

Original

1403

53142 142

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Charles C. McMahon*
2. In what Town, Township or Parish, and in what Country were you born? *Funch. Ont.*
3. What is the name of your next-of-kin? *James Mc Mahon Father*
4. What is the address of your next-of-kin? *Funch. Ont.*
5. What is the date of your birth? *18 July, 1893*
6. What is your Trade or Calling? *Student*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *and inoculated against typhoid*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *3 yrs cadet corps*
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*

Chas. C. Mc Mahon (Signature of Man).
F. M. Spay (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Charles C. McMahon*, 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.

Chas. C. Mc Mahon (Signature of Recruit)

Date *24 Oct* 1914. *F. M. Spay* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Charles C. McMahon*, 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.

Chas. C. Mc Mahon (Signature of Recruit)

Date *24 Oct* 1914. *F. M. Spay* (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 *London* this *24* day of *Oct* 1914.

A. J. Smith (Signature of Justice)
F. M. Spay (Signature of Witness)

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

White (Approving Officer)

1403

Description of Charles C McMahon on Enlistment.

Apparent Age 21 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

none

Height 5 ft. 11 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Fair
 Eyes Blue
 Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 24 Oct 1914.

Place London Ont P. W. C. H. C. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles C McMahon 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.

W. H. C. H. C. (Signature of Officer)

Date 28th November 1914.

REGIMENTAL DOCUMENTS

NAME

McMAHON, CHARLES CLAIR

REG. NO.

53142

UNIT

18th Inf Bn

M. F. W. 2505
REFERENCE

H. Q. FILE NO.

NON-EFFECTIVE BY

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

DEATH

Category

DISCHARGE

Category

DESERTION

29165

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

misc.

pay card

pay card

No 140

RANK

Pte

NAME

McMahon C

142 - Jan pay list -
53142

T. O. S.

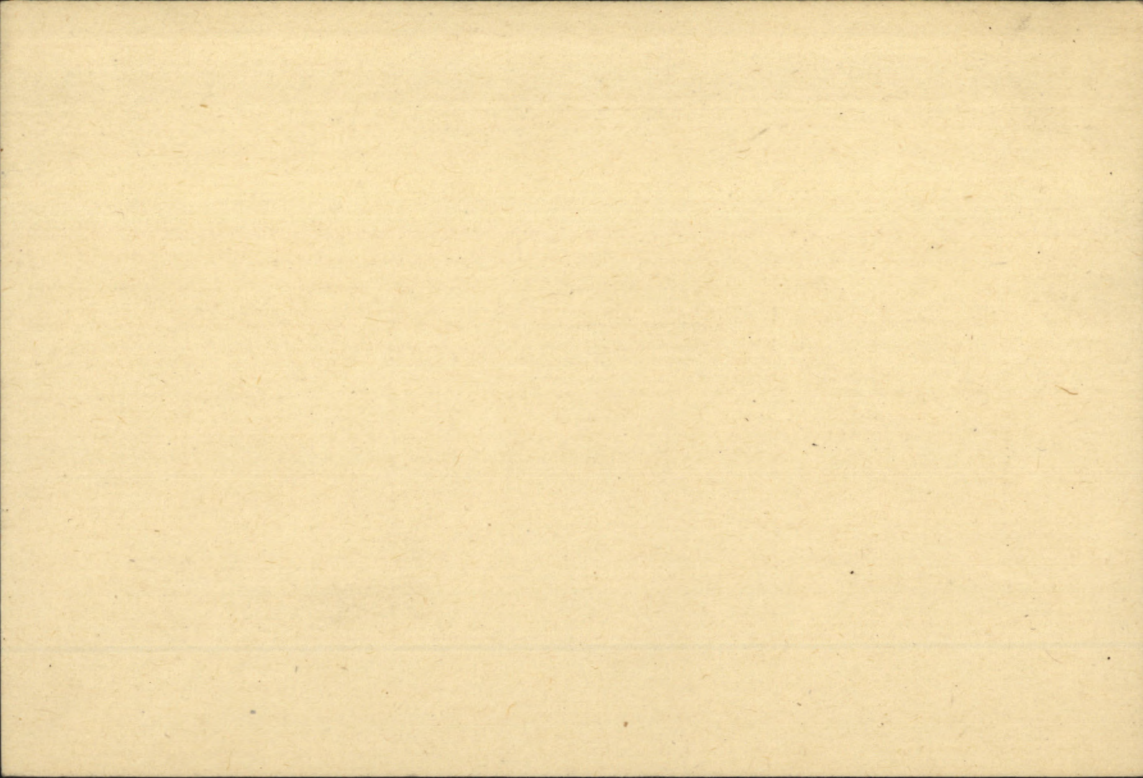
UNIT

18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 23	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr.	✓		

UNIT SAILED
APR 18 1915



250m-7/2/17
Name *Mc MAHON.*

Rank

Pte.

