

21  
24-8-18

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

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.....

A 713 122 - 1

A 713 178 - 1

P. 149. 1



Name, **CASEY EDWARD** <sup>LHP</sup>

Regt, No, 65163 Rank, Pte

Corps, 24<sup>th</sup> Battn C.E.

Deceased 17-9-16



11130  
403481



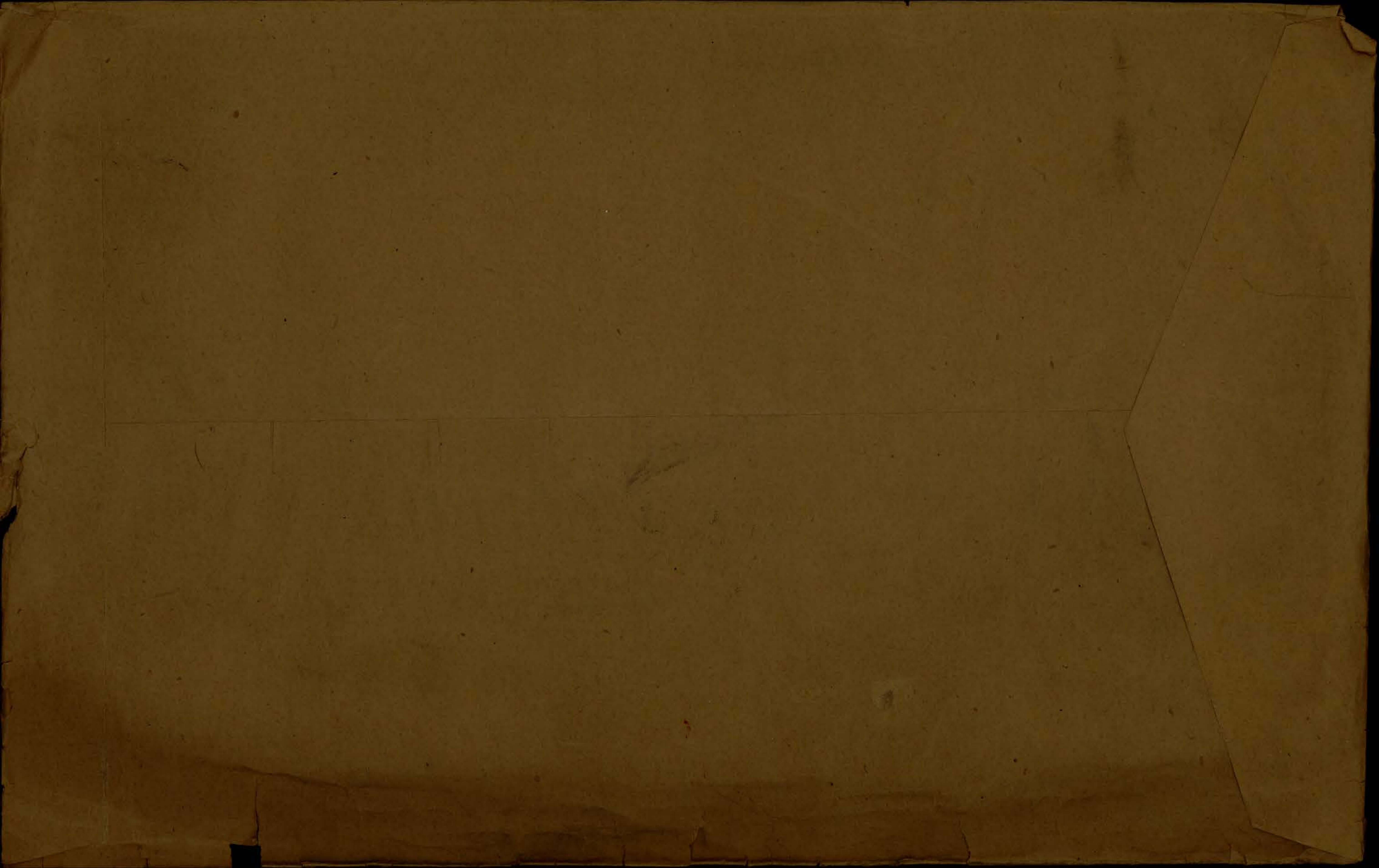
Casualty Card. I.....  
Non-Effective Card.....  
Part II Order Card. I.....  
Change of Address Card.....  
Honour & Award Card.....



2

23 - 29  
15 - 29  
11 - 30

m x  
231020



ATTESTATION PAPER.

No. 60163

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Edward Casey
- In what Town, Township or Parish, and in what Country were you born?..... Montreal, Canada
- 3. What is the name of your next-of-kin?..... G. Casey (Father)
- 4. What is the address of your next-of-kin?..... 368, St. George St. Montreal
- 5. What is the date of your birth?..... June 19/1889
- 6. What is your Trade or Calling?..... Driver
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

E. Casey (Signature of Man).  
 J. Crawford Sgt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

NOV 11 1914  
 Date..... 1914.  
 E. Casey (Signature of Recruit)  
 J. Crawford Sgt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, E. Casey, 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.

