Hum 10-8-11

Copy

~~A. M. C. TRAINING DEPOT. NO. 4~~

E 5447

ATTESTATION PAPER.

No. 175 305 6

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Mahoney
1a. What are your Christian names? ..... John
1b. What is your present address? ..... 358 Lansdowne Ave St Catherines Ont
2. In what Town, Township or Parish, and in what Country were you born? ..... Tipperary Ireland
3. What is the name of your next-of kin? ..... Sarah Mahoney
4. What is the address of your next-of-kin? ..... same as above
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... Jan 15 1872
6. What is your Trade or Calling? ..... Fireman
7. Are you married? ..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... yes 12th Battery C F G
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~~ Special Service? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Mahoney, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian ~~Over-Seas Expeditionary~~ Special Service 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.

J. Mahoney (Signature of Recruit)

Date March 27 1917. Sgt Brown (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Mahoney, 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.

J. Mahoney (Signature of Recruit)

Date March 27 1917. Sgt Brown (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 Guelph Ont this 27th day of March 1917.

[illegible] Lt Col (Signature of Justice)

OC Depot Bn

M. F. W. 23
750M—8-16
H. Q. 1772-89-841

4

Description of.....on Enlistment.

Apparent Age.....years.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... .....ft.....ins.

Chest measurement.
- Girth when fully expanded. .....ins.
- Range of expansion.... .....ins.

Complexion .....

Eyes .....

Hair .....

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

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).

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*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191 . .....

Place..... .....

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.....191 .

UNIT ..... Regimental No. 85447

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John Mahoney
2. In what Town, Township or Parish, and in what Country were you born? ..... Clonmel Ireland.
3. What is the name of your next-of-kin? ..... Mrs. John Mahoney.
4. What is the address of your next-of-kin? ..... 232 Dalhousie St. Montreal.
5. What is the date of your birth? ..... January 15 - 1872.
6. What is your Trade or Calling? ..... Stoker.
7. Are you married? ..... yes.
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? If so, state particulars of former Service. ..... 2nd Royal Dublin Fusiliers 8 yrs.
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

sd. John Mahoney ..... (Signature of Man).

..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Mahoney, 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.

sd John Mahoney ..... (Signature of Recruit).

Date February 16 1915. sd J Harrison ..... (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Mahoney, 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.

sd John Mahoney ..... (Signature of Recruit).

Date February 16 1915. sd J. Harrison ..... (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 16 day of Feb 1915.

sd A. D. Irwin JP ..... (Signature of Justice).

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

sd W. R. Ruddon ..... (Approving Officer).

Major.

L7549 12-7-15 2,500.

85447.

Description of John Mahoney. on Enlistment.

Apparent Age 43 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement:
- Girth when fully expanded 40½ ins.
- Range of expansion 1½ ins.

Complexion Dark

Eyes blue

Hair Gray

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 vacc left arm
Tattoo marks on both arms
crucifixion on right.
Woman holding Irish flag.

scar left groin.

180 lbs.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb. 16th 1915 Sd. W. H. Cochrane.

Place Montreal Lieut C.A.M.C.
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.

John Mahoney 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.

Sd. A. D. Irwin (Signature of Officer).
Capt & Adjt.

Date 16th Feb 1915.

93-1-19 amb

Deceased.

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name MAHONEY JOHN

(2nd) 275 · 30 55.

Regt. No. 85447 Rank

(1st)

(1st) Corps 4th Bn C.A.R.

med unit

(2nd) Died 11-12-18

01846

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 11

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

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..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M.S.W 113

Pendep

23. 3.

23. 3

9-4

1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Stat decl to m & 4
H.Q. 649-M-3134. 5 2/21

Mahoney, Gnr. John, #85447, 4th Gar. Rgt.
form 3rd Bde. C.A.

M. & D. (Widow) Mrs. Sarah Mahoney, 125 Aqueduct St.
~~258 Lagauchetiere St. W.~~, auth PC 22 6/21
Montreal, P.Q.

M

P. & S. " Ditto.
(Ser # 807996)
Mem. C. " Ditto.

Reg. 14/15 Star Gnr. 3rd Bde. C.A.
H " O.Dn.
" B.W.Dn.

MAY 7 - 1921
Scroll Desp. Regn. No 2 41784

JAN 7 1922
Plaque Desp. Regn. No P 2841

W 642987. JAN 27 1921

1031

noted W. O. ent 2.8.L Dep

21

Name Mahoney, J. *Rank* Gnr. *Reg. No.* 85447.

Unit 3rd. Brigade, Canadian Field Artillery. Res.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1915. 25.12.	21st.Div. Rest Station.		Sprain Ankle.	232.		
1916 5. 1.	Dis: to Duty Ex above.		do.	246		
15. 2.	No. 4. S. H.	St. Omer.	Influenza.	266.	To England	
22. "	" 1. C. G. H.	Etaples (Ex above)	Myalgia.	A272.	2-3-16.	
3. 3.	Suffolk (Ampton) Hosp.	Bury St Edmunds.	Influenza.	B.19.		
11. "	Discharged. Ex Above.		Myalgia.	" 29.		
13. 4.	Can. Conv. H. Hillingdon Ho. Uxbridge		"	B39.		
22. 4.	Discharged.		"	B41.		
6. 5.	~~Can. Conv. H. Hillingdon Ho. Uxbridge~~		"	166		

This cancels entry on B41.

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

CANADIAN CONVALESCENT HOSPITAL,

AT

Canadian Convalescent Hospital,
Hillingdon House, Uxbridge.

A. & D. CARD.

Regt. No. 85447 A. & D. No. 215 a.

Rank Gnr. Corps C.G.A.

Name Mahoney J. Age 52 Religion RC

Service at Home 14/12

" " Front 10/12

Diagnosis Myalgia

Admitted Apl. 14/16.

Discharged

Place in Hospital

M. H. Rec'd *(See Document card)*

Transferred

Results

P.T.O.

