B. C.M. R.
6561-B

R.G.

Canadian Engineers TRIPLICATE

ATTESTATION PAPER.

No. 2009946

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	CUNNINGHAM
1a. What are your Christian names?	Patrick
1b. What is your present address?	Dawes Hotel, 8 Pine St. Boston, Mass
2. In what Town, Township or Parish, and in what Country were you born?	Gilford, Co. Down, Ireland.
3. What is the name of your next-of kin?	CUNNINGHAM Thomas Henry
4. What is the address of your next-of-kin?	Smiths Row, Gilford, Co. Down, Ireland
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	August 22nd, 1888
6. What is your Trade or Calling?	Teamster
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia or Naval	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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Patrick Cunningham (Signature of Recruit)

Date May 15th 191 8. E.G. Howard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, CUNNINGHAM Patrick, 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.

Patrick Cunningham (Signature of Recruit)

Date May 15th 191 8. E.G. Howard (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 15th day of May 191 8.

[illegible] Lt. Col. (Signature of Justice)

O. C. Engineer Training Depot.

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of CUNNINGHAM Patrick on Enlistment.

Apparent Age 29 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded. 36 ins.
- Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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

R. D. = 20
L. D. = 20
R. EAR
L. EAR

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* Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4 for the Canadian Over-Seas Expeditionary Force.

Date May 15th 1918.

Place Montreal, Que.

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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

CUNNINGHAM Patrick 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.

Lt. Colonel (Signature of Officer)
O.C. Engineer Training Depot.

Date May 15th 1918.

B. C.M. R.
6561-B Canadian Engineers.

ORIGINAL

R.G.

ATTESTATION PAPER.

No. 2099464

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	CUNNINGHAM
1a. What are your Christian names?	Patrick
1b. What is your present address?	Dawes Hotel, 8 Pine St. Boston, Mass.
2. In what Town, Township or Parish, and in what Country were you born?	Gilford, Co. Down, Ireland.
3. What is the name of your next-of kin?	CUNNINGHAM Thomas Henry
4. What is the address of your next-of-kin?	Smiths Row, Gilford, Co. Down, Ireland
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	August 22nd, 1888
6. What is your Trade or Calling?	Teamster
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military or Naval Force? If so, state particulars of former Service.	No. P C
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.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Not applicable.

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

Patrick Cunningham (Signature of Recruit)

Date May 15th 1918. D.G. Howard (Signature of Witness)

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The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 15th day of May 1918.

Lt. Colonel C. E.
O. C. Engineer Training Depot (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
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Height 5 ft. 7 ins.

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- Girth when fully expanded 36 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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

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

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

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

Date May 15th 1918.

Place Montreal, Que.

MOBILIZATION M.D. No 4 MAY 16 1918 MONTREAL

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

CUNNINGHAM Patrick having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Date May 15th 1918.

B. C.M. R.
6561-B

Canadian Engineers DUPLICATE

R.G.

Band Master p 17 2-7-6/18

ATTESTATION PAPER.

No. 2009946

Folio.

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4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	August 22nd, 1888
6. What is your Trade or Calling?	Teamster
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia or Naval?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No. P. C.
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14. If so, what was the nature of the disability?	Not applicable
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W.W. Bull Lt. Colonel C.E. (Signature of Justice)
O. C. Engineer Training Depot.

M. F. W. 23.
750 M.—1-17.
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- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic XXXXXXXXXX
- Jewish
- Other denominations (Denomination to be stated.)

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

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

R. D. = Tan
L. D. = Tan
R. EAR
L. EAR

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MOBILIZATION CENTRE, M. D. #4

M. D. No. 4 MOBILIZATION CENTRE MAY 16 1918 MONTREAL

Date May 15th 1918.

Place Montreal, Que.

Medical Officer.

*Insert here "fit" or "unfit."

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(Signature of Officer)

Lt. Col. C. O. Mailleur Training Depot.

Date May 15th 1918

REGIMENTAL DOCUMENTS

NAME Fus CUNNINGHAM PATRICK. REGT. NO. 2029946 UNIT 16 E H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)				18945	Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)		41			Dangerously
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		7			
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		23			
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		2			DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)		3073			
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		Discharged 6.4.4.C.			
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
R 122					
Inoculation					

H

C.A.D.C. 5009A

UK

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CUNNINGHAM. P.

REGIMENT C.E. RANK SPR. No. 2009946.