Unit 18 ch Bn.

Next of Kin

Canada

1403
Reg. No. 53142.

[illegible]

[illegible]

1403

Reg. No. 53142

629.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
3-11	3 Aust b. b. S	SW. CHEST	158	M6324	7161	
7-11	G. M. H. EDMONTON	Do. REV.	359		0397	
24-18	CC Bearwood	do	1197		16869	
10-5	Discharged	do	213		4999	

[illegible]

Can: Conval: Hospital, 1403
 Bear Wood, HOSPITAL.

A. & D.
 CARD

AT.....
 A. & D. No. OS 12897 PL. OF ACTION.....
 RANK 1st REG. No. 53142 UNIT 18th Batt. SICK OR WOUNDED.....
 NAME Memahon, G. AGE 24 RELIGION R/C
 PLACE IN HOSPITAL hut 11
 DIAGNOSIS Glw Chest Flesh
 ADMITTED 23 APR 1918 FROM Edmonton
10 MAY 1918 TO 2nd C.C.D. Bramshott
 DISCHARGED.....
 TRANSFERRED.....
 SERVICE AT HOME 15/12 IN FIELD 26/12
 RESULTS.....
Wound healed. Feels OK D I

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

REMARKS.

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CANADIAN CONVALESCENT HOSPITAL

1403
Document
Card.

23 APR 1918

AT Can: Conval: Hospital,
Bear Wood.

Regt. No. 53142

A. & D. No. O.S. 12897

Rank Pte

Corps 184. Batta

Name McMahon E

Original } M.H.S. Received from Mr Edmonton Date 25.4.18
Duplicate }

M.H.S. Acknowledged to

Date

M.H.S. Requested from

Date

M.H.S. Despatched to 2nd C.C.D.

Date 10.5.18

M.H.S. Acknowledged by

Date

REMARKS:

OTHER DOCUMENTS (Med. Board, Charge Sheets, etc.)

NAME

McMahon Charles C.

RANK AND CORPS

Pte 18th Bn

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

23-4
m 6324

11-11-17

Adm to no 3. Aust. Cas. Bldg. Stat Nov 3
rd. 1917. GSW. Chest. ✓

1403

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 11	#10 Can. Fld. Amb.	9-9-17	P. M. O. West. Ont. Reg.
A 20	Disch to Duty	20-9-17	" " "
A-50-1	#3. Aust. (as. Clear. Stat.	3-11-17	E. S. W. Chest.
B 59	Edm. mil. Edmonton. N.	7-11-17	" " " Chest
B 197-1	C. C. Bearwood Working.	24-4-18	" " sev.
B 213-1	Discharged	10-5-18	" " "

87. *Wae*

Number.....53142..... Rank.....Pte..... *B*

Surname.....McMAHON..... *V*

Christian Names.....Charles Blair.....

Unit.....18th Bn Can Inf Theatre of War, France.....

Date of Service.....15-9-15.....

Remarks.....Sent to.....

Latest Address.....G. O. French.....

.....Out.....

Roll No. *B. Page 2482*.....18th Bn.....

DESP. DEC 28 1923

RECON. NO 581

1403

FORM D.M.S. 1309.

8137-50m-28/2/17.

53142

Reg. No.

~~53,148~~

Surname

Christian Name or Names

Mr. Mahon C. C.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

General Mil. Edmonton. N. Hosp. 7. 11. 17.

C. C. Bearwood.

Hosp. 24. 4. 18.

Hosp.

Diagnosis

P. U. 10 Rv.

(1)
Later Diagnosis (if changed)G. S. W. Christ. Sev.
Rv

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis to Duty 20-9-17
10.5.18.
REMARKS

C.F. 15. 9. 17 A. 11

" 26-9-17 A 20

" 9. 11. 17 458.

10. 11. 17. B 59.

26. 4. 18 B 197.

18. 5. 18. B 213.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

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6.

7.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE March 19, 1971

NAME McMAHON, Charles Clair Service No. 53142 WW1 CPC No.
NOM McMAHON, Charles Clair Matricule No. 53142 WW1 CCP No.

