C 40640 31091 Original

12" Battery

ATTESTATION PAPER.

No. C40640

Folio. 220

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Thomas Dugan
2. In what Town, Township or Parish, and in what Country were you born? ..... Waterford Ireland
3. What is the name of your next-of-kin? ..... Alice Moran (Sister)
4. What is the address of your next-of-kin? ..... Elmwood Farm R.N.D. 1 Kingston Ont.
5. What is the date of your birth? ..... Dec. 6th 1893.
6. What is your Trade or Calling? ..... Labourer
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? ..... none
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... yes

Thomas Dugan (Signature of Man).

Sgt Bossanlal (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Dugan, 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.

Thomas Dugan (Signature of Recruit)

Date Aug 12 1914. Allan R. Gillies (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Dugan, 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.

Thomas Dugan (Signature of Recruit)

Date Aug 12 1914. Allan R. Gillies (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 Valcartier this 23 day of Sept 1914.

Robt Rutter JP (Signature of Justice)

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

C W Leonard (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

3rd Battery
1st Brigade

Description of Dugan Thomas on Enlistment.

Apparent Age 21 years 7 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 36½ ins.
- Range of expansion 2½ ins.

Complexion fair
Eyes blue
Hair fair

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

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

4 vacc. left arm.
scar over left knee.
scar over left hand.
scar over right shoulder

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 Sept 21 1914.

Place Valcartier

[illegible]
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.

Thomas Dugan 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.

E W Leonard (Signature of Officer)
Major
O.C. 12th Battery

Date 27th June 1915

REGIMENTAL DOCUMENTS

NAME Dugan Thomas (Dvr.) REGT. NO. 40640 UNIT No. 3 Dep. Bn. C.F.A. 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)					DEATH
6	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)				28060	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	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	S.C. R. 132					
4	Disp. cert.					
4	Misc.					
	decs card					
	Very Cl.					

404639

4-12
22-12
32-12
6

L. Wing

F. Group.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

To Officer issuing Discharge Certificates
Hold for further physical examination
Class 1 No.

1. No. 40640
2. Rank. Gnr.
3. Name. Dugan Thomas
4. Unit. C.F.A.

5 Date of Discharge	12--7-19	Place	Montreal, P.Q.

6 Reason for Discharge Demobilisation.

Next of Kin Mother

Occupation Labourer Group 7

Service in France 4 Group 1

Category.

7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II#202.

8. Proposed Residence after Discharge New York

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? B39 Montreal July 12/19

L. Dugan

Signature of Soldier.

10. CONFIRMATION.

SAILING NO. 96
EMB'K'D LIVERPOOL 3-7-1
DIS'B'D QUEBEC 10.7.19

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 12/19

Signature (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

7

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

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 HMT Empress of Britain DATE 4.7.19.

1. 1 (*a*) Unit..... (*b*) Regimental No. 40640 (*c*) Rank.....

(*d*) Surname DUGAN (*e*) Christian name Thomas

(*f*) Home address.....

(*g*) Next of Kin..... (*h*) Relationship.....

(*i*) Address of Next of Kin.....

2. Age last birthday..... Date of birth.....

3. Enlistment, or Appointment (if an Officer) (*a*) Place Valcartier (*b*) Date 12.8.14.

4. Personal description:

(*a*) Height..... (*b*) Weight ..... (stripped) (*c*) Complexion.....

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

.....

5. Former trade or occupation.....

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
	4	330

	Periods	
	From	To
Canada	12.8.14.	
England		
France or other theatres of War		

7. Original disease, or injury.....

.....

.....

(*a*) Date of origin..... (*b*) Place of origin.....

(*c*) Cause.....

.....

M. F. B. 227.

400M.—11-18.
1272-39-117.

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.)

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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.)

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

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

.....

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

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.....

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.

.....

11.—(*a*) Did the disabling condition have its origin before enlistment ?

(*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.)

.....

.....

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ?.....

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 ?.....

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

.....

.....

.....

.....

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)

.....

.....

16. Can the former trade or occupation be resumed ? .....

(If not, briefly state why)

17. Recommendations.....

.....

.....

.....

.....

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.

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.....

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..... .....
} Members

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..... .....
} Members

DATE..... .....

APPROVED BY APPROVED BY

....

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

(8915)—Wt. W4862—540,—600,000—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps ~~North Battery~~ No. 3 Depot

Regimental No. 40640. Rank Driver Name Duggan, Thomas

Enlisted (a) 25:9:14 Terms of Service (a) 6 months after war Service reckons from (a) 25:9:14

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6/5/15	O.C. 1st Arty Bde.	Taken on strength of 1st Can. Arty. Bde.	In the Field	30/4/15	Bde. Part Two Orders
5.5.15	O.C. 84th Fld. Amb.	Soft Chancre	Sick Convoy	5/5/15	A.F.A. 36
10.5.15	O.C. No 9 Sty. Hosp	Syphilis (slight)	No 9 Sty. Hp.	10/5/15	A.F.W. 3034
10-6-15	— " —	— " —	No 11 Camp. Rouen.	9/6/15	A.F.W. 3034
9-7-15	No 20 Gen. Hos.	V.D.S.	No 20 Gen. Hosp.	9/7/15	— " —
11-7-15	— " —	— " —	No 9 Sty Hos	11-7-15	— " —
12-7-15	No 9 Sty Hos	N-Y-D	— " —	12-7-15	— " —
6-8-15	— " —	V.D.S.C.	To No 11 Camp.	6-8-15	— " —
21-8-15	O.C. Dw. Am. Col.	Trans. to 1st Can. Dw. Am. Col. from No 3 Gen. Base.	In the field	19-8-15	B. 213

(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.

Nothing to be written in this margin.

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.
D.A.A.G. Can.Sec.	Transferred to - (A.Q.441 - 7-9-15)	9th Btty.	14/9/15	K4-1-35.
OC 2nd Arty Bde	Sick	Hospital	10-9-15	B213
OC 2nd Amb	Mig. Constch	No 2 C.F. Amb	11-9-15	A 36
OC 2nd Arty Bde.	Rejoined from Hospital	With Unit	23-9-15	B213
O.C. Unit	Absent without leave 4 days pay. 14 days F.P. #1	Do	26/11/15.	B213
a H.Q.	Posted to 1st C.D.A.C.	Field	18/5/16	Auth:- A.H.Q. 9-31. 18/5/16 ref file K4.554. pl. Ford 22. 21/5/16.
"	Taken on 1st D.A.C.	"	19/5/16	" "
Unit.	FGCM. Drunkenness and absence. 6 Mos.I.H.L.	"	6-9-16	B2069. Pt.2. O.No.50 d/- 22-9-16.
1 Mil. Prison Rouen.	Admtd. 6 mos.I.H.L.	1 Mil. Prison.	20-9-16	B213. DCS No.288 d/- 3-10-16.
C.B.Dep.	Class "A" Taken on	C.B.Depot	9-3-17	N.R.
Governor M.P. Havre	Sentenced to 6 months I.H.L. 20-9-16 released from Military Prison, Havre, on expiration of Sentence. 5-3-17. Auth:-			B213 Pt II O. No. 65 d/ 19-3-17.
C.B.Dep.	Left Base for 3rd Bde	Field	16-3-17	N.R.
Unit	Rejoined Unit from Base	do	18-3-17	B213 DCS No 351 d/ 4-4-17
1 C.M.V.S.	Att'd. temporary for duty	do	7-4-17	B213
do	Adm. & C.R.S	do	10-5-17	do ~~CRS No 275 d/ 26-5-17~~ DCS 377
do	Rejoined C.M.V.S.	do	15-5-17	do DCS No 377 d/

(SERVICE

Regiment or Corps 2nd

*Substantative Rank DVR

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	From whom received	(B) Authority Part II. of Or
23-12-18	2nd Bde C.F.A.	
30/1/19	3 C.F. Amb	
1/2/19	2nd Bde C.F.A	
5-2-19	3 C.F. Amb.	
6-1-19	2nd Bde. C.F.A.	
15/2/19	50 CCS.	
8-2-19	50 CCS.	
5-3-19	2 Cdn Stat	
6-3-19	2 Cdn Stat	
6-3-19	3 Cdn Gen	
1-3-19	50 CCS.	