From Bury St. Edmonds.

REMARKS: On Feb. 14/16 reported sick with rheumatic like pains in shoulders & back. Lo 4 F. Amb thence Etaples & Boulogne thence Bury St Edmunds. No pain now except in Rt instep.

CANADIAN CONV. HOSPITAL, HARLINGTON HOUSE, UXBRIDGE
6 MAY 1916
ORDERLY ROOM

To Depot Folkstone

No. 85447. RANK Gnr. NAME Mahoney. J.

T. O. S. UNIT Discharge Depot. Tuebc.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June no	1916 dates	✓	C. F. A.	

Reg. No. 85447 Name Mahoney J

Rank Gr Corps CFA Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Khaki L Montreal	17.7.16	Myalgia & Sprain C
Dis	20.7.16	ankle
adm to Khaki League Montreal	25.7.16	Myalgia & Spr A. Ank
Dis.	10.8.16	
Royal Victoria, Montreal		N. Y. D.
Died	11.12.18	

P.T.O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Number 85447 Rank Gr

Surname MAHONEY

Christian Names J

Unit C 4d Theatre of War France

Dates of Service 6-6-15

Remarks

Widow Mrs Sarah Mahoney 125 Aqueduct St., Montreal.

Latest Address ~~Not available~~

~~258 Laganchetiere Ave W~~

~~Montreal~~ Que

Roll No. Page 1964

Y Ca4 1876-Ufesk
1921
SEP 24 1921

D.M.S. 1300.

Surname: Mahoney. Christian Name or Names: J. Reg. No. 85447.

Rank: Gnr. Unit: 3rd Brigade C.F.A. Co. Troop Batty.

Hospital: Date of Admission

Transferred 21st Div Rest. Stat. Hosp. 25.12.15.

#4 Stat Hosp St Omer. Hosp. 15.2.16.

#1 Gen Gen Hosp Etaples. Hosp. 22.2.16.

Suffolk Hosp Bury St Edmunds Hosp. 3.3.16

Diagnosis: Sprain ankle

(1) Later Diagnosis (if changed): Influenza.

(2) Myalgia.

(3)

Additional Diagnoses: If more than one state present

DISPOSITION	Date
C.L. 8.1.16	
CL. 24.1.16 #246 232.	To duty. 5.1.16.
CL. 24 2-16 #A266	REMARKS
CL. 3.3.16 #A272.	Discharged 11.3.16
15-3-16 B19	" 22.4.16
" 30.3.16 B29.	" 6.5.16
" 19.4.16 B39.	
" 22.4.16 B41.	
" 6.5.16 166.	

A.M.D. 2 DEPT.

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

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Can Con Hillingdon Uxbridge	13.4.16
2.		
3.		
4.		
5.		
6.		
7.		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11686-J-1

Name Mahoney, John
Surname Christian Name

Regimental Number 85447 Rank Gnr.

Unit 3rd Bgde. C.F.A.

Original Unit 6th Bgde. C.F.A.

District where paid M.D.4.

Date of Discharge 9-8-16.

P. D. P. Filing Number 16-11-4.

Address (in full) 258 Lagauchetierre St.,
Montreal, P.Q.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
160	10	217	6-8-17	53	00	216	1-9-17	53	00	221	22-10-17	54	10			160	10

Remarks:

M. F. W. 127.
50M—6 17.
1779-39-1140.

File No. 11686-J-23

WAR SERVICE GRATUITY.

Register No. M1890

D.M.V. 19-11-19

Reg. No. 85447

Name Mahoney John

Address Deceased

Dependent Mrs Sarah Mahoney (widow)

Address 258 Lagauchetiere St. W.
Montreal, Que

Dec'n No..... W. S. G. File No.....
Award.....days at $..... per day $
S. A.....months at $..... per mo. $..... $
Less P. D. P. Credited $

RW104
2/20

Pay Soldier $

Pay Dependent $ 25.90

Less further debit balance $
Net due paid as below

E B Gayler
H H Neville
Norman Whalley

Clerk

Days 122 Rate 10 Due 400.00

Less P.D.P. credited 160.10

Less further Dr. Bal. or overpayment. 214.00

Net 25.90

Date	Ck. Order	Ck. No.	Amount	Total	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					total 10/6 to wife	1 29/11/19	49859	546412	25 90
2					Soldier deceased	2			
3					P.O.D. 24-12-19	3			
4						4			
5						5			
6						6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
A. Bell
Date 24/12/19

R Evans
19/11/19

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME MAHONEY J.

Regimental No. 85447

Unit ~~8th. Bde. C.F.A.~~ b b a b

Date of enlistment Feby. 16th 1915

Place of Birth Comwell. Ireland

Married (yes or no) yes

Amount of pay assigned monthly $ Nil.

To whom payable

Name and address of next-of-kin
Mrs John Mahoney
232 Dalhousie St.
Montreal. Que.
Canada

Date and place discharged

Reason for discharge

Character on discharge

PAY OFFICE N.E. BRANCH
JUN 21 1916
CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/3/15	31/3/15	31	1.00	31.	31	.10	3.10		34.10			32.50		.45	32.95	1.15	Laundrie & Baths
1/4/15	30/4/15	30	1.00	30	30	.10	3.		33.			32.50		.60	33.10	1.05	"
1/5/15	31/5/15	31	1.	31.	31	.10	3.10		34.10		✓	15.		5.50 5.50 5.30	24.30	10.85	Ret. det. 173 25.5.15 3. Pay. 172
1/6/15	30/6/15	30	"	30.	30	.	3.		33.							43.85	3rd Bde 1 7/16.
1/7/15	31/7/15	31	1.	31	31	.10	3 10		34 10		✓	7 -			7 -	70 95	
								Rec 2 32				87 00				73 27	
1/8/15	31/8/15	31	1.	31	31	.10	3 10		34 10		✓	2 74			2 74	104 63	
1/9/15	30/9/15	30	1.	30	30	.10	3		33		✓	5 42			5 42	133 21	
Oct		31	1.	31.	31	.10	3 10		34 10		✓	13 07			13 07	153 24	
Nov.		30.		30.	30	.	3 .		33 .		✓	2 68			2 68	183 56	
Dec.		31	.	31.	31	.	3 10		34 10			25 53			25 53	192 13	
Jan		31	-	31.	31	-	3 10		34 10						✓	226 23	
Feb		29		29	29		2 90		31 90		✓	8 72			8 72	249 41	
Mar		31		31	31		3 10		34 10		✓	2 62		1 10	3 72	279 79	1.10 overcredit 1 day 14/3/16 P.C.C. a.c. 30/4/16 No 12
		397		397	397		39 70	2 32	439 02			147 78		11 45	159 23		

1 day not credited in March. Adj in May 1916.

