

144456  
**I.D. number**  
**No. d'identification**

CASEY  
**Surname**  
**Nom de famille**

ARNOLD  
**Given names**  
**Prénoms**

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

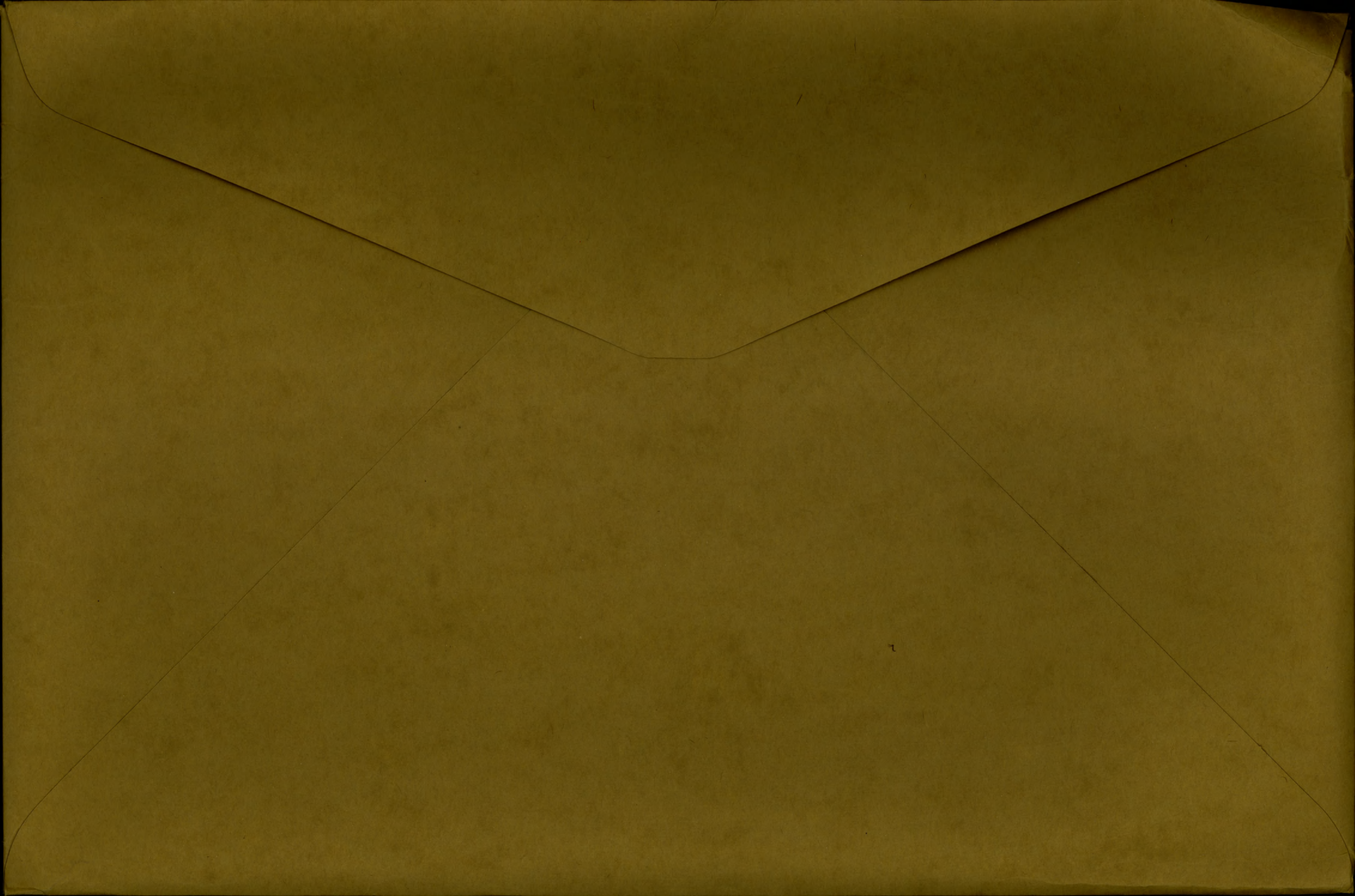
**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu**

1560

**«CONTENTS CONFIDENTIAL»**  
**«CONTENU CONFIDENTIEL»**







## REGIMENTAL DOCUMENT

NAME

*Casey* **CASEY ARNOLD**

REGT. NO.

14443

UNIT

H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

11113

DISCHARGE

Category

*Med. Profit.*

DESERTION

1 + 2  
3  
ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

1 Record Sheet

1 Cas Card form R149

2 8801237-2

2 11-29

1 11-29

1 11-29

1 M.F.W. 192

1560

4034/89

23 - 29  
15 - 29  
11 - 29



## ATTESTATION PAPER

No. 144456

Folio. 14

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS)

1. What is your name?..... Arnold Casey
2. In what Town, Township, or Parish, and in what Country were you born?..... Jamaica British West India
3. What is the name of your next-of-kin?..... Mrs. A. Casey (Mother)
4. What is the address of your next-of-kin?..... 932 Queen St. W. Toronto
5. What is the date of your birth?..... March 21st 1897
6. What is your trade or calling?..... Bell Boy
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. .... No
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

Enlisted July 22nd/15.

Arnold Casey (Signature of Man.)  
W. Vaneyan (Signature of Witness.)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Arnold Casey (Signature of Recruit.)

Date July 24th 1915

W. Vaneyan (Signature of Witness.)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Arnold Casey (Signature of Recruit.)

Date July 24th 1915

W. Vaneyan (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 Smiths Falls this 24th day of July 1915.

J. R. Parham (Signature of Justice.)

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

J. W. G. (Signature of Approving Officer.)



## DESCRIPTION OF

Arnold Casey

## ON ENLISTMENT.

Apparent Age 19 years 5 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 34 ins.  
Range of expansion 1 ins.

Complexion Dark

Eyes Grey

Hair Black

1 scar on forehead

2 vaccination marks on left arm.

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

## 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 July 24th 1915.

Place Smiths Falls, Ont.

E. E. Bennett  
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

Arnold Casey 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.

Date OCT 19, 1915 1915.

W. H. H. H. (Signature of Officer.)  
MAJOR.  
(2nd. MAJOR) 77th. OVERSEAS BATTALION, C. E. F.

For O.C. A O D



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

MJC

War Service Badge

Class *A*

No. *224556*

THIS IS TO CERTIFY that No. *144456* (Rank) *Private*

Name (in full) *CASEY, Arnold* enlisted in  
the *77th. Battalion*

CANADIAN EXPEDITIONARY FORCE at *Smiths Falls, Ont* on the *24th.*  
day of *July* 19 *15*

HE served in *ENGLAND AND FRANCE*

and is now discharged from the service by reason of ~~Demobilization.~~  
*Medical Unfitness.*

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age *22 years and 3 months*

Height *5 ft 7 ins.*

Complexion *Dark*

Eyes *Grey*

Hair *Black*

Marks or Scars *Vacc. scars left arm.*

SCARS/ *Amputation of right leg*

*below knee. G.S.W. rt. testicle 16-9-16*

*G.S.W. right knee. 4-11-17*

*G.S.W. left leg. 26-8-18*

*GOLD STRIPES.....3.*

*A. Casey*  
Signature of Soldier

Date of Discharge

*No. 2 Det. C.E.F.  
July 6th. 1920  
TORONTO, ONT.*

*W. J. Handley*  
Issuing Officer

*Lieut-Colonel.  
Officer Administering #2 Det. C.E.F.*

Rank

Date *July 6th. 19 20*

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT

NAME OF SOLDIER

OF THE

CANADIAN EXPEDITIONARY FORCE

WAS DISCHARGED ON

DATE

AT

PLACE

THE FOLLOWING IS THE REASON FOR DISCHARGE

REASON FOR DISCHARGE

REASON FOR DISCHARGE

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REASON FOR DISCHARGE



No. 13 Canadian General Hospital,  
Hastings, Sussex.

29.3.1919.

THIS IS TO CERTIFY that I have this day examined No. 144456

Rank. Pte Name. Casey, R. and find him free from

Venereal, Skin, Vermin, and other infectious diseases.

W. H. Luffey Capt. CAMC,  
No. 13 Canadian General Hospital,



# A-T.S.

Prophylactic      NO  
with E.F.        YES

DATE.....

Date <sup>8</sup> 26.7.8 Units. 750.

Date 3.9.8 Units 500.

Date 11.9.8 Units ~~500~~

Date 19.9.8 Units 500.



REGIMENT.

RANK.

Jan. 24/19 Removed amalg. fill. Out of Clones Gutta Percha

### Condition on first Examination

Date \_\_\_\_\_

## Amalgam

Temporary Filling  
(a) G. P.  
(b) Cement

## Cement

## Treatment Putrescent Pulp

## Root Filling

### Pulp Cap

## Devitalization

Pyrrhœa

## Synthetic Porcelain

## Extracting

## DENTURES

U

L

P

Gold Clasp

## Gold Filling

Gold

DOWNS

G

Porcelain

## Bridge Work

# OPERATOR

Military District

REMARKS

## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.



Rank **Pte** Name **CASEY, Arnold**

Reg'l No. **144456**

R-122.

Unit **77th Bn to 12th Res.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Smiths Falls, 24th July 1915.** Place of Birth **Jamaica, B.W.I.**

Name and Address, Next-of-Kin **Mrs A. Casey,**

**932 Queen St, W. Toronto.**

Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

| Report   |                        | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place        | Date     | REMARKS<br>Taken from Official Documents |
|----------|------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------|----------|------------------------------------------|
| Date     | From whom received     |                                                                                                                                |              |          |                                          |
|          |                        | Arrived S.S. California England.                                                                                               |              | 2-11-15. | A.B.D. Checked 19/12/16                  |
| 2-11-15  | 21 <sup>st</sup> Bn    | Taken on strength                                                                                                              | Sheliffe     | 31-10-15 | PT# 1743 1764 ✓                          |
| 15-3-16  | " "                    | Struck off Trans to 21 <sup>st</sup> Bn                                                                                        | Ovensias     | 15-3-16  | " " 175 ✓                                |
| 31/3/16  | 20 <sup>th</sup> Batt. | Taken on strength 20 <sup>th</sup> Bn                                                                                          | In the field | 16/3/16  | " " 14                                   |
| 21-9-16  | "                      | Adm Southwark Mil Hosp East Dulwich S.E.                                                                                       |              | 18/9/16  | CLB 132 9th W R Testicle Sw. (ON)        |
| 29-9-16  | "                      | Transferred to C.C.A.C., Folkestone.                                                                                           |              | 14-9-16  | Part # 52. W. ✓                          |
| 23-9-16  | CLB 132                | Taken on strength.                                                                                                             |              | 18-9-16  | PT# 0414 ✓                               |
| 30-10-16 | 21 <sup>st</sup> Bn    | Trans Can Con Hosp                                                                                                             | Bromley.     | 22-10-16 | CLB 185                                  |
| 3-11-16  | CLB 132                | Reported ex Bromley                                                                                                            | Shoreham     | 2-11-16  | PT# 484                                  |
|          |                        | (over)                                                                                                                         |              |          |                                          |

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| Report   |                      | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place      | Date     | REMARKS<br>Taken from Official Documents |
|----------|----------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------------------------------------|
| Date     | From whom received   |                                                                                                                                |            |          |                                          |
| 9-11-16  | 21 <sup>st</sup> Bn  | Dischd Can Con Hosp.                                                                                                           | Bromley.   | 2-11-16  | CLB 194                                  |
| 7-11-16  | 6 <sup>th</sup> Bn   | adm hld. Epsom                                                                                                                 | Shrewsbury | 6-11-16  | Pt II 490 and C. h. B. 198               |
| 14.11.16 | 21 <sup>st</sup> Bn. | " " "                                                                                                                          | Epsom.     | 7.11.16  | C. h. B. 198                             |
| 22.2.17  | "                    | Dis. from " "                                                                                                                  | "          | 31.1.17  | " 279 SSW R. Testicle                    |
| 2.2.17   | CCAC                 | Reported from Epsom                                                                                                            | Hastings   | 1.2.17   | Pr II 0 56 B                             |
| 3-2-17   | C.C.A.C.             | On Command to Comm. Depot                                                                                                      | "          | 1-2.17   | " 58 F ✓ DI                              |
| 11.3.17  | C.C.A.C.             | S.O.S. on transfer to                                                                                                          | Hastings   | 10.3.17  | Pt. II D.O. 117 ✓                        |
|          |                      | T. Out. <b>Regiment</b>                                                                                                        |            |          |                                          |
| 16.3.17. | 6 <sup>th</sup> Bn   | T.O.S. + Alt 3 COT                                                                                                             | Seaford.   | 11.3.17  | " 5 ✓                                    |
| 12-4-17  | 6 <sup>th</sup> Res  | Taken on Strength                                                                                                              | "          | 12-4-17  | " 85 ✓                                   |
| 15-4-17  | E.O.R. 1)            | Cause to be on Comm. 3 C.C. }<br>and S.O.S. to 6 <sup>th</sup> Res.                                                            | Seaford    | 12-4-17  | " 34 (47 C.D.)                           |
| 31.5.17. | 6 <sup>th</sup> Res. | S.O.S. to 21 <sup>st</sup> Bn                                                                                                  | ✓          | 30.5.17  | " 126. 161. 21 <sup>st</sup> Bn          |
| 10.11.17 | E.O.R.               | Adm. No. 1 Can. Hld. Amb.                                                                                                      | Field      | 4.11.17  | CLP A. 60. S.W. R. Kree                  |
| 16.11.17 | ✓                    | Trans. No. 22 Gen. Hosp.                                                                                                       | D. Camiers | 6.11.17  | CLP A. 65 ✓ ✓ ✓                          |
| 20.11.17 | ✓                    | Trans. No. 6 Cono. Depot.                                                                                                      | Etaples    | 9.11.17  | CLP A. 68 ✓ ✓ ✓                          |
| 26.11.17 | ✓                    | Trans. No. 15 Cons. Depot                                                                                                      | Throuville | 15.11.17 | CLP A. 73 ✓ ✓ ✓                          |
| 17.12.17 | ✓                    | Dis. No. 15. Cono. Depot                                                                                                       | ✓          | 2.12.17  | CLP A. 91 ✓ ✓ ✓                          |
| 4.4.18   | 21 <sup>st</sup> Bn. | Awarded P.C. Badge                                                                                                             | Field      | 24.7.17  | Pt. II 23                                |

CHECKED

18 JUN 1917.

1-12



Rank *Pte* Name *Casey, Arnold.* Reg'l No. *144456*  
 Unit *44<sup>th</sup> Bn to 12<sup>th</sup> Bn* If in perm. Corps, }  
 What Unit? } Married or Single *Single*  
 Place and Date of Enlistment *Smith Falls, 24<sup>th</sup> July 1915.* Place of Birth *Jamaica B.W.I.*  
 Name and Address, Next-of-Kin *Mrs. A. Casey 24<sup>th</sup>*  
*932 Queen St. W. Toronto.* Relationship

Assigned Pay Monthly \$ Payable to  
*2<sup>nd</sup> Sheet. 1<sup>st</sup> page of records filed in envelope.* Relationship  
 Separation Allowance \$ Payable to

*Term-grade Pte Acting-rank Nil.* Relationship  
 Discharge, Date and Place Reason Character

N/E. R.B. No. *14884*  
 File A.L.  
 Category *Can. M.A.*

| Report.        |                     | Record of promotions, reductions, transfers, casualties, etc., during active service.<br>The authority to be quoted in each case. | Place.           | Date.          | REMARKS<br>Taken from Official Documents.           |
|----------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-----------------------------------------------------|
| Date.          | From whom received. |                                                                                                                                   |                  |                |                                                     |
| <i>24-8-18</i> | <i>60.R</i>         | <i>On strength of 21<sup>st</sup> Bn. in the field.</i>                                                                           |                  |                |                                                     |
| <i>6-9-18</i>  | <i>60.R.D.</i>      | <i>"Wounded"</i>                                                                                                                  | <i>The Field</i> | <i>24-8-18</i> | <i>60.R. 304. S.W.R. Reg. 2<sup>nd</sup> Lt. 68</i> |
| <i>14-6-19</i> | <i>E.O.R.D.</i>     | <i>posted from 21<sup>st</sup> Bn. Officers -</i>                                                                                 | <i>London</i>    | <i>30-8-18</i> | <i>pt 480 2254. 5/11-9-18</i>                       |
|                |                     | <i>Invalided to Canada</i>                                                                                                        |                  | <i>10-6-19</i> | <i>No B538 GSW. R. Legamp</i>                       |
|                |                     | <i>ex 5 Can Gen Hosp. Kirkdale</i>                                                                                                |                  |                |                                                     |
| <i>21-6-19</i> | <i>"</i>            | <i>SOS on being Invalided</i>                                                                                                     | <i>Witley</i>    | <i>10-6-19</i> | <i>- 145</i>                                        |
|                |                     | <i>to Canada</i>                                                                                                                  |                  |                |                                                     |







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

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

350M. 5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 67th. Battalion

Regimental No. 144456 Rank Pte. Name CASEY, Arnold  
C. E. F.

