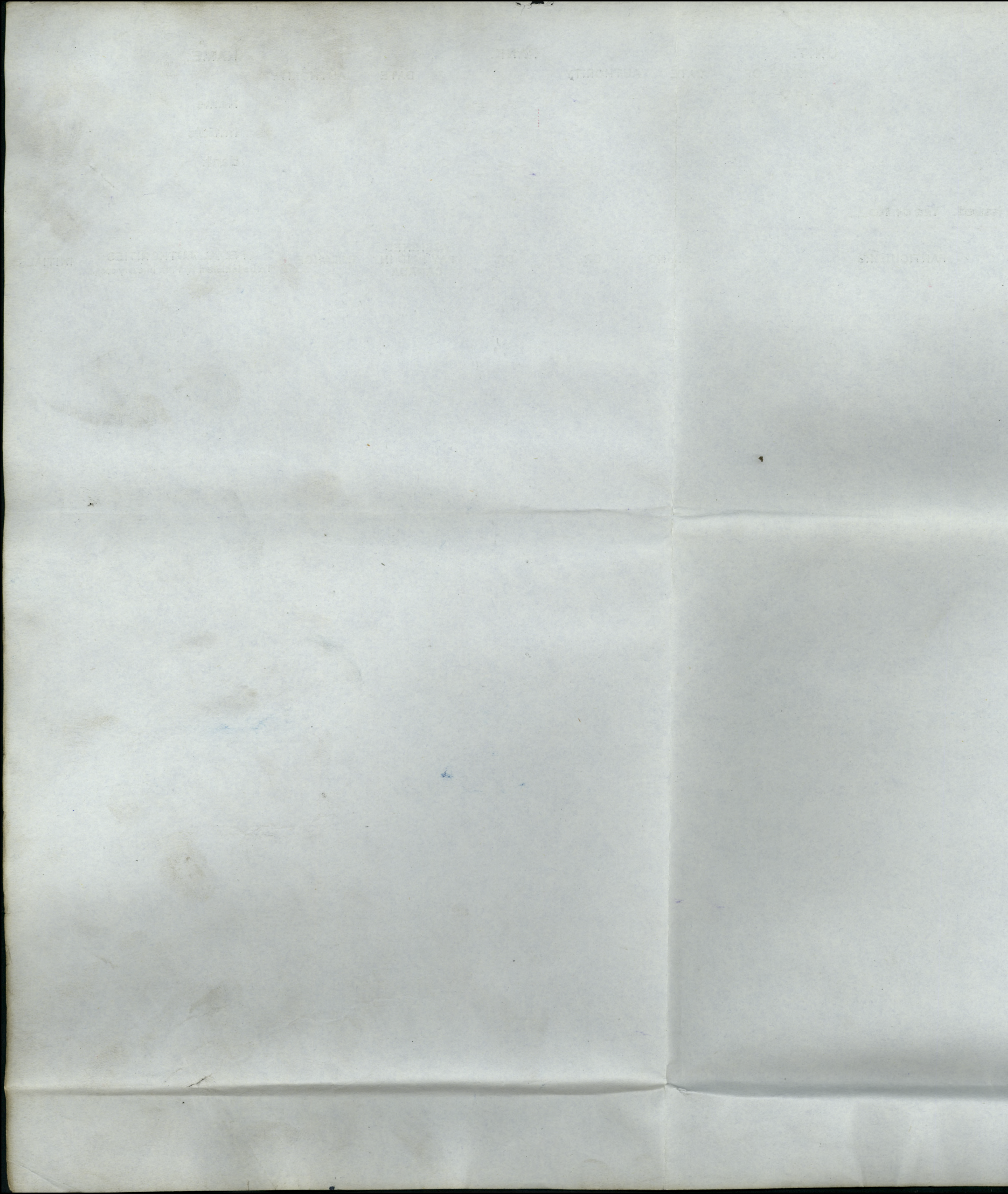
arch: R.