Blue trans to New ledger

397 | 39 70 | 2 32 | 439 02 | 147 78 | 11 45 | 159 23

Carried forward to Large Ledger sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Sarah Mahoney Wife

Name of Soldier Mahoney John

L. L. Job 89002.—Req. 6213.

	Month.	Year.	Cheque No.	Amt.	Remarks.
	April	1916	N 2181	20	20
	May		N 5899	20	20
	June		S 8748	20	20
	July		V 9305	20	20
14	Aug.		E 14537	20	20
	Sept.		Z 16320	20	20
	Oct.		W 19833	20	20
	Nov.		C 23182	20	20
	Dec.		G 26695	20	20
	Jan.	1917	K 28832	20	20
	Feb.		K 32096	20	20
	March		K. 35318	20	20
	April		L 1739	20	20
	May		L 4854	20	20
	June		L 8079	20	20
	July				Lia 91866 - per RO notation attached to P.D.P. Form 27/6/17 Tomey
	Aug.				
	Sept.				
	Oct.				Return 21400 suspend regular
	Nov.				
	Dec.				27/7/17 Tomey
	Jan.	1918			
	Feb.				
	March				
	April				
	May				ACCOUNT CLOSED
	June				DATE..... PER W
	July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

38391 THE MORTIMER SYSTEMS, OTTAWA, CANADA

1-2-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Sarah Mahoney

Address 235 Dalhousie St. Montreal Que.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Mahoney, John.

Regtl. No. 85447

Rank

Corps 6th Brigade. F.A. C.E.F.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			No date of Enlistment given. Unit has now sailed. Pay from 1/2/15.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.		E4660	20	
March		65417	20	20
Apl.		66684	20	20
May		77420	20 —	20
June		N7334	20	20
July		29286	20	20
Aug.		5.N396	20	20
Sept.		E17091	20	20
Oct.		O6258	20	20
Nov.		P11037	20	20
Dec.		K15577	20	20
Jan.	1916	L16484	20	20
Feb.		L22361	20	20
March		K26882	20 —	20

280

ACCOUNT CLOSED

DATE ..... PER ..... W.

Gpmd

Name Mahoney Gm J

M. F. W. 41.
10m.—11-15.
1772-39-889.

371

Regimental No. 85447

Unit 6th Bde C F a

Date of enlistment 16-2-15

Place of " Montreal

Married (yes or no) yes no Sep Allw paid

Amount of pay assigned monthly $ nil

To whom payable SA Nil

~~Name and~~ address ~~of next of kin~~ 258 Lagauchetiere W St
Montreal Que

adm. "Khaki League" 14-6-16

Date and place discharged

Reason for discharge Discharged 14/8/16

Character on discharge

Sicilian 6-6-16

II

649-Pm-3134

L. 50 87694. M. & D. 6128.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	15/5/16							316 82								
14/5/16	30/6/16	46	100	46 00	46	10	4 60		367 42			x 100 00		4 40		x Sec 60 Pd a w 15-5-16 to 19-5-16
												⊗ 55 97		49		Expense in Liverpool ⊗ adv in Eng
												9 73	a	196 83	367 42	adv on Ship
								62								Int on def. pay See List 4 8
								a Balance Carried Fwd	196 83	197 45		Credit	Bal	197 45	197 45	Supp sent MO4 14/11/18

Pensioned 22-5-19

a/c to M 2 4 with a Bal 1-7-16

Pensioned

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

SPECIAL SERVICE BATTALION
MOBILIZATION CENTRE
MAR 26 1917
MONTREAL, P. Q.
MAR 26 1917

#275305

MEDICAL HISTORY SHEET

(85447)

Surname Mahoney Christian Name John.

Examined { on ..... day of ..... 191 ..... at .....

Birthplace { City or Town ..... County .....

Apparent age .....

Trade or occupation .....

Height 5 feet 11 Inches

Weight 183 lbs.

Chest measurement { Minimum 29 inches Maximum expansion 31 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left Number 1

When Vaccinated last 1916

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

Approved by

FIT

A. Macpagan Major
President Standing Medical Board

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

2481
5h
L161

SPECIAL SERVICE BATTALION

Surname Mahoney Christian Name [illegible]

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Royal Victoria Hosp.		5	12	18	11	12	18	Ac Pancreatitis	7	Intoxicated on admission Constipated, nausea & vomiting Became jaundiced Lungs - Fine crackles at both bases Abdomen - moderate fluid Died 2 AM Dec 11th 1918. Wilfred Collum Capt. M. O. i/c of Troops Royal Victoria Hospital.	

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.

R.O.8544 f Unit, Regiment or Corps SPECIAL SERVICE BATTALION

Regimental No. ~~275305~~ Rank Pte Name Mahoney J.

Enlisted (a) ..... Terms of Service (a) War + 6 months C. E. F. 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				
TOS SPECIAL SERVICE BATTALION			Montreal	27.3.17	Pte II D.O. P.T.R. Richards
1/5/18	Adt 4th Bn C.G.R.	TAKEN ON STRENGTH 4TH BN. C, G, R, C. E. F. AUTH, PT, II D, O, 1.		1/5/18	E. Melville Captain Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F.
6.1.19	4th Bn. C.G.R.	S.O.S. "Discharged"	Montreal Que.	11.12.18	D.O. Pt 6
					Adjutant General. For DAG

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

[P.T.O.