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

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).....

| 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 |                                                                                                                                                                                                                 |       |      |                                                                                   |
|        | 1-6-19.            | T.O.S. No.2 District Depot, Part II, D.O. No.....                                                                                                                                                               |       |      | 176                                                                               |
| 5-20   |                    | S.O.S. #2 D.D. on transfer to #2 Det. C.E.F. with effect 30-6-20                                                                                                                                                |       |      | #2 D.D. Pt. 11<br>D.O.#182                                                        |
| 7-20   |                    | T.O.S. #2 Det. C.E.F. on transfer from #2 D.D. with effect 1-7-20                                                                                                                                               |       |      | #2 Det. C.E.F.<br>Memo #1.                                                        |
| 9-20   |                    | S.O.S. #2 Det. C.E.F. (discharged) with effect 6-7-20                                                                                                                                                           |       |      | #2 Det. C.E.F.<br>Memo #3.                                                        |
|        |                    | <div>Major.<br/>No. 2 Detachment, C.E.F.</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. [P.T.O.]



[illegible]



**Casualty Form—Active Service.**Regiment or Corps... 21<sup>st</sup> Canadian Battalion

Rank... Pte Surname... CASEY, Christian Name... Arnold

Religion... Age on Enlistment... years... months

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

Date of promotion to present rank... Date of appointment to lance rank...

Extended { } Re-engaged { } Qualification (b)...  
or Corps Trade and rate...

Occupation... Signature of Officer

| Report   |                    | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks<br>Taken from Army Form B.213, Army Form A.36, or other official documents. |
|----------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------------------------------------------------------------------------------|
| Date     | From whom received |                                                                                                                                                                                                                |                   |                  |                                                                                     |
|          |                    | Embarked ...                                                                                                                                                                                                   |                   |                  |                                                                                     |
|          |                    | Disembarked ...                                                                                                                                                                                                |                   |                  |                                                                                     |
| 5/11     | 3 Can CCS          | by SW. R. knee, Adm                                                                                                                                                                                            | 3 Can CCS         | 4-11-17          | } a 36                                                                              |
|          | Do.                | Transferred to                                                                                                                                                                                                 | A 3 22            | 5-11-17          |                                                                                     |
| 7/11     | 1 C.F.A.           | Admitted & trans. to                                                                                                                                                                                           | CCS               | 4-11-17          | a 36.                                                                               |
|          | 22 General         | Admitted                                                                                                                                                                                                       | 22 General        | 6-11-17          | W. 3034.                                                                            |
|          | 15 Con Dep.        | Admitted                                                                                                                                                                                                       | 15 Con Dep.       | 15-11-17         | Do.                                                                                 |
|          | 22 General         | Trans. to                                                                                                                                                                                                      | 6 Con Dep.        | 9-11-17          | Do                                                                                  |
|          | 2 C.S.B.D.         | 30.S. "J.B." from 15 Con Dep.                                                                                                                                                                                  | 2 C.S.B.D.        | 11-12-17         | N.R.                                                                                |
|          | 6 Con Dep.         | Trans. to                                                                                                                                                                                                      | Con Dep. Inville  | 14-11-17         | W. 3083                                                                             |
|          | 15 Con Dep.        | Discharged to                                                                                                                                                                                                  | Base Depot        | 8-12-17          | W. 3034.                                                                            |
| 21-12-17 | 2 C.S.B.D.         | Left for C.C.R.C.                                                                                                                                                                                              | Field             | 21-12-17         | NR 334                                                                              |
|          | C.C.R.C.           | With C.C.R.C. 2                                                                                                                                                                                                | Do                | 5-1-18           | N.R.                                                                                |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c.



144456

Casey. A.

## Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks  
Taken from Army Form B.213, Army Form A.36, or other official documents.

Date

From whom received

C.C.R.C.2

Left for unit

Field

19-2-18

N.R.

23/2 21st BATTALION

Rejoined from hospital

Field

19-2-18

B.213.

2/3 Do

GRANTED 14 DAYS LEAVE.

Do

22-2-18

Part II Ord. 19 at 14-3-18

16/3 Do

Rejoined from leave

Do

10-3-18

B.213.

23-3-18 Do

One Good Conduct Badge

24-7-17

Do at 23d/4-4-18

26/8 4 C.F.A.

S.W. leg (L). Adm &amp; Trans

C.C.S.

26-8-18

A.36.

54 Genl

Invalided Wounded

W.3083-5491.

Posted to Eastern Ontario

England

29-8-18.

Part II Ord. 68 at 11-9-18

Regtl. Depot Seaford. per A.11

"St. Denis".

Hohogan

Major

for Lt.-Col., A.I.G.

Canadian Section G. H. O. 3rd Echelon B.E.F.

6.9.18 C.O.R.D.

posted from 21st Bn/sea

Seaford

30.8.18

B.213 DO 225

*[Signature]*  
for 1/c Records. DMFC



Sheet No. 16642

## Casualty Form—Active Service.

Army Form B. 103.

Regiment or Corps 12th Reserve Battalion.Regimental No. 144456. Rank Private Name Casey. Arnold.Enlisted (a) 24/7/15 Terms of Service (a) Period of War. Service reckons from (a) 24/7/15.

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Well Sae

| 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                 |                                                                                                                                                                                                                  |                                   |                         |                                                                                         |
| <u>2.11.15</u>  | <u>5/12</u>                        | <u>Taken on strength.</u>                                                                                                                                                                                        | <u>England</u>                    | <u>31/10/15.</u>        | <u>Part 2 B.O. No 1764 Dated 2/11/15.</u>                                               |
| <u>15/3/16.</u> | <u>Hdgrs. 10th C.R.I.B.</u>        | <u>Transferred to the 21st Battn in France.</u>                                                                                                                                                                  | <u>Shorncliffe.</u>               | <u>15/3/16.</u>         | <u>ASST. ADJ. 12th RESERVE BATTALION C.E.F.</u>                                         |
|                 |                                    | <div>ARRIVED IN FRANCE</div>                                                                                                                                                                                     | <u>HAVRE</u>                      | <u>16.3.16</u>          | <u>N. Ref A. fol. 724.</u>                                                              |
|                 | <u>Can. Base Co 21st Can Battn</u> | <u>Taken on strength. Proceeded to join</u>                                                                                                                                                                      | <u>11st. Bn. do.</u>              | <u>16/3 18/3. 21/3.</u> | <u>101/30/3, 554 4/12/3. 101/30/3, 554 4/10/3 DOR 100 DOR. 105.</u>                     |
|                 | <u>8 Staty. Do.</u>                | <u>G &amp; W. testicle R. Invalided to England on H.S.</u>                                                                                                                                                       | <u>Adm 8 Staty. "Jan Breydel"</u> | <u>16/9 17/9</u>        | <u>W3034 '16/9. W3083 No. 257:1810 No. 52 '29/9</u>                                     |
|                 |                                    |                                                                                                                                                                                                                  |                                   |                         | <u>Whogan Capt. For Officer i/c Can. Records, Canadian Section, G.H.Q. 3rd Echelon.</u> |

21 OCT. REC

(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.]



1444 56

Casey, A.

| Report                          |                       | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place                 | Date                                        | Remarks<br>taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------|---------------------------------------------------------------------------------------|
| Date                            | From whom received    |                                                                                                                                                                                                                  |                       |                                             |                                                                                       |
| 28 <sup>9</sup> / <sub>16</sub> |                       | Taken on strength C.C.A.C. Pt. II D.O. No. <i>H14</i>                                                                                                                                                            |                       | <i>18</i><br><i>23/9/16</i>                 |                                                                                       |
| 3 <sup>2</sup> / <sub>17</sub>  |                       | ATTACHED<br>TRANSFERRED FROM C.C.A.C. TO <i>66 D</i>                                                                                                                                                             |                       | <i>1.2.17</i><br>PART II D.O. No. <i>58</i> | <i>3527</i>                                                                           |
| <i>12/4/17</i>                  |                       | Discharged from <i>Ed C.C.D. St Leonards</i> to <i>1st Res Bn.</i>                                                                                                                                               |                       | Part II D.O. No. <i>16/4/17</i>             | Lieut.<br>for Adjutant<br>for O.C. 3rd CANADIAN COMMAND DEPOT                         |
| <i>13/4/17</i>                  |                       | O.C. 6th CAN. RES. BN. TAKEN ON STRENGTH 6th CAN. RES. BN. <i>Seaford</i>                                                                                                                                        |                       | <i>12/4/17</i> PART II No. <i>85</i>        |                                                                                       |
| <i>30/5/17</i>                  |                       | 5th CAN. RES. BN. DRAFTED<br>TRANSFERRED TO <i>21st Bn. Seaford</i>                                                                                                                                              |                       | <i>30/5/17</i>                              | <i>Pt II 126</i><br><i>Pt II 126</i>                                                  |
| <i>4.3.17</i>                   | <i>66al</i>           | <i>205 on trans to E.O.R. Rep.</i>                                                                                                                                                                               | <i>Hasling</i>        | <i>10.3.17</i>                              | <i>PTO. 117</i>                                                                       |
| <i>16.3.17</i>                  | <i>E.O.R.D.</i>       | <i>J.O.D. said 3 CEP.</i>                                                                                                                                                                                        | <i>Seaford.</i>       | <i>11.3.17</i>                              | <i>PTO 51</i>                                                                         |
| <i>15.4.17</i>                  | <i>E.O.R.D.</i>       | <i>Case 56 on Comm 3<sup>rd</sup> Exp.</i>                                                                                                                                                                       | <i>Seaford.</i>       | <i>12.4.17</i>                              | <i>PTO. 34</i>                                                                        |
|                                 |                       |                                                                                                                                                                                                                  |                       |                                             | LIEUT:<br>FOR LT: COL: I/C RECORDS, C.O.M.F.                                          |
|                                 | <i>2 C.D.B.D.</i>     | Arrived & Taken on Strength <i>21<sup>st</sup> Bn</i>                                                                                                                                                            | <i>2 C.D.B.D.</i>     | <i>31-5-17</i>                              | <i>PT. II O. 61 7/6</i>                                                               |
| <i>30/6</i>                     | <i>21st BATTALION</i> | <i>S.O.S. "a" 20 unit</i>                                                                                                                                                                                        | <i>21st BATTALION</i> | <i>20/6</i>                                 | <i>N.R.</i>                                                                           |
|                                 | <i>2nd En Bn</i>      | <i>Joined unit</i>                                                                                                                                                                                               |                       | <i>26/6</i>                                 | <i>B-213.</i>                                                                         |
|                                 | <i>Do</i>             | <i>Joined and Can. Entrenching Bn.</i>                                                                                                                                                                           |                       | <i>22/6</i>                                 | <i>N.R.</i>                                                                           |
|                                 |                       | <i>Left for unit</i>                                                                                                                                                                                             | <i>Field</i>          | <i>26-6-17</i>                              | <i>N.R.</i>                                                                           |
| <i>6/11</i>                     | <i>21st BATTALION</i> | <i>Wounded</i>                                                                                                                                                                                                   | <i>Field</i>          | <i>3-4/11/17</i>                            | <i>letter (K.D. 16/29873)</i>                                                         |



## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.15718  
Year.

Regimental No.

144456

Rank.

Pte

Surname.

Casey A

Christian Name.

Unit.

21st Bn

Age.

20

Service.

47/12 23/12

Station  
and Date.

Disease

G. Sw. A. Leg amp

Enlisted

June 21st 1915

Arr. Eng.

Nov 1st 1915

Arr. France

Mar 10th 1916

Wounded

Aug 26th 1918

Ret'd Eng.

Aug 29th 1918

Hospitals 54th Genl Hosp. Eastbourne (Dewaldincomit Hosp)  
14th Bn. Genl. 13th B. S. H. Hastings P.P. B.R. 6 Hosp. Bexhill.

History

Widely lacerated in leg above date with  
comp. fract tibia & fibula at junction of middle lower third  
Wd excised & f. removed at 57th Bds. 26/8/18.  
Amputation 16/1/19 for acute infection ascending in  
leg.

Pres. cond.

Amputation at site of election. Healed.  
Very good stump. To be supplied with  
proq leg. Recommend M.F.B. 227. W & D  
Massage stump.

Patient states he was wounded in left testicle which  
was later removed by operation. There is no record  
of this condition or operation on his F.M.C. as  
disabling wound was recorded in 1916. W & D.

EXAM. MED. BOARD

18 APR. 1919

G. C. S. H.



Station  
and Date.



# CASE HISTORY SHEET.

No. D.O.H. 144456 Rank Pte Name Casey Age 21  
 Unit DD #2 Completed years of service 7 24/12 1912 to 5/12 1919  
 Date of admission 22-6-19 Date of discharge 6/7/20  
 Diagnosis Amp R.B.X. Place of origin Arras 26/8/18

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

9/3/20 - Open scar mix skin. Stitches removed, 2 months leave recommended.

MAY 12 1920

Returned from leave. Stump well healed. Skin on limb cut - for 2 days and it - pulled skin off end of stump. To turn this leg in and get - new leg ordered.

MAY 20 1920

Having stump for new leg.

MAY 28 1920

Leg turned in for joining.

JUN 3 1920

2 get leg turned in. To get it out.

JUN 11 1920

To carry on - stump stitching. Wound 2.2.2.

## FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

JUN 18 1920

Leg a good fit. To have band next week.

## TREATMENT.

(Especially - specific or special form.)

June 23/20. Board wound for discharge.

## CONDITION ON DISCHARGE.

(and disposal made of case.)

Date.....

Medical Officer i/c case







JUNE 2 1850

JUNE 11 1850

JUNE 18 1850

JUNE 25 1850

JUNE 30 1850

JULY 5 1850

JULY 12 1850

JULY 19 1850

JULY 26 1850

AUG 2 1850

AUG 9 1850

AUG 16 1850

AUG 23 1850

AUG 30 1850



# CASE HISTORY SHEET.

No. 144456 Rank Pte Name Cossey Age 21  
 Unit 21st Completed years of service 2 Where and how long 2  
 Date of admission 27/6/19 Date of discharge   
 Diagnosis Amp of leg Place of origin

## CONDITION ON ADMISSION AND PROGRESS OF CASE

5/7/19 RBR 5  
Well healed stump.  
Wears a good Buxton peg. Has worn it steadily for 2 months.  
Below bucket leg ordered.  
HB

10/7 Buxton peg broken. Repair.  
17/7 Peg repaired. Best fitting for leg on 17/7/19  
20/7/19 Buxton peg broken again. Ordered this repaired.  
 FAMILY HISTORY Ordered new peg.  
 (Tuberculosis, mental or nervous diseases.)

22/8/19 Wearing peg. ft. well. waiting for leg  
28/8/19. Awaiting leg  
 TREATMENT 10/9/19. Leg ready on 10/9/19  
 (Especially any specific or special form) Stump has been sore wearing peg. There is a palpable nerve bud in mid line behind, pressure on which causes sensation in "heel".  
16/9 leg. Reel. In Buxton Parade

## CONDITION ON DISCHARGE

(and disposal made of case)  
20/9/19 - Operation - Nerve buds removed. Throat incision above popliteal space.

