

Original.

ATTESTATION PAPER.

10th Royal Grenadiers.

No. 2537362

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? M O O R E.
- 1a. What are your Christian names? Charles Joseph.
- 1b. What is your present address? 504 West 131st St. New York City
- 2. In what Town, Township or Parish, and in what Country were you born? Quebec, Quebec, Canada.
- 3. What is the name of your next-of kin? Gurli Moore.
- 4. What is the address of your next-of-kin? 504, West 131st St., New York City
- 4a. What is the relationship of your next-of-kin? Wife. N. Y. U. S. A.
- 5. What is the date of your birth? August 19th, 1889.
- 6. What is your Trade or Calling? Clerk.
- 7. Are you married? Married.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
- 9. Do you now belong to the Active Militia? No.
- 10. Have you ever served in any Military Force? No.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes.
- 12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
- 14. If so, what was the nature of the disability?
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
- 16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date June 21st, 1917. 191 . [Signature] (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date June 21st, 1917. 191 . [Signature] (Signature of Recruit)
[Signature] (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 Toronto, Canada this 21st day of June, 1917. 191 .
[Signature] (Signature of Justice)

Description of Charles Joseph Moore. on Enlistment.

Apparent Age 27 years 10 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/2 ins.

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

Complexion Medium

Eyes Blue

Hair Light Brown

Religious denominations. { Church of England
 { Presbyterian pres.
 { 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).

Scar right knee, and above right knee, 1/2 point on right knee. ear

Hearing O. K. V-Each eye D. 20
 Nose and throat, O. K.

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 June 21st, 1917 191

Place Toronto, Canada.

*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:—

Toronto Mobilization Centre. Medical Officer.

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE

[Signature] M.O.
 PRESIDENT

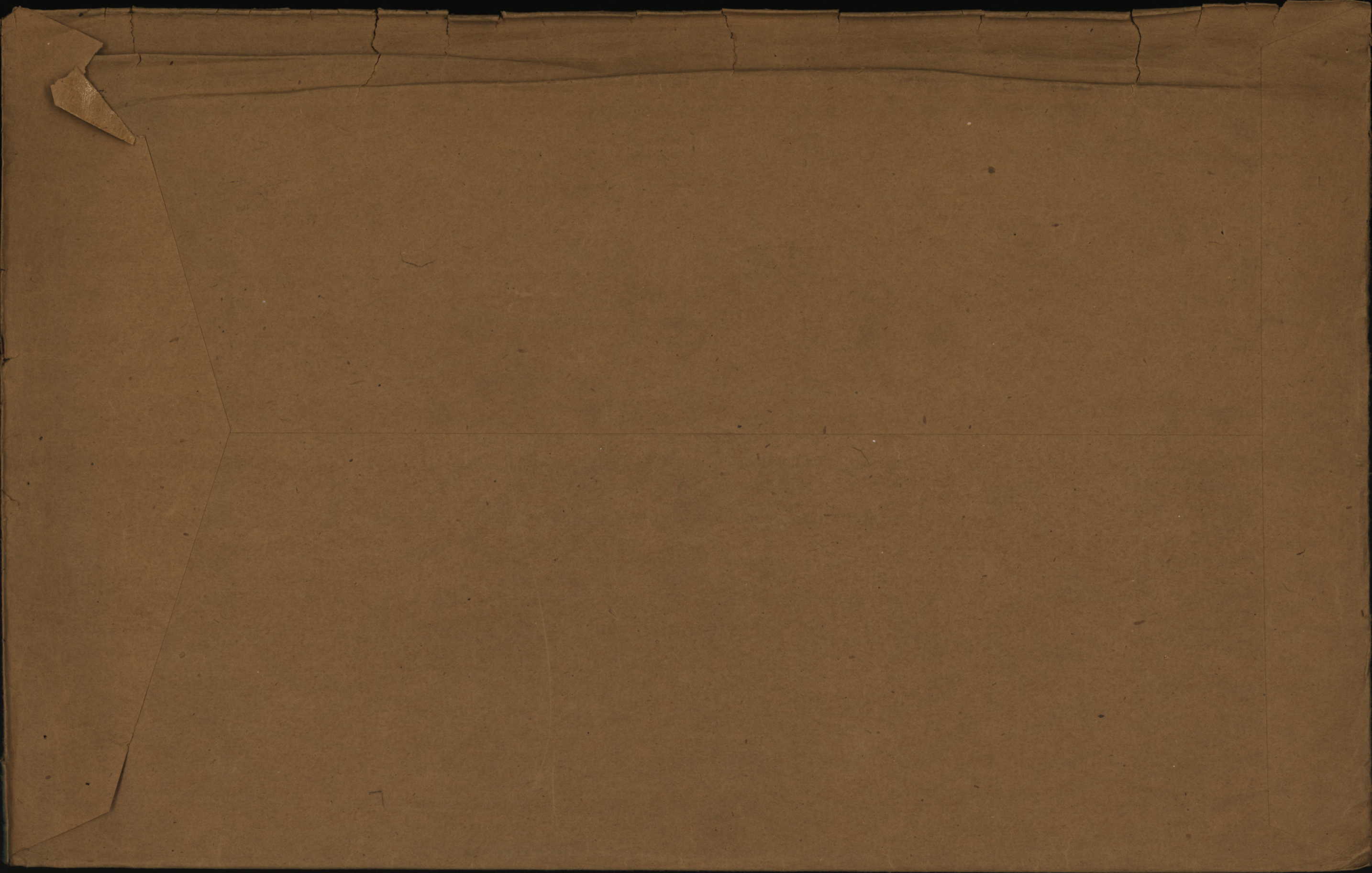
CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Joseph Moore.