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

~~SYPHILIS~~ CASE-SHEET.

Regtl. No. Rank and Name Pte. J. Mahoney, Corps 4th C. G. R.

Placed on ~~Syphilis~~ Register at M. M. H. on June 12th 19 No. in Register B2717
(Name of Hospital)

Disease contracted at Montreal Primary sore appeared on (date) 10/6/19

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site On foreskin near frenum. Right inguinal

Lymphatic glands Inguinal enlarged.

Skin (nature and distribution of rash)

None

Mucous membranes

None

Other symptoms

None

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

Examination of blood serum— Method employed (original or ~~modification~~)
Wassermann reaction Result (~~positive~~ or negative) negative

Station Montreal Date Signature of M.O. A A Bailey

Struck off Syphilis Register at Barrack Hosp on

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

Station Montreal Date Signature of M.O. A A Bailey Lt

M. F. W. 145.
25m. 7-18.
1772-39-1174.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine	Wassermann Reaction		Treatment					Signature of M.O (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
							Arsenical		Mercurial		Other Methods	
				Normal (N.) Albumen (Alb.)	Method { Original (O.) ~~Modification (M.)~~	Results. { ~~Positive (+)~~ Negative (—)	Intravenous Injection dose in grammes		Intramuscular injection Dose of Metallic Mercury in grains.	Inunctions or Oral (Preparation and dose)		
							Salvarsan	Neo-Salvarsan				
Montreal	17/6/19	This was due to Trauma and not venereal in origin			O	—						A A Bawlyto

Cgs' M.O. ale

Register No. Dm 830

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 11686-J-24

Regt'l No. 2753055 Name John Mahoney
(Christian Name) (Surname)

Unit 3 Bgde Rank Gnr Date of enlistment 16-2-15

Date of casualty 11-12-18 B.P.C. File No. 61823

Was service performed overseas? ~~Yes~~ no

DEPENDENT

Name Mrs Sarah Mahoney Relationship widow

Address 125 Aqueduct St
Montreal
Que.

Amount of Special Pension Bonus $ 80 Abstracted by D. Parlow

Eligible for Gratuity $ 90.

Less amount of Special Pension Bonus paid $ 80

Less Debit Balance of S. A. or A.P. $

Total deductions $ 80

Balance due $ 10.00

Cheque No. 9.1899886 Date issued AUG 11 1920

Clerk A H Nicol

REMARKS:

Audited by
Geo Howard $10
Date 10.9.20

M.F.W. 2652
25M—6-20.
H.Q. 1772—89-1473

Noted 2mo

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
30OM-1-19
1772-39-1140

29455—THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 11
4m. 11-14
H. Q. 1772—39-819.

3-11-14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

58

Name Mrs. Sarah Mahoney.

Address 258 Langauchetiere
Montreal

Relation to Soldier wife, child or mother: Wife

Name of Soldier Mahoney John

Regtl. No.

Rank Pte

Corps 23 Battn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				(No. 16-1-25)
Dec.		G600	20	Soldier Discharged 8/12/14
Jan.	1915	~~G2363~~	~~20~~	G2363 cancelled !
Feb.		F2161	3 -	
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

all payments made
a/c completely closed

MORNING STATE OF SICK. *Date* Aug. 10th. *191* 6

Military Hospital at Khaki League Convalescent Home.

Corps	Remained	Since Admitted	Discharged	Died	Remaining	Attending	SICK OFFICERS			
							Rank, Name and Corps	Admitted	Discharged	Remarks
							REMARKS			

To.....

.....

(1) The officer in charge of a Hospital or Field Medical Units will furnish this report, in duplicate, daily to the A.D.M. S. for transmission to the Officer Commanding.

(2) All deaths are, *at once*, to be specially reported to the Officer Commanding the Corps, and to the Officer Commanding the Station.

M. F. B. 240.

50m.—11-15.
H. Q. 1772-39-109.

..... A. D. M. S.

..... Medical Officer in charge.

[OVER]

This portion of the Form can be used for any purpose where a Nominal Roll is necessary to communicate between the Military Hospital and the Corps.

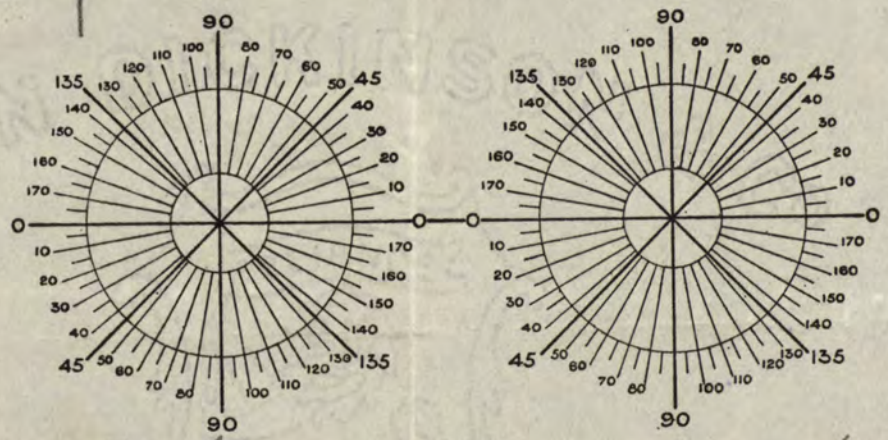
MILITARY HOSPITALS HEADQUARTERS AUG 10 1916 "A" UNIT COMMISSION COMMAND

Corps.	Regtl. No.	Rank.	Names.	Age.	Disease.	Date of Admission.	Date of Discharge.	Remarks.
C.F.A., C.E.F.	3447	Gnr.	J.Mahoney.		On transfer from Class 2 to Class 3.			