Date  Medical Officer i/c case.   
 M. F. B. 313a.  
 100M.-6 18.  
 1772-39-439.



9/10 - Very slight improvement at site (pup)

after both necessary leg is straight.

Count got into leg now in 7.5 sec 1 stump

leg leg clear.

7/11 - When leg see leg.

Measure + stump 30p.

14/11 - leg clear. partly fitting

subcutaneous

12/11 - leg fits. somewhat, now, but end of  
scar is a little sore. Rest up on stump  
for one week.

28/11 - Since broken down area is scar, it was

absorbed + new leg if it can

11/12 - Disinfection was given under stump  
(see note)

21/12 - Scar might be scar of scar

28/12 - Scar not been measuring leg for  
months. Broken down scar is now

clearly visible. Scar on right

completely healing. Scar left leg.

13/12 - Scar near leg under (wound), then

of scar again broken down, to scar

at stump is scar of scar.

17/2/20 -  
Measuring leg for good 5 days.  
Stump better. Scar on the neck. } (see note)

24/2/20 - The scar is now three

27/2/20 - Open. Scar exposed



**To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

## MEDICAL HISTORY OF

Surname Casey Christian Name A

TABLE I.—General Table.

Birthplace { Parish.....  
County .....

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

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

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

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT  
Number ..... | .....

When Vaccinated .....

Vision { R E.—V = .....  
L E.—V = .....

(a) Marks indicating congenital peculiarities or previous disease—  
.....  
.....

(b) Slight defects but not sufficient to cause rejection—  
.....  
.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at.....  
on..... day of ..... 191..

|                      | Corps  | Regtl. No. |
|----------------------|--------|------------|
| Joined on enlistment |        |            |
| Transferred to       | 21 Bn. | 144456     |
|                      |        |            |

Became non-effective by .....

on..... day of ..... 191..

(Signature).....

(Rank) .....

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

[illegible]

TABLE IV.—Service Table.

[illegible]



TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

| Name of Hospital                                | Admitted to Hospital |             |      | Discharged from Hospital |          |      | Disease           | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer  |
|-------------------------------------------------|----------------------|-------------|------|--------------------------|----------|------|-------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                 | Day                  | Month       | Year | Day                      | Month    | Year |                   |                            |                                                                                                                                                                                                                                                                                                                                         |                               |
| Granville Camp<br>Burton's Deception            | 8                    | 4           | 19   | 26                       | 5        | 19   | 8th day<br>phleg. | 49                         | Amputation with infection. Good result. Syph. attacks with lam. several etc.                                                                                                                                                                                                                                                            | W. J. O. D.<br>Capt. D. C. W. |
| H. S. CANADIAN<br>GENERAL HOSPITAL<br>LIVERPOOL | 27                   | MAY 1878    |      | 10                       | JUN 1878 |      | "                 |                            | Amputated to bone                                                                                                                                                                                                                                                                                                                       | C. J. D. W.                   |
| H. S. ESSEQUIBO                                 |                      | JUN 10 1878 |      | 21                       | JUN 1879 |      |                   | 80                         | Condition unchanged                                                                                                                                                                                                                                                                                                                     | C. J. D. W.                   |



Station  
and Date.







3-1-19

Patient had an acute flare-up in infection of right leg. Enlargement & tenderness femoral & inguinal glands. T 102 P 120. Gastric disturbance nausea & vomiting. All symptoms subsided within 24 hours. Probe sinus inner side of Tibia reveals extensive dead bone. To see consultant this week as regards amputation.

16/1/19.

Operation Major Reford & Col Young.  
Knee Operation Junction of upper & mid 1/3. Slight flexion on ant. skin flap. Small T & T. Gauze drain inserted.

18/1/19.

Slight Elev of Temp & some <sup>pusulent</sup> discharge from inner angle of wound.  
Gauze drain started.

L. H. R.

22-1-19.

Gauze drain was taken out on 20<sup>th</sup>. Up till today there was considerable bloody pusulent discharge both ends of wound. This has stopped. Slight sero sanguinous discharge. Tension much decreased. Skin healthy & crinkled. The small patch of skin over sharp end of Tibia anteriorly has lost the appearance of commencing gangrene.

3/2/19.

All sutures out. Wound clean. Redness of skin over skin has gone. Has been up in Chair for few hours. Duct dry & only slight elevation of temperature as a result. Still complains occ of pain in foot.

L. H. R.



## MEDICAL CASE SHEET.\*

|                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |                 |
|-------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-----------------|
| 9                 | No. in Admission and Discharge Book. | Regimental No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rank. | Surname. | Christian Name. |
|                   | Year                                 | Unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age.  | Service. |                 |
|                   | 1918                                 | 21 <sup>st</sup> Batta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20    | 42/12    |                 |
| Station and Date. | Disease                              | Admitted from De Walden Coast. I.A.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |          |                 |
|                   |                                      | Enlisted Toronto. June 1915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |          |                 |
|                   |                                      | To England Oct 1915 Pres Occ. Bell boy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                 |
|                   |                                      | France Feb 1916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |                 |
|                   |                                      | Invalided from France. Aug 1919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |                 |
| 12/12/18          |                                      | Still movement between fragments & there movement foot limited L.H.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |          |                 |
| 16.12-18          |                                      | Thigh, through wound junction of lower & middle $\frac{1}{3}$ . Drainage gauze passes through hole in tibia emerging just anterior to the fibula considerable drainage. Fracture of tibia has healed with considerable posterior dislocation of lower fragment. Patient has had many pressure & extension sores which probably made it necessary to remove extension so accounting for present bad position of fragments ankle ankylosed $1\frac{1}{2}$ " shortening between tuberosity of tibia tip of internal malleolus. For X-Ray. |       |          |                 |
|                   |                                      | Reveals: - Shearson fracture of right tibia & fibula in lower third with abundant callus formation some inward displacement of upper fragment of tibia. Position of fibula good. There is rarefaction of tibia with sequestra. Sgt Glenden Capt                                                                                                                                                                                                                                                                                        |       |          |                 |

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



Station  
and Date.



## MEDICAL CASE SHEET.\*

| No. in Admission and Discharge Book. | Regimental No.                                                                                                                                                                 | Rank.   | Surname.  | Christian Name. |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|-----------------|
| 20.8.18                              | 144456.                                                                                                                                                                        | Pte.    | Casey:    | A.              |
| Year                                 | Unit.                                                                                                                                                                          | Age.    | Service.  |                 |
| 1918                                 | 1st Canadian S. Coy.                                                                                                                                                           | 20 yrs. | 39 months |                 |
| Station and Date.                    | Disease                                                                                                                                                                        |         |           |                 |
| 26.8.18.                             | Femur Fracture - junction of middle & lower third. G.S.W. Extremity removed.                                                                                                   |         |           |                 |
| 30/8                                 | Wound rather dirty. To be kept                                                                                                                                                 |         |           |                 |
| 1/9                                  | Hemorrhage - phlegm - no vessel could be located.                                                                                                                              |         |           |                 |
| 4/9                                  | Bones (ends to be) supplemented twice - Packing removed - no hemorrhage - lightly packed                                                                                       |         |           |                 |
| 9/9                                  | Wound tam under anesthetic. Tibia split - large piece of ant. part of lower fragment came away. Tibia was fixed round fibra - ends of fibula could not be brought into contact |         |           |                 |
| 17/9                                 | Under anesthetic - ends of fibula cut off - splint put on - ends of fibula came into fair position.                                                                            |         |           |                 |
| 8/11                                 | X Ray - callus - separation                                                                                                                                                    |         |           |                 |
| 4/12                                 | Demoid Sequestra. + Wound - union of front of fibra seems strong - 60% X Ray                                                                                                   |         |           |                 |
| 1/12                                 | X Ray showed good union - fairly good position considering the original injury                                                                                                 |         |           |                 |
| J. E. Dwyer M.D.                     |                                                                                                                                                                                |         |           |                 |
| 8-2-19.                              | G. S. W. leg, right                                                                                                                                                            |         |           |                 |

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



# MEDICAL HISTORY SHEET.

Surname Casey Christian Name Arnold

Examined { on 24th day of July 1915  
at Smiths Falls, Ont.

Birthplace { City or Town Jamacia  
India  
County \_\_\_\_\_

Apparent age 19

Trade or occupation Clerk

Height 5 Feet 5 Inches

Weight 125 Lbs.

Chest measurement { Minimum 33 inches.  
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left 2  
Number 1898

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease None.

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

Approved by

Rank

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|------|--------------|-----------------------------|
|      |              | 3 SEP 1918                  |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |
|      |              | M.O.                        |

| Date            | Result | VACCINATIONS.          |
|-----------------|--------|------------------------|
| 1915<br>26 July |        | <u>E. Bonnett</u> M.O. |
|                 |        | M.O.                   |
|                 |        | M.O.                   |

| Date    | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|---------------------------------|
| 8/9/15  | Good   | <u>N.M. Halkett</u> M.O.        |
| 2/10/15 | Good   | <u>N.M. Halkett</u> M.O.        |
| 1/4/19  | TAB    | M.O.                            |

Enlisted on 22nd day of July 1915 at Toronto

|                      | CORPS.                            | REG'TL NUMBER. | RANK. | DATE.            |
|----------------------|-----------------------------------|----------------|-------|------------------|
| Joined on enlistment | <u>77 Battr.</u>                  |                |       |                  |
| Transferred to.. ..  | <u>6th Res Bn.</u><br><u>21st</u> | <u>1244456</u> |       | <u>30. 6. 17</u> |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION.          | DATE.           | DISEASE.              | RESULT.               |
|-------------------|-----------------|-----------------------|-----------------------|
| <u>Shrest and</u> | <u>Nov 3/16</u> | <u>G. S. W. Litch</u> | <u>Constat. M.O.</u>  |
| <u>Chum.</u>      |                 | <u>Whitehead</u>      | <u>B. J. M. O.</u>    |
|                   |                 |                       | <u>L. C. C. O.</u>    |
|                   |                 |                       | <u>M. P. T.</u>       |
|                   |                 |                       | <u>M. G. P. M. O.</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.

M. P. B. 313.  
1000—5  
H. Q. 172-3-439

any R. Leg. appointed 1/3 Invalid to Canada  
Loss of left leg having been found medically unfit  
for service. J. S. Edmonson capt.

ORIGINAL MEDICAL HISTORY SHEET



Surname

| STATION.                                                   | Date of Arrival<br>at the<br>Station. | DATES OF                    |       |      |                             |       |      | DISEASE.                                 | Number<br>of days<br>in<br>Hospital. | Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred in duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature<br>of Medical Officer.                                   |
|------------------------------------------------------------|---------------------------------------|-----------------------------|-------|------|-----------------------------|-------|------|------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                            |                                       | Admission<br>into Hospital. |       |      | Discharge<br>from Hospital. |       |      |                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |
|                                                            |                                       | Day                         | Month | Year | Day                         | Month | Year |                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |
| SETHWICK MILITARY HOSPITAL<br>26 SEP. 1916<br>LONDON, S.E. |                                       | 17                          | 9     | 16   | 21                          | 10    | 16   | GSW Perineum<br>with loss of<br>testicle | 35                                   | wounded 15-9-16 - scorpion<br>suppuration - testicle removed<br>in France<br>discharged healed & cured                                                                                                                                                                                                                                                                                                                                                       | Medie<br>Capt. Dams                                                |
| ADAM CONVALESCENT HOSPITAL<br>BRIMLEY, KENT.               |                                       | 21                          | 10    | 16   | 2                           | 11    | 16   | Do                                       | 13                                   | to CCAC for treatment of<br>Donald A. Murray                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |
| CCH Epsom                                                  |                                       | 6                           | 11    | 16   | 31                          | 1     | 17   | do                                       |                                      | From to CCAC Hastings                                                                                                                                                                                                                                                                                                                                                                                                                                        | Duplicate Medical History Sheet<br>posted to here: Dr. D. M. G. H. |
| DE WALDEN, COURT<br>EASTBOURNE<br>HOSPITAL                 |                                       | 29                          | 8     | 18   | 12                          | 12    | 18   | GSW a leg. fac.                          |                                      | Johnny                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dr. E. W. M.                                                       |
| 14. CANAL<br>HOSPITAL<br>EASTBOURNE, SUSSEX                |                                       | 17                          | 12    | 18   | 8                           | 2     | 19   | Flw Leg Rt.                              | 59                                   | Amputation - had some for some<br>necrosis of tibia @ sequestra.<br>amp healed.                                                                                                                                                                                                                                                                                                                                                                              | Capt. Reg.<br>Camb                                                 |
| 13C. La. H<br>Hastings                                     |                                       | 8                           | 2     | 19   | 31                          | 3     | 19   | GSW Leg Rt.                              | 52                                   | amp. healed. transferred to<br>Gawill Sp. Hosp. for<br>Corden.                                                                                                                                                                                                                                                                                                                                                                                               | With support<br>Capt. Reg.                                         |
| Indian Red-Cross Hospital,<br>Camp, Bexhill.               |                                       | 31                          | 3     | 19   | 1                           | 4     | 19   | Do                                       | 1                                    | To Gawill Sp. Hosp.                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dr. E. W. M.                                                       |

D. O. H

22-6-79

do. *Lucy*

at. by Richard  
Sturges as ind. mpt. M. L. L. L.



(To be attached to Case Sheet.)

Military Hospital 13 Can. Gen. Hosp

No. 1444 b.6

Rank and Name Plt. Casey A.

Age 20

Service 4312

Disease L. S. U. B. Leg. Amp.

Date of admission 8-2-19

Date of discharge

### Result

Dates of  
Observation

|   |   |    |    |
|---|---|----|----|
| 8 | 9 | 10 | 11 |
|---|---|----|----|

Days of Disease

Temperature  
Fahrenheit

[illegible]

|      |                  |
|------|------------------|
| 107° | 8<br>6<br>4<br>2 |
| 106° | 8<br>6<br>4<br>2 |
| 105° | 8<br>6<br>4<br>2 |
| 104° | 8<br>6<br>4<br>2 |
| 103° | 8<br>6<br>4<br>2 |
| 102° | 8<br>6<br>4<br>2 |
| 101° | 8<br>6<br>4<br>2 |
| 100° | 8<br>6<br>4<br>2 |
| 99°  | 8<br>6<br>4<br>2 |
| 98°  | 8<br>6<br>4<br>2 |
| 97°  | 8<br>6<br>4<br>2 |

Pulse per minute

|    |    |    |    |
|----|----|----|----|
| 80 | 88 | 96 | 84 |
|----|----|----|----|

Respirations per Minute

[illegible]

Motions per 24  
Hours

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Signature \_\_\_\_\_

—In charge of case.







3-1-19

Patient had an acute flare-up in infection of right leg. Enlargement & tenderness femoral & inguinal glands. T 102 P 120. Gastric disturbance nausea & vomiting. All symptoms subsided within 24 hours. Probe sinus inner side of Tibia reveals extensive dead bone. To see consultant this week as regards amputation.

16/1/19.

Operation Major Reford & Col Young.  
Flap Operation Junction of upper & mid 1/3. Slight fusion on ant. skin flap. Small T & T. Gauge drain inserted.

18/1/19.

Slight Elevation of Temp & some <sup>pusulent</sup> discharge from inner angle of wound.  
Gauge drain started.

L. H. R.

22-1-19.

Gauge drain was taken out on 20<sup>th</sup>. Up till today there was considerable bloody pusulent discharge both ends of wound. This has stopped. Slight sero sanguinous discharge. Tension much decreased. Skin healthy & crinkled. The small patch of skin over sharp end of Tibia anteriorly has lost the appearance of commencing gangrene.

3/2/19.

All sutures out. Wound clean. Redness of skin over skin has gone. Has been up in Chair for few hours. Each day P only slight elevation of temperature as a result.  
Still complains occ of pain in foot.