NOV 11 1914  
 Date..... 1914.  
 E. Casey (Signature of Recruit)  
 J. Crawford Sgt. (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 Montreal this 11 day of Nov 1914.  
 4  
 H. P. [Signature] (Signature of Justice)

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

..... (Approving Officer)

Description of Edward Casey on Enlistment.

Apparent Age 25 years 6 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 2 1/2 ins.

Complexion dark

Eyes Grey

Hair dark brown

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

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.)

2 Vace L upper arm

2nd Toe right foot missing

Subcut. nodule outer side left thigh

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-Sea Expeditionary Force.

Date NOV 11 1914 1914.

Place Montreal

[Signature]  
 Cap & Amb  
 Medical Officer.

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....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.

.....(Signature of Officer)

Date.....1914.

# MEDICAL HISTORY SHEET.

Surname Casey Christian Name Edward

Examined { on 11th day of November 1914  
 at Montreal  
 Birthplace { City or Town Montreal  
 County Canada

Approved by & signed for H. S. Munnickleson  
 Rank Capt am C M.O.

Apparent age 25 1/2  
 Trade or occupation Driver  
 Height 5 Feet 7 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 35 1/2 inches.  
 Maximum expansion 2 1/2 inches.  
 Physical development fair  
 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 Left  
 Number 2

| Date         | Result | VACCINATIONS,                       |
|--------------|--------|-------------------------------------|
| <u>Aug 8</u> |        | M.O.<br><u>J. Jenkins Capt am C</u> |
|              |        | M.O.                                |

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease Subcut. nodule on R side  
left thigh  
 (b) Slight defects but not sufficient to cause rejection Second toe R foot missing

| Date          | Result | ANTI-TYPHOID INOCULATIONS, ETC.     |
|---------------|--------|-------------------------------------|
| <u>Dec 14</u> |        | M.O.<br><u>J. Jenkins Capt am C</u> |
| <u>Dec 24</u> |        | M.O.<br><u>J. Jenkins Capt am C</u> |
|               |        | M.O.                                |

Enlisted on 11th day of November 1914 at Montreal

|                      | CORPS.                              | REG'TL NUMBER. | HABITS. | DATE.             |
|----------------------|-------------------------------------|----------------|---------|-------------------|
| Joined on enlistment | <u>24 Batt. (Mk)</u><br><u>66th</u> | <u>63163</u>   |         | <u>Nov. 11/14</u> |
| Transferred to.. ..  |                                     |                |         |                   |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
|          |       |          |         |
|          |       |          |         |

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

63163 D.

Surname

Christian Name

C. A. S. E. S. W. A. R. T.

| STATION,     | Date of Arrival<br>at the<br>Station. | DATES OF                    |       |      |                             |       |      | DISEASE  | Number<br>of days<br>in<br>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<br>of Medical Officer.                        |
|--------------|---------------------------------------|-----------------------------|-------|------|-----------------------------|-------|------|--|--------------------------------------|--|---|
|              |                                       | Admission<br>into Hospital. |       |      | Discharge<br>from Hospital. |       |      |  |                                      |  |   |
|              |                                       | Day                         | Month | Year | Day                         | Month | Year |  |                                      |  |   |
| M Gen Hosp.  |                                       |                             |       |      |                             |       |      |  |                                      | See previous admissions for form.  |   |
| M. Gen Hosp. | 6 May 15                              | 6                           | May   | 1915 | 24                          | May   | 1915 | Gonorrhoea<br>Infection urethra<br>& Prostate. | 15                                   | Purulent method discharge<br>Ureter clear before discharge<br>Prostate soft. Good recovery<br>Fit for duty.  | C. R. Bourne St. Anne's<br>Montreal General<br>Hospital |

*M X  
29th 20  
H*

Rank \_\_\_\_\_ Name **CASEY Edward** Reg'l No. **65163.**  
 Unit **24th Bn.** If in perm. Corps, What Unit? \_\_\_\_\_ Married or Single **Single.**

Place and Date of Enlistment **11. 11. 15. Montreal.** Place of Birth **Montreal, Canada.**

Name and Address, Next-of-Kin **Michael Casey. Avenue Hotel. Montreal.**

*Authy. for Address of N.K. Letter from D.A.A.G. Canadians. Relationship **Father.**  
 Show clips. # 1-15-16 of 19 June '15.*