Date of Examination in England 9/7/19 Date of Examination in France

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper repair
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 17 to 21. 28 to 32

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
- (b) In England 7 —
- (c) In France

Signature of Dental Officer [signature]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER Cunningham, J. P.

REGIMENT C.E.F. RANK Spr. No. 7 Can. 99446

M.F.B. 465.
50M.—2-18.
1772-89-950.

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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	14/8																16.			Capt. McCrea	4.	1 - 14-18 ##-20-21 ## ·24. C. 31.
Bad.	May 30																					

M.F.B. 465.
50M.—2-18.
1772-89-950.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Form B 122.
10287 • 65M • 26-7-17.

Rank Name Cunningham Patrick. Reg'l No. 2009946

Unit 56th Dft. CAN ENG If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal Que. 15/5/18 Place of Birth Gilford Ireland.

Name and Address, Next-of-Kin Cunningham Thomas Henry
Smiths Row, Gilford, Co. Down, Ireland. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 23579
File R.L.
Cat. for ENG.OR

Discharge, Date and Place BRITISH ISLES 14-7-19 Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England	AUG 15 1918		H.M.T. Huntsend.
5.9.18	2CERB	T.O.S. from Canada	SEAFORD	15 Aug 18	DO-94
27.12.18	"	On com 14 C.E.H. Eastbourne	"	27.12.18	DO. 56
29-1-19	"	S.O.S. to 1st CERB	"	29-1-19	DO 24 1st CERB 26/1/19
5-5-19	1st CERB	Ceases on Comm 14 CEH Eastbourne	"	3-5-19	D.O. 103
12-6-19	"	SOS to CERD	"	11-6-19	" 131 9175/24 6/19 CERD
11-6-19	"	AWL Aw. 16 dys Detd			
		Forfeits 16 days Pay by PPA	"	11-6-19	" 134
7.7.19	6 CERA	S.O.S. to Kowing S.B.B.	"	28.6.19	" 188

Cunningham Patrick

2009946 · 2009946

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
28.6.19	CERO	ceases to be shown on command to Wandsworth Dst Bks. and is TOS	Witley	26.6.19	Lo 179
9.7.19.	M Wing G.C.	T.O.S. from N. Wing	—"—	29.6.19.	D.O. 62.
11.7.19.	~~H Wing G.C.~~	S.O.S on trans. to R. Wing G.C.	Witley	3.7.19.	D.O. 64. + R.W. 12/7/19. D.O. 80
23.7.19	R Wing	S.O.S. Discharged in B.S.	—	14.7.19	89
		Discharged in B.S.		14/7/19	N.R. 909 N.R. 909.

H. Q. .....

M. D. No. 4

Surname Cunningham

Christian names Patrick

Regtl. No. 200946 Rank Spr

Unit Can. Eng. Tr. Dpo

T. O. S. May 15th 1918

D. O. Pt. II 140 of 20-5-18

amended to read 14-7-19 Do 130/9/6/19 C.C.

S. O. S. Dis 12-7-19 1919 C.C. 4/5

Reason o/s British Isles

Auth. Do. 8-9-d. 23-7-19 Ecm Con. Camp

Next of kin Cunningham Thomas Henry Relationship Father

Address Smiths Row, Gilford, Co., Down, Ire.

Also notify: .....

BORN—Place Ireland Gilford, Co Down Date Aug 22nd 1888

ATTESTED—Place Montreal P Q Date May 15th 1918

O/S 3/8/18 1372/6

R/C .....

W. 22—75M-5-18. 1772-39 839.

Nor. 2009946

Number 2009946 Rank Spr.

Surname CUNNINGHAM

Christian Name Patrick

Units C. E. Theatre of War England.

Date of Service 15-8-18

Remarks 876 George St Fourth, Ont

Latest Address ~~Bannvale St Guilford~~ Colborne Ont

Roll No. A Page 4754

200m.-6-21.M.

DATE AND PLACE OF ORIGIN

500 E ST

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

IT IN CATEGORY

INVALID

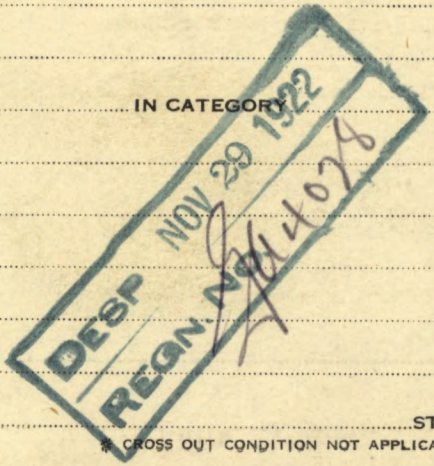
WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL STATION

* CROSS OUT CONDITION NOT APPLICABLE.