WVA No.
AAC No. 33579

Information Received from:

Information reçue de: S.T.M.O. Toronto, Ont. Tel. Memo d/March 15, 1971

Date of Death
Date du Décès Feb. 27, 1971

Place
Endroit Sunnybrook Hospital

Distribution: WSR-DASG

VI - ASS

~~DOX BX~~

HO - BC

Pour le chef,
J. F. Boules
for Chief, Central Registry Division.
Dépôt central des dossiers.

DEPARTMENT OF THE ARMY
HEADQUARTERS OF THE ARMY
WASHINGTON, D. C.
OFFICE OF THE ADJUTANT GENERAL
OFFICE OF THE ADJUTANT GENERAL
OFFICE OF THE ADJUTANT GENERAL

DATE

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(Sheet No. 1)

1403

Army Form B. 103.



I.S.B. CLASS. "A"

Casualty Form Active Service.

Regiment or Corps

8th Battalion, C.E.F.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. 53142

Rank

Private

Name

Mr. Malton

C. Charles &

Enlisted (a) 24-10-14

Terms of Service (a)

War

Service reckons from (a)

24-10-14

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Student

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				
	18th Bn	Disembarked in France	Boulogne	29-4-15 14/9/15 15-9-15	Nom Roll
19-1-17	18th Bn.	Granted 10 days leave.		13-1-17	B. 213. Pt. II Order 5, 29/1/17.
9-9-17	10 C.F.A.	P. U.O.	Adm. 10 C.F.A.	9-9-17	A36. (Ext. 8014)
20-9-17	do	Dischgd. to duty with unit		20-9-17	do (Ext. A. 105)
21-9-17	4th Can. Inf. Bde. HQ.	Rejoined 4th Can. Inf. Bde HQ.	In the Yld.	20-9-17	B. 213.
5-11-17	18th Bn.	Wounded	In the Yld.	3-11-17	Letter 5/11/17. At 5th Bn. 82, 4/10/17 (Can. Sect. No. KI. 16/29673) + B213
3-11-17	6 C.F.A.	Sh. chest.	Adm. 6 C.F.A.	3-11-17	A36. (Ext. B. 725)
do	do	do	Trans. to C.C.S.	3-11-17	do do
4-11-17	14th Gen.	Sh. chest (M)	Adm. No. 14 Gen.	4-11-17	W. 3034 (Ext. B. 1591)

(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.]

1403

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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. 218, Army Form A. 36, or other official documents.
Date	From whom received				
6/11/17	14 Gnl. 400y Bldg	G Sw Chest	transf to England	6/11/17	W 3234 (Ext B 2203)
4/11/17	3 Aust CCB	.	A J 16	4/11/17	A 36 B 3163
6/11/17	A J Oille de Hege	Off Sand posted to W.O Rep Report Bramshott.	Eng.	6/11/17	W 3083/4338 Pt II 0.87/d. 27/11/17
Whogau Major, for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon B.E.F.					
12.11.17.	WORD	T.O.S from 18th Bn	B'Shott	9.11.17	D.O. 213 ✓
15/11/18	2000	Att 2000	B'Shott	10/5/18	LIEUT: FOR LT: COL: 10 RECORDS, C.O.M.F. Do 114 + W.O. R.D. 113 ✓ 19 JUL 1918 Pt. 2 D.O. No. 169 + H.O.R.D. 170 B. ... for OC. 2nd CGD.
19 JUL 1918	OG. 2nd CGD	Ceases to be attached to 2nd C. C. D. on return to ... Res. Bn.	B-shd	19-7-18	Part 2 order n° 169. + 170 d/22/7/18 W.O. R.D. Pt. 2 D.O. No. 210. ✓
19-9-18	Res. Bn. 4th. Can. Res. Bn.	J.O.S. on posting from W.O.R. D. Having proceeded Over- seas to 18th. Battal is S.O.S. 4th. Res. Battn.	Witley	4-9-18	Lieut. Adjt., for O.C. 4th. Can. Res. Bn.

OVER

(Sheet No. 2)

1403

Regimental Number 53142

Casualty Form - Active Service.

Regiment or Corps

18th Battalion, C.E.F.

Rank

Pte

Surname

Mc MAHON

Christian Name

Charles C.