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_



Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

| Report            |                    | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place                | Date              | REMARKS<br>Taken from Official Documents |
|-------------------|--------------------|--|----------------------|-------------------|--|
| Date              | From whom received |  |                      |                   |  |
|                   |                    | <i>Arrived in England per S.S. Camoensia 20.5.15.</i>  |                      |                   |  |
| <i>15. 6. 15.</i> | <i>O.C. 24.</i>    | <i>Taken on Strength 24th Bn.</i>  | <i>East Sandring</i> | <i>15. 6. 15.</i> | <i>Pt. II O# 215.</i>                    |
| <i>1. 9. 15</i>   | <i>do.</i>         | <i>Forfeit 2 days pay. A.W.L.</i>  | <i>do.</i>           | <i>1. 9. 15.</i>  | <i>do. 294</i>                           |
| <i>13-9-15</i>    | <i>..</i>          | <i>Ft 2 days Pay. A.W.L.</i>   | <i>"</i>             | <i>13-9-15</i>    | <i>" 311</i>                             |
| <i>19. 9. 15.</i> |                    | <i>Embarked for France.</i>  | <i>Folkestone</i>    | <i>15. 9. 15.</i> | <i>Emb. inem. 288.</i>                   |
| <i>28. 9. 16</i>  | <i>do</i>          | <i>Died of Wounds.</i>   | <i>Field</i>         | <i>17. 9. 16</i>  | <i>C.L.A. 335</i>                        |
| <i>25. 9. 16</i>  | <i>do</i>          | <i>Died of Wounds.</i>   | <i>Field</i>         | <i>17. 9. 16</i>  | <i>Pt II #1.</i>                         |





**DUPLICATE**

**Casualty Form—Active Service.**

CERTIFIED CORRECT  
 Canadian Record Office,  
 Westminster House,  
 7, Millbank, S.W.

Regiment or Corps 24<sup>th</sup> Battalion

Regimental No. 65163 Rank Pte Name Casey E.

Enlisted (a) 11.11.15 Terms of Service (a) Duration of War Service reckons from (a) 11.11.15

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) \_\_\_\_\_

| 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    |  |                       |          |  |
| 16.9.15  | 24 C.Bn.              | Disembarked.   | Boulogne.             | 16.9.15  | Non.Roll.  |
| 17.9.16. | Main Dressing station | Dead on arrival  | Main Dressing station | 17.9.16. | D.R.L.S. R 48760 KI 137/1276<br>226 dt- 25/9/16<br>P.F.O.S. 51 dt- 25/9/16<br><br><i>Photogau</i><br>Capt.<br>For Lt. Col. A.A.A.<br>Comd 3rd Bk. G.H.B. |

(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, Shoening 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|-------|------|---|
| Date   | From whom received |  |       |      |   |
|        |                    |  |       |      |   |

6-253  
A.P. File No. 02893e

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

Register *D 6 265'*

*from*

Regt'l No. *65163* Name *Edward* *Casey*  
(Christian Name) (Surname)  
Unit *24th Bn.* Rank *Pte.* Date of enlistment.....  
Date of casualty *17.9.16* B.P.C. File No. *8185*  
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Bridget Casey* Relationship *W. Mother.*  
Address *797 Quebec Ave*  
*Montreal*  
*P.Q.*

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ *Nil* Abstracted by *A. Quinn*

Eligible for Gratuity ..... \$ .....  
Less amount of Special Pension Bonus paid..... \$ .....  
Less Debit Balance of S. A. or A.P..... \$ .....

Total deductions \$ .....

Balance due \$ .....

Cheque No..... Date issued.....

Clerk *W. Mitchell*

*Noted 17/8/20*  
*DB/8*

REMARKS: *Pension previously paid to*  
*Father of deceased soldier. Died*  
*11th May 1917. Pension then*  
*transferred to Mother as above.*  
*Not eligible under P.C. 1486.*  
*No S.A. paid*

Audited by  
*L. Heath*  
Date *7/7/20* *me*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

| Total Credits<br>91 days | FIRST PAYMENT   |      |                   | SECOND PAYMENT  |      |                   | FINAL PAYMENT   |      |                   | Balance Overpayments<br>to be Recovered | Total Amount Paid |
|--------------------------|-----------------|------|-------------------|-----------------|------|-------------------|-----------------|------|-------------------|---|-------------------|
|                          | Cheque No.<br>A | Date | Amount<br>30 days | Cheque No.<br>P | Date | Amount<br>30 days | Cheque No.<br>C | Date | Amount<br>31 days |   |                   |
|                          |                 |      |                   |                 |      |                   |                 |      |                   |   |                   |

M. F. W. 127  
300M-1-19  
1772-39-1140

Remarks.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

163

To Whom *Mrs M. Casey*  
Address *308. St. Georges St.  
Montreal*

By Whom Assigned *Casey E.*  
Regtl. No. *#65163 C.L.*  
Rank *Pte*  
Corps *D. Co 24th Bn*