D.D.MacTaggart, Major.
Medical Officer.

per. Sgt. J.E.Haley

Reg. No 1029



Name Gunner Mahoney May 15 1916

DISTANCE.

Northgate St. Hosp
Bury

NEAR.

+ 1·5 Dph	+ 1·5 Dph

Remarks:

Signature J Schmell

To J. C. SCARBOROW & Co.,

Opticians to the Hospital,

(EVERY WEDNESDAY 11.30 to 4.30.)

42, ABBEYGATE ST., (OVER BARKWAY'S)

BURY ST. EDMUNDS.

HEAD OFFICE:—IPSWICH.

Office of the A.D.M.S. Canadians,
Moore Barracks,
Shorncliffe.

May 6th. 1916.

From:-
The A.D.M.S., Canadians,
Shorncliffe.

To:-
Officer i/c Records,
London.

Name.. Mahoney.. J.....

No.. 85447.....Rank. Gunner.....

Battalion.. C.F.A.. 3rd.. Bgde.....

The above noted appeared before a Medical Board at Shorncliffe on.....May 6th.....1916, and the following entry has been made on the Medical History Sheet of this man:-

Board recommends: "Discharge."
(Signed) George T. McKeough, Major, C A.MC. President, S. M. B.

6th. May, 1916. Approved for Discharge.
(Signed) S. L. Walker, Capt., for A.D.M.S. Canadians

Further entries are also contained on this Medical History Sheet, which are herewith copied:-

C.C.H., Uxbridge. 14-4-16--6-5-16. Myalgia. On Feby. 24/16 reported sick with rheumatic-like pains in shoulders and pains in back. To No. 4 F. Amb. thence Etaples and Bailleul, thence Bury St. Edmunds. No pain except in right instep. A.F.B. 179(Canada, pages 1 and 2 completed. Tsfd. to C.C.A.C. Folkestone, light duty.
(Signed) S. E. Thompson, Capt., C.A.M.C.

I hereby certify that the entries as above noted are true copies.

G. E. Bowlby

Captain, C.A.M.C.
for A.D.M.S., Canadians.

Bewley, Folkestone.
10000/23/10/15/3611.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. JOHN MAHONEY

Regimental No. 85447

Rank Gnr.

Unit 3rd Res. Bty.

Date of Birth ? Jan. 15. 1872

Place of Birth ? Clonmel, Ireland.

Occupation or trade previous to enlistment ? R.A. Fireman Stat.

Date of enlistment ? 16. Feb. 1915.

Place of enlistment ? Montreal

Are you married or single ? Married

If married how many children have you ? (*Boys*) 3 (*Girls*) 3

What are their ages ? 10 21

Have you a widowed mother dependent on you solely for support ? No

What was the condition of your health at the time of your enlistment ? Good

Where and when did your disability originate ? Bailleul, France.

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties ? Myalgia

What is your present condition of health ? Fair

What work, if any, are you fit for ? not fit

Have you any civil employment open to you at present ? No

What is your present address ? C.C.A.C. Bath

Where do you wish to take your discharge ? Canada.

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

J. Mahoney

Witnessed by H. Kay Major

MD.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

28

M

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	85447	Gr	Mahoney	J

Year	Unit.	Age.	Service.
	12 Bty 3 Brig C J F A	52	22 yrs

Station and Date.	Disease Myalgia.
22/2/16	
On admission	Reported sick about 2 wks ago due
97°-86-18	acct. of rheumatic pains. was so
22/ 97°-60-	bad that he could not dress himself
97°-60 0	Pains mostly in arms & back.
23/ 98² 80 1	Has a cough worse at night. - free
24) 98°-76 1	expectoration
25) -	
26) 99⁴-76 -	
9 p.m. 100·4-88-20	
27) 5 a.m. 98·6-70-20	
9 am 98⁴ 72	
28 Feb.	Emphysema. Prolonged expir.ⁿ Many creps at l. base. Some at right.
	Transferred to England
	H Hirtle

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S

P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

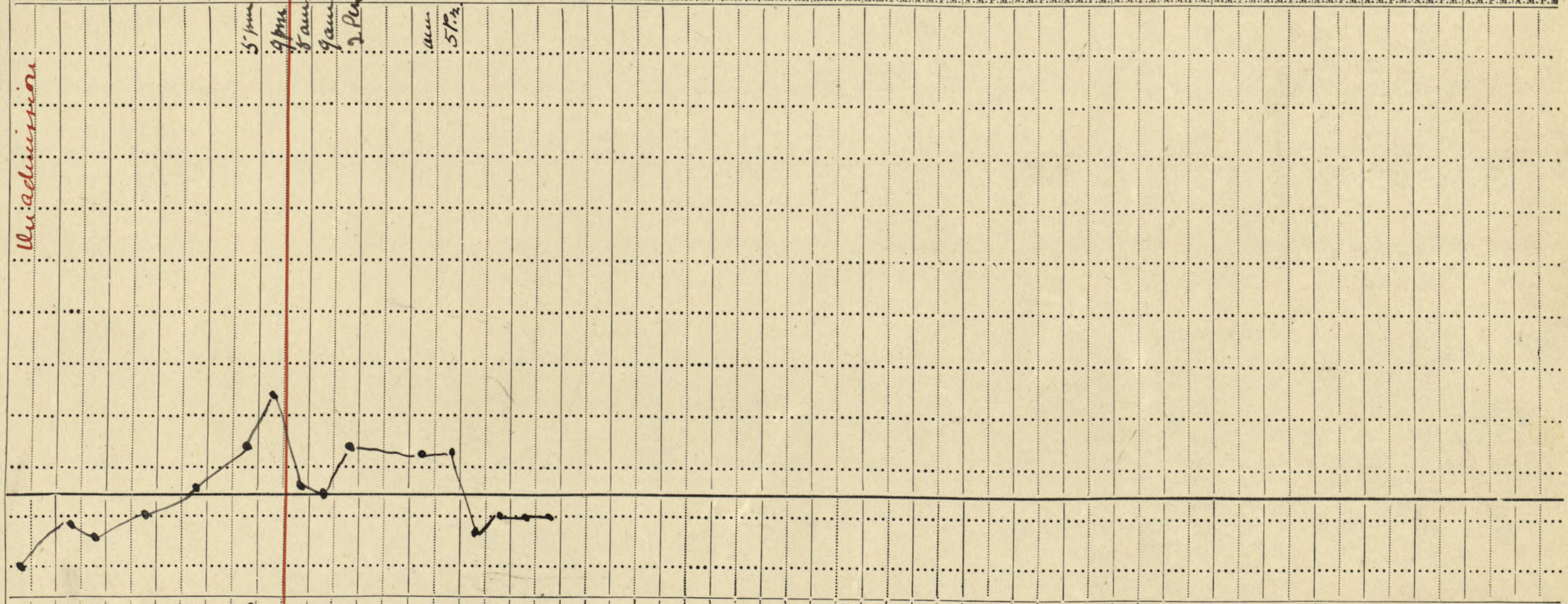
Corps 12 Btry. 3 Brig. C.F.A. Military Hospital Ho & Can Gen.