L. H. R.



## MEDICAL CASE SHEET.\*

|                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |                 |
|-------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-----------------|
| 9                 | No. in Admission and Discharge Book. | Regimental No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rank. | Surname. | Christian Name. |
|                   | Year                                 | Unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Age.  | Service. |                 |
|                   | 1918                                 | 21 <sup>st</sup> Battr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20    | 42/12    |                 |
| Station and Date. | Disease                              | Admitted from De Walden Const. & A.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |          |                 |
|                   |                                      | Enlisted Fronts. June 1915                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |          |                 |
|                   |                                      | To England Oct 1915 Pres. Acc. Bellboy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                 |
|                   |                                      | France Feb 1916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |          |                 |
|                   |                                      | Invalided from France. Aug. 1918                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |          |                 |
| 12/12/18          |                                      | Still movement between fragments & there movement foot limited L.H.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |          |                 |
| 16.12-18          |                                      | Thigh, through wound junction of lower & middle $\frac{1}{3}$ . Drainage gauge passes through hole in tibia emerging just anterior to the fibula considerable drainage. Fracture of tibia has healed with considerable posterior dislocation of lower fragment. Patient has had many pressure & extension sores which probably made it necessary to remove extension so accounting for present bad position of fragments ankle ankylosed $1\frac{1}{2}$ " shortening between tuberosity of tibia tips of internal malleoli. For X Ray. |       |          |                 |
|                   |                                      | Reveals: - Sharpshooter fracture of right tibia & fibula in lower third with abundant callus formation some inward displacement of upper fragment of tibia. Position of fibula good. There is rarefaction of tibia with sequestra. Lt. Walden Capt                                                                                                                                                                                                                                                                                     |       |          |                 |

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



(C) IN FURTHER

(P)

10/1/1961

10/1/1961

10/1/1961

(C) IN FURTHER

OPTIONAL FORM NO. 10

10/1/1961

10/1/1961

10/1/1961

10/1/1961

10/1/1961



CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
**DENTAL CERTIFICATE FOR DEMOBILIZATION**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

CASEY, A.

REGIMENT

21 BATT

RANK

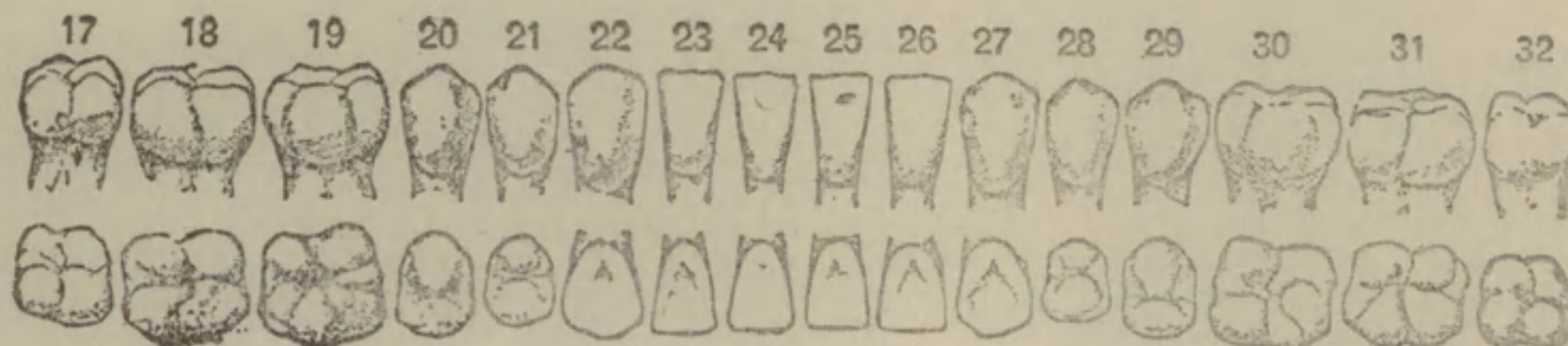
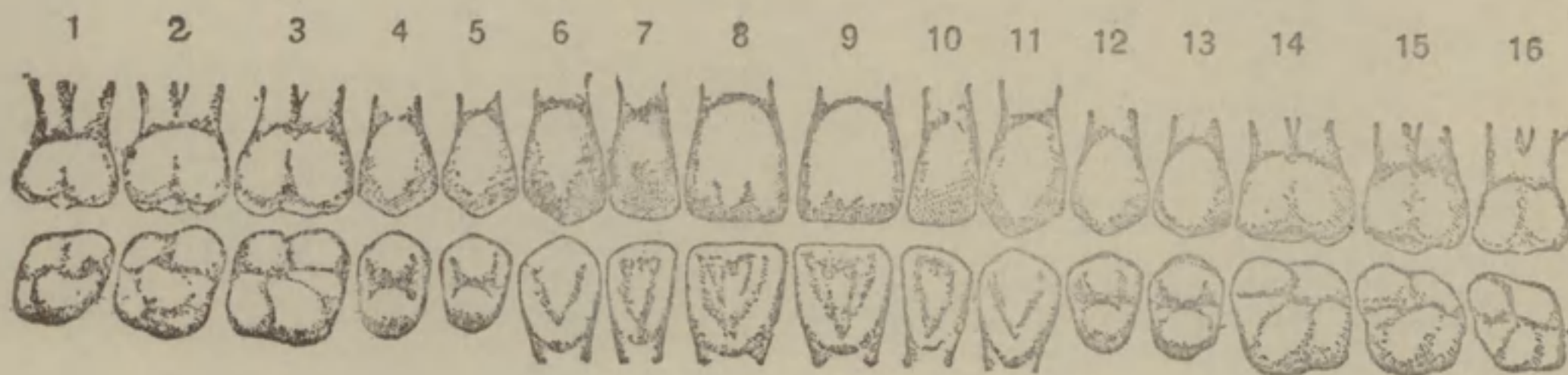
Pte

No.

144456

Date of Examination in England

Date of Examination in France



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

Yes

(b) In England

(c) In France

Signature of Dental Officer

W. Kennedy Capt

DIRECTIONS TO  
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.







NAME OF SOLDIER.

REGIMENT.

21st.

RANK.

pte

No. 144456

### Condition on first Examination

Date \_\_\_\_\_

## Amalgam

Temporary Filling  
(a) G. P.  
(b) Cement

## Cement

Treatment  
Putrescent Pulp

### Root Filling

Pulp Cap

...

11

2

## Synthetic Porcelain

## Extracting

## DENTURES

U

L

1

Gold Clasp

## Gold Filling

## CROWNS

G

## Porcelain

## Bridge Work

# OPERATOR

Military District

REMARKS

July 4/19. Examination  
 " 10/19. Amalgam # 3.  
 July '13  
 June 25/20 Final board



I failed to report

204 Toronto

Capt Thorne

Completed

Thomas Cope  
Jun 48

## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Car 1a.
3. Condition on discharge.



Station  
and Date.





**MEDICAL CASE SHEET.\***

1953  
Army Form I. 1237.

No. in  
Admission  
and  
Discharge  
Book.  
**T 57**

Regimental No.

Rank.

Surname.

Christian Name.

**144456**

**PTE**

**CASEY**

**A**

Unit.

Age.

Service.

**21/ Canadians**

**19**

**14 1/2 / 12**

Station  
and Date.

Disease

**G. S. W. Perineum with injury & loss  
of the Left Testicle.**

wounded on left side of scrotum 15. 9. 16 by bullet  
wound swelling - 2 wounds & drainage tube  
between

some inflammation cellular tissue & abdominal  
wall.

*W. H. M. J. M. M. J.*  
Capt Name

**20. 9. 16**

Wounds healed

It is now evident that the left Testicle has  
been removed

discharged On

*W. H. M. J. M. M. J.*  
Capt Name

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



Station  
and Date.



MEDICAL CASE SHEET.\*

J.

|                                                                            |                                                                                                                |            |                                     |                 |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-----------------|
| No. in Admission and Discharge Book.<br><b>2633</b><br>Year<br><b>1916</b> | Regimental No.                                                                                                 | Rank.      | Surname.                            | Christian Name. |
|                                                                            | <b>144456</b>                                                                                                  | <b>PLt</b> | <b>Casery</b>                       | <b>a</b>        |
|                                                                            | Unit.                                                                                                          | Age.       | Service.                            |                 |
|                                                                            | <b>21<sup>st</sup> BATTN</b>                                                                                   | <b>19</b>  | <b>1 <sup>3</sup>/<sub>12</sub></b> |                 |
| Station and Date.                                                          | Disease                                                                                                        |            |                                     |                 |
| <b>Bromley</b><br><b>Oct 21<sup>st</sup> 1916</b>                          | <b>G.C.S.N. R. Testicle</b>                                                                                    |            |                                     |                 |
|                                                                            | <b>In France 6 mos hit on Sept. 15 atomme to No 8 Staty. Boulogne to East Dulwich H. Hosp 5 Wks to Bromley</b> |            |                                     |                 |
|                                                                            | <b>Cond<sup>n</sup> The testicle removed.</b>                                                                  |            |                                     |                 |
|                                                                            | <b>Scar at base penis -</b>                                                                                    |            |                                     |                 |
|                                                                            | <b>C.C.C. Donald A Murray Capt.</b>                                                                            |            |                                     |                 |

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



THIRD CANADIAN COMMAND DEPOT.

DAILY ORDERS PART II.

Page "3"

No.24  
March 19th, 1917  
St. Leonnards.

SECTION 4  
1st Quebec Regiment.

24th Res. Bat tn.

(c) ATTACHMENTS (Decreases).

132410 Cpl Hobbs H H  
164595 Pte Haywood A  
132936 Pte Nauffts G F  
132869 Pte Simpson B  
73rd Battn.

The marginally noted cease to be attached  
on discharge to their Reserve Units  
with effect from 15-3-17.  
do do do do.



#2. O.D.

144456

ARNOLD CASEY.

Private. 21st Battn

932 Queen St. W.  
City

104054

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 144456

Name Arnold Casey

Unit 21 Batt

Military Will.

In the event of  
my death I leave  
the whole of my  
personal property  
and effects <sup>to my</sup> Mother.  
Mrs Annie Casey

1741 N. Washington Ave  
Shanton Park, S.C.

Signature Arnold Casey

Rank and Regt. Pvt 21 Batt

Date 19 March 1916



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....

No

20. Have you been issued with a War Service Badge? If so, what class? Yes Class "A" 224536

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....

No

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F. .... If not, give:—(a) Date of discharge

(b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....

Yes 21st Battalion in France from 10-3-16 to 29-8-18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....

(b) If so, are you in receipt of full pay and allowances from that Department? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A Casey

Place of Residence: 1204 Dufferin St Toronto

Declared before me at: Toronto

This eight day of Oct 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

Major D.O.H.

POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|-----------|--------------|----------------|----------------------|----------------|
|           |              |                |                      |                |
|           |              |                |                      |                |
|           |              |                |                      |                |

Certified Correct.

District Paymaster

24/10

183 days



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Arnold* 2. Surname *Casey*
3. Rank *Pte* 4. Original Unit *77 Balmi Draft* 5. Reg. No. *144436*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*1204 Dufferin St. Toronto Ont*
7. Date of enlistment in the C.E.F. *22-7-15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
9. Relationship of such dependent
10. Present address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*Yes. Draft 77 Balmi in England from 22-10-15 to 10-3-16*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served  
*4 years 70 days*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### RATE OF ASSIGNMENT

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Rank :

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name \_\_\_\_\_

Address

### Change of Address

1

2

3

4

[illegible]



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

3182

Nov 1 '15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

RATE OF ASSIGNMENT

|    |  |  |  |
|----|--|--|--|
| 15 |  |  |  |
|----|--|--|--|

## PARTICULARS OF SEPARATION ALLOWANCE

No. 14445-6

Rank Pte Promoted Reverted Discharge

Soldier's Name A. Casey

Battalion 77<sup>th</sup> Battal 15<sup>th</sup> Draft

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name M<sup>rs</sup> A. Casey

Address 322 New St, Easton, Pa., U.S.A.

Change of Address

1 32 Cattell St Easton Pa. U.S.A.

2 140 East Washington Ave

3 Washington D.C. U.S.A.

4

| Date       | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS                      |
|------------|------------|------------|------------|-------|------------------------------|
| Dec 31. 17 |            |            | 390        | 390   | 02891-A-2                    |
| Jan        | 7 61510    |            | 15         | 15    | 1) In R 0 95.30 minus 3/4/18 |
| Feb        | D 92043    |            | 15         | 15    |                              |
| Mar        | A 110219   |            | 15         | 15    |                              |
| Apr        | X 12300    |            | 15         | 15    |                              |
| May        | J 19171    |            | 15         | 15    |                              |
| June       | Z 8460     |            | 15         | 15    |                              |
| July       | Z 19522    |            | 15         | 15    |                              |
| Aug        | Z 31577    |            | 15         | 15    |                              |
| Sep        | Z 44798    |            | 15         | 15    |                              |
| Oct        | Z 59329    |            | 15         | 15    |                              |
| Nov        | Z 73852    |            | 15         | 15    |                              |
| Dec        | Z 94222    |            | 15         | 15    |                              |
| Jan 19     | Z 104710   |            | 15         | 15    |                              |
| FEB        | Z 118493   |            | 15         | 15    |                              |
| MAR        | Z 130952   |            | 15         | 15    |                              |
| APR        | Z 1352     |            | 15         | 15    |                              |
| MAY        | Z 10184    |            | 15         | 15    |                              |
| JUN        | Z 17104    |            | 15         | 15    |                              |
|            |            |            | 660        | 15    |                              |

AUDITED.

Ret'd on Resignation

Date 2/6/19 M.F.W. 187

Closed PRO. 9/6/67

M. F. W. 128  
400M-647-172-39-141  
L. L. 22320-M. & D. 1498.





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

**PAYMENTS.**

Name of Soldier

144456

Remarks.

| Month. | Year. | Cheque No. | Amt. |
|--------|-------|------------|------|
| April  | 1916  | 2822       | 15   |
| May    |       | 3330       | 15   |
| June   |       | P 775      | 15   |
| July   |       | E 6235     | 15   |
| Aug.   |       | G 10463    | 15   |
| Sept.  |       | E 15594    | 15   |
| Oct.   |       | G 19929    | 15   |
| Nov.   |       | E 25280    | 15   |
| Dec.   |       | 31374      | 15   |
| Jan.   | 1917  | 26470      | 15   |
| Feb.   |       | F 42278    | 15   |
| March  |       | H 18295    | 15   |
| April  |       | G 582      | 15   |
| May    |       | P 6973     | 15   |
| June   |       | P 13544    | 15   |
| July   |       | G 20268    | 15   |
| Aug.   |       | L 27724    | 15   |
| Sept.  |       | K 34408    | 15   |
| Oct.   |       | Q 46185    | 15   |
| Nov.   |       | D 54594    | 15   |
| Dec.   |       | P 55330    | 15   |
| Jan.   | 1918  |            |      |
| Feb.   |       |            |      |
| March  |       |            |      |
| April  |       |            |      |
| May    |       |            |      |
| June   |       |            |      |
| July   |       |            |      |

\$15.00

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15-AL 322 New St. Easton Penn. 784

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Mrs. A. Casey

Casey. A.  
 1st Draft 77 But

for

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RECEIVED  
JAN 11 1964  
U.S. AIR FORCE



322 New St.  
Easton Penn.  
2nd Contingent U. S. A.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
2m.—9-15.  
H. Q. 1772-39-819.

To Whom

Address

By Whom Assigned

Regtl. No.