Rate *\$ 20<sup>00</sup> - MAY 1 1915*

PAYMENTS

| Month | Year | Cheque No.              | Amt.                 | REMARKS  |
|-------|------|-------------------------|----------------------|--|
| Aug.  | 1914 |                         |                      |  |
| Sept. |      |                         |                      |  |
| Oct.  |      |                         |                      |  |
| Nov.  |      |                         |                      |  |
| Dec.  |      |                         |                      |  |
| Jan.  | 1915 |                         |                      |  |
| Feb.  |      |                         |                      |  |
| March |      |                         |                      |  |
| Apr.  |      |                         |                      |  |
| May   |      | <i>P 525</i>            | <i>20</i>            |  |
| June  |      | <i>142261</i>           | <i>20</i>            |  |
| July  |      | <i>55642</i>            | <i>40</i>            | <i>issued in Sept. to adjust.<br/>A cheque for July and Aug to</i> |
| Aug.  |      |                         |                      |  |
| Sept. |      | <i>27150</i>            | <i>20</i>            |  |
| Oct.  |      | <i>56919</i>            | <i>20</i>            | <i>he issued at once Authority of</i>                              |
| Nov.  |      | <i>18747</i>            | <i>20</i>            | <i>Depuch. 15/11/15</i>  |
| Dec.  |      | <i>W 10334</i>          | <i>20</i>            |  |
| Jan.  | 1916 | <i>X 7998</i>           | <i>20</i>            |  |
| Feb.  |      | <del><i>11042</i></del> | <del><i>20</i></del> | <i>11042 cancelled</i>   |
| March |      | <i>K 15173</i>          | <i>20</i>            | <i>Died of wounds Sep 20. C.L. (12) 28/9/16</i>                    |

*Continued*

11/11/11  
11/11/11

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

164

M. F. W. 12a.  
 60m.—12-15.  
 1772—39—819.

Sheet No. 2.

L. L. Job 8902.—Req. 6212

*Mrs. B. Casey*

PAYMENTS.

Name of Soldier

*Casey, E.*

*#65163 B. Co. 24<sup>th</sup> Batt.*

| Month. | Year. | Cheque No.      | Am't.     | Remarks.                            |
|--------|-------|-----------------|-----------|-------------------------------------|
|        |       |                 |           | <i>\$ 20<sup>00</sup></i>           |
| April  | 1916  | <i>2 825</i>    | <i>20</i> |                                     |
| May    |       | <i>Q 3333</i>   | <i>20</i> |                                     |
| June   |       | <i>P 4778</i>   | <i>20</i> |                                     |
| July   |       | <i>E 6238</i>   | <i>20</i> |                                     |
| Aug.   |       | <i>G 10465</i>  | <i>20</i> |                                     |
| Sept.  |       | <i>E. 15596</i> | <i>20</i> | <i>de closed (Case)</i>             |
| Oct.   |       |                 |           |                                     |
| Nov.   |       |                 |           | <i>Pension granted 18/9/16 SWS</i>  |
| Dec.   |       |                 |           | <i>26/1/17</i>                      |
| Jan.   | 1917  |                 |           | <i>340<sup>00</sup> EPY 19/4/17</i> |
| Feb.   |       |                 |           |                                     |
| March  |       |                 |           |                                     |
| April  |       |                 |           |                                     |
| May    |       |                 |           |                                     |
| June   |       |                 |           |                                     |
| July   |       |                 |           |                                     |
| Aug.   |       |                 |           |                                     |
| Sept.  |       |                 |           |                                     |
| Oct.   |       |                 |           |                                     |
| Nov.   |       |                 |           |                                     |
| Dec.   |       |                 |           |                                     |
| Jan.   | 1918  |                 |           |                                     |
| Feb.   |       |                 |           |                                     |
| March  |       |                 |           |                                     |
| April  |       |                 |           |                                     |
| May    |       |                 |           |                                     |
| June   |       |                 |           |                                     |
| July   |       |                 |           |                                     |

*Casualties*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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



Rank *Pte.* Name **CASEY E** Reg'l No. **65163.**

Unit **24th Bn.** If in perm. Corps, What Unit? Married or Single

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin **Michael Casey. Avenue Hotel. Montreal.**

Relationship **Father.**

Assigned Pay Monthly \$ **20** Payable to *M B Casey 305 St George St Montreal*  
Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *Died of wounds 17/4/16* Reason *let A 333 28/4/16* Character



| Date                   |         | PAY         |                 | Field Allowance |             | Other Credits | Total Credits | Voucher |            | Cash Payments | Assigned pay       | Other Charges | Total Debits | Balance | Remarks, Casualties, etc.        |
|------------------------|---------|-------------|-----------------|-----------------|-------------|---------------|---------------|---------|------------|---------------|--------------------|---------------|--------------|---------|----------------------------------|
| From                   | To      | No. of Days | Rate            | Amount          | No. of Days |               |               | Rate    | Amount     |               |                    |               |              |         |                                  |
| 1 June                 | 30 June | 30          | 1 <sup>00</sup> | 30              | 30          | 10            | 3             |         |            | 7 50          |                    |               | 7 50         | 25 50   |                                  |
| 1 July                 | 31 July | 31          |                 | 31              | 31          |               | 3 10          |         |            | 10 -          | 20 June<br>20 July |               | 50           | 9 60    |                                  |
| Adjustment of Exchange |         |             |                 |                 |             |               |               | 47      |            |               |                    |               |              | 10 07   |                                  |
| 1 Aug                  | 31 Aug  | 31          | 1 <sup>00</sup> | 31              | 31          | 10            | 3 70          |         |            | 7 30          | 20                 |               | 27 30        | 16 87   |                                  |
| 1 Sep                  | 30 Sep  | 30          |                 | 30              | 30          |               | 3             |         |            | 5 35          | 20                 | 4 40          | 29 75        | 20 12   | At 2 days. DO 294<br>" 2 " " 311 |
| 1 Oct                  | 31 Oct  | 31          |                 | 31              | 31          |               | 3 10          |         |            | 2 61          | 20                 |               | 22 61        | 31 61   |                                  |
| 1 Nov                  | 30 Nov  | 30          |                 | 30              | 30          |               | 3             |         |            | 5 29          | 20                 |               | 25 29        | 39 32   |                                  |
| 1 Dec 1916             | 31 Dec  | 31          |                 | 31              | 31          |               | 3 10          |         |            | 16 83         | 20                 |               | 36 83        | 36 59   |                                  |
| 1 Jan                  | 31 Jan  | 31          |                 | 31              | 31          |               | 3 10          |         |            | 5 24          | 20                 |               | 25 24        | 45 45   |                                  |
| 1 Feb                  | 29 Feb  | 29          |                 | 29              | 29          |               | 2 90          |         | 777        | 2 61          | 20                 |               | 22 61        | 54 74   |                                  |
| 1 Mar                  | 31 Mar  | 31          |                 | 31              | 31          |               | 3 10          |         | 850<br>905 | 2 61          | 20                 |               | 25 22        | 63 62   |                                  |