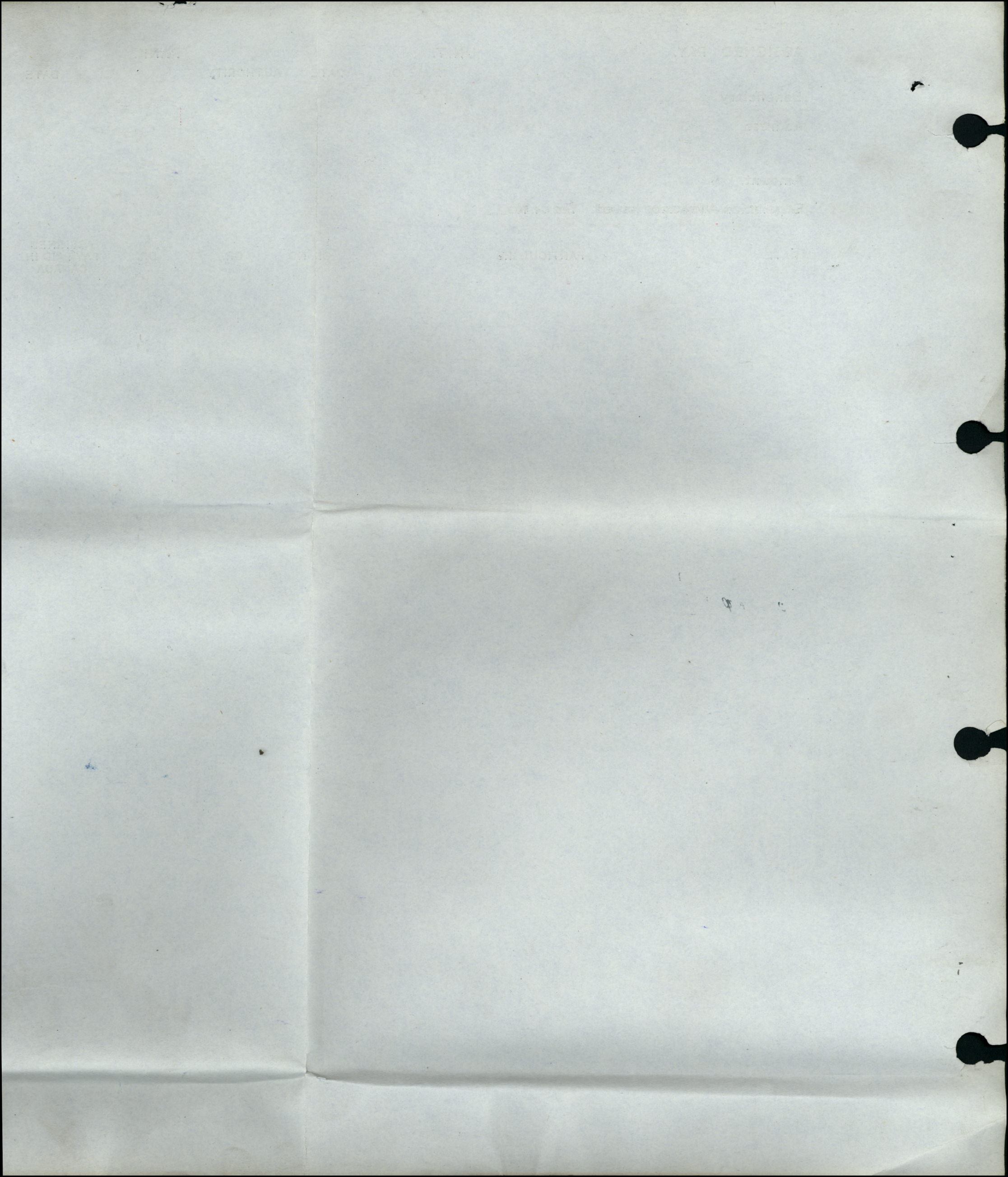
111 60

nk

24836

111 60





ET. *lyner*

Rank and Name

MOORE, Robert Ivan

Lieut. *X*

*38<sup>th</sup> Bn. 1.9.16  
do 1.10.16  
do 1.11.16  
Father.  
7<sup>th</sup> Res Bn - 1.5.17  
1-7-17*

*38.*

Regimental No.

Name and Address of Next-of-Kin

Father.

Unit 109th Battn.

James Moore.

Date of enlistment

R.R. No.1. Reaboro.Ontario.Canada

Place of birth Twp of Ops, Canada

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

*LEFT CANADA 23-7-16*

*A.F.B. 103  
21-8-16*

*20R*

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

Date	From whom received	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
1 7-8-16	O.C. 4 <sup>th</sup> Div.	Transf <sup>d</sup> to 38 <sup>th</sup> Bn		7-8-16	<i>Ret. ord 219. 109. Rev. R.O. 806. P<sup>t</sup> II ord 164 (38<sup>th</sup> Bn)</i>
2 11-8-16	38 <sup>th</sup> Bn	proceeded ops		15-8-16	<i>P<sup>t</sup> II ord 164</i>
3 24 11 16.	W.O.	adju. Dep. W. Dep. Le Touques		20.11.16	<i>C7530 Suplan. Casual. Injuries.</i>
5 7.12.16	adju. S.	adju. Kitcheners Dep. Brighton		3.12.16	<i>C7541 GSW Shoulder. Sev</i>
4 7.12.16.	38 Bn	wounded. Det. G. L. Hq. C. B. Discharged		1.3.17	<i>C7616</i>
14.12.16	Adj.	TAKEN ON STRENGTH & POSTED TO GEN. LIST		3.12.16	<i>P<sup>t</sup> II ord 238 R06</i>
5.3.17	Adj.	Leave granted for		1.3.17 to 1.4.17	<i>R0399</i>
6 4.4.17	Adj.	Transferred to 4 <sup>th</sup> Res		2-4-17	<i>R0534 P<sup>t</sup> II ord 84 7<sup>th</sup> Res. 905. 2<sup>nd</sup> 11/17 R0.1581</i>
Confidential Report from No 2 School of Instruction, Bedford, Course Ending 11.8.17.					Filed in Envelope
14-8-17	38 <sup>th</sup> Bn	S.O.S. + Establishment after 4 mths absence		18.3.17	<i>P<sup>t</sup> II Ord. 79.</i>
7 3.1.18	W.O.	To be atq. bapt: while bondg. Co.		1.12.17	<i>L. G 304565 P<sup>t</sup> II ord 1.</i>
8 16.2.18	6th Res. Bn	T.O.S. from 7th Reserve Battalion		15/2/18	<i>Pt II O.40</i>

*M*

*22/9/16. A.F.B. 103*

*A.F.B. 103. 20 DEC. 1918*

*7<sup>th</sup> Res. Bn*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
13.4.18	W O 9	Relinquishes act Rank of Capt.	37	15.2.18	London Gazette 30628
22.5.18	BAMS 10	Adm 13 Can Gen Hosp Hastings		19.5.18	Ch 988 Phimosis
4.6.18	6th Res	Sos on posting to EORD		13.6.18	Ch 1009
				17.5.18	PT 4137 Cancelled by PT 142 9/17/6/18
17.6.18	6th Res	Granted leave from 18.6.18 to		27.6.18	PT 4 Ord 142.
16.9.18	" 11	Sos on proceeding of sea to 38TBW		16.9.18	PT 219.
23.9.18	38TBW	Tos on arrival in France		17.9.18	PT 91
1.11.18	Ans 12	Reported from Base Wounded		28.10.18	Ch 1127
6.11.18	Ans 12	Adm 23 Casualty Clearing Station		29.10.18	Ch 1131 GSW Arm R
7.11.18	" 12	Adm 24 Gen Hosp Wimereux		2.11.18	Ch 1132
18.11.18	38TBW	Invalided Wounded & detached to EORD		5.11.18	PT 119
14.11.18	EORD	Tos on evacuation from France		6.11.18	PT 283
9.11.18	Ans 12	Adm 2 W.G. Hosp Manchester		6.11.18	Ch 1133 GSW Arm R
7.12.18	Ans 12	Adm Gen. Hosp Watlock Bath.		4.12.18	Ch 1155
16.12.18	6th Res 13	Tos on posting from EORD		10.12.18	Ch 1162
				10.12.18	PT 295 Sos EORD PT 310
1.2.19	HQOMFC	Sos on transfer to CE 7 in Canada			
		upon cessation of hostilities		4.1.19	Ro 4252

11496

A.F.B. 103.