Rank

Corps

Rate

*Mr. A. Casey*  
~~844 Taylor St.~~  
~~4211 Oak Fort Court.~~  
~~Scranton Penn.~~  
~~4241 Washington St.~~ U. S. A.  
NOV 1 - 1915

*Casey A.*  
*144456*  
*Pte.*  
*77th Batt. 1st Draft*

*15 00*

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---------|
| Aug.  | 1914 |            |      |         |
| Sept. |      |            |      |         |
| Oct.  |      |            |      |         |
| Nov.  |      |            |      |         |
| Dec.  |      |            |      |         |
| Jan.  | 1915 |            |      |         |
| Feb.  |      |            |      |         |
| March |      |            |      |         |
| April |      |            |      |         |
| May   |      |            |      |         |
| June  |      |            |      |         |
| July  |      |            |      |         |
| Aug.  |      |            |      |         |
| Sept. |      |            |      |         |
| Oct.  |      |            |      |         |
| Nov.  |      | 45220      | 15   |         |
| Dec.  |      | 47721      | 15   |         |
| Jan.  | 1916 | 011888     | 15   |         |
| Feb.  |      | P 13786    | 15   |         |
| March |      | 114591     | 15   |         |





[illegible]



Rank **Pte** Name **CASEY, Arnold** Reg'l No. **144456**  
 Unit **77th Bn to 12th Res.** If in perm. Corps, What Unit?  
 Married or Single **Single**  
 Place and Date of Enlistment **Smiths Falls, 24th July 1915.** Place of Birth **Jamaica, B.W.I.**  
 Name and Address, Next-of-Kin **Mrs A. Casey,**  
**932 Queen St, W. Toronto.** Relationship **Mother**

Assigned Pay Monthly \$15<sup>00</sup>

Payable to *Mrs A Casey Oak Port Court ~~U.S.A.~~ <sup>London, Pa.</sup>*  
 Relationship

*6606*  
*11/8*  
 Separation Allowance \$

Payable to

Relationship.

Discharge, Date and Place

Reason

Character

| Date    |          | PAY         |      |        | Field Allowance |      |        | Other Credits | Total Credits | Voucher           |      | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| From    | To       | No. of Days | Rate | Amount | No. of Days     | Rate | Amount |               |               | No.               | Date |               |              |               |              |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 1/11    | 30/11    | 30          | 100  | 30     | 30              | 10   | 3      |               | 33            | 578               |      | 487           | 15           |               | 1987         | 13 13   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1/12/15 | 31/12/15 | 31          |      | 31     | 31              |      | 3 10   |               | 34 10         | 405<br>702<br>819 |      | 1947          | 15           | 590           | 40 14        | 7 06    | Issue on repayment - 5.70 24/1/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1/1/16  | 31/1/16  | 31          |      | 31     | 31              |      | 3 10   |               | 34 10         | 947               |      | 729           | 15           |               | 22 29        | 1887    | taken on 23/10 underpaid 9 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 1/2     | 29/12    | 29          |      | 29     | 29              |      | 2 90   | 990           | 4180          | 927               |      | 243           | 15           | 690           | 24 33        | 36 34   | 12/2/16 16.3.16 26.4.16 26.5.16 26.6.16 26.7.16 26.8.16 26.9.16 26.10.16 26.11.16 26.12.16 27.1.16 27.2.16 27.3.16 27.4.16 27.5.16 27.6.16 27.7.16 27.8.16 27.9.16 27.10.16 27.11.16 27.12.16 28.1.16 28.2.16 28.3.16 28.4.16 28.5.16 28.6.16 28.7.16 28.8.16 28.9.16 28.10.16 28.11.16 28.12.16 29.1.16 29.2.16 29.3.16 29.4.16 29.5.16 29.6.16 29.7.16 29.8.16 29.9.16 29.10.16 29.11.16 29.12.16 30.1.16 30.2.16 30.3.16 30.4.16 30.5.16 30.6.16 30.7.16 30.8.16 30.9.16 30.10.16 30.11.16 30.12.16 31.1.16 31.2.16 31.3.16 31.4.16 31.5.16 31.6.16 31.7.16 31.8.16 31.9.16 31.10.16 31.11.16 31.12.16 32.1.16 32.2.16 32.3.16 32.4.16 32.5.16 32.6.16 32.7.16 32.8.16 32.9.16 32.10.16 32.11.16 32.12.16 33.1.16 33.2.16 33.3.16 33.4.16 33.5.16 33.6.16 33.7.16 33.8.16 33.9.16 33.10.16 33.11.16 33.12.16 34.1.16 34.2.16 34.3.16 34.4.16 34.5.16 34.6.16 34.7.16 34.8.16 34.9.16 34.10.16 34.11.16 34.12.16 35.1.16 35.2.16 35.3.16 35.4.16 35.5.16 35.6.16 35.7.16 35.8.16 35.9.16 35.10.16 35.11.16 35.12.16 36.1.16 36.2.16 36.3.16 36.4.16 36.5.16 36.6.16 36.7.16 36.8.16 36.9.16 36.10.16 36.11.16 36.12.16 37.1.16 37.2.16 37.3.16 37.4.16 37.5.16 37.6.16 37.7.16 37.8.16 37.9.16 37.10.16 37.11.16 37.12.16 38.1.16 38.2.16 38.3.16 38.4.16 38.5.16 38.6.16 38.7.16 38.8.16 38.9.16 38.10.16 38.11.16 38.12.16 39.1.16 39.2.16 39.3.16 39.4.16 39.5.16 39.6.16 39.7.16 39.8.16 39.9.16 39.10.16 39.11.16 39.12.16 40.1.16 40.2.16 40.3.16 40.4.16 40.5.16 40.6.16 40.7.16 40.8.16 40.9.16 40.10.16 40.11.16 40.12.16 41.1.16 41.2.16 41.3.16 41.4.16 41.5.16 41.6.16 41.7.16 41.8.16 41.9.16 41.10.16 41.11.16 41.12.16 42.1.16 42.2.16 42.3.16 42.4.16 42.5.16 42.6.16 42.7.16 42.8.16 42.9.16 42.10.16 42.11.16 42.12.16 43.1.16 43.2.16 43.3.16 43.4.16 43.5.16 43.6.16 43.7.16 43.8.16 43.9.16 43.10.16 43.11.16 43.12.16 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74.4.16 74.5.16 74.6.16 74.7.16 74.8.16 74.9.16 74.10.16 74.11.16 74.12.16 75.1.16 75.2.16 75.3.16 75.4.16 75.5.16 75.6.16 75.7.16 75.8.16 75.9.16 75.10.16 75.11.16 75.12.16 76.1.16 76.2.16 76.3.16 76.4.16 76.5.16 76.6.16 76.7.16 76.8.16 76.9.16 76.10.16 76.11.16 76.12.16 77.1.16 77.2.16 77.3.16 77.4.16 77.5.16 77.6.16 77.7.16 77.8.16 77.9.16 77.10.16 77.11.16 77.12.16 78.1.16 78.2.16 78.3.16 78.4.16 78.5.16 78.6.16 78.7.16 78.8.16 78.9.16 78.10.16 78.11.16 78.12.16 79.1.16 79.2.16 79.3.16 79.4.16 79.5.16 79.6.16 79.7.16 79.8.16 79.9.16 79.10.16 79.11.16 79.12.16 80.1.16 80.2.16 80.3.16 80.4.16 80.5.16 80.6.16 80.7.16 80.8.16 80.9.16 80.10.16 80.11.16 80.12.16 81.1.16 81.2.16 81.3.16 81.4.16 81.5.16 81.6.16 81.7.16 81.8.16 81.9.16 81.10.16 81.11.16 81.12.16 82.1.16 82.2.16 82.3.16 82.4.16 82.5.16 82.6.16 82.7.16 82.8.16 82.9.16 82.10.16 82.11.16 82.12.16 83.1.16 83.2.16 83.3.16 83.4.16 83.5.16 83.6.16 83.7.16 83.8.16 83.9.16 83.10.16 83.11.16 83.12.16 84.1.16 84.2.16 84.3.16 84.4.16 84.5.16 84.6.16 84.7.16 84.8.16 84.9.16 84.10.16 84.11.16 84.12.16 85.1.16 85.2.16 85.3.16 85.4.16 85.5.16 85.6.16 85.7.16 85.8.16 85.9.16 85.10.16 85.11.16 85.12.16 86.1.16 86.2.16 86.3.16 86.4.16 86.5.16 86.6.16 86.7.16 86.8.16 86.9.16 86.10.16 86.11.16 86.12.16 87.1.16 87.2.16 87.3.16 87.4.16 87.5.16 87.6.16 87.7.16 87.8.16 87.9.16 87.10.16 87.11.16 87.12.16 88.1.16 88.2.16 88.3.16 88.4.16 88.5.16 88.6.16 88.7.16 88.8.16 88.9.16 88.10.16 88.11.16 88.12.16 89.1.16 89.2.16 89.3.16 89.4.16 89.5.16 89.6.16 89.7.16 89.8.16 89.9.16 89.10.16 89.11.16 89.12.16 90.1.16 90.2.16 90.3.16 90.4.16 90.5.16 90.6.16 90.7.16 90.8.16 90.9.16 90.10.16 90.11.16 90.12.16 91.1.16 91.2.16 91.3.16 91.4.16 91.5.16 91.6.16 91.7.16 91.8.16 91.9.16 91.10.16 91.11.16 91.12.16 92.1.16 92.2.16 92.3.16 92.4.16 92.5.16 92.6.16 92.7.16 92.8.16 92.9.16 92.10.16 92.11.16 92.12.16 93.1.16 93.2.16 93.3.16 93.4.16 93.5.16 93.6.16 93.7.16 93.8.16 93.9.16 93.10.16 93.11.16 93.12.16 94.1.16 94.2.16 94.3.16 94.4.16 94.5.16 94.6.16 94.7.16 94.8.16 94.9.16 94.10.16 94.11.16 94.12.16 95.1.16 95.2.16 95.3.16 95.4.16 95.5.16 95.6.16 95.7.16 95.8.16 95.9.16 95.10.16 95.11.16 95.12.16 96.1.16 96.2.16 96.3.16 96.4.16 96.5.16 96.6.16 96.7.16 96.8.16 96.9.16 96.10.16 96.11.16 96.12.16 97.1.16 97.2.16 97.3.16 97.4.16 97.5.16 97.6.16 97.7.16 97.8.16 97.9.16 97.10.16 97.11.16 97.12.16 98.1.16 98.2.16 98.3.16 98.4.16 98.5.16 98.6.16 98.7.16 98.8.16 98.9.16 98.10.16 98.11.16 98.12.16 99.1.16 99.2.16 99.3.16 99.4.16 99.5.16 99.6.16 99.7.16 99.8.16 99.9.16 99.10.16 99.11.16 99.12.16 100.1.16 100.2.16 100.3.16 100.4.16 100.5.16 100.6.16 100.7.16 100.8.16 100.9.16 100.10.16 100.11.16 100.12.16 101.1.16 101.2.16 101.3.16 101.4.16 101.5.16 101.6.16 101.7.16 101.8.16 101.9.16 101.10.16 101.11.16 101.12.16 102.1.16 102.2.16 102.3.16 102.4.16 102.5.16 102.6.16 102.7.16 102.8.16 102.9.16 102.10.16 102.11.16 102.12.16 103.1.16 103.2.16 103.3.16 103.4.16 103.5.16 103.6.16 103.7.16 103.8.16 103.9.16 103.10.16 103.11.16 103.12.16 104.1.16 104.2.16 104.3.16 104.4.16 104.5.16 104.6.16 104.7.16 104.8.16 104.9.16 104.10.16 104.11.16 104.12.16 105.1.16 105.2.16 105.3.16 105.4.16 105.5.16 105.6.16 105.7.16 105.8.16 105.9.16 105.10.16 105.11.16 105.12.16 106.1.16 106.2.16 106.3.16 106.4.16 106.5.16 106.6.16 106.7.16 106.8.16 106.9.16 106.10.16 106.11.16 106.12.16 107.1.16 107.2.16 107.3.16 107.4.16 107.5.16 107.6.16 107.7.16 107.8.16 107.9.16 107.10.16 107.11.16 107.12.16 108.1.16 108.2.16 108.3.16 108.4.16 108.5.16 108.6.16 108.7.16 108.8.16 108.9.16 108.10.16 108.11.16 108.12.16 109.1.16 109.2.16 109.3.16 109.4.16 109.5.16 109.6.16 109.7.16 109.8.16 109.9.16 109.10.16 109.11.16 109.12.16 110.1.16 110.2.16 110.3.16 110.4.16 110.5.16 110.6.16 110.7.16 110.8.16 110.9.16 110.10.16 110.11.16 110.12.16 111.1.16 111.2.16 111.3.16 111.4.16 111.5.16 111.6.16 111.7.16 111.8.16 111.9.16 111.10.16 111.11.16 111.12.16 112.1.16 112.2.16 112.3.16 112.4.16 112.5.16 112.6.16 112.7.16 112.8.16 112.9.16 112.10.16 112.11.16 112.12.16 113.1.16 113.2.16 113.3.16 113.4.16 113.5.16 113.6.16 113.7.16 113.8.16 113.9.16 113.10.16 113.11.16 113.12.16 114.1.16 114.2.16 114.3.16 114.4.16 114.5.16 114.6.16 114.7.16 114.8.16 114.9.16 114.10.16 114.11.16 114.12.16 115.1.16 115.2.16 115.3.16 115.4.16 115.5.16 115.6.16 115.7.16 115.8.16 115.9.16 115.10.16 115.11.16 115.12.16 116.1.16 116.2.16 116.3.16 116.4.16 116.5.16 116.6.16 116.7.16 116.8.16 116.9.16 116.10.16 116.11.16 116.12.16 117.1.16 117.2.16 117.3.16 117.4.16 117.5.16 117.6.16 117.7.16 117.8.16 117.9.16 117.10.16 117.11.16 117.12.16 118.1.16 118.2.16 118.3.16 118.4.16 118.5.16 118.6.16 118.7.16 118.8.16 118.9.16 118.10.16 118.11.16 118.12.16 119.1.16 119.2.16 119.3.16 119.4.16 119.5.16 119.6.16 119.7.16 119.8.16 119.9.16 119.10.16 119.11.16 119.12.16 120.1.16 120.2.16 120.3.16 120.4.16 120.5.16 120.6.16 120.7.16 120.8.16 120.9.16 120.10.16 120.11.16 120.12.16 121.1.16 121.2.16 121.3.16 121.4.16 121.5.16 121.6.16 121.7.16 121.8.16 121.9.16 121.10.16 121.11.16 121.12.16 122.1.16 122.2.16 122.3.16 122.4.16 122.5.16 122.6.16 122.7.16 122.8.16 122.9.16 122.10.16 122.11.16 122.12.16 123.1.16 123.2.16 123.3.16 123.4.16 123.5.16 123.6.16 123.7.16 123.8.16 123.9.16 123.10.16 123.11.16 123.12.16 124.1.16 124.2.16 124.3.16 124.4.16 124.5.16 124.6.16 124.7.16 124.8.16 124.9.16 124.10.16 124.11.16 124.12.16 125.1.16 125.2.16 125.3.16 125.4.16 125.5.16 125.6.16 125.7.16 125.8.16 125.9.16 125.10.16 125.11.16 125.12.16 126.1.16 126.2.16 126.3.16 126.4.16 126.5.16 126.6.16 126.7.16 126.8.16 126.9.16 126.10.16 126.11.16 126.12.16 127.1.16 127.2.16 127.3.16 127.4.16 127.5.16 127.6.16 127.7.16 127.8.16 127.9.16 127.10.16 127.11.16 127.12.16 128.1.16 128.2.16 128.3.16 128.4.16 128.5.16 128.6.16 128.7.16 128.8.16 128.9.16 128.10.16 128.11.16 128.12.16 129.1.16 129.2.16 129.3.16 129.4.16 129.5.16 129.6.16 129.7.16 129.8.16 129.9.16 129.10.16 129.11.16 129.12.16 130.1.16 130.2.16 130.3.16 130.4.16 130.5.16 130.6.16 130.7.16 130.8.16 130.9.16 130.10.16 130.11.16 130.12.16 131.1.16 131.2.16 131.3.16 131. |







Shapnel

2

o pachine

supplic

lower - leg -

~~o Bone wood~~

o anep R B K

Shapnel

flist

severe

permanum - sorotum

o Testicle removed







Condition when finally boarded for discharge.

D.O.H. June 25, 1920

#144456, Pte. Casey, Arnold.