Nothing to be written in this margin.

To be folded on this line.

W1889—PP1150 500,000 5/18 G.W.P.Co (3490)

Sheet 2

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 2nd Brigade C.F.A. Regimental Number 40040

*Substantative Rank Dvr. Surname DUGAN Christian Names Thomas.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
23-12-18	2nd Bde C.F.A.	—	14 Days F.P. No. 1. 20/7/18. for "Absent from Parade 0630 hrs ~~[illegible]~~ and 1400 hrs 18/7/18.			B2069.
30/1/19	3 C.F. amb		Scabies adm	3 C.F. amb	26/1/19	A36/5861.
1/2/19	2nd Bde C.F.A		Do Hospital.	N.8.	26/1/19	B3[illegible]
5-2-19	3 C.F. Amb.		Scabies Facial Neuralgia Tr.	50 C.C.S.	5-2-19	A36 N7234
6-1-19	2nd Bde C.F.A.	15	Forfeits 5 days pay for W.S.A.S. & A.W.L. from 17.30, 31-12-18 to 07.00, 2-1-19 Forfeits 2 days pay by P.& A. Regulations		3-1-19	B2069.
15/2/19	50 CCS.		Facial Neuralgia adm	50 CCS.	5/2/19	A36. N.8019
8-2-19	50 CCS.		Facial Neuralgia. adm	50 CCS	5/2/19	A36/N7587
5-3-19	2 Cdn Stat.		V.D.S. adm	2 Cdn Stat.	5-3-19	W9949/N9628.
6-3-19	2 Cdn Stat.		V.D.S. 15	3 Cdn [illegible]	6-3-19	W9959/N9585.
6-3-19	3 Cdn Gen		V.D.S. adm	3 Cdn [illegible]	6-3-19	W.221/N9585.
1-3-19	50 CCS.		V.D.S. adm 5-2-19 15	53 CCS	25-2-19	A6660/N9350

Nothing to be written in this margin.

To be folded on this line.

W1889—PP1150 500,000 5/18 G.W.P.Co (3490)

ref file 1816.

RCS 377

40640 Gnr Dugan T.

(A) Report			(B)		(E)	(F)
Date.	From whom received.	Part and No. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place concerned	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
26-3-19		Pte 26/9/19.	Trans to Cdn Army Pool.		26-3-19	
			A Brand Lieut-Colonel for Lieut-Col AAG.			
9/6/19			T.O.S. PART II D.O. No. 13			
			~~R.M.S. EMBARKED FOR CANADA.~~			
			CAPT.		9/6/19	
			~~TO RECORDS "S" WING C.C.C. WITLEY.~~			

Nothing to be written in this margin.

21091.

Rank and Name: DUGAN, Thomas

Regimental No.: C 40640

Unit: 3rd Bde. C.F.A.

Date of enlistment: Aug. 12th, 1914

Place of birth: Ireland

Married (Yes or No): No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin: Alice Moran - Sister, Elmwood Farm, R.R.No.L., Kingston, Ont.,

Date and place of discharge

Reason for discharge

Character on discharge

A.F.B. 100 CHECKED (N.R.) 21 DEC. 1916

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
14-4-15	O/c Res Bde	Proceeded to France	Shorncliff	14-4-15	Part II O#31
20-5-15	W.O.	Adm#9 Stat Hpl	Havre	9-5-15	Case S#48 Sick.
15-5-15	O/c 1st Bde	Taken on strength from 3rd Gen Base	France	30-4-15	Part II O#11 Para 1.
18-6-15	W.O.	Discharged to No 11 Camp	Havre	9-6-15	Case S 67.
17-7-15	W.O.	Admtd to 9 Station and Hospital	"	11.7.15	" " 91 sick slight
13-8-15	W.O.	Removed to No. 11 Camp.	"	6-8-15	" " 111 V.D.S.C.
7-8-15	O/c #3 GBD	Taken on Strength No 3. G.B.D.	"	7-8-15	Roll No 3. G.B.D.
15-8-15	O/c #3 G.B.D	proceeded to unit from B.D.	"	15-8-15	" " " " " 15/8-15
4-9-15	O/c 1st Bde	Trans to 1st D.A.C	"	18-8-15	Part II O#27.
4.9.15	O/c D.A.C.	Taken on Strength D.A.C.	France	19.8.15	" " 28
18.9.15	"	Transfd to 3rd Brgd	"	14.9.15	" " 30
18-9-15	" 3 Bde	" from D.A.C.	"	14.9.15	" " 30

40640 Dugan Thomas

Report		Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
22=9=15	WO	Adm to hosp'l " name not stated		10=9=15	C.S 151. Sick
23=9=15	WO	" No 2 Canadian Fd Amb.			C.S 152 Mig constip
15=1=15	WO	Forfeits 5 days Pay. England		15=1=15	Part II O 15
6-10-15	WO	Rejoined unit from Hospital		23-9-15	C.S 163.
11-12-15	O/C 3rd Bde	Forfeits 14 days Pay R.W. Awarded 14 days No 17 P.		26-11-15	Part II O 242
31.5.16	" "	Posted to 1st DAC	Field	18/5/16	" " 22
31.5.16	O/C. 1 DAC.	Taken on Strength	"	19.5.16	" " 22
22.9.16	" "	In confinement awaiting trial 1.9.16 Tried & convicted by F.G.C.M. of 1. When on active service Sentenced 2 absent without leave & sentenced to 6 months 1.H.L. 6.9.16 Confirmed by C.R.A. 1. Can bis 9.9.16 & committed to Prison		6.9.16	" " 50
19.3.17	" "	Released from Military Prison on the field on expiration of Sentence		5.3.17	" " 65
13-6-17	" "	Attd to 1st Div Train	"	28-5-17	" " 119 " Pri 063 a 12 6.17 1st DT
10.7.17	1st DT	on rejoining our unit Ceases to be att as loader	"	26.6.17	" 68 " Pri 129 a 9.7.17
31-8-17	1st D.A.C.	Adm #51 Gen. Hosp.	Etaples	23-8-17	C.L.A. 26 V.D.
5-10-17	"	Dis No 51 Gen Hosp.	"	27-9-17	" " A54
17.11.17	"	Adm 51 Gen Hosp	Dr "	6.10.17	" 494
20.11.17	"	Tfd 4 Stat Hosp	Étaples	10.11.17	" 96 "
26.11.17	"	Discd " "	"	21.11.17	" 103

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. NO. 40640 | RANK Gnr | NAME (IN FULL) Dugan Thomas (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | ORIGINAL UNIT C.E.F. 3rd Batty | IF IN P.F. WHAT UNIT?

ADDRESS | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 27/9/914 | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE | ASSIGNED PAY $ 15.00 | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP | PAYABLE TO Miss B Dugan | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G.