..... 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] Lieut. Col.
 O.C. 10th Regt. P.C. Service. Bn. (Signature of Officer)

Date June 21 1917



SURNAME.

Moore

CHRISTIAN NAMES

Charles Joseph

REGL. NO.

2537362

RANK

Pte.

UNIT

~~10th Regt. (R. Gren. Ser. Bn.)~~ 1st Co Depot Bn.

FORMER CORPS

Mil.

SOS Released FILE 7/1/88 BY 12/10/88
1st Dep Bn., 1st C.O.B. F. 428.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Moore Mrs. Gurli

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

504, West 131st St., New York,
N. Y., U. S. A.

COUNTRY OF BIRTH

Canada Quebec, P. Q.

DATE

Aug. 19th - 1889

PLACE OF ATTESTATION

Toronto, Ont.

DATE

June 21st 1917Trans from 10th Regt 1st Co Depot Bn 9/17 and 1914 593-329 no 22-8-17

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

27 YEARS

10 MONTHS

HEIGHT

5 FEET

5 3/4 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Light brown

DISTINGUISHING MARKS

Scar R. knee & above R. knee.

Point on right ear.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

June 21st 1917

Present Address Not stated

No. 253736 ^{2.} RANK

NAME Moore. C.

J.

T. O. S. 21-6-17 UNIT 10th Regt. (Service Sn C. 10. 7)

(D.O. 68. of 29-6-17)

From 2nd M. G. June L.P.C.

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 June 22	1917 June 30	—	a.w.d. 6-8-17 Trans. to 1st Depot Sn. 1 st B.O. R. 9-8-17	D.O. 111 - Aug. Pay list D.O. 113 - 13-8-17.
July		—		
Aug 11	Aug 9	—		



Reg. No. 2537362 Name Moore Chas J
 Rank Pte Corps 1/1 COR Age 28 Service C 9/12
 Ledger No. 105. 977. 139 Serial No. 10465. 28604

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	15-10-17	acute Bronchitis
Hr Ed Camp	15-12-17	
Base Toronto	17 1 18	
On Duty	4 2 18	
Base Toronto	12 3 18	Scarlet fever
On Duty 8:30 PM	15 4 18	Pneumonia

HOSPITALS

DATE

DIAGNOSIS

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

1st DEPOT BATTALION
 Fill in only.—Unit, Number, Rank and Name.
1st C. O. R.

M. F. W. 54. (A. F. B. 103:
 500M.—9-16
 H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... 1st Depot Bn. 1st C. O. R.

Regimental No. 2537362 Rank Pte. Name MOORE, Charles Joseph
C. E. F.

Enlisted (a) June 21-17 Terms of Service (a) D. of W. Service reckons from (a) June 21-17
six months after

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

Extended..... Re-engaged..... Qualification (b) Clerk

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				
1-5-18	1/1 COR	Sgt Deceased	Toronto	15-4-18	Pt 11 121
<div style="text-align: center;"> <p><i>[Signature]</i></p> <hr style="border: 1px solid black; width: 80%; margin: 0 auto;"/> <p><i>[Signature]</i></p> </div>					

(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.

9016

MEDICAL CASE-HISTORY SHEET.

HOSPITAL..... BASE STATION TORONTO

No. 2537 862 Rank Plt Name Moore, C. J. Age 28

Unit 1 C. O. R. E. Station Service 2

Date of Admission JAN 17 1918 Date of Discharge.....

Diagnosis ~~M. T. D.~~ Chest Ch Bronchitis

Date of Origin..... Place of Origin.....

CAUSE OF ILLNESS OR INJURY:

cold.