1. Fracture of both bones of lower leg in middle third. Wounds excised at H 2nd C.C.S. and splints supplied. Operation 4-12-18. Tibia wired and extension splint applied. Acute flare up of infection and amp. done June 16, 1919. Has had 2 slight operations at D.O.H. Toronto for removal of scar and nerve buds. Stump healed April 1920. Leg supplied May 1920.
  2. Wounded in Perineum 15-9-16. Suppuration of Scrotum. Left Testicle removed. Discharged cured. 1. Right Leg amputated in middle third. Stump 5" long. Scar well healed, not tender or painful, and not adherent. Movement of knee joint normal. Has been supplied with satisfactory Artificial Leg.
  2. Healed scar left external surface of Scrotum. Absence of Left Testicle and cord. No subjective symptoms.
- [Handwritten signature]*







Condition when finally boarded for discharge.

D.O.H. June 25, 1920

#144455, Pte. Casey, Arnold.

1. Fracture of both bones of lower leg in middle third. Wounds excised at H 2nd C.O.S. and splints supplied. Operation 4-12-18. Tibia wired and extension splint applied. Acute flare up of infection and sup. done June 16, 1919. Has had 2 slight operations at D.O.H. Toronto for removal of scar and nerve wounds. Stump healed April 1920. Leg supplied May 1920.
2. Wounded in Pelvicum 11-9-16. Suppuration of Scrotum. Left Testicle removed. Discharged cured. 1. Right Leg amputated in middle third. Stump 5" long. Scar well healed, not tender or painful, and not adherent. Movement of knee joint normal. Has been supplied with satisfactory Artificial Leg.
2. Healed scar left external surface of Scrotum. Absence of Left Testicle and cord. No subjective symptoms.

J. H. Minor M.D.



TOTAL IN  
FIGURES

I certify that the above Diets, † Drinks, † Extras, † and Sundries† were ordered by me for patient *A. E. Finkley Capt.*

Officer in Charge

NOTE.—Extras may be ordered without at the same time ordering a Diet. After Diets Extras have been entered on the Diet Sheet, no further entry need be made until a change is considered necessary. The entries will always be written in opposite the date when any change is made; also on the day of discharge, or when a patient is transferred from the care of one M. O. to another.

† Delete as required to render the certificate complete.

\* Insert here "Patient," "Dining Hall," or "Kitchen."



M. O.

C. T.

14 Can. Gen. Hosp.,  
Eastbourne.

Reg. No. 2015

Date 17 DEC 1918

Rank,

Regt. No.

Unit.

Unit.

Pte

Casey A.

144456

21st Bn.

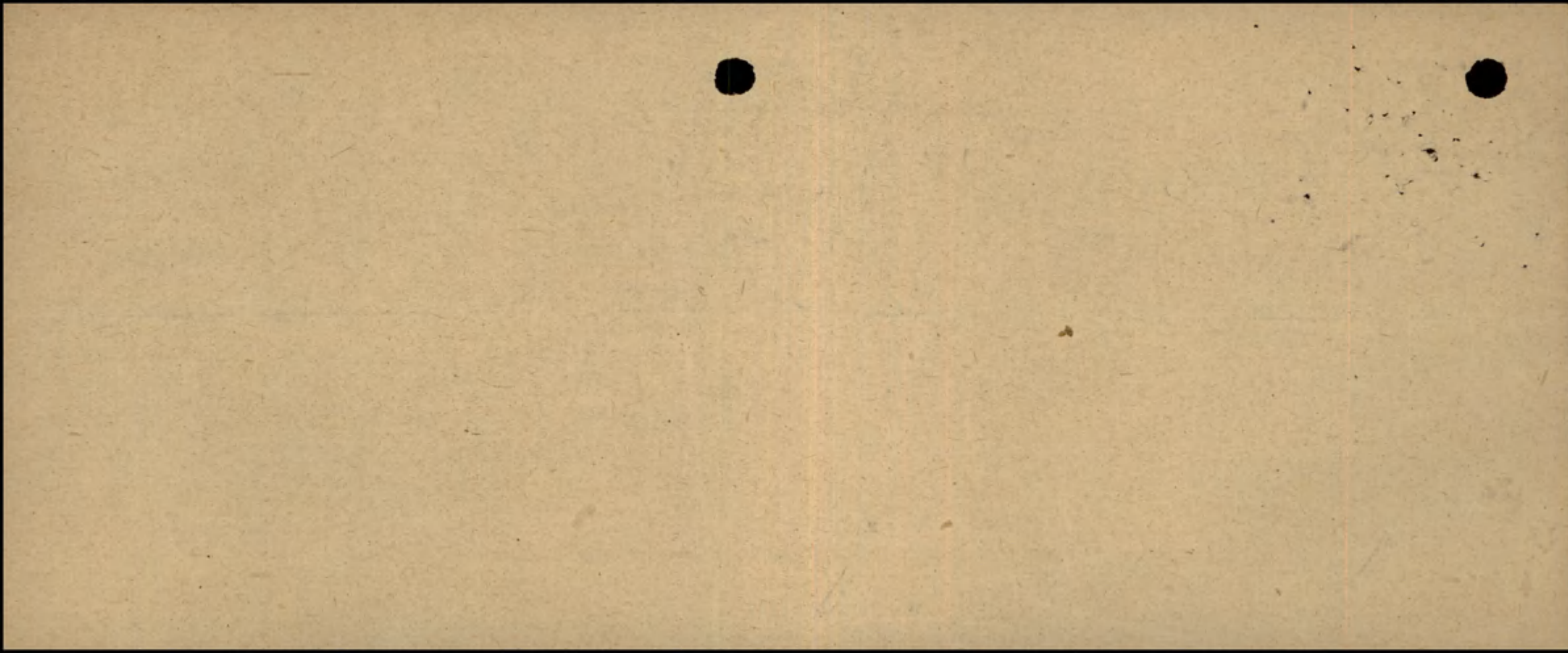
Shrapnel fracture of right tibia & fibula in lower third with abundant callus formation. Some inward displacement of upper fragment of tibia. Position of fibula good. There is rarefaction of tibia with sequestra.

Shomden

Ort. C.M.C.

Officer in Charge Department.







# WARD SLIP.

Date

15/1/19.

Army Form W 3242.

Ward

Name

Number

Regt. or Corps

Disease

(To be entered by M.O.)

8W. left leg &  
comp. fr. riba & femur

Disease changed to—

(a) Error in diagnosis

(b) Another disease supervening

Date of discharge to duty

„ death

„ transfer to

„ discharge as invalid

Recommended for \_\_\_\_\_ days furlough

„ „ invaliding board

„ „ transfer to

One of these slips to be sent to the Office whenever any notification is necessary.



1000  
1000  
1000

1000  
1000  
1000

1000  
1000  
1000

1000  
1000  
1000

1000  
1000  
1000

1000  
1000  
1000



The D.G.M.S., Ottawa.

Case Sheets for man boarded at  
Dominion Orthopaedic Hospital,  
Toronto, on June 25th/20.

#144456, Pte. Casey, A.

2 Case Sheets.

1 Clinical Chart.

*R. H. Mill*  
Major C.A.M.C. & Registrar  
for Officer Commanding.

JRL.  
Encls.



RECEIVED  
TREATMENT DEPARTMENT

TO THE  
OFFICE OF THE  
SHERIFF

STATE OF CALIFORNIA

COUNTY OF

IN WITNESS WHEREOF



GRANVILLE CANADIAN SPECIAL HOSPITAL  
**TREATMENT DEPARTMENT**

Buxton, 14-4-19.....1919....

To— *A Sec.*  
Officer i/c Examining Board,  
G.C.S.H., Buxton.

I would beg to draw the marginally named case to  
your notice, please.

No. 144456....

Rank. *Pte.*.....

Name *Cassey*.....

Ward *A 37*.....

*Knee moves practically  
normal. Suggest bandage  
to stumps.*

*James Catterson*  
Capt. C.A.M.C., Officer i/c Treatment Department.

TO BE ATTACHED TO PATIENT'S MEDICAL CASE SHEET, PLEASE.





A. & D.  
CARD

AT 15718 PL. OF ACTION STANTON

A. & D. No. 15718 REG. No. 144456 UNIT 2/Leans SICK OR WOUNDED

RANK Pte

NAME basey a AGE 20 RELIGION Cofb

PLACE IN HOSPITAL A

DIAGNOSIS Gsw Rt. leg amp

ADMITTED 8/4/19 FROM McLachlan Berhies

DISCHARGED 27-5-19 TO R-pool

TRANSFERRED 5 Leans Sen

SERVICE AT HOME 42 IN FIELD 22

RESULTS 49 Days

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.]



REMARKS.



## REMARKS.



No. 14 CANADIAN GENERAL HOSPITAL  
EAST BOURNE, SUSSEX.

**A. & D.  
CARD**

AT.....

A. & D. No. 1821 PL. OF ACTION.....RANK Pte. REG. NO. 144456 UNIT 21 ban Bu. SICK OR WOUNDEDNAME basey a. AGE 20 RELIGION bofePLACE IN HOSPITAL C16.DIAGNOSIS G.S.W. Leg. R.ADMITTED 12 DEC 1918 FROM H. H. Eboume

DISCHARGED..... TO.....

TRANSFERRED 8/2/19. 13th Can Gen Hosp TaplowSERVICE AT HOME 39/12 IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.]



## REMARKS.



A. & D.  
CARD

Princess Patricia Canadian Red Cross Hospital, HOSPITAL.

AT Coedon Camp, Boxhill.

T 7781

Regt. No. 144456

PL. OF ACTION

Arras

Canadian

21<sup>st</sup> Bn.SICK OR  
WOUNDED

RANK. Pte. REG. No.

UNIT

NAME. Casey A.

AGE

50

RELIGION

C.E.

PLACE IN HOSPITAL

Div. I

DIAGNOSIS

S.W. Leg (R.) Amp.

ADMITTED

MAR 31

1919

FROM

13 Coy Hasting

DISCHARGED

TO

TRANSFERRED

8.4.19

Gran C. S. H. Buxton.

SERVICE AT HOME

42/12

IN FIELD

22/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

B.T.O.



[illegible]



Name **CASEY**

**Arnold**  
Rank **Pte**

Reg. No. **144456**

Unit **21<sup>st</sup> BN.**

**932 Queen St**

Next of Kin **Canada Mrs A Casey Toronto**

| Date   | Movement                   | Place      | Casualty | List No. | Notified N/K O. | W.O. List |
|--------|----------------------------|------------|----------|----------|-----------------|-----------|
| 1917   |                            |            |          |          |                 |           |
| Nov 4  | No 1 C-7. Amb.             | SWR. Kneel | Do       | 260      | 6335            | 7325      |
| 6-11   | 22. G.H. Camiers           | Do         | Do       | 265      |                 | 16199     |
| 9-11   | 6 C.D. Etaples             | Do         | Do       | 268      |                 | 16246     |
| 15-11  | 15 C.D. Trouville          | Do         | Do       | 273      |                 | 16426     |
| 2-12   | Disch. to Base Dep Etaples | Do         | Do       | 291      |                 | 17252     |
| 27-8   | 54 B.H. Aubengne           | SWR. Kneel | Do       | 250      | 6335            | 2633/10   |
| 30-8   | Cent. Inf. & L. line       | Do         | Do       | 256      |                 | 25343     |
| 13-12  | 11 C.G. H. L. line         | Do         | Do       | 3399     |                 | 3204      |
| 9-2-19 | 13 B. 4th Hastings         | Do         | Do       | B442     |                 | 662       |
| 1-4    | PPOR B.H. Bexhill          | Do         | Ampt.    | B486     |                 | 9325      |
| 9-4    | from B.S.H. Buxton         | Do         | Do       | B492     |                 | 1579      |
| 28-5   | Can Kirkdale               | "          | "        | B529     |                 | 10959     |
| 10-6   | Swallowed to Canada        | "          | "        | B538     |                 | 9247      |
|        | SL-504 M.D. 2              |            |          |          |                 |           |



[illegible]



Name **CASEY. Arnold.** Rank **Pte.**

Reg. No. 144456.

Unit 21st. Battalion.

*Next of Kin* Canada.

| Date     | Movement           | Place        | Casualty   | List No. | Notified N/K O. | W.O. List |
|----------|--------------------|--------------|------------|----------|-----------------|-----------|
| 18-9-16  | Southwark M.H.     | East Dulwich | GSW R.     |          | 0               |           |
|          | Grove. London.S.E. | Testicle     | Sev.       | B152     | 1142            | 21-9-16   |
| 22-10-16 | C.C.H.             | Bromley.     | do         | B185.    |                 |           |
| 2-11-16  | DISCHARGED.        |              | do         | B194     |                 |           |
| 7-11-16  | Can Con Hosp       | Woodcote P.  | Epsom CCAC | Do.      | B198            |           |
| 31-1-17  | Do                 | Discharged   | Do         | B279     |                 |           |



(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. ....

NUMBER

RANK

SURNAME

INITIALS

Full postal address.....  
(Street) (City or Town) (Province)

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

Address.....

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

..... Railway.....

If married, is your wife on board..... Number of children on board.....

Their destination.....

(Sgd.).....

REC'D. SEP 1 1924  
FURN. NO. 7345-

DEC 5 1924  
\$560  
B. 13.  
R. 2132



Number 144456

Rank

Plt

Surname CASEY

Christian name Arnold

Units 21<sup>st</sup> Bn C Inf

Theatre of War France

Date of Service 16.3.16

Remarks

Latest Address 12 Cambridge St.  
Toronto

Roll No. Ont

200m.-6-21

Page 20377



| LIST No | HOSPITAL                                 | DATE OF<br>ADMISSION | REMARKS                       |
|---------|------------------------------------------|----------------------|-------------------------------|
| B152.   | Southwark Mil. East.                     |                      |                               |
|         | Sulwich Grove Lond. S. E.                | 18-9-16              | Adm. R. Gestele Sec.          |
| B185.   | Can. Conv. Bromley                       | 22-10-16             | " " " " "                     |
| B194.   | " "Disc."                                | 2-11-16              | " " " " "                     |
| B198.   | Can. Conv. W'cote P. K. Epsom            | 7-11-16              | " " " " "                     |
| B279    | Discharged                               | 31-1-17              | " " " " "                     |
| A60.    | 704 Can. fld Amb.                        | 4-11-17              | S. W. R. Kneel                |
| A65.    | #22. Gen. Dannes,                        | 6-11-17.             | S. W. R. Kneel (East Out Pt.) |
| A68.    | #6 Can. Dept <sup>Learners</sup> Staples | 9-11-17.             | " " " " "                     |
| A73.    | #15. Can. Depot. Brouville,              | 15-11-17.            | S. W. R. Kneel, (" " " " ")   |
| A91.    | " "Disc"                                 | 2-12-17              | S. W. R. Kneel (" " " " ")    |
| A307    | 54 Gen. Aubengue                         | 27-3-18              | " " " " Reg                   |
| B306    | Central Mil. Boulton                     | 30-8-18              | SSV 11 Reg                    |
| B399    | 14 le Can. Eastbourne                    | 13-12-18             | " " " " "                     |



REGT'L NO 144456.

H. Q. FILE NO. 649-

NAME

RANK AND CORPS

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

U.S.A.

|           |          |                                                                                        |
|-----------|----------|----------------------------------------------------------------------------------------|
| 01142.    | 20-9-16  | Adm. to Southwark Mil. Hosp London<br>Sept 18 <sup>th</sup> / 1916. Glut testicle sev. |
| 12-4      |          |                                                                                        |
| M6335.    | 12-11-17 | Adm. to 1st. Fld. Amb. Depot, Nov. 4 <sup>th</sup> / 17<br>USW knee.                   |
| A6450     | 2-11-17  | B. Corr. Dep. H. 1. Buyuni                                                             |
| W. K.     |          | Casey (Mother) 140 East Washington Ave                                                 |
| 34-3      |          | 322 New St. Canton Pa                                                                  |
| Q495      | 29-18    | Adm. 54 Len St. Aubergue Aug 27 <sup>th</sup> / 18<br>Sw rt Leg: Letter sent 13-9-18   |
| 6164      | 8-9-18   | Progressing fairly Satis -<br>fast                                                     |
| W. M. 672 | 17-6-19  | Eng. H. K.                                                                             |



| LIST No. | HOSPITAL                | DATE OF<br>ADMISSION | REMARKS      |
|----------|-------------------------|----------------------|--------------|
| B 442.   | 13 Gen. Hastings        | 9-2-19               | Sw R leg.    |
| B 486    | P.P. Con Red + Bexhall  | 1-4-19               | Sw R Leg Amp |
| B 492    | Greenwich Con Spel Rupt | 9-4-19               | Sw R Leg Amp |
| B 529    | 5 Con Gen Kirkdale      | 28-5-19              | " " " "      |
| B 538    | Invalided ban           | 11-6-19              | " " " "      |
|          | S.L. 504 MD 2           |                      |              |



NAME

Boasey.  
Pto

A

REGT. No.