No. 85447 Rank and Name Gr. Mahoney J. Age 52 Service 22 years

Disease Myalgia Date of admission 22-2-16. Date of discharge Result

Dates of Observation	22		23	24	26		27			28	29	March 1
Days of Disease	Feb											
Temperature, Fahrenheit (Time A.M.P.M.)						5 pm	7 pm	7 am	9 am	2 pm	am	5 pm
Pulse per Minute	56	60	60	80	78	76	88	70	72	66	84	76
Respirations per Minute	18		0				20	20			20	20
Motions per 24 Hours			0	1	1	0		iii			0	0

Admission



Dates of Observation	68	70	62
Days of Disease			
Pulse per Minute	68	70	62
Respirations per Minute			
Motions per 24 Hours	0	1	

(3103.) W 7204-1542. 750,000. 8/15. H. & Sp. Forms/B. 181/3.

Signature In charge of case.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
215A	85447	Gnr.	Mahoney	J.

Year	Unit.	Age.	Service.
1916.	CFA.	52	14/12.

Station and Date.

Can. Conv. Hosp.

Uxbridge.

Disease Myalgia

On Feb. 14/16. reported sick with rheumatic pains in shoulders and back To 4th. F.A. thence Etaples &Bailleul thence Bury St. E Edmunds No pain now except in right instep.

16/4/16 Right foot swollen & painful. Rx Salol & Rest — Gen. Ro.

Salol — Improving — C.H.V.S.

27 " " — C.H.V.S.

Boarded for light duty apl 27. 16 by Capt. Ross.

May 6/16 to C C A C. — Sgt Thompson Capt C A Ude

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

Station and Date.	

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

2HH

Army Form B. 103.

33

Casualty Form—Active Service.

Regiment or Corps 3rd Res Bty. Can. Res Bgd.

Regimental No. 88444 Rank Gnr. Name Mahaney J.

Enlisted (*a*) 28/2/15 Terms of Service (*a*) ~~6 mos. longer if necessary~~ Duration of war. Service reckons from (*a*) 28/3/15

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				
		Transferred to France 28/5/15			
6.6.15.	OC. 3rd C.A. Bde.	Joined 3rd C.A. Bde. from England.	In the Field	5.6.15	B213
2-1-16.	Ob. Unit.	Evac. to Hospital.	Not Stated.	20.12.15.	B213 Obs. 213.
8-1-16.	21. Dis Rt Stn	Sprain Ankle.	Duty	5-1-16	A36. " 222.
20-2-16	Ob. Unit	Returned from Hosp.	Field.	6-1-16	B213. Obs. 244.
15-2-16	#4. Stat Hosp	Influenza	#4. Stat Hosp.	15-2-16.	W3034. d/ 15-2-16.
21-2-16.	do.	Influenza.	Le Bacc	21-2-16.	" d/ 21-2-16.
20-2-16.	#1 Can Gen	Articular Rheumatism	Mt. Debate.	16-2-16	A36 Obs. 243
2-3-16.	#1. Can Gen.	Neuralgia.	England.	2-3-16	W3034 d/ 2-3-16
4-3-16.	H.S. Cambria	Neuralgia	H.S. Cambria	3-3-16.	W3083. Pt 20 ds. d/ 14-3-16.

D. C. Skinner LIEUT.
OFFICER i/c RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

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

[P.T.O.

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

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, J. Mahoney

Regimental number 85447 Rank private serving in the 4th Bn. CGR Canadian Expeditionary Force, declare this to be my last will, revoking all previous wills, if any.

Executor I appoint My wife Mrs. Sarah Mahoney whose address is 258 Laguchetiere St West, Montreal Que to be the executor of this my last will.

General gift I give to My wife Mrs. Sarah Mahoney whose address is 258 Laguchetiere St. West Montreal Que. all my property not disposed of above.

Date Dated at Montreal Que this 18th November 1918

Signature Pte J. Mahoney
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

Witnesses

1st WITNESS	2nd WITNESS
Signature Albert Barney	Signature L. Archambault
Address Burnside Barracks Montreal	Address Burnside Barracks Montreal Que
Occupation Soldier	Occupation Soldier

M. F. W. 82
120m-4-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

Married or Single: M

Place of Birth: Ireland

Name and Address of Next of Kin: Mrs John Mahoney
232 Dalhousie St, Montreal

Relationship of Next of Kin:

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

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital
31-5-16	45'00		62 cents

Reg'l. No. 85447 Rank: Name: Mahoney John

If in Perm't. Corps What Unit: Unit 6th Bde C.F.A. Transferred to: Ceae. Date: 30.3.16 Authority: P.O. 5/12

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation — Transferred to — Date — Authority

Date of Attestation: 16 Feb 1915. — Transferred to — Date — Authority

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place: 16 5/16 Canada — Reason and Authority: Left to Bath, CC1. 9 5/16.