25 SEP. 1918

A.F.B. 103.

27 NOV. 1918



1363

*Post Recv*

Army Form W3997.

12

Regtl. No. *1263660* Rank *Plt*

Name *Matson* *a*  
(Christian Names in full) (Surname)

*Sister  
SP*

Unit *46th Bn* Regt. *Sackatchewan*  
or  
Corps

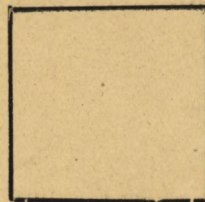
Date of { Discharge\*  
Disembodiment\*  
Transfer to the Reserve\* } ..... 191.....  
\* Strike out whichever inapplicable.

# COVER

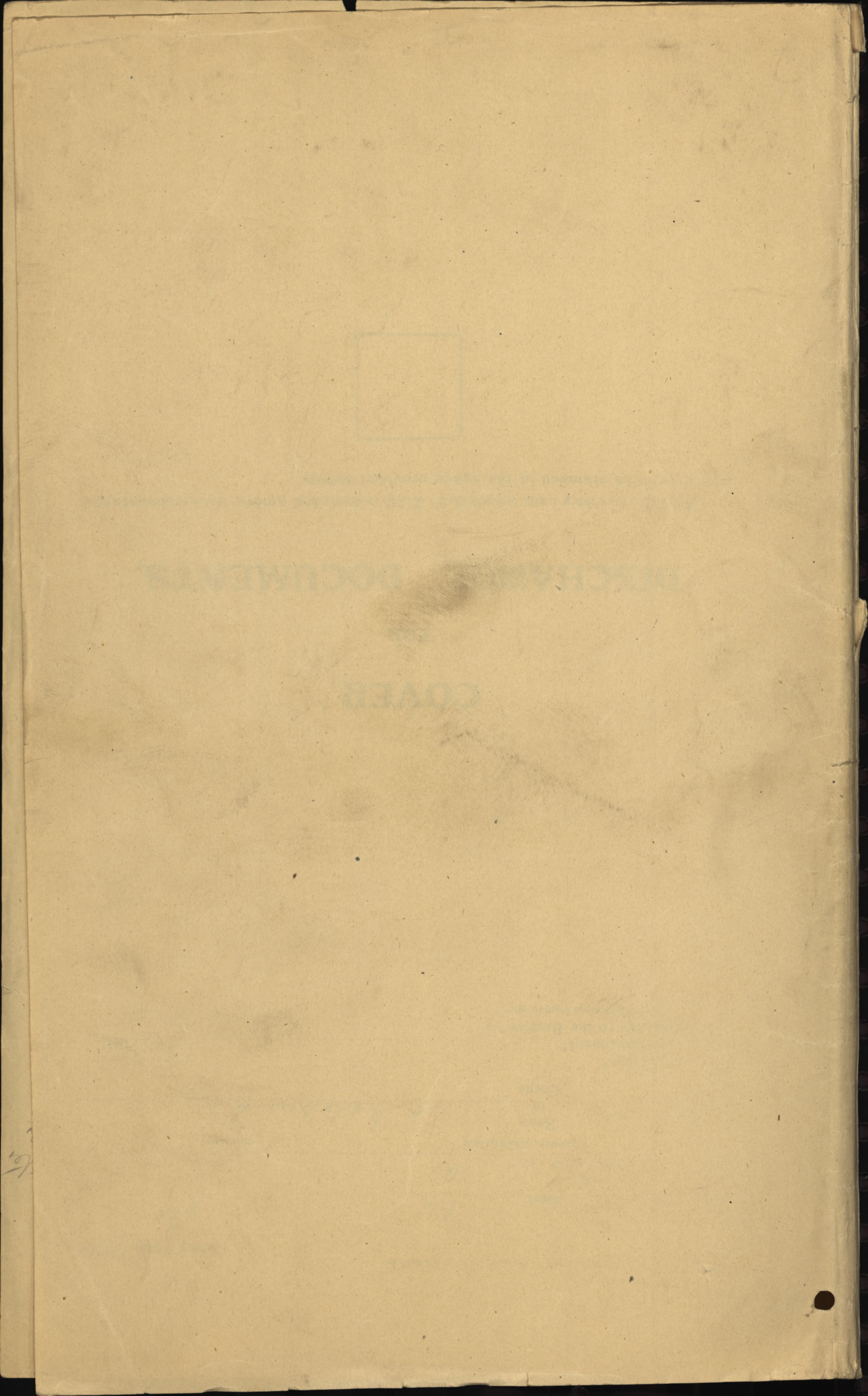
FOR

# DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.







Lt. Moore, Robert Ivan.

109th Battalion C.B.I.