**305**      **3050**      **4733597**      **6795200**      **11402235**

*Montreal*

BALANCE TRANSFERRED TO NEW LEDGER.  
Checked *W. Buller*

Cases found in effects *WR*

FEB 28 1917



Surname **Casey** Christian Name or Names **E.** Reg. No. **65163**  
 Rank **Pte.** Unit **24th Bn.** Co. Troop Batty.

Hospital **Main Dressing Station** Date of Admission **17.9.16**

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

~~Died~~ of Wounds 17.9.16

DISPOSITION

Date

C.L. 28.9.16 A333

REMARKS

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

OR

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

649-C-5726. 65163 Pte. Edward Casey. 24th. Bn.,

*10 a g.*  
*blig. for star Pte-24<sup>th</sup> Bn.*

Medals & Dec. (Mother) Mrs. B. Casey,  
797 Querbes Ave.,  
Outremont, Montreal,  
P. Q.,

Plaque & Scroll. (Mother) Same as above.

*(Serial no. 765362)*

Memorial Cross. (Mother) Same as above.

Scroll Desp. JAN 13 1921 No. 7977

Plaque Desp. JAN 14 1921 Regn. No. P 25076

*Desp 3-11-20*

29118  
(m) c 28944

*101*

*U*

M

458

Number

65163

Rank

*Private*

Surname

CASEY

Christian Name

Edward

Units

24th Am Cav

Theatre of War

France

Date of Service

15-9-15

Remarks

(M) Mrs. B. Casey

Latest Address

997 Puerbes Ave.,  
Outremont, Montreal,  
P.Q.

Roll no.

*Page 20378*

200m. -6-21.

M.D. No.....

NUMBER

RANK

SURNAME

INITIALS

.....  
Full postal address.....

(Street)

(City or Town)

(Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

Railway:.....

If married, is your wife on board.....

Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.

50 M.-1-19.

1772-39-1269.



(649-C.-5726)

CARD NO.

SURNAME,

*Casey*

CHRISTIAN NAMES

*Edward*

REGL. No.

*65163*

RANK

*Pvt.*

UNIT

*24th.*

*Batt.*

FORMER CORPS

FOLL.

NEXT OF KIN.

NAMES IN FULL

*Casey, G.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*368 St. George St.,  
Montreal, P. Q. Canada.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Montreal*