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

*Was in hospital Oct. 18. with Pneumonia.
in W.A.
Was sent in this time on rec^d of Board who classed*

*him D3 at Exhibition
Cough has been troubling ever since attack of Pneumonia.
Considerable sputa.*

Exam

CONDITION ON ADMISSION.

TREATMENT.

Castors. Syr 3i t.i.d.p.s

X-ray Bronchial thickening - no definite indications of TB

E. N. & T. blines - "Hypertrophic rhinitis." Small amounts advised

Urinalysis.

U. 10 24. React acid

CONDITION ON DISCHARGE FROM HOSPITAL.

Trans to G.S.A. 4/2/18

W. H. Best Capt
Medical Officer i/c Case.

Date.....

3.8604

9016

MEDICAL CASE HISTORY SHEET

WILHELMSTADT LALIED GARDER 1113 PENN. ST. PHILA. PA.

MADE IN CANADA

COPYED ON THE CHAIR FROM HOSPITAL

TREATMENT

CONVULSIONS

HISTORY OF THE PRESENT ILLNESS

ONset of the disease

Age of Onset

Duration

Place of Admission

Admission

No. of Cases

Location

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps D. B. Co. C. O. P. Exhib.

Hospital Station _____

No. 2537362 Rank and Name Pvt. Moore Charles.

Age 28 Service 1 1/2

Disease Scarlet Fever.

Date of Admission Jan. 17.

Date of Discharge 15/1/18 Result _____

Case Book 9016 Folio _____

Dates of Observation	Days of Disease																												
	17		18		19		20		21		22		23		24		25		26		27		28		29		30		
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
106°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
105°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
104°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
103°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
102°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
101°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
100°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
99°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
98°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
97°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulse per Minute	106	108	120	128	120	126	128	138	150	140	140	128																	
Respirations per Minute	32	46	50	62	60	60	64	60	57	52	50	48																	
Motions																													

Signature Lab. Keeler Capt In charge of case.

CLINICAL CHART

(To be filled out by the attending physician)

Case No. 100-10000

Name of Patient: J. H. Smith
Date of Admission: 10/15/1918
Age: 45
Sex: Male
Occupation: Farmer

Date	Temperature	Pulse	Respiration	BP	Weight	Height	Remarks
10/15/18	100	72	18	120/80	150	5'8"	Admitted
10/16/18	99	70	16	110/70	150	5'8"	Stable
10/17/18	98	68	14	100/60	150	5'8"	Improving
10/18/18	97	66	12	90/50	150	5'8"	Discharge

FORM OF WILL

I, Charles Joseph MOORE (Name in full)

Regimental Number 2527362 serving in "G" CO. 1ST DEPOT BN. 1ST C. O. R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....
.....
.....
..... } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Julia Moore.
.....
572 Lincoln Place
.....
Brooklyn N.Y.
..... } Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.
this eighth day of January A.D. 1918
Charles Joseph Moore Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

Signature of First Witness J. B. [Signature]
Address of Witness "G" CO. 1ST DEPOT BN. 1ST C. O. R.

THE TWO WITNESSES Occupation of Witness Sergeant

MUST SIGN HERE Signature of Second Witness J. E. McBride

Address of Witness "G" CO. 1ST DEPOT BN. 1ST C. O. R.
Occupation of Witness Sergeant

1918

1918

1918

1918

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1918

1918

1918

FORM OF MTT

6267
20-4-18.



1st DEPOT BATTALION
1st C.O.R.

No Card

A-2
A2

MEDICAL HISTORY SHEET

Surname Moore Christian Name Charles Joseph

Examined	on <u>21st</u> day of <u>June, 1917</u>	Approved by																															
	at <u>Toronto, Canada.</u>																																
Birthplace	City or Town <u>Quebec, Quebec</u>	Rank	M.O.																														
	County <u>Canada</u>	<u>Toronto Mobilization Centre.</u>																															
Apparent age	<u>27 yrs 10 mos.</u>	<table border="1"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE <i>O.A. Edwards</i> M.O. PRESIDENT</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table>		Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT			DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE <i>O.A. Edwards</i> M.O. PRESIDENT			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.
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				M.O.																													
		M.O.																															
Trade or occupation	<u>Clerk</u>																																
Height	<u>5</u> feet <u>5$\frac{3}{4}$</u> Inches																																
Weight	<u>115$\frac{1}{2}$</u> lbs.																																
Chest measurement	Minimum <u>32</u> inches																																
	Maximum expansion <u>35</u> inches																																
Physical development	<u>Fair</u>																																
Small-pox Marks	<u>nil</u>																																
Vaccination Marks	Arm <u>Right</u> <u>Left</u> <u>1</u>																																
	Number <u>1</u>																																
When Vaccinated last	<u>Childhood</u>	<u>3/7/17</u>	<u>End</u> <u>Merrill</u> <u>Capt</u> M.O.																														
(a) Marks indicating congenital peculiarities or previous disease	<u>nil</u>		M.O.																														
(b) Slight defects but not sufficient to cause rejection			M.O.																														
	<u>Hearing O. K. V-Each eye D. 20</u>	<u>25/6/17</u>	M.O.																														
	<u>Nose and throat, O. K.</u>	<u>3/7/17</u>	M.O.																														
		<u>10/7/17</u>	M.O.																														