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...			
6-9-18	C.I.B. Dep	Arr from 4 Can Res Bn &	Can I.B.D.	5.9.18	Nom Roll
		T.O.S. 18 Can Bn	ETAPLES		Pt II Ord 88 17.9.18
9-9-18	C.C.R.C.	Arr at Can Corps Reinf Camp		9.9.18	Nom Roll
14-9-18	18 Bn	Joined 18th Can Bn	In the Fld	11.9.18	A.F.B.213
28-9-18	18th Bn.	Attached to 4th Can Inf Bde.	In the Fld.	20-9-18	B. 213.
		Hdqs.			
28.11.18	do	Rejoined 18 Bn.	do	16.11.18.	B 213.
A.A.G.	Transferred to	Cdn. Record List.		P. 2.0. M.	
6 APR 1919	Cdn. Embln			4 APR 1919	
	Camp				
		Protected TO	England		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

for Lt. Col., A.A.G.,
 Canadian Section

Lieut.

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				
		S.O.S. en proceeding to Canada Part II H. 44 Winy C.A.C. 16/8/19 G.H. Schuster Capt for O.C. 6 th Bul.C.			
	Embark HMT-Cedric Liverpool. 19, 5, 9 Cap. & Acjt ♦ <i>W.D. Sully</i>				
	To 5-19-5-19 Sub Depot. Ottawa Sat. 29-5-19 per 1201420			16/8/16 4 16/8/16 4	
		<i>[Signature]</i> For O. C. No. 3 Lieutenant District Depot.			

1403
duplicate
CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No.

182316

DISCHARGE CERTIFICATE

Occupational Group No. 1

THIS IS TO CERTIFY that No. 23142 (Rank)

Private

Name (in full)

McMAHON Charles Blair

enlisted in

the

18th Can In. Bn.

CANADIAN EXPEDITIONARY FORCE at

London

on the

24th

day of

October

1914

HE served in

18th Bn. Can Inf 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

23

Marks or Scars

Height

5' 11"

Gun shot wound on

Complexion

Fair

right chest.

Eyes

Blue

Hair

Brown

Charles McMahon

Signature of Soldier

Date of Discharge

Issuing Officer

William

Line

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) _____

enlisted in _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19____

He served in _____

Demobilization _____

and is now discharged from the service by reason of _____

Medical Unsound _____

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

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Issuing Officer _____

Date of Discharge _____

Rank _____

Date _____

10

NOTE: A duplicate of this Certificate will be issued, and a person holding same is requested to forward it to the nearest address to the Secretary, Military Central Office, Canada.

U.S. 177-20-2
 177-20-2
 177-20-2

1403

Service Badge
Class "A" No.

G. 10

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) McMAHON Charles Clair

REGIMENT 18th C.L. Bnlt. RANK Pte No. 53142

Date of Examination in England 16/4/19 Date of Examination in France

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

(b) Part Upper

(c) Full Lower

(d) Part Lower

A. D. D. S., M. D. No. 3

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

(a) In Canada Yes

(b) In England

(c) In France

Signature of Dental Officer

N. H. Lushenford Capt.



Rank _____ Name **MC MAHON. Charles C.** 1403 Reg'l No. **53142.**
Unit **18th Batt** If in perm. Corps, _____
What Unit? _____ Married or Single **Single.**

Place and Date of Enlistment **London Ont: 24th Oct 1914.** Place of Birth **Finch Ont:**

Name and Address, Next-of-Kin **James Mc Mahon, Finch Ont:**

Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____



Discharge, Date and Place _____ Reason _____ Character _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
29.4.15	7c 18	Arrived SS Graupian	England	29.4.15	Infantry Form.
18-9-15	"	Embarked Overseas (A.L.C.)	Folkestone	14-9-15	Infantry Form
14-9-17	WORD	No 10 B7a	Field	9-9-17	B.L.A. 11. P40
25-9-17	"	Dis to Duty	"	20-9-17	20
9.11.17	"	No 3 Ambulance Bearer Sta	"	3.11.17	B.L.A. 58 G.S.W. sheet.
10.11.17	"	Gen Military Hospital	Canterbury	4.11.17	B.L.B. 59
12.11.17	W.O.R.D.	Evac (W) and posted from 18th Bn	"	9.11.17	Pr II 213.18. Pn Pr II 84/127
13.5.18	"	outbound to 2nd Bn	Went to	10.5.18	" 113 & DO 114 of 26600 of 14.5.18
19.7.18	4 Res	T.O.S from WORD	"	19.7.18	" 169 & WORD 170 of 22.18
22.7.18	WORD	beases of 6 to 2nd Bn	"	"	" 170 & 2nd Bn 170 of 22.18