ADDRESS | ADDRESS Coffpatrick Kilbrush Clonard Ireland | G.P.O. Montreal 22

STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE | EFFECTIVE 1/8/19

DISCHARGED | PLACE Montreal | DATE 12/9/19 | REASON Demob | AUTHORITY SD 20 2 780 | IF ENTITLED TO POST DISCHARGE PAY

W.S.G. Paid + Cancelled Pabrick Fund
Paid Mitchell Street
Paid Mem Hy Bldg
275 Brunswick Ave. Toronto Ont. 22/11/19

MILITARY D 1 G.A. AUG 8 1919 DEMOBILIZATION PAY DIVISION

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													93	51	93	51	93	51			Balance of Pay 1/8/19 93.51
1/7/19																																					Cash Overpaid 3.70
1/8/19	18	10	19	80	35 00				134	10	Lost Pass Bk		134	98	1	87	5	00	70	00							6	60			86	47	18	68			Stoppd 13/8/19 18/8/19 6.60
																															179	98	66	0	Total		Balance Paid Fund = 112.88
			Other Credits		W.S.	C.S.A.			Total																Other Charges		W.S.G.	S.A.			Total		Soldier		Dependant		
					420				420																		70				70		350				
																									55	18					55	18	294	82			
16/8/19																											70				70		224	82			1278615
12.9.19																											70				70		154	82			1529870 3
12.10.19																											70				70		84	82			~~1637286~~ 1637287 4
12.11.19																											14	82			14	82	70				1651270 5
12.12.19																											70				70		—				1796575
																															420						Fund

War Service Gratuity

200M-3-19.—L. L. 58768-H. & D. 9985.
M. F. W. 2596.
1772-39-1390.

C.R.

Please place on file and return.

R.O.

PDB removed
from 49-D-16237
pending application

Original C40640 220

MEDICAL HISTORY SHEET.

Surname Dugan Christian Name Thomas

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

Birthplace { City or Town Waterford County Ireland

Apparent age 21 years 7 mos

Trade or occupation Labourer

Height 5 Feet 7 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33½ inches. Maximum expansion 36 inches.

Physical development good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 40. Number — 4

When Vaccinated last 1914.

(a) Marks indicating congenital peculiarities or previous disease Scar over left knee Scar over hand. Scar over right shoulder.

(b) Slight defects but not sufficient to cause rejection

Approved by L F

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

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

Date	Result	Anti-Typhoid Inoculations, Etc.	
Sept	1914	2 inoc	M.O.
			M.O.
			M.O.

Enlisted on 13 day of August 1914 at Valcartier Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.F.A	~~40660~~		
Transferred to.....	3rd Grd. Bge.	40640		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ottawa	30-6-19	V. D. S.	A. Fit Ballantyne Capt
		V.D.S. Fit.	J. Anderson Capt

STANDING MEDICAL BOARD D.A.G.'S OFFICE JUL 11 1919

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.

Ink made from Sheets JUL 15 1915 R.M.Shaw

M. F. B. 313.

50M—3-14.
I. Q. 1772—39—439.

Surname..... Christian Name.....

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				

C.A.D.C. 5009A

L Wing
2

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

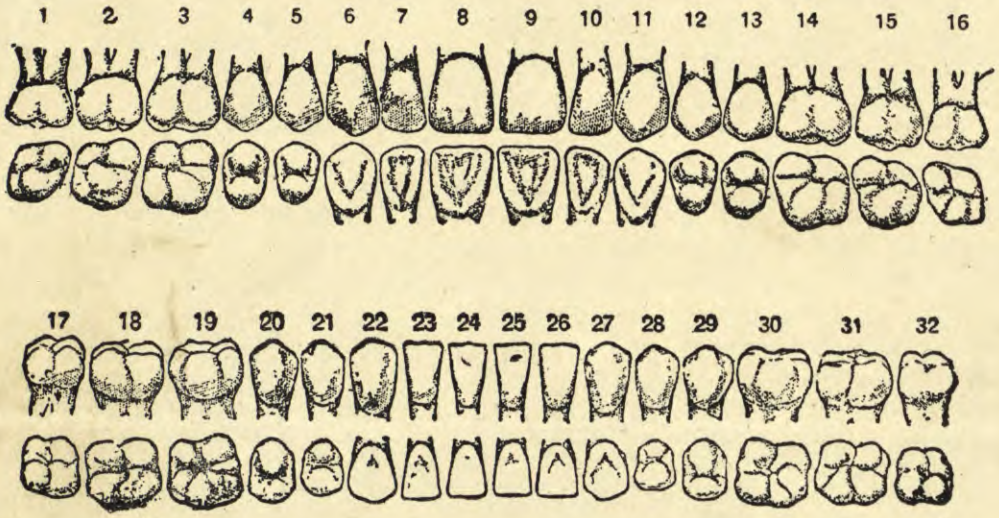
DIRECTIONS TO DENTAL OFFICERS

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 (Block Letters) DUGAN T

REGIMENT 3 Batt. 1 Bde RANK PNR No. 40640

Date of Examination in England 30/6/19 | 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 18. 19. 21. 28. 29. 30. 31

HAS HE EVER REFUSED DENTAL TREATMENT?

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
- (c) In France Yes

R Simpson Capt
for A. D. D. S. M. D. No. 4

Signature of Dental Officer J W Ross Capt

S. Wing

CANADIAN GENERAL LABORATORY

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference

Unless these are furnished the test will not be carried out.

Name Dugan ..... Regtl No. 40640 ..... Rank Gnr

Unit 48 Batt ..... Date of first sore ..... if T Pallidium found .....

Secondaries if any ..... Other symptoms .....

Treatment if any ..... Arsenical ..... Mercury .....

Previous Wasserman, date ..... Result .....

Station and date .....

==========

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM

Date ..... Serial No ..... Result ..... WASSERMANN NEGATIVE

[illegible] Major.

Officer Commanding

Canadian General

Laboratory

Canadian General Laboratory 20 JUN. 1919 WITLEY

Witley Surrey.

..... 1919

5

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. H 6640 Rank Gnr. Surname DUGAN.
(Give name in full) Thomas -

Unit or Corps D.D. Birthplace Ireland

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5 ft. 8 in. Color of Eyes Blue

Nutrition Good

Pulse 78

Condition of arteries Sound

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. W. ft.

Left W. ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

4 Vacc. marks
Scar R. Knee

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

V.D.D. 1915 4 Wassermanns negative

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signautre .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

S. Wing - F.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Thomas 2. Surname Duggan.

3. Rank Gunner. 4. Original Unit 3rd Bty 5. Reg. No. 40640.

6. Address, in full, to which future payments of gratuity are to be forwarded G. P. O. Montreal P. Q. Sept 2nd 1914

7. Date of enlistment in the C.E.F. 12th August 1914

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Appl

9. Relationship of such dependent Not Appl

10. Address, in full, of such dependent Not Appl

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not Appl

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit 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 10 months

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not Appl.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not Appl.

5434. Wt. /P30. 250,000(8). 2/19. S.O.,F.Rd.
6421. Wt. /P51. 35,000(4). 5/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. Not appl

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. Not appl

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces? Not appl

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. Not appl

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Not appl

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not appl

24. Are you now serving in the C.E.F.? Yes 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 in which you served at the front, and dates of such service with that unit 3 Battery 3 4 months in France 4 9 1

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: J. Dugan

Place of Residence: G.P.C. ~~Montreal~~ ~~Quebec~~

Declared before me at: ~~Valley Camp~~ Sussex

This ~~20th~~ day of ~~June~~ 19 19

Questions 12, 13, 14, 20, 24, 25, & 27 are unan

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

~~Douglas Scott~~ Major-
Acting "L" L.C.C.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

CANADIAN EXPEDITIONARY FORCE

War Service Book
Class "A" No. .....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 70640 (Rank) Dvr.