Enlisted on 21st day of June, 1917 at Toronto, Canada.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>10th. R. G.</u>			
Transferred to		<u>#2537362</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
	<u>JUN 27 1917</u>		

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

Charles Joseph

Christian Name

Moore

Surname

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Camp Borden Base Hosp Toronto		9	7	17	18	7	17	La Grippe	10	Cured	D. Sweeney
		18	10	17	15	12	17	Pneumonia	59	Cough; Fever; Sputum & feeling of Malaise. Appetite poor; very tired. Quin. Ures. Hydr. gr x q.4.h. Mist. Bronch. Co. q.4.h. Progress very slow - uneventful Condition improved on transfer to Exhibition Camp Hospital.	
Convalescent Depot, Ex. Camp, Toronto.		15	12	17	19	12	17	Pneumonia	5	Discharged to Unit much improved.	
Exhib Camp Toronto		14	1	18	18	1	18	Post do	5	For specialist report on chest.	Hugh McLean

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 10. B. 1 COR. Inhib.

Hospital Station _____

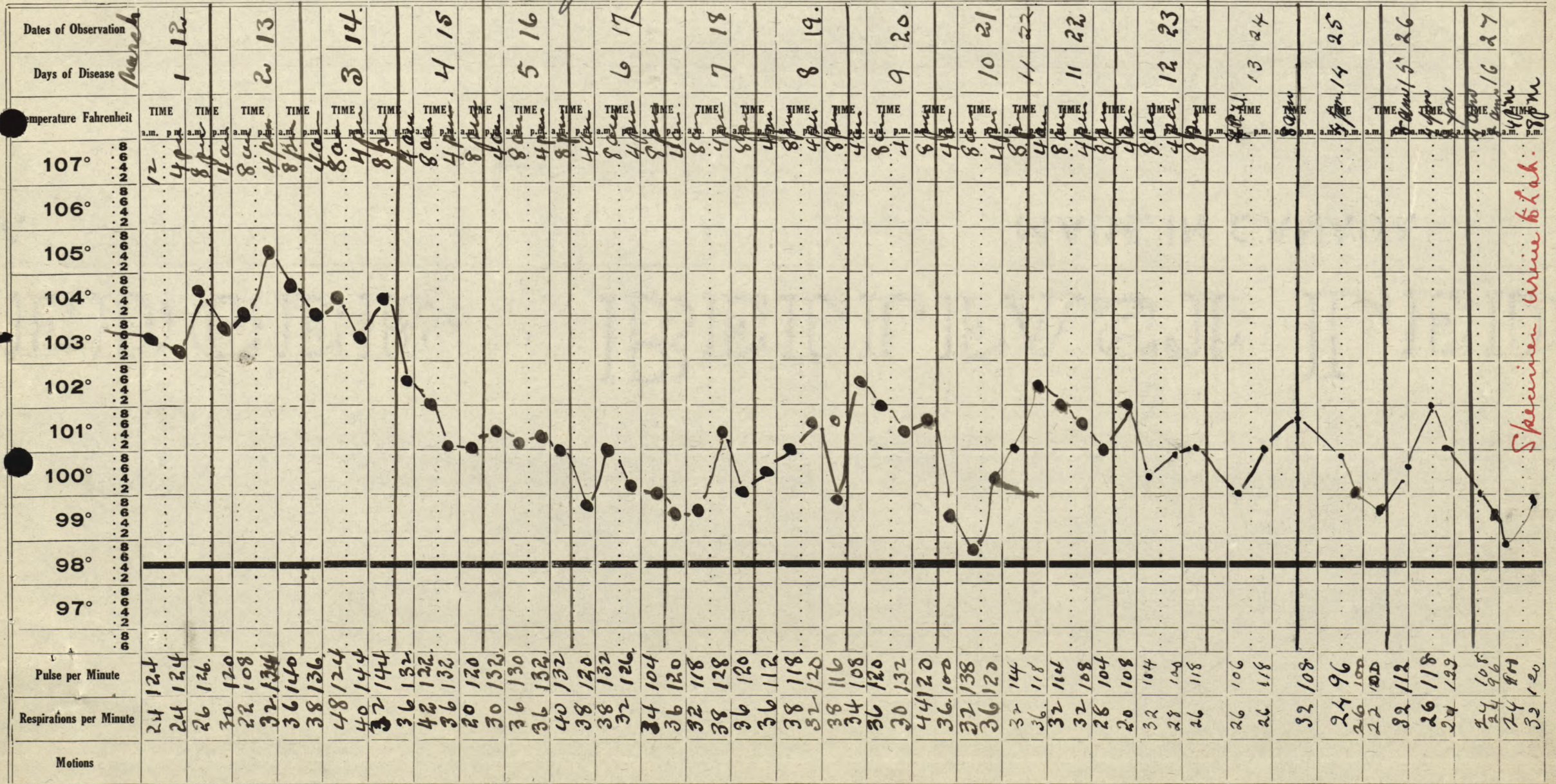
No. 2537362 Rank and Name Plt Moore, Chas