144456.

RANK AND UNIT

21 Bn

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

WSM489 19-6-19  
1-1was invalided to base June 10th  
19



Sailed from Quebec per.  S.S. California 23/10/15

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



SURNAME.

CHRISTIAN NAMES

REGL. NO. 144456.

RANK

UNIT 77th. (1st. R. D.)

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADD

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

L. L. 94504. M. &amp; D. 6512.

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

649- B-4942 CARD NO.

CW.

FOLL.

Bn.

Casey Mrs. A.  
mother.140 East. Washington ave.,  
Washington. D. C. U.S.A.

and N.Y.C. 6-9-18

B.W.I. Jamaica

Smith's Falls. Ont.

July 24th 1915

R16. 216-19349  
5

Pte.

018.23/10/15. 248  
2.



A.T. Serum  
Dose and date

1st

2nd

### FIELD AMBULANCE NOTES

Morphia  
Dose and time

Date of wound or  
onset of illness

Religion

### FIELD MEDICAL CARD.

No.

Rank

Name

Unit

Battle Casualty ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply)

No. of F.A.

Date of admission

F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)





Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

No. of Hospital

Date of entry

CASUALTY CLEARING

STATION.

46551

26/8/18

54 Gen

27 8 18

As above H.R. clear

Xray to 57 C.C. fresh  
Plate Rb Tibia + Fibula  
Fract Tib + Fib junction of mid + lower 1/3  
with 7B size WILKIN ant. to bone  
W.E. Smith.

Wb secured in 7 removed  
Toot + made 2 pts  
4 lines  
7 of Morris  
Capt

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.



| Date     | Remarks.                                                                                                             | Pt. 2 Order No.       |
|----------|----------------------------------------------------------------------------------------------------------------------|-----------------------|
| 13-11-19 | Drunk. 1st Offence. Admonished. (2) Neglecting to obey Regimental Orders. Forfeits 3 days pay under AA. Sec. 46-2-D. | H.S. 322              |
| 11-3-20  | Subs. to 11-5-20. (D.O.H.)                                                                                           | H.S. 75               |
| 29-6-20  | Posted from Hos. Sec. to Cas. Co.                                                                                    | 181                   |
| 30-6-20  | S.O.S. <sup>#2</sup> District Depot or Transfer to General Lint B & F <sup>#2</sup> Det                              | 210 490<br>182        |
| 1-7-20   | T.O.S. General Lint B. & F. <sup>#2</sup> Det                                                                        | I Duly Memo           |
| 3-7-20   | Discharged as Medically unfit with effect from 6-7-20 and entitled to W.S.G. 183 days                                | Memo # 3<br>Carpenter |



L.  
 \*Name CASEY, Arnold. Rank Pte. Regtl. No. 144456  
 Original unit EORD Present unit EORD M. or S. / Age 21 Religion C.E. Fyle Depot   
 Port, ship, and date of arrival Essequibo. Ref. H.Q.   
 Next of kin Mother. Mrs. A. Casey. 932 Queen St. W. Toronto.  
 Address on leave   
 Address on discharge 12 Earnbridge Street, Toronto, Ontario.  
 Transportation issued Yes No  Date  Character on discharge   
 Previous occupation Bell Boy. Date and place of enlistment Smith Falls. July 24th 1915.  
 Diagnosis Amputation Rt. leg below knee Date of Medical Boards 23-6-20

| Date.                            | Remarks.                                                | Pt. 2 Order No. |
|----------------------------------|---------------------------------------------------------|-----------------|
| <u>T.O.S.</u><br><u>1-6-19</u>   | <u>Posted to HOSP SECT. 21-6-19</u>                     |                 |
|                                  | <u>leave with subs from 30-6-19 to 7-7-19,</u>          | <u>176.</u>     |
|                                  | <u>Clearing Depot to D.O.H. 22-6-19 Leave to 7-7-19</u> | <u>178</u>      |
| <u>Submitted to P.O. Hall #2</u> |                                                         |                 |

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

[OVER]



# EPITOME OF HOSPITAL TREATMENT.

|    | Hospital                                          | Adm.               |
|----|---------------------------------------------------|--------------------|
| 1. | 22 Genl. Camiers<br>6 Contr. Depot Stapleco       | 6.11.14<br>9.11.14 |
| 2. | 15 Cony. Dep. Trouville                           | 15.11.14           |
| 3. | 54 G. H. Aubenque<br>Central Mil. Eastbourne      | 27.8.18<br>30.8.18 |
| 4. | 14 C. G. Dep. Eastbourne<br>13 C. G. Hastings     | 13.12.18<br>9.2.19 |
| 5. | P. P. ban Red X. Rexhill                          | 1.4.19.            |
| 6. | Granville C. S. / Dussier<br>S. C. G. H. Kirkdale | 9.4.19<br>28.5.19. |
| 7. |                                                   |                    |

C.L. 19.12.18 B399.

12.2.19 B442.

4.4.19 B486.

11.4.19 B492.

31.5.19. B529.

14.6.19. B538.



Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty

Hospital

Date of Admission

Transferred

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

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

Casey.

A.

144456

Rt.

21st Bn. E.O.

Transferred

Southwark Mil. E. Dulwich Hosp. 18.9.16

Bromley Convales.

Hosp. 22-10-16.

Bourne Woodvale Park

Hosp. 7-11-16

16th. Fld. Amb.

Hosp. 4-11-17

Diagnosis

G. S. W. R. Yestacke Ser.

(1)  
Later Diagnosis (if changed)

SW. R. Knee. E

(2)

(3)

SW. R. Leg. Am. Comp.

Additional Diagnosis: if more than one state present

Invalidated to Canada 10.6.19

DISPOSITION

Date

Dec. 2.11.16

31.1.17

REMARKS

Dis 2.12.17

Cf 21.9.16. B152

C.L. 30-10-16 B 185

9.11.16 B194

14.11.16 B198

22.2.17 B279

12.11.17 A60.

17.11.17. (A65(2))

21.11.17. (A68(4))

27.11.17 A73-3

18.12.17. (A91(2))

31.8.18 A307(2) ✓

7.9.18 A306

A.M.D. 2 DEPT.

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



REGT. NO. 144456. RANK PTE NAME (IN FULL) CASEY. A

[illegible]

| MONTH | PAY AND F.A. |      |        | OTHER CREDITS |    |    | TOTAL CREDITS | ACQUITTANCE ROLLS |            |            | CASH PAYMENTS |            |            | ASSIGNED PAY | REGI-MENTAL CHARGES | OTHER CHARGES | TOTAL DEBITS | BALANCE |    |    | PARTICULARS OR REMARKS |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   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|       | NO. OF DAYS  | RATE | AMOUNT | C.            | C. | C. |               | COL. NO. 1        | COL. NO. 2 | COL. NO. 3 | COL. NO. 1    | COL. NO. 2 | COL. NO. 3 |              |                     |               |              | C.      | C. | C. |                        | C. | C. | C. | C. |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 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# LIST OF DISCHARGE DOCUMENTS.

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

War Service Badge  
 Class *A*  
 No. *724556*  
 SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)  
 MJC

|                                       |                                                                                                                                                                                                                 |                     |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. No.                                | 144456                                                                                                                                                                                                          |                     |
| 2. Rank                               | Private                                                                                                                                                                                                         |                     |
| 3. Name                               | CASEY. Arnold                                                                                                                                                                                                   |                     |
| 4. Unit                               | 77th. Battalion. (#2 Det. C.E.F.)                                                                                                                                                                               |                     |
| 5. Date of Discharge                  | JUL 6 1919                                                                                                                                                                                                      | Place TORONTO, ONT. |
| 6. Reason for Discharge               | "MEDICAL UNFITNESS"                                                                                                                                                                                             |                     |
| 7. Authority                          | #2 Det. C.E.F. Memo #3 dated 3-7-20)                                                                                                                                                                            |                     |
| 8. Proposed Residence after Discharge | 12 Earnbridge St., TORONTO, Ont.                                                                                                                                                                                |                     |
| 9.                                    | <p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?</p> <p>Signature of Soldier.</p> <p><i>a Casey</i></p> |                     |
| 10.                                   | <p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place TORONTO, ONT.</p> <p>Date JUL 6 1919</p> <p>Signature <i>[Signature]</i> (O.C. Discharging Unit.)</p>            |                     |



|                                                                                                                                            |               |                                                                           |      |                                                                                                                    |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| ASSIGNED PAY<br>EFFECTIVE DATE: 11/1/15<br>AMOUNT: 15.00                                                                                   |               | <del>ENGLAND OR</del> CANADA.<br>SEPARATION ALLOWANCE.<br>EFFECTIVE DATE: |      | ENGLAND OR CANADA.<br>NAME: CASEY Arnold<br>NUMBER: 144456                                                         |                                                 |
| NAME, ADDRESS, RELATIONSHIP & AUTHORITY<br>Mrs A. Casey mother<br>1741 North Washington St.,<br>Scranton, Pa. U.S.A.<br>Stopped off 1/6/19 |               |                                                                           |      | PARTICULARS OF RANK OR APPOINTMENT<br>AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT<br>Pte.                         |                                                 |
| EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS<br>UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK    |               |                                                                           |      | UNIT AND TRANSFERS<br>ORIGINAL UNIT: -<br>DATE ACCOUNT FIRST OPENED: -                                             |                                                 |
| DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT<br>DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT                                   |               |                                                                           |      | AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T 5 P D UNIT TRANSFERRED TO<br>N.O. 228 6-9-18 2-9-18 21st Bn 80 RD 600 |                                                 |
| DAILY RATES OF PAY AND ALLOWANCES<br>AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE<br>1- 10                                                     |               |                                                                           |      | new book No 1089254 dated 9/1/18                                                                                   |                                                 |
| PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1/6/19 N.R.O. 6. B.S.H. Duxton M.O. 4519. L.P.C. #110817                     |               |                                                                           |      |                                                                                                                    |                                                 |
| MONTH 1918                                                                                                                                 | PARTICULARS   | CR 1                                                                      | CR 2 | PARTICULARS                                                                                                        | DR 1 DR 2 DR 3 DR 4 BALANCE DEFERRED SEPARATION |
| May                                                                                                                                        | Brot. Forward |                                                                           |      |                                                                                                                    |                                                 |
| Apr                                                                                                                                        | P.P.          | 33-                                                                       |      | Can at. AR 9/14/18 21 Bn                                                                                           | 446 15 2708                                     |
| May                                                                                                                                        | P.P.          | 3410                                                                      |      | AR 76 3/5/18 21 Bn                                                                                                 | 803 15 3458                                     |
| June                                                                                                                                       | ✓             | 33-                                                                       |      | 142 19/5/18 ✓                                                                                                      | 357 15 3458                                     |
| July                                                                                                                                       | P.P.          | 3410                                                                      |      | Can at. AR 307 8/6 21 Bn                                                                                           | 446 15 4155                                     |
| Aug                                                                                                                                        | ✓             | 3410                                                                      |      | 272 23/6 ✓                                                                                                         | 357 15 5562                                     |
| Sept                                                                                                                                       | ✓             | 3410                                                                      |      | AR 34 8/7 21 Bn                                                                                                    | 446 15 6758                                     |
| Oct                                                                                                                                        | PP            | 3410                                                                      |      | 617 21/7 ✓                                                                                                         | 357 15 10468                                    |
| Nov                                                                                                                                        | ✓             | 33                                                                        |      | AR 737 1/8 21 Bn                                                                                                   | 357 15 10127                                    |
| Dec                                                                                                                                        | ✓             | 3410                                                                      |      | 942 24/8 ✓                                                                                                         | 357 15 10127                                    |
|                                                                                                                                            |               |                                                                           |      | Can at.                                                                                                            | 10 8558                                         |
|                                                                                                                                            |               |                                                                           |      | Can at.                                                                                                            | 15 10468                                        |
|                                                                                                                                            |               |                                                                           |      | 01823 26/9 Easthouse                                                                                               | 341 15 10127                                    |
|                                                                                                                                            |               |                                                                           |      | 52180 18/11                                                                                                        | 14 15                                           |
|                                                                                                                                            |               |                                                                           |      | 01823A 26/10 Easthouse                                                                                             | 341 15 1714                                     |
|                                                                                                                                            |               |                                                                           |      | Can at.                                                                                                            | 15 30                                           |



NUMBER 144456

RANK

P.T.

NAME

CASEY

Arnold

| MONTH | PARTICULARS                               | CR. 1. | CR. 2. | PARTICULARS                            | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|-------|-------------------------------------------|--------|--------|----------------------------------------|-------|-------|--------|--------|---------|----------|------------|
|       |                                           | 67 10  |        |                                        | 13 14 |       |        | 30     | 101 27  |          |            |
|       |                                           |        |        | 60126 17/12 98                         | 9 73  |       |        |        |         |          |            |
| Jan   | 11                                        | 34 10  |        | Bar                                    |       |       |        | 15     |         |          |            |
|       |                                           |        |        | 2513 19/12 E/Bonne                     | 4 87  |       |        |        | 129 73  |          |            |
|       |                                           | 101 20 |        |                                        | 27 74 |       |        | 45     |         |          |            |
| Feb   | ✓                                         | 30 80  |        | Bar                                    |       |       |        | 15     |         |          |            |
|       |                                           |        |        | 3826 9/1/19 ✓                          | 2 43  |       |        |        |         |          |            |
|       |                                           |        |        | 018237 14/1/19 ✓                       | 1 70  |       |        |        |         |          |            |
|       |                                           |        |        | ✓ 28/1/19 ✓                            | 4 26  |       |        |        |         |          |            |
|       |                                           |        |        | 4003 27/1/19 ✓                         | 2 43  |       |        |        |         |          |            |
|       |                                           |        |        | 1584 18/1 ✓ Handing                    | 4 87  |       |        |        |         |          |            |
| Mar   | ✓                                         | 34 10  |        | Bar                                    | 15 09 |       |        | 15     | 148 94  |          |            |
|       |                                           |        |        | 1694 5/3 ✓                             | 9 73  |       |        |        | 139 21  |          |            |
|       |                                           | 64 90  |        |                                        | 25 42 |       |        | 30     |         |          |            |
| Apr   | PP                                        | 33 00  |        | Bar                                    | 25 42 |       |        | 15     |         |          |            |
|       |                                           |        |        | 69 7/4 27/4 27/4 27/4                  | 0 93  |       |        |        |         |          |            |
|       |                                           |        |        | 347 14/4/19. Buxton                    | 4 87  |       |        |        |         |          |            |
|       |                                           |        |        | 56. 27/4/19. ✓                         | 48 67 |       |        |        |         |          |            |
| May   | PP                                        | 34 10  |        | Bar                                    | 16 37 |       |        | 15     |         |          |            |
|       | 12. 26/4/19 to 6/5/19 - 10 days           |        |        | 6.P. 66645 2/5/19 Ldn.                 | 4 87  |       |        |        |         |          |            |
|       | 20. 104 5/5/19 66 R.D. M.E. Dietrich Adm. | 7 30   |        | 1277 19/5/19 Buxton                    | 4 87  |       |        |        | 110 60  |          |            |
|       |                                           | 74 40  |        |                                        | 43 01 |       |        | 30     |         |          |            |
|       |                                           | 74 40  |        |                                        | 43 01 |       |        | 30     |         |          |            |
| June  |                                           |        |        | A.R. 4543. 30/5/19. Liverpool. End (2) | 4 87  |       |        |        | 105 43  |          |            |
|       |                                           |        |        |                                        | 4 87  |       |        |        |         |          |            |

S.O.S. 10.6.19 S.L. 504

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108 17

68 14  
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W. J. May  
14/5



MARRIED OR SINGLE

PLACE OF BIRTH

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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 |
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ADMISSIONS TO HOSPITAL, &c.

| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
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REG'L. No. 144456 RANK

NAME basey. Arnold

IF IN PERM. CORPS  
WHAT UNIT

UNIT 21<sup>st</sup> Bn

TRANSFERRED TO

b. b. a. b.