Name (in full) Dugan, Thomas enlisted in

the C.F.A. No 3 Depot Bty

CANADIAN EXPEDITIONARY FORCE at Valcartier on the 25th

day of Sept 1914

HE served in 18th Divl Am Col. in 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 46 years

Height 5 ft 7"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

Scar over left Knee

Scar over Left Hand

Scar over R. Shoulder

T Dugan

Signature of Soldier

Date of Discharge

Dispersal Station "E" JUL 12 1919 Military District No. 4

Issuing Officer

Rank

Officer i/c Discharge Section Dispersal Station "E"

Date July 12 1919

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.

M.F.B. 39.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

102

MAY 1 1920

F. H. Clemens

WAR SERVICE BADGE

Officer's "A" No. 19561 ISSUED

M. Hughes

CANADIAN EXPEDITIONARY FORCE

Service Book
Form "A" No.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 40660 (Rank) Pvr.

Name (in full) Dugan, Thomas enlisted in

the C.F.A. No 3 Depot Bde

CANADIAN EXPEDITIONARY FORCE at Val Cartier on the 25th

day of Sept. 1914

HE served in 18th Dist Ann. Off. in 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 Not 200

Height 5 ft 9"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

Scar over left Knee

Scar over L. Hand

Scar over R. Shoulder

T Dugan
Signature of Soldier

Date of Discharge

Dispersal Station, Ottawa
JUL 12 1919
Military District No. 4

Issuing Officer

Lieutenant
Officer i/c Discharge Section, Dispersal Station, Ottawa
Rank

Date July 12 1919

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE _____ on the _____

day of _____ 19_____

HAS served in _____

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 _____ Marks or Scars _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier

Date of Discharge _____

Issuing Officer

Rank

Date _____ 19_____

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.

O.P.H. 324.
(Form D.P.-3000-11-16
H.Q. 1775-49-3-38

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for HO file

Attention of

GEN SUBJ:T.F.14778
MICROFILMED V.F. 779-2

Ottawa 4, Ont.
Date Sept 18, 1968

NAME DUGGAN Thomas

SERVICE NUMBER 40640 WW1

C.P.C. No.
W.V.A. No.

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

Mrs Edith Duggan Hollywood Florida Sept 11, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 7, 1968
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAP~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

W. B. Carson

for
Chief, Central Registry

DVA 24

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Sheet #6

Unit, Regiment or Corps. C.F.A. C.E.F.

Regimental No. 40640 Rank Gnr. C. E. F. Name DUGAN T.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
21-7-19	O/S	T.O.S. D.D.#4 Disp.Stn."F"	Kettical	3-7-19	D.O.Pt.II#202.
21-7-19		S.O.S. D.D.#4 Demob.	"	12-7-19	D.O.Pt.II#202. R.O. 1420.
		G. A. Fletcher Lieutenant, Assistant Adjutant, Military Depot No. 4.			
29-4-19	2nd Bde C.F.A.	F.G.C.M. 25-1-19. Charge. W.O.A.S. A.W.L. from 21.30 hrs. 4-1-19. until 08.00 hrs. 16-1-19 (11 days 10½ hrs) Finding Guilty Sentence 56 days F.P. No 1. Sentence Conf. by Brig. Gen H. C. Thacker Time in Conf. awaiting trial 16-1-19 until 24-1-19 inc. Forfeits 12 days Pay by P.M. Reg. Can.			O.C. Paymaster for D.P.A.

(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				

Army Form B. 103. Regimental Number. 40640

Casualty Form—Active Service.

Regiment or Corps .....

Rank Gnr. Surname Dugan. Christian Name J.

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 Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
12.6.17	1st D.F.	Attached from 1st D.A.C. a Loader.	Field	28.5.17	Pt Do 63
10.7.17	—"—	Leaves to be attached as Loader on rejoining own Unit.	—"—	26.6.17	Pt Do 68.
		Entitled R211 18.7.17			

(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, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

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				

Army Form B. 103. (3) Regimental Number 40640

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname Dugan ..... Christian Name Thomas

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 Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
4/12/17	CaBD	Left for Unit	Fld	4/12/17	4R 783
1.12.17	CaBD	21 Days FP. (1) Drunkenness			
		2 being in Stables without a pass 26/11/17		28.11.17	B2069
		and forfeit all pay for 28 days			RE II 2101
21.11.17	4th Staty	V.D.G. to	Details	21.11.17	W30341/B8269
8.12.17	OC	Rejoined Unit	Fla	6.12.17	B213
31.1.18	OC 1st Bde.	28 days FP. 1. being out of bellet			B2069
		after 21/1/18 2 Resisting arrest on the			RE II 15
		morning of 22.1.18 1.10 am.	Fla	26.1.18	af
10/4/18	10 Gen	Acne. Gen 10/4/18	to 11 Gen	10/4/18	A36/E2961
13/4/18	DAC	To Hospital	NS	10/4/18	B213

(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, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1858.

[P.T.O.

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				
23-8-17	51 Gen'l.	V. D. G.	51 Gen'l.	23-8-17	W3034
27-9-17	do	Forfits Fld. Allow. and is placed under stoppages of pay at the rate of 50 cents per diem whilst in Hosp. from 24-8-17 to 27-9-17 (35 days)		27-9-17	O 1643 Pt II O. 179 d 2-10-17
do	do	V. D. G. Base Details		27-9-17	W3034
2-10-17	C.G.B. Depot	Left Base for Unit	Field	2-10-17	N.R.
27-9-17	do	Class "A". Taken on	C.G.B. Depot	27-9-17	N.R.
22-9-17	51 Gen'l. Hosp.	Sentenced to forfeit 3 days pay, 21-9-17, for W. on A.S. (1) Irregular conduct (2) Making an improper reply to a N.C.O., 20-9-17."	51 Gen'l.	21-9-17	B.2069 Pt.II O.181 d/ 5-10-17
4-10-17	23 C.C.S.	Gonorrhoea	4 Train	3/17 4/10/17	A36
do	7 Gen. Depot	V. D. G.	7 Gen. Dep.	4-10-17	W3034 (C 3961)
6-10-17	51 Gen'l.	do	51 Gen'l	6-10-17	do (A 4266)
10-11-17	51 Gen	Forfeits 7d and placed under stoppage of pay at the rate of 50¢ per day whilst in Hosp. 7-10-17 – 10-11-17	35 days	10-11-17	O 1643 Pt II 202 d/
21/11/17	4 Stat'y	Forfeits 7d and placed under stoppage of pay at the rate of 50¢ per day. 11-11-17 – 21/11/17	(11 Days)	21/11/17	O 1643 Pt II 204 d/26/11/17
10-11-17	"	V.D.G. Ram	4 Stat'y	10/11/17	W3034/B 4596
22/11/17	C.G.B.D	S.O.S. "	C.G.B.D	22/11/17	N.R. Roll 363
10/11/17	54 Gen	V.D.G.	to 4 Stat'y	10/11/17	W3034/B 6006
28/11/17	C.G.B.D	S.O.S. to 4 P.	C.G.B.D	28/11/17	Nominal Roll 160
1/12/17	"	S.O.S.	"	1/12/17	Nom R 403

SECOND SHEET OF RECORDS

Form R 122.
8750—15M—25-4-17.