Age 28 Service 7 1/2

Disease Scarlet Fever. Date of Admission Jan 17/18 Date of Discharge _____

Result _____

Case Book 9016 Folio _____



Specimen urine to lab.

Signature W. A. Roberts, Capt.

In charge of case.

CLINICAL CHART.

To be pasted into Case Book opposite Patient's Case)

Hospital Station

Service

Age

Room and Name

No.

Case

Follow

Case Book

Result

Date of Discharge

Date of Admission

Disease

Date of Discharge											
Date of Admission											
Temperature											
											107°
											106°
											105°
											104°
											103°
											102°
											101°
											100°
											99°
											98°
											97°

In charge of case

Signature

Date

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 10 B.1 Co P Elib.

BASE Hospital Station TORONTO

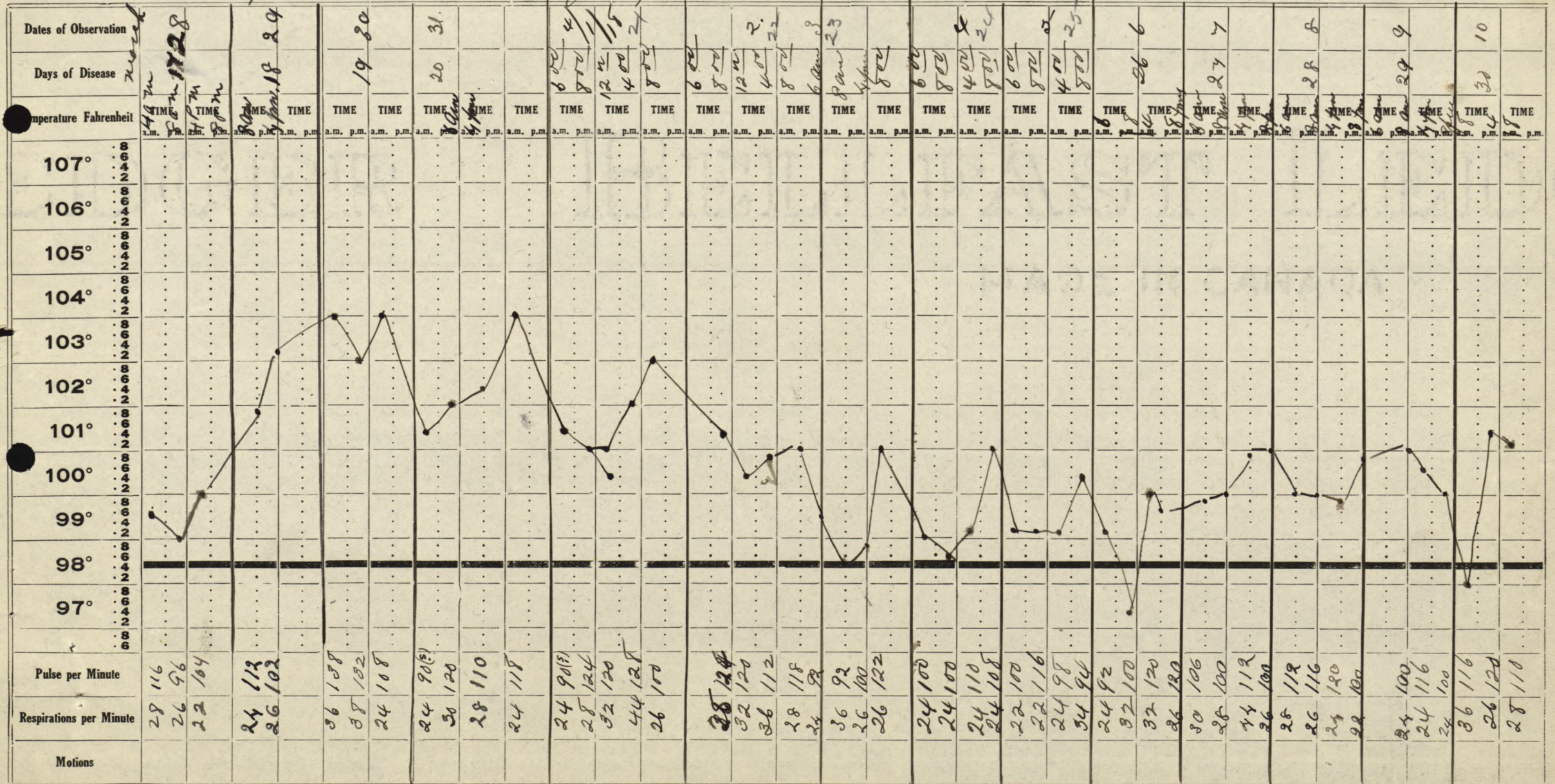
No. 2237362 Rank and Name Pte Moore Chas.