20-12-32



NOTE: This is to be returned to the office providing return

NOTE: In cases where there is a change of name, the document is

DISCHARGE DOCUMENTS

FOR

COLES

Date of Discharge

Rank

Branch

Signature

Remarks

EM

8 m 508

PROCEEDINGS OF A MEDICAL BOARD

assembled at 10th Street London on 2-4-17  
 by order of Andrews Linton M.D.  
 for the purpose of examining and reporting upon the present state of health of  
 (Rank and Name) Lieut R. J. Moore (Corps) 38 Bn  
 Age 24 Service 7/12 Disability Dr. W. M. Scapala  
 Date of commencement of leave granted for present disability 1-3-17  
 Date on which placed on half-pay for present disability \_\_\_\_\_

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

*This officer's wound is firmly healed but is much depressed at vertebral border of scapula. And is sore on any pressure. He also complains of feeling somewhat below par and of some rheumatic pains in legs*

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? no
- b. If not so fit, how long is he likely to be unfit? one month
- (2.) a. If unfit for General Service, is he fit for service at home? yes
- b. If not so fit, how long is he likely to be unfit for service at home? -
- c. If unfit for General Service at home, is he fit for light duty at home? -
- d. If not so fit, how long is he likely to be unfit for light duty at home? -
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? from
- (7.) If the disability was not caused by military service, was it aggravated by it? \_\_\_\_\_

*Scapula*

*might be  
7th Dec*

Signatures

*Dr. W. M. Scapala*  
*Andrews Linton*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I enclose in the findings of the Board of Medical Officers here recorded.  
 President  
 Members  
 Dr. D. A. S. Invaliding  
 Dr. D. M. S.  
 Canadian Contingents.

## **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 38 Canadians

Military Hospital 3rd A.G.H. Brighton

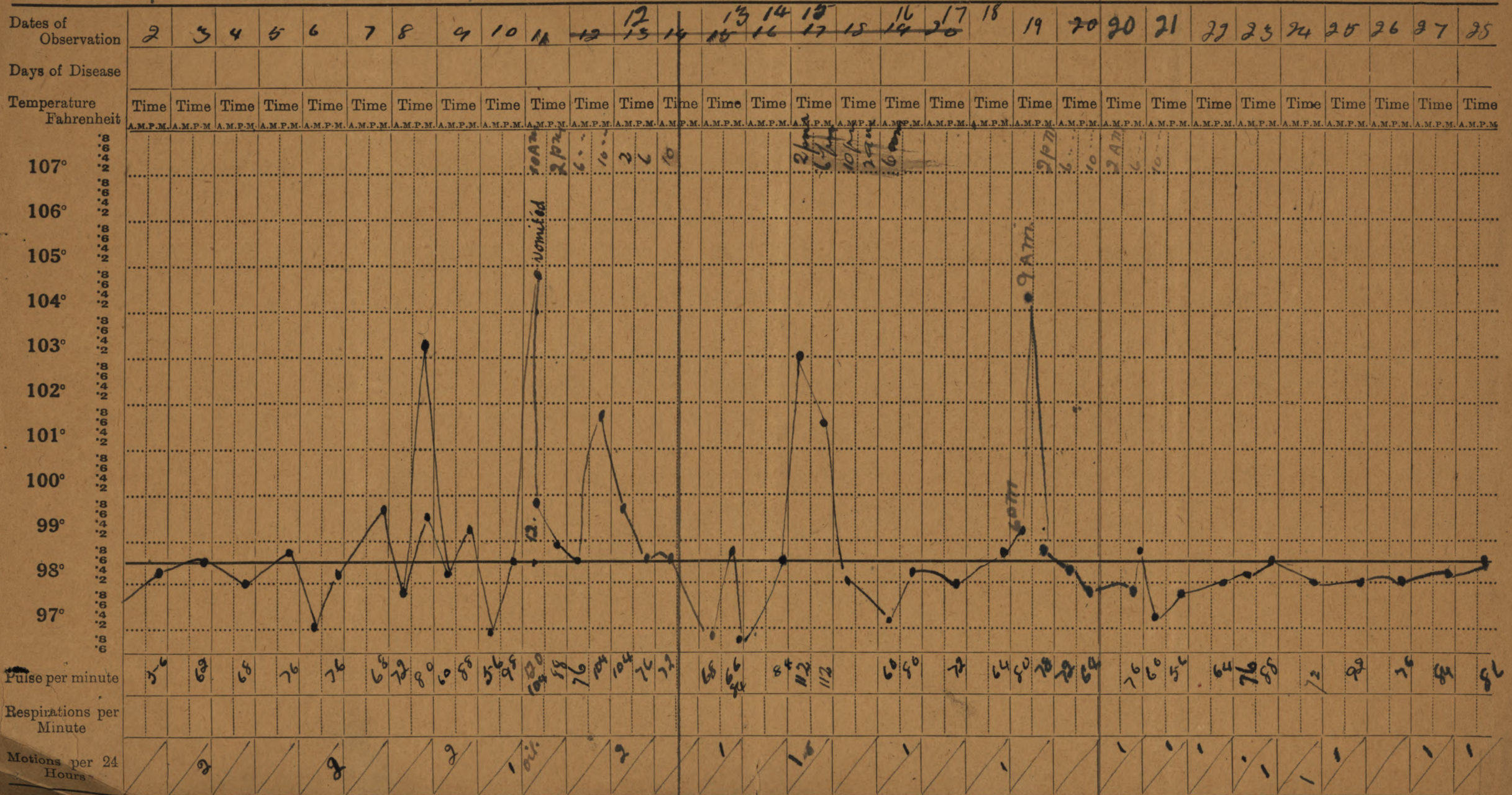
No. \_\_\_\_\_ Rank and Name Lieut R. I. Moore

Age 23 Service 1 year

Disease G.S.W. Back.

Date of admission 2-12-16 Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



1000000 2.16 D.P.W. 181/4 (273)

Signature \_\_\_\_\_ In charge of case.





CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

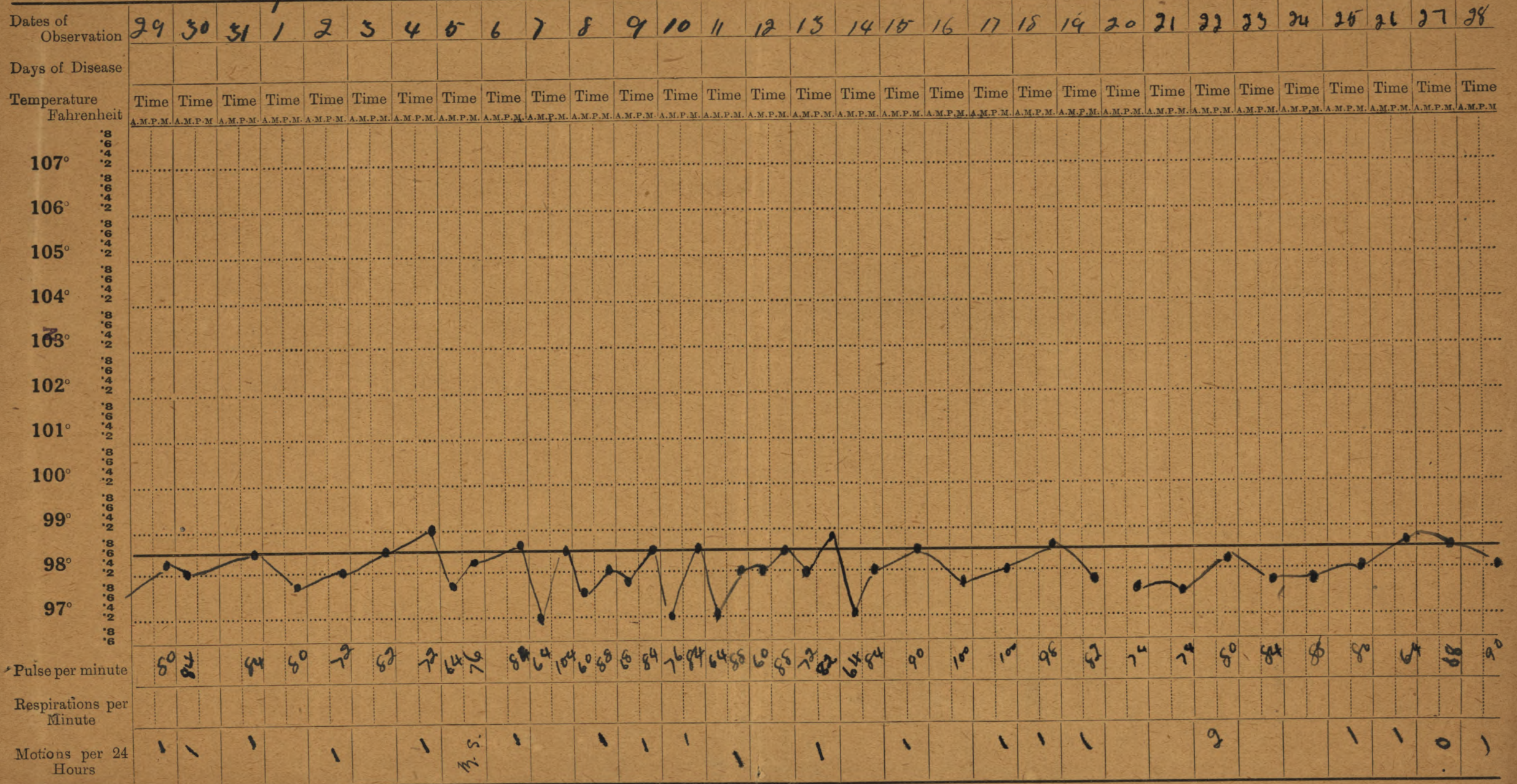
Corps 35 Canadian

Military Hospital 3rd A.G.H. Brighton

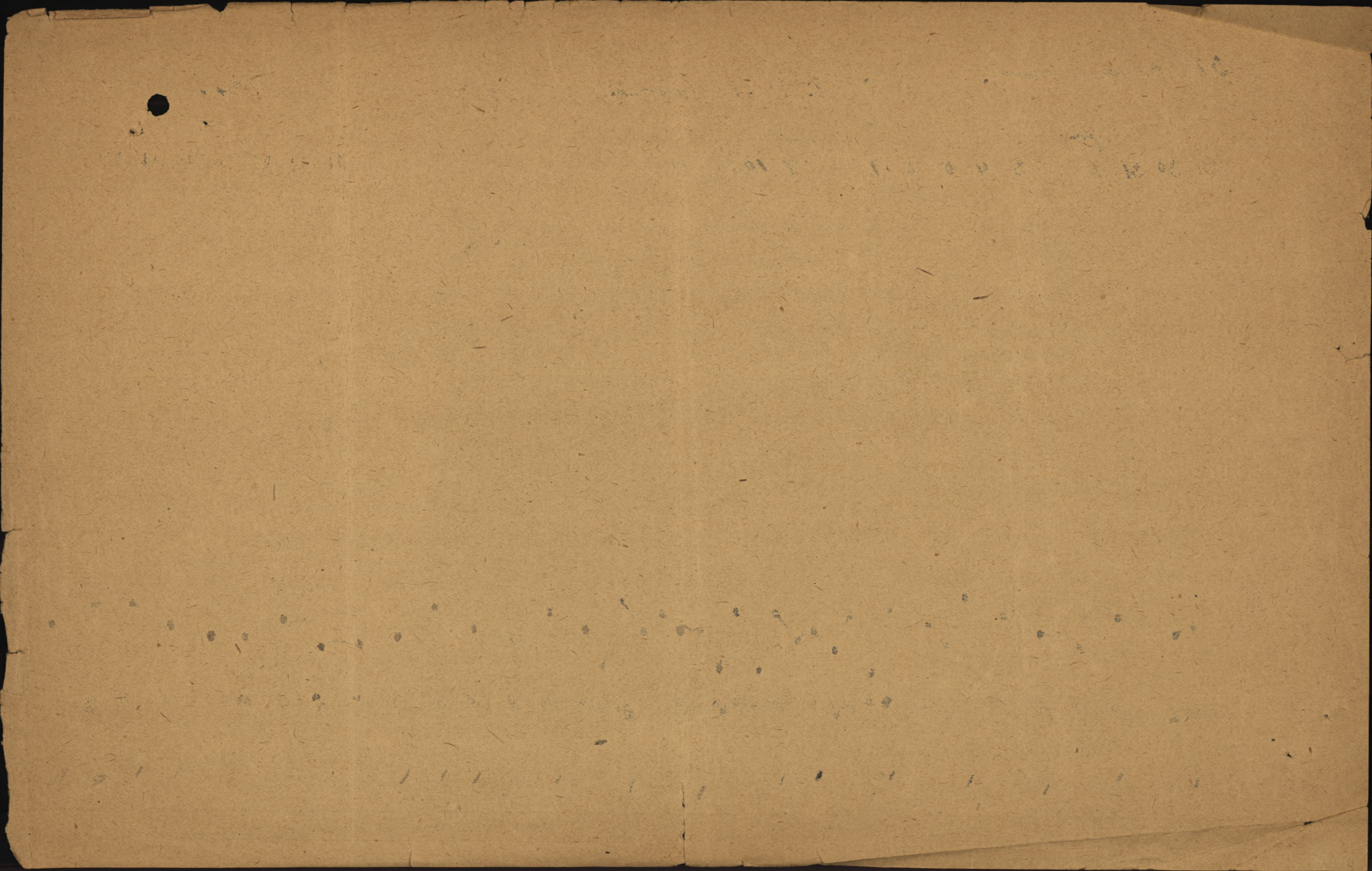
No. \_\_\_\_\_ Rank and Name Lieut. R. T. Moore

Age 23 Service 1 year

Disease \_\_\_\_\_ Date of admission Jan. Date of discharge \_\_\_\_\_ Result \_\_\_\_\_



Signature \_\_\_\_\_ In charge of case.



3rd. Australian General Hospital A.I.F.

MEDICAL CASE SHEET.

No. in Admission and Discharge Book	Regimental No.	Surname.	Christian Name.	Age.
Year	Rank.	Unit.	Service.	
	Lieut	38 <sup>th</sup> CANADIANS	IVAN	23 1 year

Date and Station. Disease

3 12. 16

SSW. R Scapular Reg<sup>n</sup>  
 Was hit on 18 Nov by M.C. bullet.  
 over R Scap reg<sup>n</sup> (at level of scapula)  
 Now has large open wound just  
 over supra scap reg<sup>n</sup>  
 No apparent bone involvement

20. 2. 17.

Wound quite healed. Status arm is weak.

Recmd for discharge to Canad. Conv. Hosp.

H. Coats. S. Col. ad. m. c.



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.  Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
		1st Lt	Moose	Robert Ivan
Station and Date.	Unit.	Age.	Service.	
	386 batt	26	CANADA 8 mos. FRANCE 6 mos. TOTAL 37 mos	
C.C.O.H. MILLOCK BATH.	Disease	G.S.W Arm(R) Forearm (L)		
	ONSET	28-10-18	WHERE	France
Dec 3.	<u>HISTORY OF DISABILITY.</u>			