Rank | Name DUGAN THOMAS | Reg'l No. 40640

Unit 3rd BDE C.F.A. | If in perm. Corps What Unit? | Married or Single (NO) SINGLE

Place and Date of Enlistment AUG 12th 1914 | Place of Birth IRELAND

Name and Address, Next-of-Kin ALICE MORAN

ELMWOOD FARM R.R. No. L. KINGSTON ONT | Relationship SISTER

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—11319-17. FIRST SHEET FILED IN ENVELOPE PER GRADE DVR ACT RANK NIL

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.
"C"		on strength 1st DAC				
5.7.18	1st D.T.M.B.	T.O.S. from 1st D.A.C.	Fms.	Field	25.6.18	G.R.O. 39 & 1st D.A.C. 60 d/4.7.18
16.12.18	—	SOS to 2 Bde C.F.A.	Eng	"	16.11.18	" 78 + 2nd Bde. Pt. II O. 132 d/19 12/18
14.1.19	2nd Bde.	Sentenced to 14 days F.P. No 1 20.12.18 for W.O.A.S AW.L from Parades at 0630 hrs & 1400 hrs. 18.12.18	Dem	"	20.12.18	— 4
26.2.19	Do	Forfeits 5 days pay Ass't. 10 days pay Rd.	Dom	Do	26.12.19	— 15
3.4.19	Pool	T.O.S. from 2nd Bde		—	27.3.19	— 37 2nd Bde 24. 27.3.19
29.4.19	2nd Bde C.F.A.	Tried by F.G.C.M for W.O.A.S AWL (11 days 10½ hrs) Sentenced to 56 days F.P. #1 + forfeits 12 days pay by P.R.A. Reg. In Confinement 16/1/19 Sentenced 25/1/19. Confirmed 25/1/19.	"		25.1.19	After Order 2
10.5.19	C.A.R.D.	T.O.D from 2 Bde		Ripon	9.5.19	— 130 + Art Pool DO 61 d/11.6.19
9.6.19	Sewing Bde	T.O. [illegible]		Witley	6.6.19	DO 134 & 2 DO 158 d/5.6.19

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
23.6.19	S. Wing	S.O.S. to L. Wing	Wel.	23.6.19	D.O. 25
4.7.19	L. Wing	S.O.S. to Cam. S.L. 96	Gm. "	3.7.19	– 44

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Miss Mal Deegan

Address Gohnstreet
Kilrush, Co Clare
Ireland

Rate 20 00/xx

Date to Commence Feb 1st 1915

By whom assigned Deegan

Regtl. No. 40640

Rank Driver

Corps, &c. 12th Battry 3 Bde F.A.

PAYMENTS.

Month	Year	Cheque No.	Amt.		REMARKS
	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.		11257	20		
March		15456	20		
Apl.		17671	20		
May		1693	20		
June		7736	20		
July		15801	20	✓	
Aug.		26341	20	✓	
Sept.		37882	20	✓	
Oct.		51472	20	✓	
Nov.		68037	20	✓	
Dec.		87080	20	✓	
Jan.	1916				
Feb.					
March					

ASSIGNED PAY.

By whom assigned Deegan O

Regtl. No. 40640 Dr 12th Batty.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
			220		
Jan.	1916	103699	20		
Feb.		125403	20		
March			260	Payment Stopped A.3M Form.	
Apl.					
May.					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

A—305

7524 6.

MILITIA AND DEFENCE

ASSIGNED PAY.

I0223.

Ap checked & found correct Wskwood

To whom Miss M. Dugan.,

Address John Street,

Kilrush,

Co. Clare, Ireland.

Rate $20.00 per month.

Date to Commence 1st June. 1916.

By whom assigned Dugan., Thomas.

Regtl. No. 40640.

Rank Gunner.

Corps, &c. 3rd Brigade, C.F.A.

PAYMENTS.

Month		Year	Cheque No.	Amt.	REMARKS
Aug.	Jan.	1916			
Sept.	Feb.				
Oct.	March				
Nov.	Apl.				
Dec.	May				
Jan.	June	~~1916~~	60752	20	
Feb.	July		90606	20	
March	Aug.		125772	20	
Apl.	Sept.		159252	20.	
May	Oct.		194820	20.	
June	Nov.	12606	232325	20	
	Dec.		273826	20	
	Jan.	1917	314431	20.	
	Feb.		355800	20	
Oct.	March		401806	20	
Nov.	Apl.				
Dec.	May				
Jan.	June	1917			
Feb.	July				
March	Aug.				

L

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME DUGAN. Thomas.

Regimental No. 40640

Unit 1st. Brigade.

Date of enlistment August 12th.1914

Place of " birth. Ireland.

Married (yes or no) No.

Amount of pay assigned monthly $ 20.00 1st Feb.1915. Stop ass pay 1 Mar for 3 months

To whom payable Mrs M. Dugan. John St. Hilrush. C/o Clare. Ireland.

Name and address of next-of-kin

Alice Moran.
Elmwood Farm R.M.D.I. Kingston. Ont.
Canada

Date and place discharged

Reason for discharge Section 21/2/15

Character on discharge A & M Section 21/2/15

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Sep 22/14	Oct 26/14	40	1.00	40	40	10	4		44			40			40		
Nov 1	Nov 30	30	1.00	30	30	10	3	4	37			25		8 00	33 -	Fined	Nov 3 & 23rd
Dec 1	Dec 31	31	1.00	31	31	10	3 10	4	38 10			40			40	25 1 90	
1915 1/1/15	31/1/15	31	1'	31	31	10	3 10		34 10			20 -		5 50	25 50	Debit 6 70	Forfeit 5 days pay Dec.
1/2/15	28/2/15	28	1'	28 -	28	10	2 80		30 80			15 -	20.		35 -	2 50	
1/3/15	31/3/15	31	1'	31	31	10	3 10		34 10			5 -	20.	7 70	32 70	3 90	Forfeit 7 days pay No 64
1/4/15	30/4/15	30	1'	30	30	10	3 -		33 -			10 -	20.		30 -	6 90	
1/5/15	31/5/15	31	1'	31	31	10	3 10		34 10				20		20 -	21 -	Trans: to 1st Bde No 11
1/6/15	31/6/15	30	1.	31	30	10	3	21	54			3	20		23		
1 July	31 July	31	1.	31	31	10	3 10	31 4 21 45 10	65 10			158	20		20		
Aug 1	Aug 31	31	1.00	31	31	10	3 10		83 41			26 40	20		46 40	37 01	
Sep 1	Sep 30	30	1.00	30	30	10	3	37 01	70 01			45 51	20		24 51	45 50	To D.A.C. P.To. 29.
Oct		31	1.	31	31	10	3 10		34 10			10 57	20		30 57	49 08	Appd 1st D.A.C. 1-10-15
Nov.		30	.	30	30	.	3		33			11 87	20		31 87	50 27	
Dec.		31	.	31	31	.	3 10		34 10			22 86	20	19 80	62 66	21 71	14 days No 1 F.P. No 42 Absent 4 days.
Jan		31	.	31	31	.	3 10		34 10			13 08	20		33 08	22 73	
Feb		29		29	29		2 90		31 90			11 66	20		31 66	22 97	
Mar		31		31	31		3 10		34 10			102 56			102 56	45 49	Stop Ass pay 1 Mar to 1 June
BALANCE TRANSFERRED TO NEW LEDGER		557					55 70	421	616 91			361 40	260	41 00	662 40		

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

REGT'L. No. 40640.

H. Q. FILE No. 649

NAME Dugan T.

RANK AND CORPS Dvr. lean art.

CABLE

No.	Date

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A220.	Holliday's Field Amb.	14-4-18	Acne General - Can Ben
A467	No 3 Can Field Amb	26-1-19	Scabies
A47 92	50 C.C.S.	5-2-19	Scalies & Facial neuralgia
9499	2 Can Stat Outream	5-3-19	42 Sus.
A2-01	3 Can Gen Bologne	6-3-19	NYD.
A2-41	Reisch	19-4-19	42 & 20

CARD NO. 24

SURNAME. Dugan.

CHRISTIAN NAMES Thomas

FOLL. S.O.S. Demob. 12-7-19

REGL. No. 40640 RANK Dr.