DATE 16/9/16

AUTHORITY C.B. 52 2/1/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

6<sup>th</sup> Cos Bn

DATE 11-8-17

AUTHORITY C.B. 52

PLACE OF ATTESTATION

Smith Falls.

TRANSFERRED TO

2 CERC

DATE 1/2/18

AUTHORITY D.N.

DATE OF ATTESTATION

24<sup>th</sup> July 1915

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$15.

DATE EFFECTIVE

17<sup>th</sup> 11<sup>th</sup> North Washington St. (11/17. 6. 428)

PAYABLE TO

Mrs. A. basey, Oakport Court, Scranton, Pa. U.S.A.

DATE EFFECTIVE

RELATIONSHIP

mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE | PAY         |      |        |    | FIELD ALLOWANCE |      |        |    | WORKING OR SPECIAL PAY |      |        |    | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS |   |   |   |   |   |   |   | CASH PAYMENTS |       |     |      | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE |      | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |     |      |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|      | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1916 |             |      |        |    |                 |      |        |    |                        |      |        |    |                      |               |               |                   |   |   |   |   |   |   |   |               |       |     |      |              |               |              |         |      |                          |                         |         |     |      |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

OK. Checked

Leave on Repair 21<sup>st</sup> Bn. 8/8/16.  
Transf'd b. b. a. b. 16/9/16 C.B. 52. 2/1/16

2<sup>nd</sup> 2 day 28<sup>th</sup> Nov 1913



144456

Pte Casey. A.

Assigned 15<sup>00</sup>



# OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

- (b) Does not require treatment.  
(c) Should pass under his own control.  
(d) Should not pass under his own control.  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE \_\_\_\_\_  
DATE \_\_\_\_\_

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE \_\_\_\_\_  
DATE \_\_\_\_\_

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION 13 C.F.M. Washington DATE Feb. 13/4. 1919

1. 1 (a) Unit 212 B.F. France (b) Regimental No. 14456 (c) Rank Pvt.

(d) Surname CASEY (e) Christian name Gerald

(f) Home address 140 East Washington Ave. Washington D.C.

(g) Next of Kin Mrs. H. Casey (h) Relationship Mother

(i) Address of Next of Kin 140 East Washington Ave. Washington D.C.

2. Age last birthday 21 Date of birth 23rd March 1898

3. Enlistment, or Appointment (if an Officer) (a) Place \_\_\_\_\_ (b) Date \_\_\_\_\_

4. Personal description:

(a) Height 5' 1" (b) Weight 125 (c) Complexion Pale  
(stripped)

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. 3/4 inch scar

on left side of forehead. 2 scars. maxilla on left arm.

5. Former trade or occupation Pen-hop. Stationery Shop. Toronto

| Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | PERIODS  |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
|                                                                                                                                                                                                                                                                | Years    | Days       |
|                                                                                                                                                                                                                                                                | <u>3</u> | <u>225</u> |

|                                 | PERIODS               |                       |
|---------------------------------|-----------------------|-----------------------|
|                                 | From                  | To                    |
| Canada                          | <u>June 21st 1915</u> | <u>Oct. 22nd 1915</u> |
| England                         | <u>Oct. 22nd 1915</u> | <u>March 1916</u>     |
| France or other theatres of War | <u>March 1916</u>     | <u>Aug. 29th 1918</u> |

7. Original disease or injury G.S.W. R/L Leg Fractured tibia & fibula.  
(Y) ABSENCE OF TESTICLE -

(a) Date of origin Aug. 26th 1918 (b) Place of origin France

(c) Cause (Y) G.S.W.

(Y) G.S.W.

M. F. B. 227.

400M-11-12  
1773-30-117.



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Loss of right leg at junction of upper & middle thirds.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Right leg amputated at junction of upper & middle thirds one month ago. Wound practically all healed, stump apparently healthy though still tender.

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

Nervous System Normal Cardio-Vascular System Yes (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System Normal (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

Tachycardia. Pulse rate at rest 100 (sinus) No murmurs. Blood pressure Systolic 115 Diastolic 80 Slight roughening of systolic sound. Apex beat very slightly down & out. (Inside nipple line)

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

G.S.W. Rt. leg on Aug. 26/17 1918 on front of knee. Fracture of tibia & fibula at junction of middle & lower thirds. Extracts from M.C.S. 9/19 Tibia split, large piece of anterior part of lower end removed, wire placed around tibia. 17/9/18 Ends of fibula cut off. Extension splint put on & ends of fibula came into fair position. 4/12/18 Removed dressing & wire. Union of front of tibia seems good. 3/1/19 Scarf glue up infection of rt. leg. 16/1/19 Amputation junction of upper & middle thirds.

10. (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

(c) (Here give a description of wounds, scars and deformities.)

1" scar anterior aspect of knee, result of shrapnel wound.

11. (a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? One permanent 2 - permanent

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

(1) Removal of t.b. & wiring of fragments. (2) Amputation of rt. leg at junction of upper & middle thirds.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes (If the answer is "yes" state nature of treatment required and probable duration)

Convalescent home

16. Can the former trade or occupation be resumed? No (If not, briefly state why) Not supplied artificial leg.

17. Recommendations Invalided to Canada

Medical Officer by whom the case is brought forward.

# STATEMENT OF THE INVALID

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

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Rank.  
Signature of invalid examined.



# OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

*Yes*  
*measured for Reg Leg*  
*walking with crutches*

19. Is the invalid fit for

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

20. It is certified that the invalid

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

*Fitting with permanent artificial leg*

- (b) ~~Does not require treatment.~~  
(c) ~~Should pass under his own control.~~  
(d) Should not pass under his own control.  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*invalided to Canada*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

EXAM. MED. BOARD

18 APR 1919

G. C. S. H.

PLACE

DATE

*J. J. MacFarlane* President.  
*Le Lauchland* Members

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 24. 4. 19

DATE

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
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- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION G.C.S.H. Buxton Eng. DATE April 15th 1919

1. 1 (a) Unit. 21st Batt. (b) Regimental No. 144456 (c) Rank. Pte.

(d) Surname. Casey (e) Christian name. Harold

(f) Home address. 110 East Washington Drive Ave. Washington D.C. U.S.A.

(g) Next of Kin. Mrs. H. Casey (h) Relationship. Mother

(i) Address of Next of Kin. as above

2. Age last birthday. Twenty one Date of birth. 23rd March 1898

3. Enlistment, or Appointment (if an Officer) (a) Place. Toronto Ont (b) Date. July 22nd 1915

4. Personal description:

(a) Height. 5' 7" (b) Weight. 125 (c) Complexion. Dark

(d) Colour of hair. Black (e) Colour of eyes. Grey (f) Identification marks, Scars, etc. De

3/4" scar left side of forehead

5. Former trade or occupation. Bell hop

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

|                                 | PERIODS         |                 |
|---------------------------------|-----------------|-----------------|
|                                 | From            | To              |
| Canada                          | June 21st 1915  | Oct 22nd 1915   |
| England                         | Oct 22nd 1915   | March 10th 1916 |
| France or other theatres of War | March 10th 1916 | Aug 29th 1918   |

7. Original disease, or injury (a) Compound Fracture Tibia and Fibula right (b) Laceration left testicle

(a) Date of origin. 17 August 26th 1919 (b) Place of origin. F.F.R.S.

(c) Cause. (b) September 15th 1916 (a) Shrapnel wound (b) bullet wound

M. F. B. 227.

400M-11-12.  
1918-30-117.



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) Amputation right leg upper middle third.  
(b) Loss of left testicle

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(a) Amputation of right leg has been performed at auto amputation. Wound completely healed. Good fleshy pad, no pain or tenderness. Movement of knee joint normal.  
(b) Healed scar left external surface of scrotum. Absence of left testicle and cord. No subjective complaints.

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

Nervous System NO Cardio-Vascular System YES Genito-Urinary System NO  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

Slight roughening of 1st round area. Replication of second round on pulmonary area. R.C.D. extends just outside left nipple line.

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

(a) Came 4th Can. Ft. Amb. diag. S.W. leg at 2nd C.D. 26/8/18

Fract. Tibia & Fibula junction of mid & lower third. Wounds excised.

5438m. Hosp. 27/8/18 - 9/9/18. Tibia splint. Large piece of anterior part lower fragment came away. Wire placed around tibia. 12/9/18. End of fibula cut off. Extension splint

and end of fibula came into fair position. 4/10/18. Wound August 2 wound into fair position. Union of both tibia & fibula strong. 31/12/18. Auto amputation of leg.

Left leg amputation junction of upper and middle third.  
(b) Wounded in perineum 15/9/16. Suppuration of scrotum. Left testicle removed. Discharged cured.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

S.S.M. perineum & scrotum 15/9/16

(c) (Here give a description of wounds, scars and deformities.)

Small scar left lateral aspect scrotum. Scar external; right stump. 1" scar auto amputation

11.—(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) NO

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent

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

Local antisepsis & operation

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?  
(If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed? NO  
(If not, briefly state why)

17. Recommendations Invalid to Canada

W. O. D. Capt. C. Casey  
Medical Officer by whom the case is brought forward.

# STATEMENT OF THE INVALID

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

I, the undersigned, C. Casey, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

C. Casey Rank.  
Signature of invalid examined.



# OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

- (b) Does not require treatment.  
(c) Should pass under his own control.  
(d) Should not pass under his own control.  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

We recommend that he be discharged having been found medically unfit for service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Dom. Mil. Ortho. Hospital

DATE Toronto, June 25, 1920

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

APPROVED  
Assistant Director of Medical Services.

DATE JUL 2, 1920

J. A. O'Neill  
Lieut. Col.  
For 1 D. M. S., M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION D.O.H. Toronto DATE June 23, 1920

1. 1 (a) Unit D.D. #2 (b) Regimental No. 144456 (c) Rank Pte.

(d) Surname CASEY (e) Christian name ARNOLD

(f) Home address 12 Earnbridge Street, Toronto

(g) Next of Kin Mrs. A. Casey (h) Relationship Mother

(i) Address of Next of Kin 243 West Ninety Eight St., New York City

2. Age last birthday 22 Date of birth Mar. 23, 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date July 23, 1915

4. Personal description:

(a) Height 5' 7" (b) Weight 130 (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

Amputation Right Leg below Knee

5. Former trade or occupation Porter

| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | PERIODS  |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
|                                                                                                                                                                                                                                                                   | Years    | Days       |
|                                                                                                                                                                                                                                                                   | <u>4</u> | <u>336</u> |

## Patient's Statement

|                                 | PERIODS              |                      |
|---------------------------------|----------------------|----------------------|
|                                 | From                 | To                   |
| Canada                          | <u>July 22, 1915</u> | <u>Oct. 22, 1915</u> |
| England                         | <u>Oct. 22, 1915</u> | <u>Mar. 10, 1916</u> |
| France or other theatres of War | <u>Mar. 10, 1916</u> | <u>Aug. 29, 1918</u> |

7. Original disease, or injury. 1. Comp. Fracture Right Tibia and Fibula  
2. Laceration Left Testicle

(a) Date of origin 1. Aug. 26, 1919 2. Sept. 15, 1916 (b) Place of origin 1. Arras 2. Somme

(c) Cause 1. Shrapnel. 2. Bullet wound.

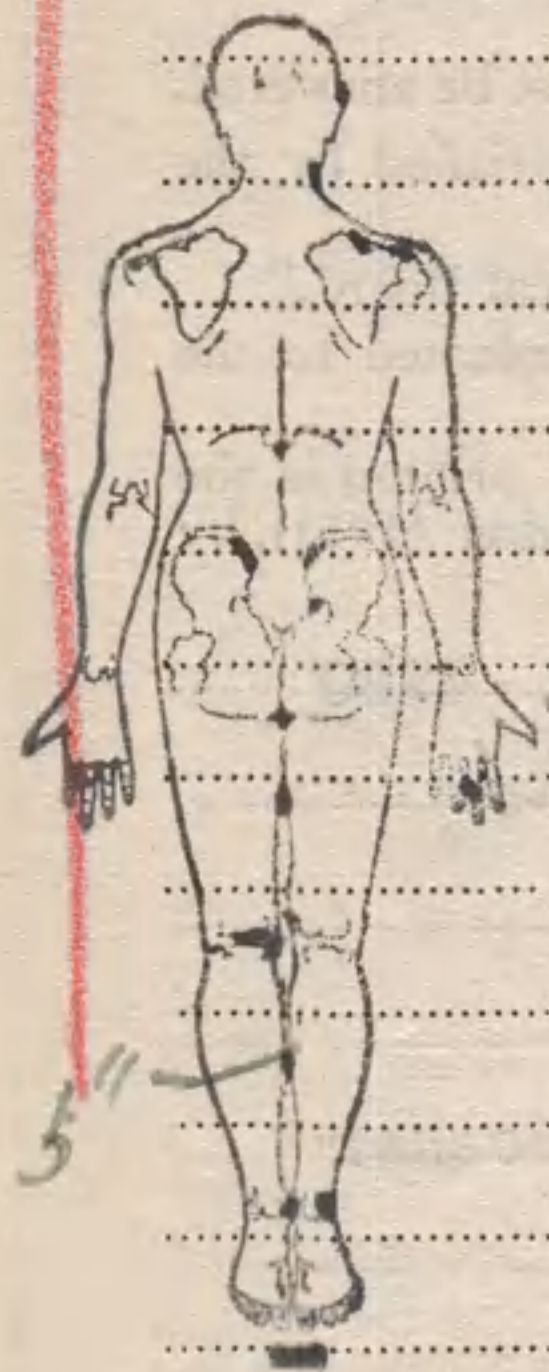


8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

1. Amputation Right Leg.

2. Loss of Left Testicle.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)



1. Right Leg amputated in middle third. Stump 5" long. Scar well healed, not tender or painful, and not adherent. Movement of knee joint normal. Has been supplied with satisfactory Artificial Leg.

2. Healed scar left external surface of Scrotum. Absence of Left Testicle and cord. No subjective symptoms.

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

Nervous System.....No.....Cardio-Vascular System.....No.....Genito-Urinary System.....No.....  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....No.....Respiratory System.....No.....Integumentary System.....No.....

Disturbances of Mentality.....No.....Digestive System.....No.....Muscular System.....No.....

Osseous and Joint Systems.....No.....Any other general condition.....No.....

Urine Exam. negative.

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

1. Fracture of both bones of lower leg in middle third. Wounds excised at H. and C.C.B. and splints supplied. Operation 4-12-18. Tibia wired and extension splint applied. Acute flare up of infection and amp. done June 16, 1919. Has had 2 slight operations at D.O.H. Toronto for removal of scar and nerve buds. Stump healed April 1920. Leg supplied May 1920.

2. Wounded in Perineum 15-9-16. Suppuration of Scrotum. Left Testicle removed. Discharged cured.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Nil

(c) (Here give a description of wounds, scars and deformities.)

1" scar Ant. surface Right Knee.

11.—(a) Did the disabling condition have its origin before enlistment? 1 & 2 - No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 & 2 - N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A. & B. 1 & 2 - No

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 & 2 - Permanent

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

Hosp. France - 3 days

" England - 10 months

" Canada - 1 year.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No  
(If not, briefly state why)

17. Recommendations. Discharge as medically unfit for further service.

Medical Officer by whom the case is brought forward.

#### STATEMENT OF THE INVALID

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

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

Rank.  
Signature of invalid examined.



[illegible][illegible]

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.  
for the Officer in Charge of Records  
Canadian Contingents.

Lieut.-Col.  
In Charge of Records,  
Canadian Contingent.



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

[illegible]