	To 23 <sup>rd</sup> Co. 28-10-18 - Wounds treated. Wound dressed. To 24 <sup>th</sup> Gen. Hosp. 2/11/18. X-ray. - F.B. in right arm, removed from deltoid, wound sutured and other wounds dressed. To 2 <sup>nd</sup> West. Gen. Manchester Wounds healed. To C.O.P. Millock Bath.			
	<u>PERSONAL AND FAMILY HISTORY.</u>			
	History of rheumatism, Pneumonia 1914. Family good health.			
	<u>PRESENT CONDITION</u>	Good.		
	<u>DIGESTIVE SYSTEM.</u>	Appetite good. Bowels regular. Small umbilical hernia.		
	<u>CIRCULATORY SYSTEM</u>	O.K.		
	<u>RESPIRATORY SYSTEM.</u>	Covers history of pneumonia & pleurisy. No active lesion of lungs at present.		
	<u>NERVOUS SYSTEM.</u>	Family well.		
	<u>G.U. SYSTEM.</u>	Good.		
	<u>LOCAL CONDITION.</u>			
4-12-18	T.T. wound of upper arm (R). Wound of entrance just above the insertion of deltoid, wound of exit in internal bicip. furrow. Wounds healed and no disability. Wound of left forearm, slight and healed. Some disability. T.T. Better tone. Bl			
5-12-18	Boarded Cat A Bl			

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

Station  
and Date.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book: *223*  
 Year: *1918*  
 Regimental No.: *38* Rank: *Lieut* Surname: *Moore* Christian Name: *P. D.*  
 Unit: *C.D.V. BN* Age: *26* Service: *3 yrs 1/2*

Station and Date: *2<sup>nd</sup> W. G. H.*  
 Disease: *Bullet wounds @ Arm - upper - (R)*  
 Date of Onset: *25.10.18. @ Forearm (L)*

*Whitcomb St. H.*  
*6. 11. 18*

Transfer Class.