(OVER)

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:- CUNNINGHAM. Patrick

NUMBER:- 2009946

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L. R. L.		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 36 Aft. C. E

DATE ACCOUNT FIRST OPENED:- 1-8-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C E Tc

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
7/7	~~4 09~~		~~9 23~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L. R. L.	1 — —	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch'd England 4/7/19 CDD Bex 12/7/19 B'Bal 15.17.5

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
July 31	Bal. can.								5 7 10		
Aug	L. Pay	34 10		AR 10 Bowley 20 8/18	4 87				8 6 33	15	
		34 10			4 87				LP 33		
Sept	L. Pay.	33		" 1142. " 3 9/18	4 87						
				. 8 Draft S.L. At sea.	5 00						
				. 2839 26 E R B 26 9/18	4 87				10 4 59		
		33			14 74				13 8 59		
OCT	"	34 10		" 2277 " 10 17/18	4 87						
				2495 " 28 15/18	9 73				12 4 09		
		34 10			14 60				19 1 19		
Nov.	"	33.		2662. " 18 11/18	9 73						
Dec	"	34 10		2930. " 28 11/18	7 30 0				10 8 46		
				3243. " 22 12/18	2 9 20				7 9 26		
				A.W.L. 2359 11 12/18 to 0730 12.12.18 awd. 3 days F.P.2 for 1 day R.W. 19.12.18. (4 days) D. to 182.					11 3 36		
Jan	"	34 10		21.12.18 2 6/8 R B.		4 40			10 8 96		
		101 20			14 193	11 40			17 3 56		
FEB	"	30 80		3869. 14 L. G H. 9 1/19.	4 87						
	" Mar.	34 10		4042 " 27/19	12 17						
				4170 . East. 13 2/19	4 87						
				4314. " " 25 2/19	12 17				13 9 78		
				4477. " " 13 3/19	7 30				13 2 48		
		64 90			41 38						
Apr.		33		AR 4631. 14 L.G. Hos. 25/3	9 85						
				To do 7/4/19	7 30						
				246 . 20/4/19	9 85						
		34 10		2109 1 CCRB 11/5/19	29 20				14 3 38		
		67 10			56 20						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									143 38		
June		33 -		Aus-th Row 22.5 - 14.45 7/6/19							
				Aus. 16 days Addtl. th. others 16 days							
				Row 4 P.T.R. B.O. 19 Aus.							
July		3 4 10		BO 3 th. CERB 11/6/19		35 20					
	Inv. Dept Pay	4 90		Disch Sup 14/1/19 - 01/Bs. 17 days		18 70			161 48		
		72 00				53 90					
				7291 Rhony. 27/9	9 73				151 75		
					9 73						

16 1 48
9 73
151 75

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 100 Rank Pte Name Cunningham Unit 65

Nominated for embarkation to Canada : Date 14.9.19 Medical Inspect

CREDIT.	$	¢	DEBIT.	$	¢
BALANCE FORWARD as at May 31 191	143	33	CASH PAYMENTS :—		
EARNINGS :—					
From 1-6-19 to 14-9-19					
114 days at $	42	40			
..... days at $					
..... days at $					
ANY OTHER CREDIT :—			OTHER CHARGES :—		
Interest on Deferred Pay	4	92	P.M.C. Surplus	35	20
.....					
.....			WAR LOAN INSTALMENTS CHARGED:—		
			.....		
			X ASSIGNED PAY for period from ..... to ..... at $ ..... per month in favour of :—		
			Name		
			Address		
			.....		
			Relationship		
			X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ ..... per month		
X BALANCE DEBIT			X BALANCE CREDIT	151	75
	196	65	Assigned Allce - Dependents	196	75

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

(Signature of Soldier.)

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS :— X (Strike out whichever inapplicable.)

XHave been stopped. Effective ..... 191 ..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

XBeing a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY .....

CHECKED BY .....

Date 14/9/19 191

CERTIFIED CORRECT .....

Capt. / Lieut.

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C.