UNIT ~~1st. Fld. Art. Bde.~~ 3rd Can. Art. Bgde. W.O. 202 of 21-7-19. 4. D-D.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Morgan (Moran), Alice

RELATIONSHIP TO SOLDIER Not stated

ADDRESS Elmwood Farm. R.M.D. No. 1. Kingston, Ont.

COUNTRY OF BIRTH Ireland, Waterford DATE Dec. 6th 1893.

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 22nd 1914.

Pcd. Off - 4-10-14 $\frac{23}{13}$ P/C 11-7-19 $\frac{368}{33}$ Gm

~~From Quebec per. "S.S. Kanitou" 2/10/14.~~

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 21 YEARS 7 MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS 4 vacc. left arm. Scar over left knee. Scar over left hand. Scar over right buttock.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 2nd 1914.

Present address: Not stated.

NAME Dugan, J.

RANK AND CORPS Dr.

CABLE

NO.	DATE

H. Q. FILE No. 649-

REGT'L. No. 40640.

1st Bdge. C. F. A.

NATURE OF CASUALTY

NO. 1428.

FOLL.

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
48.	No. 9, Stat. Hsp., Havre.	9-5-15.	Sick slight. ✓
67.	No. 9 Stat. Hosp. Havre	9-6-15	Sick discharged to No 11 Camp.
91	No. 9 Stat. Hosp. Havre	11-7-15	Sick slight
✓ 111.	" " " " " } To No. 11 Camp.	6-8-15.	V. D. S. C.
151.	O.C. 3rd Brig. C.A. rep. Hosp not stated	10/9/15	Sick ✓
152	No. 2 Can. Fld. Amb.	11/9/15.	Mig. Constip ✓
✓ 163.	Reposted Unit from Hosp.	23-9-15	Mig. Constip.
a. 26 (3)	1/5 1 Gen. Staples	23-8-17	V. D. S.
a 57	Discharged	27-9-17	" " " (Can Artly)
a 94. (3)	No 5 1 Gen. Staples	6-10-17	" " "
a 96 (4)	No 4 Stat Arques St. Omer	10-11-17	" " " (Can Art)
a 103-3	" " Discharged	21-11-17	V. H. G. (" ")
a 218	11 Can Fld. Amb	10-4-18	Aena General

FORM R. 149.
7106—250m—7/2/17.

Name DOGAN Rank Dvr Reg. No. 40640

Unit Thomas ~~pt D.A.C.~~ 2 C.F.A.

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-8	51 G.H. Etaples		V D G	a-26	HA	13312
27-9	Discharged		do	a-57	HA	14484
~~4-10~~	~~9 Can Dep Boulogne to Hospital~~		~~do~~		HA	14846
6-10	51 G.H. Etaples		do	a94	HA	14869
10-11	11 Sty Hpl Angres		do	a96	HA	16251
21-11	Discharged		do	a-103	HA	16687
10-4	11 Can Hos Camb		Acne & Gen	a/218		16717
14-4	Discharged		do	a/220		16901
26-1-19	3 C.F.Amb	PTO	Scabies	8467		41995
5-3-19	66 Sta		do Facial neuralgia	4479		42258

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
~~5.2.~~	~~19~~	~~50 C.C.S.~~		~~Facial Neuralgia~~				~~42298~~
5.3.		2 C Sty Dautreau		N Y Susp.	0499			4499.7
6.3.		3 C G H Boulogne		N Y D	0501			4527.3
29.4		Discharged		12+20	0541			4583.7

Name Dugan T. Rank Dvr. Reg. No. H0640

Unit 1st Bgde C.F.A. (Trans. to D.A.C. authority BCR121 1st)

Next of Kin Canada.

Date 1915		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9.	6.	Dis: to No. 11 Camp from 9	S.H. Havre.	Sick.	67.		
11	7	to: 9 S.H.	Havre	Sick, Slt.	911		
6	8	To to: 11 Camp (Ex above)		V.D.S.C.	111		

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

Name Dugan. J. Rank Dvr Reg. No. 40640

Unit 3rd Brigade. C. F. A.

Next of Kin Canada.

Date 1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9. 5.	No. 9 Stat: Hosp.	Havre.	Sick Slight.	48.		
10. 9.	O. C. 3rd Brigade C.F.A. reports:- Adm: to Hosp: (Hosp: not stated.)		Sick.	151.		
11. 9.	No. 2. Can. Field Amb:		Allig: Constip	152.		
23. 9.	Rejoined Unit from Hosp:		do. do.	163.		

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

No. C 40640 RANK Gnr. NAME Dugan T.

T. O. S. UNIT 3rd. Battery (1st. Brigade) C. F. A.

M. D. Vac.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Th Aug. 29	1914 Sat Sept 21	✓		
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914

No. 40640. RANK Gnr. NAME Dugan, J.

T. O. S. UNIT 12th Battery, 3rd Brigade.

M. D. 0/8.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Jan. 1.	1915. Jan. 31.	✓.	Trans. to Depot Bty.	Jan. paylist.

SR. KK

Number 406.40 Rank Dvr

Surname DUGAN

Christian Names Thomas

Unit C.F.A. Theatre of War France

Dates of Service 1915 14-4-15

Remarks ~~1915~~ Landed Aug

Latest Address ~~G.P.O. Montreal Que.~~

Toronto Ont.

Roll No. B. Page 11152.

Surname	Christian Name or Names	Reg. No.
Dugan	J.	40640.

Rank	Unit	Co.	Troop	Battly.
Dvr.	C.F.A.	1st Bde.	C.A (1 D.A.C.)	23

Hospital: 9 Staty. Havre.

Date of Admission: 9-5-15

Transferred: 9 Staty. Havre. — Hosp. 11.4.15

11 Camp — Hosp. 6-8-15

2 Can Fld amb Trspt — Hosp. 11-9-15

Trspt — Hosp. 10-9-15

Diagnosis: Sick. V. D. S. 6.

(1) Later Diagnosis (if changed)

(2)

(3) Mig. Constip

V. D. G. H

Additional Diagnoses, if more than one state present

V. D. G. Hosp

V. D. S. H

acne. General. at. ind

Scabies. & Facial Neuralgia

V. D. S. not ent. Trsp. not ent

Nyd

DISPOSITION: Dis. to #11 Camp. 9-6-15.

Date

C.L. 20.5.15-48.

O.L. 18.6.15 67.

17.7.15. 91.

C.L. 13.8-15

C.L. 23-9-15 # 152

C.L. 22-9-15 # 151

C.L. 6-10-15 # 163

31-8-17 A86(4)

" 6-10-17 A57(3)

19.11.17. A94. 3.

21.11.17. A96. 6.

29-11-17 A103-3

14-4-18 A216.

19.4.18 A220.

REMARKS

O.C. 3rd Brigade C.F.A. reports admitted to Trspt. (Trspt not stated) 10-9-15

Reported unit from Trspt. 23-9-15

Disc. 27-9-17

Dsch. 21-11-17

" 14.4.18.

A.M.D.G. 2. SEP 17.

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

Shannon 8333-15

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	51 Gen Etaples.	23-8-17
2.	do.	6.10.17.
3.	4 Stat. Argues. St Omer.	10.11.17.
	11 Lean. Amb.	10-4-18.
4.	3 Can. Fld. Amb.	26.1.19
	50 B.B. Stn	5.2.19
5.	2 C. Stat. Outreau.	5.3.19
	3 Cly St Boulogne	6.3.19
6.		
7.		