① *TXT - upper - arm - cont. to ind. expect*  
*F.B. removed. wounds excised & treated*  
*locally*  
 ② *Small inferf. wound - no f.o.*

*21. 11. 1918. Umbilical hernia. - pad applied.*

*28. 11. 1918. Fit for Canadian Medical Board.*

*28/11/18. Dressings applied for* *J.H.*

*3. 12. 18. Transferred to the*  
*Canad Conv Hospital*  
*Mallock Bath.*

Next of kin: *James Moore*  
*Reactoro*  
*Ontario*  
*Canada.*

Antitetanus Inoc <sup>n</sup> .	
Units.	Date.
<i>750</i>	<i>29.10.18</i>

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

Station  
and Date.



ank

m-75

AP/003058-R-44

AUDITOR R PAYMASTER

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

M. OR S. REGT. No. RANK Lieut. NAME (IN FULL) MOORE, R.I. (BLOCK LETTERS, SURNAME FIRST)

ORIGINAL UNIT C.E.F. T.O.R.D. R.A. 101. Reborn's ink

PLACE OF ATTESTATION TRANSFERRED TO 4 Russell Street Toronto. DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ DATE EFFECTIVE

PAYABLE TO Mr. RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS 296 Huron Street Toronto.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE 1-2-19 REASON Demob AUTHORITY 8044 IF ENTITLED TO POST DISCHARGE PAY ycs

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	DEBIT	
1919																	
July 1												28 00	28 00	28 00			Rel. tracing 4 31/19
July 1-1	1	3.00	3	25 50	28 50	22291		50				28 00	28 50				T.O.S. Do 44 18-1-19-1-2-19 Do 43.
183 days		3.00		549	549 00												
								Mar 5 221714		93 00			93 00		456 00		
								Apr 2 280594		90 00			183 00		366 00		
								May 5 385347		93 00			276 00		273 00		
								June 4 387661		90 00			366 00		183 00		
							55	July 2 389810		93 00			459 00		90 00		
								ARST Aug 11 753619		90 00			549 00		Closed		
										549			549				
																	W. S. G. PAID IN FULL
																	LIEUT. FOR PAYMASTER WAR SERVICE GRATUITY



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

DEPT. OF MILITARY & AIR FORCE  
 CANADA  
 332-45-47

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 initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto DATE 18th January 1919

1. 1 (a) Unit No 2 District Depot (b) Regimental No. \_\_\_\_\_ (c) Rank Lieutenant  
 (d) Surname MOORE (e) Christian name Robert Ivan  
 (f) Home address Reaboro, Ontario  
 (g) Next of Kin James Morre, (h) Relationship Father  
 (i) Address of Next of Kin Reaboro, Ontario



2. Age last birthday 26 Date of birth 19th September 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Peterborough, Ont. (b) Date 11 Nov. 1915

4. Personal description:  
 (a) Height 5ft. 10 in. (b) Weight 148 (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scars on back, right shoulder and both arms.

5. Former trade or occupation Student-at-law

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>68</u>
---	-------------------	-------------------

	PERIODS	
	From	To
Canada	11 Nov. 1915	31 July 1916
England	<u>(31 July 1916 to 8 Aug. 1916) (2 Dec. 1916 to 16 Sept. 1918) (6 Nov. 1918, to 4th Jan. 1919)</u>	
France or other theatres of War	<u>(8 Aug. 1916 to 2 Dec. 1916) 16 Sept. 1918 to 6 Nov. 1918</u>	
Canada	4 January 1919	Present date

7. Original disease, or injury (1) umbilical hernia (2) G.S.W. Right arm

(a) Date of origin (1) Oct. 1918 (2) Nov. 1916 (b) Place of origin (1) & (2) France  
 (c) Cause (1) Strain on Service (2) M.G. Bullet

**M. F. B. 227.**  
 300M.-8-18.  
 1772-39-117.

B. P. C. 843 sent  
 D. O. No. 13  
 Date 1-3-19 Initials Mc4-131  
 Reminder

**B. P. C. FOLIO  
 FALSE DOCKET**  
2

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.)

(1) weakness of abdominal wall

(2) Impaired function right arm

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.)

(1) Objective:- Small hernial protrusion through the umbilicus. easily reduced but instantly recurs.

Subjective:- Practically no symptoms.

(2) Objective:- Loss of muscular tissue in supra spinous fossa of right scapula with impaired function of various muscles attached to scapula

e.g. supra spinatres, levator angulai scapula<sup>u</sup>cteres major and minor with no limitation of arm movements but muscular power diminishing<sup>ed</sup> 50 per cent

Subjective:- No symptoms except weakness of right arm

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

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

treatment required.

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

Twice wounded in right arm. In Nov. 1916 M.G. bullet passed through right biceps. No bone injury, again Oct. 1918 M.G. Bullet passed through muscles on back of right shoulder with loss of muscular tissue in the supra spinous fossa.

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).)

Tonsillectomy July 1916

Circumcision May 1918

(c) (Here give a description of wounds, scars, and deformities. Scar 5" x 2" reaching from clavicle to inner end of of right scapulae-depressed scar 2" long over upper anterior aspect right arm. Scar 1" long over middle of inner surface right biceps.

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.)

no

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent without operation (2) Partially permanent Hospital about 6 months

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

(2) Hospital about 6 months

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)

(1) Operation would give radical cure but is not absolutely necessary.

(2) No Eff.

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

17. Recommendations Home Service Category C 1

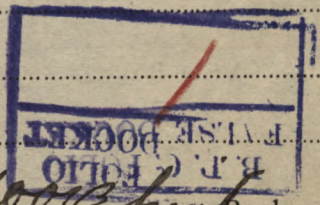
Geo. Behrman Col. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, 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



R. P. Folio 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

19. Is the invalid fit for

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

20. It is certified that the invalid

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

- (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.)

is fit for Home Service Category C 1

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 Toronto

Geo. Leberman Col. President.  
C. Temple Laph

DATE 18th January 1919

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

President.

DATE

Members

APPROVED BY

APPROVED BY

E. J. Jeffries Major D.M.S.C.  
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 22/Jan/19

DATE

CONFIDENTIAL.