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

PAY OFFICE N.E. BRANCH
JUN 21 1916
CANADIAN CONTINGENTS

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
April 1916															439 02															159 23	279 79				
1/4-15/5	45 1.00		45 00		45 10		4 50								49 50	Batt. 9/5/16				Field Garage 4 17/6 Back	19/4/16	4 87		2 62 1 21	4 87					13 57	315 72				$2.62 one payment of Frs 15.00 in P Book not accounted for on Leave sheet. $1.10 to adj 1 9/3 P allce short credited March 1916. Pay Book verified
-	-	-	-	-	-	-	-	-						1 10	1 10															- -	316 82				
									Bal on Lsp to N.E. Bch.						316 82	603 673 938 846								426 4866 48 243					260 39	316 82				$11 - 12 adv. By P.M. c.e.o. Bath Dis. Can. P.M. May 1916
1919 Sept	N.S.													62	62													62		62					Trans. to "Canada Disc'ge a/c"

Trans. to "Canada Disc'ge a/c"

C. 62 Ins Def Pay List 8

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	No.	Date	No.	Date												

Date Sailed

This space to be for numbers.

Proceedings on Discharge.

DEPT. MILITIA & DEFENCE AUG 22 1916 CANADA

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 85447

Rank Gunner

Name Mahoney, John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 3rd Brigade C.F.A., C.E.F.

Date of Discharge August 9th, 1916

Place of Discharge Montreal, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 52 years -- months.
Height 5 feet 10 3/4 inches.
Complexion Light
Eyes Blue
Hair Grey
Trade Fireman
Intended place of residence (To be given as fully as practicable.) 258 Lagauchetierre St. Montreal, P.Q.

Descriptive Marks

Tattoo marks both forearms
Crucifixion right arm.

2. The above-named man is discharged in consequence of Medical Unfitness due to myalgia H.Q. Authority dated 5th August, 1916 4D 22-M-330.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Fireman.

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

qc 17-11-19. boarded 25-8-16. W.M. Star 25-11-19

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal, P. Q. .....

(Date) August 10th, 1916 *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, P. Q. J. Mahoney *(Signature of Soldier.)*

(Date) August 10th, 1916 E. R. Williams *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 1 years 187 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, P. Q.

(Date) August 10th, 1916

(Signature) G. B. Hall *Captain*
O. C. "E" Unit
Military Hospitals Commissions Command.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

J. Mahoney

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be left blank for the Chelsea Number.

Re Discharge D

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 85447 Army Rank Gnr.

Name Mahoney, John.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.C.A.C.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 44 years 5 months

Height 5 feet 10 inches

Chest measurement { girth when fully expanded 40½ ins. / range of expansion 1¾ ins.

Complexion Dark

Eyes blue

Hair grey

Trade Stoker

Intended place of residence (To be given as fully as practicable)

Descriptive marks.

2Vacs, left arm.
Tattoo on both arms.
Sear left groin.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service.

K.R.&.O. para 392 XVI

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

A1933 Wt. W. 13141/283 70,000 3/15 D. D. & L. Sch. 39

Forms B. 268 / 39

* Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations _____

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____ W Marrion Major

(Date) _____ *Commanding* The Canadian Casualty Discharge Depot, *Battn.* Prior Park, Bath. *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required
    See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

LABORATORY. No. 1 Com. Gen Hospital. FY

Specimen of Urine

From No. 25448 Rank Gnr. Name Mahoney

Unit E&A

Examination required

Result :—

acid
deep straw
alb and
sug nil
micro very occas. Hyal. casts.

1/16

Date Signature

M.O. i/c Laboratory.

W 1020—871 200 bks. 4/15 H W V(M 552)
11583—4317 400 bks. 10/15

10 (b)

Bewley, Folkestone.
30,000—11/12/15—3875.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Canadian Convalescent Hospital, ~~Hillingdon House, Uxbridge.~~

Date ~~April 27th. 1916.~~

1. Unit 3rd Brig.1st.Div.C.F.A.
2. Regimental No. 85447
3. Rank Gunner
4. Name Mahoney, J.
5. Age last birthday 52 years.
6. Enlisted on 16th. Feb. 1915. at Montreal, Que.
7. Former Trade or Occupation Fireman, Railroad.

8. Disability.

Myalgia.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. February 14th. 1916.

10. Place of origin of disability. Bailleul, France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

While in firing line, was taken ill with rheumatic pains in back, shoulders and rig ankle. Sent to Etaples Hospital about Feb. 26th. 1916 thence to Hamp Hall, Bury St. Edmunds, England, on March 3rd. On March 10th. transf -ed to C.C. Hospital, Uxbridge. Cause of illness, exposure to cold and damp.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

(a) Weather conditions.

(b) (1) Yes.

(2) Yes, exposure to wet, cold, e

13. What is his present condition?
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Fair.

Patient suffering from chronic rheumatic condition of right ankle and myalgia of the back and shoulders, also incapacitated by age from full duty.

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy?

(*b*) On active service?

(*c*) On duty?

(*d*) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

No

17. If not, was an operation advised and declined?

No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

No

19. Do you recommend

(*a*) Fit for duty? **No.**

(*b*) Fit for base duty? **Yes**

(*c*) Invalided to Canada? **No**

(*d*) Discharge as permanently unfit? **No.**

Fillmore Ross Capt. Can[illegible]

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, ~~except~~†

Station

J. A. Spouaigle

Officer in charge of Hospital.