2009946

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname CUNNINGHAM Christian name Patrick

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule B. C. M. R.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Dawes Hotel, 8 Pine St. Boston, Mass.

MOBILIZATION DEPT. MAY 16 1918 MONTREAL, P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of May 1917, by the undersigned medical board sitting at Montreal, Que.

5. Age as stated 29 Years 9 Months. 6. Apparent age 29 Years 9 Months

7. Height 5 Feet 7 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 36 Ins. } 10. Complexion Fair { Eyes Blue / Hair Fair. }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm 5 — } 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection Long scar L Arm Varicocele

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17. (a) Vision R. W L. 20

(b) Hearing. R. O.K. L. O.K.

Signature of Man

J. Williams Major President.

A. Shiel Member. H. M. Lindsay Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
4.6.18		M.O.	27.5.18	1st cc	M.O.
JUL 15 1918		M.O.	4.6.18	2nd cc	M.O.
		M.O.	14/6/18	3rd cc	M.O.

Joined 15th day of May 1918 at Montreal, Que.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Canadian Engineers.	2009946		15-5-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
WITLEY CAMP SURREY. 1918 ST. JOHNS, P.Q.	MAY 27 1918	Varicose Veins Rt Leg	A2 President Medical Board, St. Johns, P.Q.
Sanford	20-9-18	Nil	A [illegible] Capt STANDING MEDICAL BOARD. PRESIDENT.

N. B.—This sheet is 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. F. B. 313.
300M.—10-17.
1772-39-439.

Surname CUNNINGHAM Christian Name Patrick

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Aubert N.S.		22	6	18	2[illegible]	6	18	~~Diphtheria~~ Pharyngitis	4	There is a protrusion upon coughing suggesting hernia. Evidence not sufficient to confirm diagnosis.	

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 Witley DATE 8-7-19

1. 1 (a) Unit 1 C.E.R.B. (b) Regimental No. 300 9946 (c) Rank Spr.

(d) Surname Cunningham (e) Christian name Patrick

(f) Home address Bannvale St. Gilford Co. Down - Ireland

(g) Next of Kin Thos. H. Cunningham (h) Relationship Father

(i) Address of Next of Kin Bannvale St Gilford Co Down Ireland

2. Age last birthday 30 Date of birth Aug. 24th 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 15-5-18

4. Personal description:

(a) Height 5'-7" (b) Weight 150 (stripped) — Est. (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on left groin, 5 vac. marks on left arm,

5. Former trade or occupation Teamster.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	3 3

	Periods	
	From	To
Canada	15-5-18	3-8-18
England	3-8-18	present.
France or other theatres of War		

7. Original disease, or injury Varicose veins - right leg.

(a) Date of origin June 1918 (b) Place of origin Canada.

(c) Cause Constitutional

D.R. B.P.C.
REFERRED TO
24 JUL 1919
REPLIED TO

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

Soreness and Swelling of veins of right leg - especially around the ankle - after marches, or long standing.

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.)

Swollen and congested veins around the lower third of leg and ankle.

Soldier says that ankle tires very easily and foot swells after standing.

(*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.. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..No.. (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..

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

First noticed this condition about a year ago and it has gradually become worse. Never had any treatment.

10.—(*b*) (Here give a com... to or since enlistm...

Osteo-myelit...
Hernia - S...

(*c*) (Here give a description...

Scar over...

11.—(*a*) Did the disa...

(*b*) If so, has it ... condition at time ...

12. Was the disabilit...

refusal to accep...
The regimental do...
(If the answer is in the ... this question, cond...

13. What is the prob...

than one?...

14. Treatment (Case r...

15. Is further treatm...

16. Can the former ...

17. Recommendation...

(Sections 7, 8, 9 and ...

I, the undersigne... present condition rea...

I complain in additi...

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).)

Osteo-myelitis - 1914 - Boston U.S.A.
Hernia - slight - 22-6-18 - Amherst Nova Scotia
no present disability.

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

Scar over left hip - result of operation for osteo-myelitis

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.)

n.a.

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 unless operated on.

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

nil.

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

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

17. Recommendations n.a.

J.S. Wright Capt. C.A.M.C.
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 P. Cunningham #3009946 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 nothing.

Patrick Cunningham 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 we concur. Except in No. 14 the Board is of opinion that ~~as~~ this O.R. has been exposed wearing spectacles during the last 3 months as stated by certificate in his possession

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) yes B1
(*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.)