Age 28 Service 7 1/2

Disease Scarlet fever Date of Admission Jan 17/18 Date of Discharge

Result

Case Book 9016 Folio



Signature _____

In charge of case.

CLINICAL CHART

(To be pasted into Case Book opposite Patient's Case)

Corps No. _____ Rank and Name _____
 Hospital Station _____ Service _____ Age _____
 Case Book No. _____ Date of Admission _____ Date of Discharge _____
 Result _____

Date of Onset _____
 Date of Death _____

Name of Doctor _____
 Name of Hospital _____

107
 106
 105
 104
 103
 102
 101
 100
 99
 98
 97

Register No. Om 622

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 013052 C-15-

Reg'tl No. 2537362 Name Charles Moore (Christian Name) (Surname)
Unit 1 Depot Bn Rank Pte Date of enlistment
Date of casualty 15-4-18 B.P.C. File No. 36646
Was service performed overseas? Yes No ✓

DEPENDENT

Name Mrs. Gerli F Moore Relationship Widow
Address ~~473 Lincoln Pl.~~
445 Washington Ave. Brooklyn
N.Y. U.S.A.

Amount of Special Pension Bonus \$ 80 ✓ Abstracted by P. Parlow

Eligible for Gratuity \$ 90.00 ✓
Less amount of Special Pension Bonus paid \$ 80 ✓
Less Debit Balance of S. A. or A.P. \$ ✓

Total deductions \$ 80.00 ✓

Balance due \$ 10.00 ✓

Cheque No. G. 1902298 - 31-8-20 Parlow
G. 1896809 ✓ Date issued JUL 29 1920 Moore

REMARKS: CK G. 1896809 Cancelled 12/8/20
Not at 217812

Clerk J.W. Patterson

Audited by Kent
Date 27/7/20 1000

M.F.W. 2652
25M-6-20.
H.Q. 1772-30-1473

Moore
2537362

D/E. 21. 6. 17

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Eurli Ferdinanda Moore Name of Soldier Moore W. Has. Joo.
 Address of Mrs. Herman Regtl. No. 2537362
572 Lincoln Place Rank Pte.
Brooklyn N.Y. Corps 1st. Depot Bn. C.O.R.
 Relation to Soldier U.S.A. To what Corps belonging }
 wife, child or mother } Wife when called out }