CENTRAL REGISTER REFERENCE

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Seaford, Sussex on May 15<sup>th</sup> 1917

by order of Lt. Col. (Canadian) MAY 18 1917

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. R.I. Moore (Corps) 38<sup>th</sup> Batt., now 7<sup>th</sup> Res. Batt.

Age 24 Service 17/12 Disability G.S. W. Rt. scapula

Date of commencement of leave granted for present disability not applicable

Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

The wound which this officer received Nov 18<sup>th</sup> 1916 is completely healed, has no limitation of movement, some slight pain on pressure over site of wound.  
Is in good general condition.

The opinion of the Board upon the questions herein is as follows:—

(1.) a. Is the officer fit for "General Service"? yes

Is the officer fit for "General Service"? not applicable

Is the officer fit for "General Service" at home? not applicable

Is the officer fit for service at home? not applicable

Is the officer fit for light duty at home? not applicable

Is the officer fit for light duty at home? not applicable

Is the Officer fit to perform any duties not coming within the above categories.?. If so, specify the nature of the duties which he might perform.

not applicable

(2.) Was the disability contracted in the service? yes

(4.) Was it contracted under circumstances over which he had no control? yes

(5.) Was it caused by military service? yes

(6.) If caused by military service, to what specific conditions is it attributed? G.S.W.

(7.) If the disability was not caused by military service, was it aggravated by it? not applicable

Signatures

J. McRost Capt President.  
G. O. Wood Capt Members.  
M. A. Oubian Capt

I concur in the Finding of the Board of Medical Officers here recorded.

Major. CAMC. for Lt-Colonel.

A/DAMS. CANADIANS. SEAFORD.

(1.)

(2.)

(3.)

The first part of the document  
 is a list of names and addresses  
 which were given to me by  
 the person who was in charge  
 of the office at the time  
 I was there. I have not  
 had time to check them  
 over yet, but they are  
 as far as I know correct.  
 I have also attached a  
 list of the names of the  
 persons who were in the  
 office at the time I was  
 there. I have not had  
 time to check these over  
 yet, but they are as far  
 as I know correct.

rd

nel.



PROCEEDINGS OF A MEDICAL BOARD

assembled at Seaford, Sussex Co on May 15<sup>th</sup> 1917

by order of Lt. Col. (Canadian) MAY 18 1917

for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Lieut. R.I. Moore (Corps) 38<sup>th</sup> Batt., now 7<sup>th</sup> Res. Batt.

Age 24 Service 17/12 Disability G.S. W. Rt. Scapula

Date of commencement of leave granted for present disability not applicable

Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

The wound which this officer received Nov 18<sup>th</sup> 1916 is completely healed, has no limitation of movement, some slight pain on pressure over site of wound.  
Is in good general condition.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? yes
- b. If not so fit, how long is he likely to be unfit? not applicable
- (2.) a. If unfit for General Service, is he fit for service at home? not applicable
- b. If not so fit, how long is he likely to be unfit for service at home? not applicable
- c. If unfit for General Service at home, is he fit for light duty at home? not applicable
- d. If not so fit, how long is he likely to be unfit for light duty at home? not applicable
- (3.) Was the disability contracted in the service? yes
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? yes
- (6.) If caused by military service, to what specific conditions is it attributed? G.S.W.
- (7.) If the disability was not caused by military service, was it aggravated by it? not applicable

I concur in the Finding of the Board of Medical Officers here recorded.

Major. CAMC. for Lt-Colonel. SEAFORD. A/DAIMS. CANADIANS.

Signatures

J. McRost Capt President.  
G. O. Wood Capt Members.  
M. A. O'Brien Capt

## **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed ; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

REGT'L NO

H. Q. FILE No. 649-

NAME

Moore, Robert Ivan

RANK AND CORPS

Lieut. 38th Batt (form 109th Bn)

FOLLOWS

NO

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

C

85333

23-11-16

Admitted to Suchess of Westminster Hosp., Le Triport Touquet, nov. 20th, 1916. (G.W. back, severe)

06022

K.S.M. 8-12-16

Kitchener Hosp., Brighton, G.W.  
Lt. Shoulder sev.

86156

K.S.M. 10-12-16

Kitchener Hosp., Brighton doing very well.  
James Moore (father)

N.K

P.R. No 1 Reabora Out

01971

2-11-18

Rept. udd. Oct. 28th 1918.

H.L. 112761

1-11-18

Eng. - James Moore Lindsay Out

L. L. Job 8885 - M. &amp; D. 7146.

M. F. W. 42-25M - 4-10-16.

msm 6433

6-11-18

g. n. n. tab

H. Q. 172-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
530 <sup>(H)</sup>	D. of Westminster, Le Louquet	20-11-16	Gsw Back Sev.
5411-	Kitcheners Brighton	3-12-16	Gsw Shoulder Sev
616 <sup>H</sup>	" Discharged	1-3-17	Gsw Shldr.
988 <sup>H</sup>	13. Can Gen, Hastings	19-5-18	Phimosis
1009-4	" " " Disch.	13-6-18	Phimosis
1131-2	23 Cas. blq. str	29/10/18	Gsw. Arm R
1102-2	24 Gen. Etaples	3-11-18	" " " st
1134-3	2nd. West. Gen. Manchester	6-11-18	" " " forearm
115877	Gen. Hon. Off. Matlock	4-12-18	" " " "
1162 <sup>(S)</sup>	Discharged Bath	10-12-18	" " " "

NAME *Moore Robert Ivan*

REGT. NO.

RANK AND UNIT *Lieut. 38th Br. form. 109th Br*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

<i>WSM 313 1-2</i>	<i>15.12.18.</i>	<i>Matlock Hosp. Bath. boarded bat. a. probably will be discharged from hosp. about a week</i>
------------------------	------------------	--

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