DATE

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Nov. 11, 1914.*

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

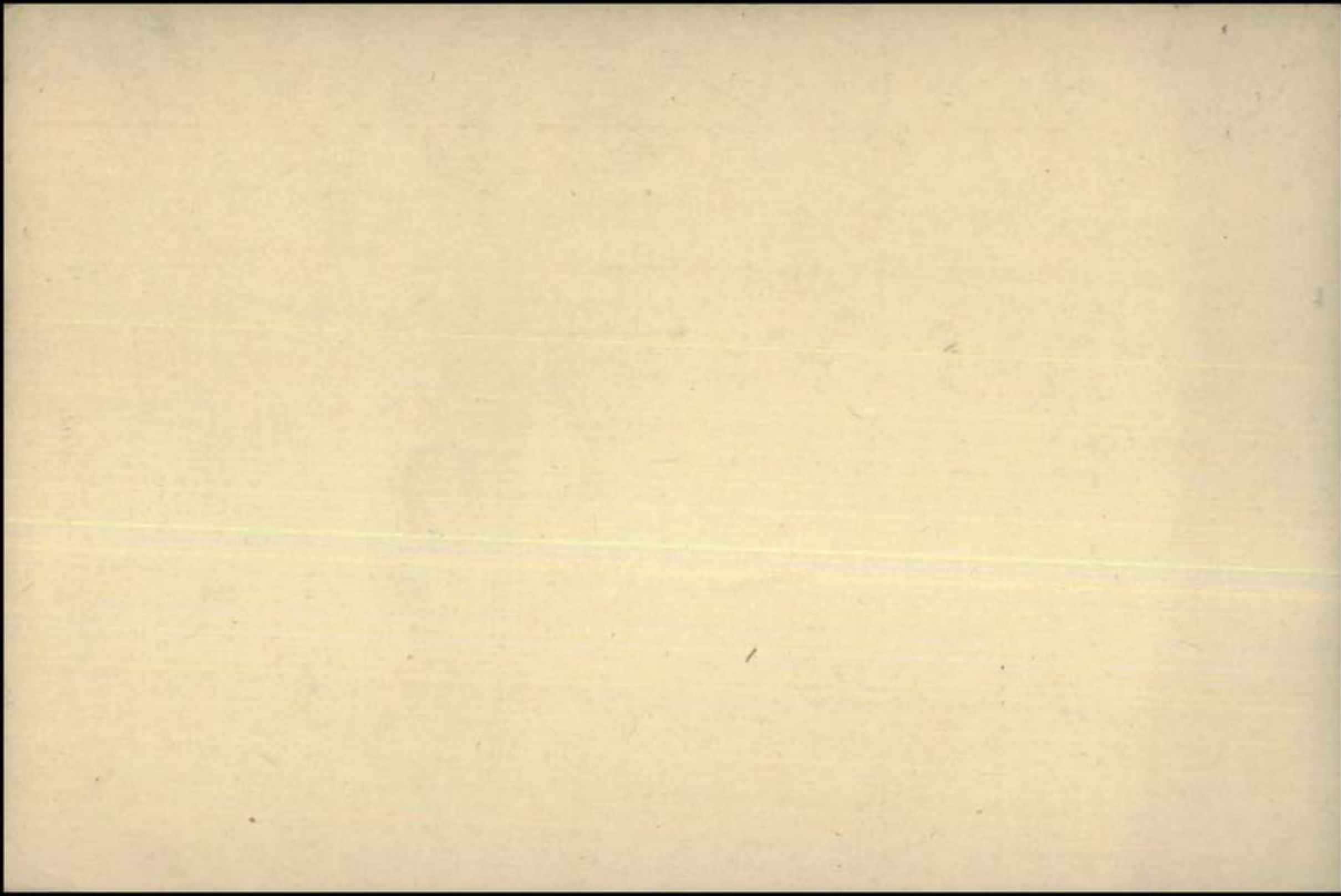
EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



No. 760

RANK Pte.

NAME Casey E.

T. O. S. 11-11-14

UNIT

24th Battalion

Nov. Paylist.

M. D. 4

| PAID<br>FROM    | PAID<br>TO      | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |           |
|-----------------|-----------------|---------------------|---|-----------|
|                 |                 |                     | PARTICULARS                             | AUTHORITY |
| 1914<br>11 Nov. | 1914<br>30 Nov. | ✓                   |   |           |
|                 | Dec.            | ✓                   |   |           |
| 1915            | 1915            | ✓                   |   |           |
|                 | Jan.            | ✓                   |   |           |
|                 | Feb.            | ✓                   |   |           |
|                 | Mar.            | ✓                   |   |           |
|                 | Apr.            | ✓                   |   |           |

UNIT SAILED  
MAY 1 1 1915

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 333

D.C. Main Dressing Station, Rep.

17-9-16.

Died of wounds.



REGT'L NO 65163

NAME Casey Edward

H. Q. FILE No. 649-

RANK AND CORPS Pte. 24th Battalion

FOLLOWS  
No.

CABLE

No.

DATE

C

NATURE OF CASUALTY

FOLLOWS

O1597

27-9-16

died of wounds Main Dressing  
Stat. Sept. 17th 1916, ✓

B2090a  
Rowen

25-9-16

died of wounds Main Dressing  
Stat. Sept. 17th 1916.

Name **CASEY. Edward.** Rank **PTE.**

Reg. No. **65163.**

Unit **24th. Battalion.**

Next of Kin **Canada.**

*RF 25. C. 1923*

| Date     | Movement                            | Place | Casualty             | List No. | Notified N/K O. | W.O. List |
|----------|-------------------------------------|-------|----------------------|----------|-----------------|-----------|
| 17-9-16. | O.C. Main Dressing Station reports. |       |                      |          |                 |           |
|          | DIED OF WOUNDS.                     |       | A333.0.1597.28-9-16. |          |                 |           |