Ch. 5.2.19 @467
19.2.19 a.479.2
14.3.19 A499/2.
17.3.19 A 501
5.4.19 A 541

MARRIED OR SINGLE S

PLACE OF BIRTH Ireland

NAME AND ADDRESS OF NEXT OF KIN Alice Moran
Elmwood Farm, R.M.D. 1. Kingston, Ont.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

a/c checked found correct
C.O. Clerk

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUT

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITA
7/10/17	10/11/17	V	51 Gen Hos France
11/11/17	21/11/17	V	do

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits		Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date
1916			557				55	70						4 21	616	91						
Apl	30	1.00	30		30	.10	3								33		1005	7-4	1061	23-4		
May	31		31		31		3	10						50	34	60	1086					
June	15		15		15		1	50							16	50						
15 30	15		15		15		1	50							16	50	885	1/5/16	885	15/6/16		
July 1. 31	31		31		31		3	10							34	10	939	30/6	984	15/7/16		
Aug	31		31		31		3	10							34	10	1043	31/7				
Sept	30		30		30		3								33		1102	23/8				
Oct	31		31		31		3	10							34	10						
Nov	30		30		30		3								33							
Dec	31		31		31		3	10							34	10						
1917			83	20																		
Jan	31		34	10											34	10						
Feb	28		30	80											30	80						
			980	10										4 71	984	81						

Checked 31/1/16 Tom Reed

&c.

E	AUTHORITY

&c.

E OF HOSPITAL

Hospital
ence

do

REG'L NO. 40640 RANK Gnr. NAME Dugan Thomas

IF IN PERMT. CORPS / WHAT UNIT — UNIT 1st Bde TRANSFERRED TO 3 Bde C.F.A. / 1 D.A.C. DATE 16-6-16 AUTHORITY P20 22 31/5/16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 12 Aug 1914 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ ~~20~~ Margaret 6/11/10/17 DATE EFFECTIVE 1-2-15 stop Ass: pay March & May 1916. restarts 1/6/16. stop May June 1917

PAYABLE TO Miss M. Dugan John St, Kilbrush Co Clare Ireland RELATIONSHIP

ASSIGNED PAY MONTHLY $ 15 00 a day. DATE EFFECTIVE 1st July 1917

PAYABLE TO Above, RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE ~~1st May, 1917~~ REASON ~~Large Debit Bce, Fwd~~

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

CE ROLLS 3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
							361 40	260	41	662 40		45 49			
				262	262					524		1773			
				256						256	14 31		46 00		500 obo No 10 Jan 1915 3079
								20		20	10 81				
6				256	255					511	22 20				
16				511	261			20		27 12	28 58				
				349				20		23 49	39 19		22	17 19	In confinement awaiting trial from 1st Bde 5 50 Tried & conv. & sentenced to 6 mont 1st L on the 6/9/16. F.G.C.M.
				262				20	550	28 12	44 07				
								20		20	58 17				
								20		20	71 17		~~XX~~	65 47	
								380 20		20	85 27		46 00	39 27	
								20		20	99 37				
								20		20	110 17				
				1896	778		361 40	440	4650	894 64					

40640 Gnr Dugan J.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
Fwd			980	10										4 71	984 81
Mch 1-31		100/10	34	10											34 10
Apr	30		33	00											33 00
May	31		34	10											34 10
Jun	30		33	00											33 00
July	31		34	10											34 10
Aug	31		34	10											34 10
Sept	30		33	00											33 00
			1215	50										4 71	1220 21

DATE 1917	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4
Fwd									18 96	7 78		361 4
Mch					1999	8/3. Details of Ho. 3 Echelon					4 36	
					12819	21/3 "					6 98	
					1952	23/3 & One ora 457052					3 49	
May	14	10/4			545	C.B.d. 30/4	8		2 62		2 62	
Jun	276	30/5			C.B.d. 102/8	22/6	A92298		2 68		3 49	
July							[illegible]					
Aug	417	26/6	507	7/7			A160259		2 68	2 68		
	631	3/8							2 68			
Sept	574	29/7	699	23/8			A180862		2 68	2 68		

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Oct		21 83							21 83	46	
				A 2 [illegible]			15				
"											
"				218/4 383 16/6/17	2 68						
				29/2/5 [illegible] 30 5-5-17	1 78						
				Forfeit of P. & A. stopp 7 50 & Pay per diem Hosp stops from 24/8/17 to 27/9/17 2/10/17 Authy 9/65 S.Hosp 443 2/27/9/17		21 00					
Oct First Pay		34 10		Forfeits 3 days pay 21-9-17 (DO 181 5/10/17) Irregular Contract 20/4/17		3 30					
				AR 3142 1 D.A.C. 30/9/17	8 92				3 25		
		34 10			13 38	24 30	15				
Nov G Pay		33 00		AR B 47438 £3/1/8 Hosp stops. 60 & per day from 7/10/17 to 10/11/17 (35 Days) DO 202 20/11/17 1 D.A.C.		21 00	15				
Dec				AR B 79240 Hosp stops 60 & per day from 11/11/17 to 21/11/17 DO. 204 1 D.A.C. 27/11/17		6 60	15				
Nov				21 Days F.P.1. 28-11-17. Drunkenness awt. 7 forfeit 28 days Pay. DO 210 7-12-17 1 D.A.C.		30 80			18 05	46	
Dec G Pay		34 10									
		67 10				58 40	30				
1918 Jan G Pay		34 10		AR C 25442 £3-1-8			15				
				AR 4749 1 D.A.C. 25/11/17	13 38				12 33	46	
		34 10			13 38		15				
Feb G Pay		30 80		AR C 70443			15				
				AR 12921 D.A.C. 7/1/18	4 46						
				AR 981 " 30/1/18	3 57						

MONTH	PARTICULARS	CR. 1	CR. 2
Feb	Bal Fwd	30 80	
	Concurrent Charge. 21/9/17 Hosp Stops → Forfeit of P & A DO 181 5/10/17	1 80	
		32 60	
Mch	G Pay	34 10	

20.00 / 15.00 1/7/17

...TS 3	...TS 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	361 40	440	46 50	874 64	110 17		46 00		Tried & convicted FGCM 6/9/16. Sentenced to 6 Mths IHL 6/9/16 1st Dac D050 - 22/9/16.
36		20	199 10	223 46		79 19		Nil	181 days.
98									
49		20	✓	30 49		76 66			
62		✓		5 24		47 80			A.P. Stopped 1/5/17
				21 17					
49		15 (Jul)		~~17 68~~		35 97			15.00 Chgd June = July A.P.
									A9298 Supp. Cheque.
		✓				1 87			
				20 36					
		15 00		~~22 23~~	11 87				
		15		23 04	21 83				
94	361 40	525	245 60	1198 38					

CR 1	CR 2	PAY	...RS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFER RED.	SEP. ALLCE PAY ENG.
80				8 03			15	12 33		46
		Sentenced to 28 Days F.P.1. 26/1/18 (1) Being out after lights out (2) resisting arrest 22/1/18. D.O 15 13/2/18 1Dac.								
80					30 80			33 86		46
								26 60		
60				8 03	30 80		15	60 16		
								34 10		
10		AB 232447					15	26.06		
		AB 1084 1Dac 29/2/18.		3 57						
		AB 1464 " 13/3/18.		3 57						
		AB 1196 " 22/3/18		4 46				26 06		46
				11 60						
10				11 60			15			

DRBC

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.*	* ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–	1/7/17 1/7/18	EFFECTIVE DATE:–	
AMOUNT:–	~~15.00~~ 15.00	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.

Miss ~~Margaret~~ Beatrice Dugan
~~John~~ Patrick Kilrush
C/o Clare Ireland
~~Stop Pay. A3M Eff 1/8/18~~ Reason ~~Debit Balance~~
Stop Pay. Cancelled Eff 1/7/18 Letter P.O.