Auth. H.Q. CRO 5222. discharge in U.K.

J 25-1-19

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.

R. Tuttle Lieut-Col *President.*

PLACE WITLEY CAMP, SURREY. J. Brandon Capt Can

DATE 8.7.1919 } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President

PLACE..... } Members

DATE.....

APPROVED BY A. Archibald Capt

Assistant Director of Medical Services.

DATE A. Archibald 8/7/19.

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS CANADIAN CORPS
9 JUL 1919
WITLEY SECTION.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Canadian Engineers
ENGINEER TRAINING DEPOT

Unit, Regiment or Corps .....

Regimental No. 2009946 Rank A/R C. E. F. Name Cunningham Patrick

Enlisted (a) 15-5-18 Terms of Service (a) ..... Service reckons from (a) 15-5-18

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

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

Report Date	Report From whom received	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
22-6-18		~~Cunard~~ Hygeria, admitted to Hospital by M.O.	Amherst, N.S	26-6-18	Discharged from Hospital
		EMBARKED CANADA 3-8-18 DISEMBARKED ENGLAND 15-8-18			
9-9-18	2nd CERB.	T.O.S. of 2nd C.E.R.B. on arrival from Canada	Seaford	15-8-18	Part II. Order No. 94.
9-9-18	"	On Command, Bourley,	Seaford	15-8-18	Part II. Order No. 94.
21-9-18	"	Off Command, Bourley.	Seaford	19-9-18	Part II. Order No. 105.
27-12-18	2 C E R B	On Command to 14th C. G. Hosp Eastbourne	Seaford	27-12-18	A.F.O. 2516
27-12-18	#14 C.G.H.	Attached from 2nd C.E.R.B.	Eastbourne	27-12-18	D.O. Pt II #60.
7/5/19.	"	Ceases to be attached on return to 1st C.E.R.B.	"	3/5/19.	D.O. Pt. II #20.

J. Forsaith Lt. Col.
O.C. No 14 Canadian Gen. Hospital, Eastbourne, Sussex.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
28-1-19	2nd C.E.R.B.	S.O.S. to 1st C.E.R.B.	Seaford	28-1-19	P.R. Order 23
					Lieut. C.E. for Lieut. Colonel, C.E. Commanding 1st Canadian Engineers Reserve Bn,
29-1-19	1st C.E.R.B.	T.O.S. from 2nd C.E.R.B.	Seaford	29-1-19	P.R. Order 24
5-5-19.	1 C.E.R.B.	Off commanding 14th C.G.H. Eastbourne	Seaford	3-5-19.	P.R. 103.
~~2/6/19~~	1st C.E.R.B.	S.O.S. to C.E.R.D. ~~with view to proceeding to Wandsworth on Detention~~	Seaford	11/6/19	P.R. 135
					Lieut. C.E. for Lieut. Colonel, C.E. Commanding 1st Canadian Engineers Reserve Bn

DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SEC. XXV.

T.F. MacReynolds Captain
Officer Commanding,
No. 2 Canadian Discharge Depot,

(2942) Wt. W. 2930—3/1926 4-18 J.F.W. (E2577) Army Form W3997.

Regtl. No. 1037197 Rank Pte

Name William Henry Fogg (Christian Names in full) (Surname) Military District 11.

Unit C.A.S.C. Regt. or Corps Summerside

Category A Next of Kin Wife

REASON FOR RETURN.

Demobilization

Intended place of Residence Vancouver

COVER FOR DISCHARGE DOCUMENTS.

Campaigns, Medals and Decorations. Issues - Nil

Stove Repairer

Authority. :- HQ. O.I.F.C. Tel. A.G.3a - 3302.

2009946 Cunningham Pat

8.2.36

15.10.47.

7-7-47
30733
Deceased.
649-C-

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 10599

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

2009946

Payable to CUNNINGHAM Patrick

Address Bannvale Sh Gilford
Co Down Ireland

Dependent

Address

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
July 14th	42442		14 7 8		1st
15	48046		35 3 7		1st. L P.C. Clo
16	L.P.C.	31 3 4			151.75
16	Call	4 0 0			
Aug 7	Gratuity	57 10 8		43 3 0	
13	70771	92 14 3	14 7 8	28 15 4	2nd
Sep 12	98651		63 18 11 14 7 8	14 7 8	3rd
Oct 16	125523		14 7 8	0	0 Final.
		92 14 3	92 14 3		