No. 65163 RANK *Pte.*

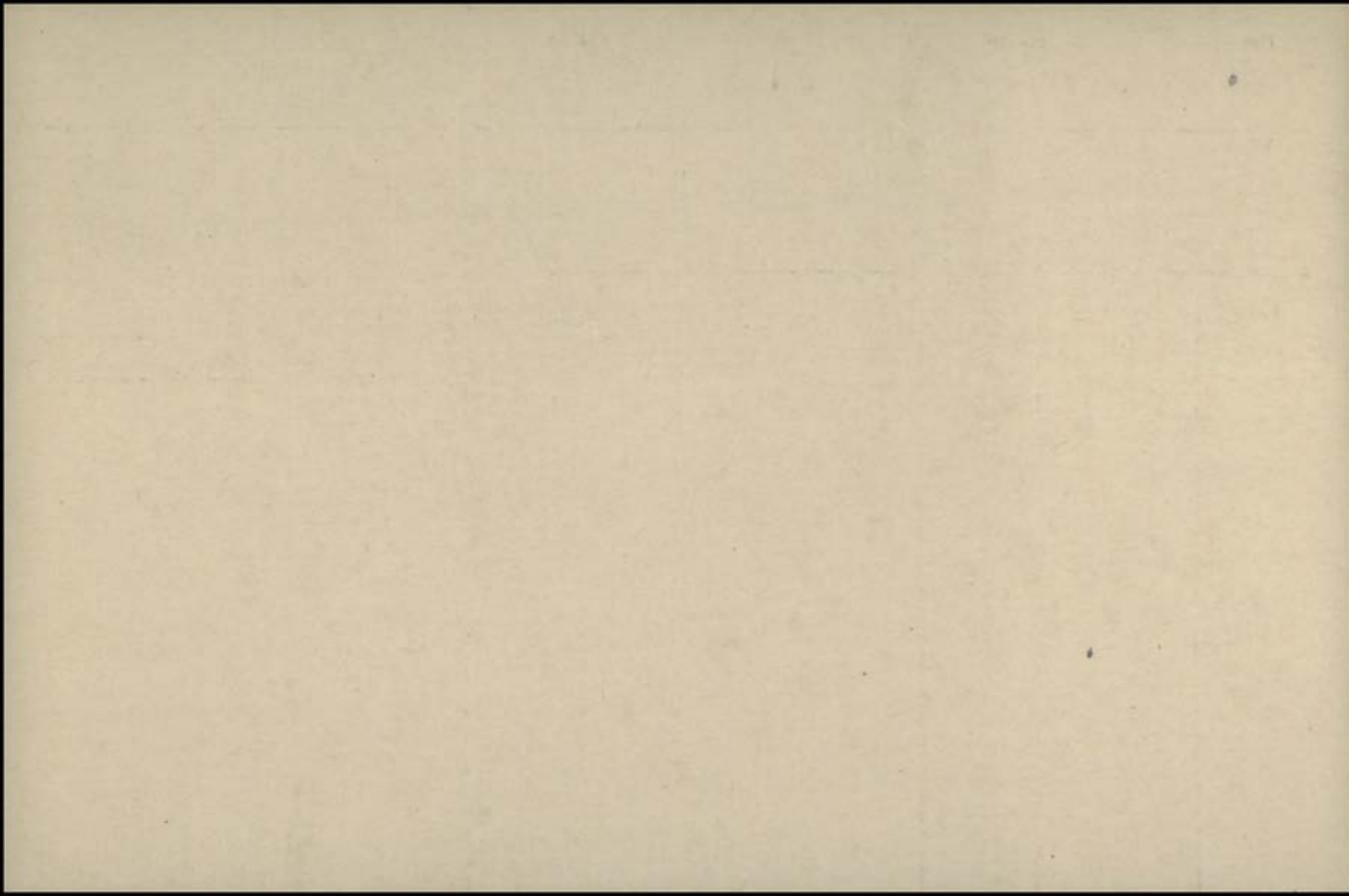
NAME *Casey E.*

T. O. S. 11-11-14  
*may Paylist.*

UNIT *Composite Regiment or Battalion*

M. D. *4.*

| PAID                  |                        | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC.  |                           |
|-----------------------|------------------------|---------------------|--|---------------------------|
| FROM                  | TO                     |                     | PARTICULARS                              | AUTHORITY                 |
| <i>1915<br/>may 1</i> | <i>1915<br/>may 31</i> | <i>v</i>            | <i>Detached from 24<sup>th</sup> Bn.</i> | <i>D.O. 188, 11-5-15.</i> |



**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

| Date   | Brief details, and signature    |
|--------|---------------------------------|
| 8 Aug  | Vaccination J. L. Jenkins       |
| 14 Dec | Anti-Typhoid Inoculation &c. do |
| 24 Dec | do do                           |

**Table IV.—Service Table.**

| Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation | Station or Troopship | Date of arrival or embarkation | Date of departure or disembarkation |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
|                      |                                |                                     |                      |                                |                                     |
|                      |                                |                                     |                      |                                |                                     |
|                      |                                |                                     |                      |                                |                                     |
|                      |                                |                                     |                      |                                |                                     |

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname CASEY Christian Name Edward

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Montreal County Canada

Examined ... { on 11 day of November 1914.  
at Montreal

Declared Age ... 25½ years ... days.

Trade or Occupation ... Driver

Height ... 5 feet, 7 inches.

Weight ...    lbs.

Chest Measurement { Girth when fully Expanded. 36½ inches.  
Range of Expansion 2½ inches.

Physical Development ... Fair

Vaccination Marks { Arm ... Right Left  
Number    2

When Vaccinated ...

Vision ... { R.E.—V—  
L.E.—V—

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Sub cut: nodule suter hoe left thigh

(b) Slight defects but not sufficient to cause rejection ... { (b) Second toe R foot missing

Approved by (Signature) H. S. Muckelston  
(Rank) Capt., A. M. C.  
Medical Officer.