Stopped 1/8/18

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	AMO
~~3/7~~ 16/27	~~1/8/18~~ 27/1	Ripon	14	60		ap	June	15
June 2	1822	"	~~9~~	~~75~~		ap	Jul July	15
10/6	1653		~~38~~	~~75~~				
			63	26				

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharged to Canada 30/6 authy:- 10592. Witley 17/6/1

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS
31/3/18	Blc Fwd			
Apl	Gen Pay	33		ap. a39457
				ap 42 1D ab 3
				ap 61 " 2
				" 107 " 3
		33		
May	G Pay	34 10		ap 33 1 JmB
				ap 40 "
		34 10		
June	"	33		ap. 11208 1
				ap. 9226
				ap 68 1 JmB.
				ap 406 75 Battn
		33		
July	G Pay	34 10		a Pay no-B.59892
				ap 97 1 JmB 34
		34 10		
Aug	✓	34 10		ap b.41831. £3-
				ap 114 " 19/1
				ap 627 bbb & Sr. 9
				ap 551 " 9/1
		34 10		
Sept	GP	33		ap bk # C84428 £3-
				ap 127 JmB 4/
				ap. 114 " 18
		33		
				P.T.O PT

29.30
9 73

ENGLAND OR ~~CANADA~~	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
1/7/18	EFFECTIVE DATE:-	
15.00	AMOUNT:-	

NAME:- DUGAN. Thomas

NUMBER:- 40640

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr

SHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Dugan
Crush
Ireland
Return Debit Balance
1/7/18 Letter P.T.O.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Bde

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 22 31/5/16		16/6/16	1 D ab.
Do 39 5/7/18	25/6/18	28/7/18	1 2mB.

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

D BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
	14 60		up June		15
	~~9 93~~		up Jul July		15
	~~38 93~~				
	63 26				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
LP Balance				

ING NON-EFFECTIVE:- Discharged to Canada 30/6/19 authy: 10592 Witley 17/6/19. Wmj "S" Dr 54 58

CULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
d								26 06	46	
	33		AP. a 39457			15				
			AR 42 1 D ab 3/4/18	3 57						
			AR 61 " 22/4/18	4 46						
			" 107 " 30/4/18	2 68				18 77		
	33			10 71		15				
	34 10		AR 33 1 2mB 4/5/18	4 46		✓				
			AR 40 " 18/5/18	3 57				7 30		
	34 10			8 03						
	33		CP. 11208 18/6/18	2 43		✓				
			CP. 9226 6/6/18	14 60						
			AR 68 1 2mB. 4/6/18	5 35					76	
			AR 406 18 Battn 27/6/18	3 57				14 35		
	33			25 95		✓				
	34 10		APay no B.59892 Z 3-1-8			15		33 45		
			AR 97 1 Jun B 24/7/18.	8 03				25 42		
	34 10			8 03		15				
	34 10		AP C.41831 Z 3-1-8			15		44 52		
			AR 114 " 19/8/18	3 57						
			AR 627 C&A Q 9/8	3 57						
			AR 551 " 9/8	3 57				33 81		
	34 10			10 71		15				
	33		AP Ch # C84428 Z 3-1-8			15		51 81		
			AR 127 1 mB 4/9/18	7 14						
			AR 144 " 18/9/18	3 57				41 10		
	33			10 71		15				

P.T.O. PTO

NUMBER 40640 RANK NAME DUGAN, J.

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2
Sept				Bal fwd		
Oct	Gmr P	34 10		AP Ch # D41090 £3-1-8		
				170 4/10 I.T.M.B.	3 73	
				201 22/10 "	3 73	
		34 10			7 46	
Nov	"	33		AP Ch # D81689 £3-1-8		
Dec	"	34 10		" E39486 £3-1-8		
Jany 1919	"	34 10		245 3/11 "	3 73	
				" E90475 £3-1-8		
				10 DFM #1 17/10/18. AWL 0530 29/11/18. 1000 30/11/18 DO 135. 30/12/18. 3 C Fa.		13 20
		101 20			3 73	13 20
Feb	Gmr P	30 80		AP Ch # H86131 £3-18		
Mar	"	34 10		Sentenced to 14 days S.P. FP No 1. 20/12/18 Period 17/12/18 - 26/12/18 charged absent.		
				Balance 27/12/18 to 2/1/19. 7-days FP. DOH. 2 CJA		7 70
				AR 1254. 4/1/19. 2 CJA.	7 54 ✓	
				AP Ch # G6141. £3-1-8. Mar		
				Forfeits 5 Days pay. 3-1-19. AWL from 17/10 - 31/12/18 - 0700 2-1-19. 7 days pay. DO 15. 26/2/19. 2 CJA R.		5 50 ~~4 50~~
		64 90				
Apl.	Gmr pay.	33		AP Ch # H1663. £3-1-8. April	7 54	13 20
May	" "	34 10		AP Ch # A76777 £3-1-8. May.		
				AR 406. 1/5/19. CJA.	4 36	
				AR 3460 - 5/19 CGBD	4 36	
				FGCM. 25.1.19. AWL 21.30. 4/1/19 to 0800 16-1-19. Sent to 56 days. FP No 1. In confinement awaiting trial 16-1-19 to 24/1/19 inc 77 days pay. (4.1.19 to 7-1-19) DO 2. 29/4/19 2 CJA. after order.		80 30 ~~8 30~~
				HS. 6/3/19. to 2/4/19 Convalescent 6-2-19 to 3-3-19. DO. 55 13/5/19. Art 1001 28 days.	66	7 20 ~~6 20~~
				AR 8740 9/5/19. CARD	7 30	
				AR. 6254. 12/5/19. CARD.	34 07	
		67 10			50 09	87 50
June	Gmr pay.	33		Sup Chg A62909. Gmr 1 July. £6-3-4		
				1627. 27/5/19. Report	14 60 ✓	
				1653 10/6/19 CARD.	38 93 ✓	
				1822. 2/6/19. Report	9 73 ✓	
				3177 20/6/19. HBly ELPC.	38 93 ✓	
		33			102 19	

Sol 317
96
?

DUGAN, J.

PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
Bal fwd					41 10		
241090 £3-1-8			15				
70 4/10 I.T.M.B.	3 73						
01 22/10 "	3 73				52 74		
	7 46		15				
281689 £3-1-8			15				
39486 £3-1-8			15				
45 3/11 "	3 73						
40475 £3-1-8			15				
7/12/18 AWL 05 28 29/11/18. 0 135. 30/12/18. 3 C.Za.		13 20			92 01		
	3 73	13 20	45				
#786131 £3-18			15				
6 14 days sl. 7P No 1. 20/7/18 -26/10/18 charged abort							
7/18 to 2/1/19. 7-days 7P. C3A		7 70					
4/1/19. 2 C2a.	7 54						
6141. £3-1-8. May			15				
ays. pay. 3-1-19. AWL from 8-0700 2-1-19 2 days pay. 8. 26/2/19. 2 C3aR.		5 50			106 17		
	7 54	13 20	30				
41663. £3-1-8. April			15				
26777 £3-1-8. May.			15				
1/19. C2a.	4 36						
5/5/19 CGBD	4 36						
AWL 21.30. 4/1/19 to 0800 16-1-19. ays. 7P No 1. In confinement 16-1-19 to 24/1/19 mc 4.1.19 to 7.1.19 29/4/19 2 C2a. after order.		80 30					
to 2/4/19 Confinement 6-2-19 3-3-19	66.	7 20					
15/19. Arty Pool 28 days							
9/5/19. CARD	7 30						
12/5/19. CARD.	34 07				5 68		
	50 09	87 50	30.				
62909. from 1 July. £6-3-4			30				
7/19. Report	14 60						
19 CARD.	38 93						
1/19. Report	9 73						
19. HBBly E&PC.	38 93				93 51		
	182 19		30				
					93 51	Debit	

63 26.
30
93 26.
38 68
54 58

317
96
?