HILLINGDON HOUSE CONVALESCENT HOSPITAL UXBRIDGE 1 - MAY. 1916

Date

Commanding Hillingdon House Convalescent Hospital, UXBRIDGE.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii). The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.	yes	yes
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?	General service conditions	

21. Has the disability been caused or aggravated by
   (*a*) Intemperance? no
   (*b*) Misconduct? no

22. Is the disability permanent? yes - age only

23. If not permanent, what is its probable minimum duration? not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? 1/4 for 6 months

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend
   (*a*) Fit for duty? no
   (*b*) Fit for base duty? no
   (*c*) Invalided to Canada? no
   (*d*) Discharge as permanently unfit? yes

27. Remarks. There is some swelling & thickening of right ankle

APPROVED

Signatures:— [illegible] President.

SHORNCLIFFE—C.C.A.C. (18, Westbourne Gardens, Folkestone.)

Station

Date May 6 - 16

[illegible] Capt. / E L Pope Capt. Members.

Approved.

Station Shorncliffe

Date 6 - MAY 1916

S. L. Walker
Administrative Medical Officer.

Capt. for A.D.M.S.
Canadian Training Division, Shorncliffe.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the 9th day of May 1916.

Prior Park, Bath.

Members of Board.

Lt. Col. Sir H. Montagu Allan.
Lt. Col. W. Grant Morden.
Major J. L. Todd. C.A.M.C.
Major R. Raikes. C.A.M.C.
Major Hume Blake.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

No. 85447
Gnr. J. Mahoney.
3rd Res. Bty. C.F.A.

Recommends:-

When this man is discharged, he be granted a gratuity of One Hundred Dollars under the authority of Order in Council No. 3021, dated the 25th December 1915.

Prior Park, Bath.

Signed at ~~41, Grimston Avenue, Folkestone,~~ *this* 9th *day of* May, 191 6.

H. Montagu Allan. *President.* Lt. Col.

R. Raikes. Major. C.A.M.C.

Hume Blake. Major.

NS

Envelope # 8199

Rank and Name: MAHONEY J.

Regimental No.: 85447

Unit: 6th Bgde C F A

Date of enlistment: 7.6.6.15

Place of birth: Connel. Ireland

Married (Yes or No): yes

If in Permanent Force:

Promotions or appointments:

Name and Address of Next-of-kin: Mrs J. Mahoney (wife) 232 Dalhousie St Montreal

Date and place of discharge:

Reason for discharge:

Character on discharge:

N/E. H.B. No. 24.38

File R.L.

Category. Can. M.A.

R 139-15

Mil Can. R.

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				
25.5.15	OC R. Bde	Absence — 3 days pay	Rd. Shorncliffe	25.5.15	Part II O # 61 Para 172
25.5.15	—	— 120 hrs detention	—	25.5.15	" " # 61 " 173
3-7-15	OC 3rd Bde.	Taken on strength from	England	6-6-15	Part II. C.19. Para 5
8-1-16	W.O.	Adm 21st Div. Rest Stat.	France	25-12-15	Case 8 # 233. Sprain ankle.
24-1-16	W.O.	Discharged to duty from No 21 Divisional Rest Station	"	5-1-16	Case 8 # 246 Sprain Ankle
24-2-16	W.O.	Adm # 4 Stationary Hospital	St. Omer	15-2-16	Case 8 # A 266. Influenza.
3-3-16	T/C 3rd Bde	Adm # 1. Can Gen. Hosp.	Etaples	22-2-16	Case 8 # A 272. "
14-3-16	do	do Invalided + Trans to England	On the field	14/3/16.	Pt. II O # 12
15-3-16	. — —	Suffolk (Lampton) Hosp. Bury St.	Edmunds	3-3-16	Case 8 # B 19. "
30/3/16.	O.C. 3rd Bde	Discharged to Duty.	S'cliffe	11/3/16	C.L. B. 29. Myalgia.
26.4.16	O/C Res Bdg.	Awarded 10 dys C.B. for A.W.L. from M. H. 18.4/16 to 1.a.m. 25.4/16. + forfeits 6 dys pay.	do.	26.4.16	Pt II. O. 117.
7.5.16	O/C Ccac	Reported to Ccac. Eastbridge	Folkestone	6/5/16	Pt II. O. 149.

85447. Gnr Mahoney, J.

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				
10.5.16	O/C CCOC	for Discharge On Command to CEFEU	Bath	8/5/16	Pt II O 154.
9.5.16	CCFEU	Taken on strength	Bath	8.5.16	Pt II O 75
6.5.16	Res Bde	Dis Pen Con Hosp.	Uxbridge	6.5.16	C. L. O. 175 (Myalgia)
23/6/16	CCFEU	A.L. 9h from noon 15/6/16 until apprehended by Imperial Police 19/6/16 forfeits four days pay by R.M.	Bath	23/6/16	Pt II O. 86.
30/6/16	O/C C.C.C.	Stk off strength proc to Canada for Discharge (Auth Dis. O. 3117. 15/6/16	Stone	26/5/16	Pt II O. 228.

CHECKED. 5th Dec, 1916.

CASE HISTORY SHEET.

M. M. Barracks Hospital. Montreal, Que. Station.

No. //////////// Rank Pte. Name Mahoney, J. Age 31

Unit 4th C.G.R. Completed years of service (Where and how long) 6 / 6 wks.

Date of admission June 12th. 1919 Date of discharge JUN 26 1919

Diagnosis ~~Chancroid~~ Sore on Penis Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE

History - Noticed two small sore on foreskin near frenum on 10/6/19 about 3 weeks after exposure.
Present Condition - Two small superficial sores on foreskin near frenum. Slight induration.
Glans & Cords - ok.
Inguinal glands - Enlarged.
Other Sys - Neg
17/6/19. No discharge or pain.
25/6/19 Sores healed completely.
This was not venereal

FAMILY HISTORY Neg
(Tuberculosis, mental or nervous diseases)

TREATMENT Mag Sul.
(Especially any specific or special form.) Carbolic compresses

CONDITION ON DISCHARGE Free from infectious venereal
(and disposal made of case.) diseases & Vermin.
Fit to unit

JUN 26 1919
Date

H. A. Boulight
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

a 34969