Enlisted ... { at Montreal  
on 11 day of November 1914.

|                                |            |
|--------------------------------|------------|
| Corps.                         | Regtl. No. |
| <u>24th Battalion C. E. F.</u> |            |

Transferred to ...

Became non-effective by ...  
on ... day of ... 191 .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this ... C.A.M.C. for the Officer in Charge of Records Canadian Contingents.

**Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.**

| Name of Hospital | Admitted to Hospital |       |      | Discharged from Hospital |       |      | Disease                                       | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer                           |
|------------------|----------------------|-------|------|--------------------------|-------|------|---|----------------------------|---|--|
|                  | Day                  | Month | Year | Day                      | Month | Year |   |                            |   |  |
| M. Gen. Hos:     | 6                    | 5     | 15   | 24                       | 6     | 15   | Gonococcus<br>Infection urethra &<br>Prostate | 18                         | Purulent <sup>urethral</sup> discharge urines clear before discharge Prostate soft. Good recovery.<br>Fit for duty  | C. R. Browne Lt.A.M.C.<br>Montreal General<br>Hospital |

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN *Michael Casey  
Avenue Hotel, Montreal*

RELATIONSHIP OF NEXT OF KIN *father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, & C.

| PARTICULARS            | EFFECTIVE DATE  | AUTHORITY           |
|------------------------|-----------------|---------------------|
| <i> Died of wounds</i> | <i> 17-9-16</i> | <i> CA 333 28/9</i> |

| ADMISSIONS TO HOSPITAL, & C. |                 |          |                  |
|------------------------------|-----------------|----------|------------------|
| DATE ADMITTED                | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |

REG'L No. *65163* RANK *Pte.*

NAME *Casey, E*

IF IN PERM. CORPS; WHAT UNIT

UNIT *24 Batt* TRANSFERRED TO *N-E.*

DATE *1896*

AUTHORITY *CA 333 28/9*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1 June 1915.*

PAYABLE TO *Ells B. Casey, 308 St George St, Montreal.*

RELATIONSHIP



ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *30/9/16* EFFECTIVE *1/10/16* REASON  *Died of wounds 17-9-16  
CA 333. Sent 28/16*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18-10-16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE                    | PAY         |             |           |    | FIELD ALLOWANCE |           |             |    | WORKING OR SPECIAL PAY |      |        |    | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS |   |   |   | CASH PAYMENTS |   |   |   | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE |       | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |    |      |    |      |
|-------------------------|-------------|-------------|-----------|----|-----------------|-----------|-------------|----|------------------------|------|--------|----|----------------------|---------------|---------------|-------------------|---|---|---|---------------|---|---|---|--------------|---------------|--------------|---------|-------|--------------------------|-------------------------|---------|----|------|----|------|
|                         | NO. OF DAYS | RATE        | AMOUNT    |    | NO. OF DAYS     | RATE      | AMOUNT      |    | NO. OF DAYS            | RATE | AMOUNT |    |                      |               |               | 1                 | 2 | 3 | 4 | 1             | 2 | 3 | 4 |              |               |              | CREDIT  | DEBIT |                          |                         |         |    |      |    |      |
|                         |             |             | \$        | C. |                 |           | \$          | C. |                        |      | \$     | C. |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         | NO | DATE | NO | DATE |
| <i>1916</i>             |             |             |           |    |                 |           |             |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>March</i>            | <i>30</i>   |             |           |    |                 |           |             |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Apr 1/30</i>         | <i>30</i>   | <i>1.00</i> | <i>30</i> |    | <i>30</i>       | <i>10</i> | <i>3</i>    |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>May 1-31</i>         | <i>31</i>   |             | <i>31</i> |    | <i>31</i>       |           | <i>3 10</i> |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>June 1-30</i>        | <i>30</i>   |             | <i>30</i> |    | <i>30</i>       |           | <i>3 00</i> |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>July 1-31</i>        | <i>31</i>   |             | <i>31</i> |    | <i>31</i>       |           | <i>3 10</i> |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Aug 1-31</i>         | <i>31</i>   |             | <i>31</i> |    | <i>31</i>       |           | <i>3 10</i> |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Sept 1-30</i>        | <i>30</i>   |             | <i>30</i> |    | <i>30</i>       |           | <i>3 00</i> |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Oct</i>              |             |             |           |    |                 |           |             |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Checked</i>          |             |             |           |    |                 |           |             |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |
| <i>Q.E. March 1917.</i> |             |             |           |    |                 |           |             |    |                        |      |        |    |                      |               |               |                   |   |   |   |               |   |   |   |              |               |              |         |       |                          |                         |         |    |      |    |      |

Statement of  
FEB 22 1917  
Amount rendered

Cash found in effects *NR*

*Trans. N.E. 18-9-16  
of 13 days pay 1st Sep  
Died of wounds 17/9/16  
CA 333. 28/9/16  
Stop ap. 1/10/16  
101 31 to Canada  
for letter 20/3/17*

*Bal trans Non Effect Branch  
101 31*

*14 30*