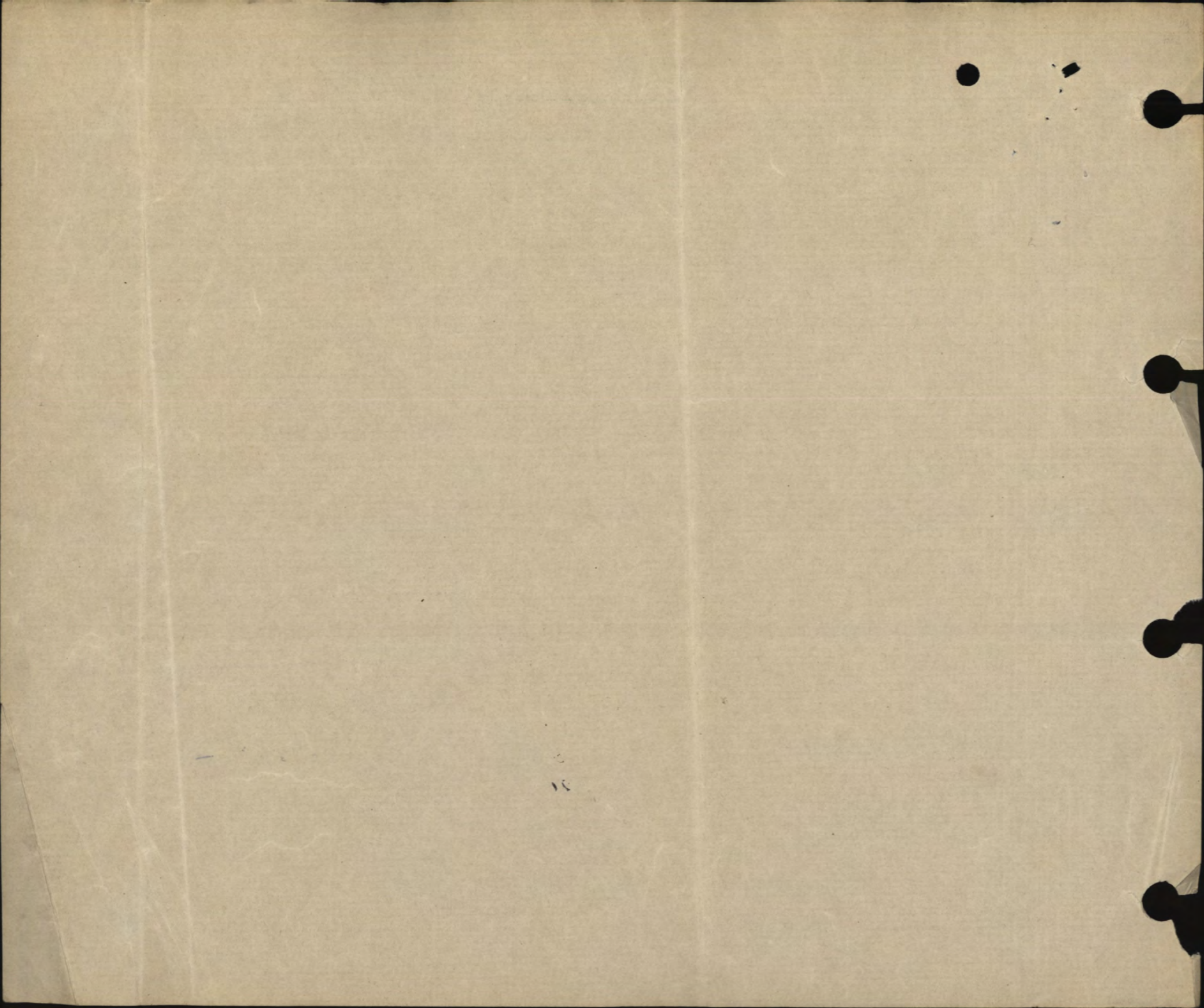
PAYMENTS

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



Notifications Notified Date 31st May/18
 Killed in Action }
 Died of Wounds } Date 15th April/18
 Missing }
 C. L. Clerk. J. S. Allen.
No. Q649-M-31020
 Date Noted..... 31st May..... 1918

Died at Base Hospital, Toronto.
Scarlet Fever (Pneumonia)



D/E. 21. 6. 17.
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Gurli G. Moore

Wife
PAYMENTS.

Name of Soldier Moore Chas. Jos.

L. L. Job 310.—Req. 6574.

Pte. 2537362. 1st. Depot Bu.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		A 11259	66	66 R mailed 27/9/17
Oct.		W 22056	20	R
Nov.	24828	7 24827	20	B 24827 Canc'd
Dec.		L 29176	20	N 126 ⁰⁰ HP.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

DIVISIONAL LABORATORY M.D. No. 2

T. B. SPUTUM

Rank *Co* Name *Morse* No. Corps.

Ward *15* Date

Capt.
Rec'd from N.S.

JAN 26 1918

The sputum submitted shows
the *absence* of Tubercle bacilli

.....
.....
.....
.....
.....

Examined by *Blumhardt*

Note.—A single negative result does not demonstrate the absence of Tuberculosis.

DIAGNOSTIC LABORATORY, M.D. No. 2

T. B. SPUTUM

Name _____

Date _____

Room No. _____

The patient submitted shows
the presence of Tubercle bacilli

Examination of _____
showed a high degree of tubercle bacilli
found in the sputum of tubercular

CASE HISTORY SHEET.

9016

No. 25-37362 Rank *Pte* Name *Moore Chas* Age *28*

Unit *1D/1COR* Completed years of service *7 1/2* Where and how long

Date of admission *Mar 12/18* Date of discharge *15/4/18*

Diagnosis *Scarlet Fever* Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE *Transf'd from Givins S^r to Sol Mar 12/18*

Admitted a Convalescent Pneumonia (at Base Oct 18. 14 transferred from Givins to this unit very sore and swollen generally inflamed. Tongue strawberry. Scarlet rash on chest. Typical.

March 13. Temp. Throat very sore and swollen. Patient has slight cough respiration increased. Countable. 28. 36.

March 14. Temp. Condition unimproved. Cough slight. Respiration increased 32. No sign of Pulmonary involvement.

March 15. Temp. Condition very serious. Obsolete ricin cough. Respiration increased. Cough slight. No sign of Pulmonary involvement.

March 16. Temp. Acute Laryngitis. voice lost. Stridor improved. P.T.O.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Ellow 4 + Drington 4.2.1.

*April 11th Transferred to Par B. Temp 103 4pm.
12th Resp 62 Temp 99.3 Complains of severe pain in left side from 5th ribs to costal margin. No friction rub found. Side strapped. Rt lung - riles otherwise noted over apex and down to 4th rib.*

CONDITION ON DISCHARGE

(and disposal made of case.)

*13th Much more comfortable. Pain relieved in side. Resp still rapid. Color dusky.
14 Pain marked in left side. Complains of strapping being loose.*

Date *15/4/18* Medical Officer i/c case.

Pain. Strapping replaced. Pressure relieved, more lightly. Pt. very cyanosed. Full stimulation ordered. P.T.O.

10465

March 17. Temp. Condition unchanged
Examination uneventful.

March 19. Temp. Improved.
Voice improving.

March 24 Temp. Improving

March 25 Temp. Improving.
Examination proceeding
Voice improving slightly husky.
P.T.O.

Mar. 31 - Sputum shows absence of Tubercle bacilli

Urine Report

Mar. 14 - 1025 - acid - Alb. + - Coarse granular casts.
" 25 - 1067 - acid - " S.T. - Leucocytes abundant.
" 27 - 1004 - Alk - " S.T.

Apr 15. Color slightly better. Resp rapid Pt
very weak. Bad odor to breath, very
marked, of "jaegerous lung" type.
Pt died 9:30 pm.

8:50 pm

Lobkeles
capt

2016

This space to be for numbers.

Proceedings on Discharge.

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

RECEIVED
JUL 11 1918
CANADA

No.	#2537362.
Rank	Private
Name	Charles Joseph MOORE
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1st. Depot Bn. 1st. C. O. R.
Date of Discharge	April 15th. 1918.
Place of Discharge	Toronto, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....28.....years.....7.....months.	Descriptive Marks
Height.....5.....feet.....5 ³ / ₄.....inches.	
Complexion	Medium
Eyes	Blue
Hair	Light Brown
Trade	Clerk
Intended place of residence	504 West 131st St. New York City, N.Y.
(To be given as fully as practicable.)	(at time of enlistment)
2. The above-named man is discharged in consequence of	
Deceased.	
(C.O. 30/4/18.)	
<small>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.</small>	
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.
	<i>Good & True</i>
<small>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:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

*KAD
Comp 21-8-20*

(OVER)

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

Nil.

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

6. Medals and Decorations.....

Nil.

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) Niagara Camp, Ont.

[Handwritten Signature]

(Date) July 3rd. 1918.

Commanding Base Co. 1st Depot Bn., 1st C. O. R.

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)..... (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 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.....²⁹⁹days.

Total.....years.....²⁹⁹days.

11. Confirmation of Discharge.

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

(Place) Niagara-on-the-Lake, Ont.

[Handwritten Signature]

(Signature) Major

(Date) July 3rd. 1918. A/O.C. 1st. Depot Bn. 1st. C. O. R.

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.)

6 170-1-18-18
86-12-7-18

81-4-11-18 I

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-6-17

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20 \$ 25.00

1-12-17

P.C. 3257

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 2537362

Rank *Pt* Promoted Reverted Discharge

Soldier's Name *Chas Jos. Moore*

Battalion *1st Depot Batta C O R*

Beneficiary *Mrs Lurli Ferdinanda Moore*

Relationship *Wife*

Address *% Mrs Herman, 572 Lincoln Place, Brooklyn N. Y U. S. A.*

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec. 31</i>		<i>126</i>		<i>126</i>	
<i>Jan</i>	<i>H63209</i>	<i>30</i>		<i>30</i>	
		<i>156</i>		<i>156</i>	<i>00</i>

*✓ Died at Base Hospital Toronto
Scarlet Fever (Pneumonia)*

Pensions Notified Date *31st May 18*
 Died of Wounds } Date *15th April 18*
 Clerk *J. H. Allen*
H. Q. 649-74-31020
 Date Noted *31st May 1918*

PAYMASTER PAYING
 From 1 - 2 - 18
 To.....

1st Depot Batta C. O. R and 2

Pension Granted *JULY-1-18*
 B.P.C. to Recover \$
 Clerk *J. P. L.* Date *June 15 18*

B. June 20th 18

*{ Paid to 30/4/18 by Mrs H. G. - Struck off the strength of his
Unit on April 30/18 File 013052 - C-45 Ch*

M. F. W. 128.
400M. 6-17-1772-38-1144
L. L. 22320-M. & D. 7891.