1403

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				
5.9.18	4 Res	505 to 18 Bn	Witley	4.9.18	Pro 0210818 Bn 880717 $\frac{9}{18}$
6.4.19	18 th Bn	S.O. to Can Record list	Field	4.4.19	" 330 CR 38 ⁰ /11/4/19
28.4.19	H.W. 666	201 from CR 2. (8 th)	Witley	14.4.19	SD. 34463 CR 24/7/19
24.5.19	-	505 to 18 Bn	"	19.5.19	SD. 46
			58-9-46	19.5.19	

1403

ORIGINAL

MEDICAL HISTORY SHEET.

53142

Surname *W. Mahon*Christian Name *Charles C.*

Examined { on *24th* day of *October* 191*4*
 at *London Ontario*
 Birthplace { City or Town *Finch Ontario*
 County *Canada*

Approved by

D. H. Dagg Major

Rank

M.O.

EXAMINED FOR RE-ENGAGEMENT,

Apparent age *21 years 3 months*Trade or occupation *Student*Height *5* Feet *11* InchesWeight *✓* Lbs.

Chest measurement { Minimum *33* inches.
 Maximum expansion *36* inches.

Physical development *good*Small-Pox Marks *none*

Vaccination Marks { Arm Right *✓* Left *✓*
 Number *✓*

When Vaccinated last *✓*(a) Marks indicating congenital peculiarities or previous disease *none*(b) Slight defects but not sufficient to cause rejection *none*

Date

Fit or Unfit

10 NOV. 1917

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date

Result

VACCINATIONS.

1914 good

M.O.

M.O.

M.O.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

9/14 good

M.O.

1914 good

M.O.

8/18 *bad*

M.O.

Enlisted on *24th* day of *Oct* 191*4* at *London Ont.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>18 Batt</i>	<i>53142</i>		
Transferred to.. ..	<i>18 Bn.</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

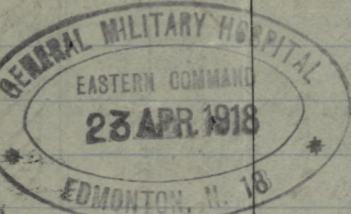
STATION.	DATE.	DISEASE.	RESULT.

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

CANADIAN

Christian Name.

Christian Name.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		6	11	17	23	4	18	Shell wound Chest.	168	Severe flesh wound. Lacerated & contused wound over chest - causing some internal pulmonary trouble by compression & penetration of transferred Canadian troops Wokingham.	MAJOR R.A.M. FOR M.O. IIC CA
	Bear Wood	23	4	18	10	5	18	Gun chest	18	Yellowed. practically ok but 3;	W.B. Sta

1403

910

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. 53142 Rank 1st Lt Surname McMAHON
(Given name in full)
Charles Blair
Unit or Corps 18th Bn Birthplace French Ont

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

I. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 11 in. Colour of Eyes Grey
Nutrition Good
Pulse 74 Regular
Condition of arteries Good
Vision Rt. 6/12+ Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Scar left arm
Scar right chest

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 No 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.

6-11-17 Scar Chest Good result
Measles & Mumps in childhood Good Result

1403

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Porte (Overseas)

Date 17/4/19 Signed brooke fect 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 brooke fect

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

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa (Canada)

Date 24-5-19 Signed CB Jones 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 CB Jones

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

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

MEDICAL CASE SHEET.*

R.C.

No. in
Admission
and
Discharge
Book.

Year

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Station
and Date.

Disease

T1289708

Bearwood
23/4/18
Aut 11

Wound healed. Complaints of headaches
General condition fair.
J. McDonald
Capt. C.A.M.C.

29/4/18.
6/6/18.

Very dissatisfied.
Practically OK

May 10/
18

Discharged to 2nd C.C. & Hazlemere

[Signature] Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

20 MAY 1918
Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	53142	Pte.	McMahon	Charles C.
Year	Unit.	Age.	Service.	
1918	18 th Canadian Bn. att. 4 th Cdn. Inf. Bde. H. Qs.	24	3 yrs. 22 ¹ / ₁₂ yrs	
Station and Date.	Disease			
22-4-18	G. S. W. Chest.	Received 3-11-17 near Passchendaele while acting as runner. Wd. caused by splinter of exploding shell. Admitted to No. 6 Cdn. Hd. Amb. 3-11-17 and to 3 rd Australian C.C. S. same day. Arrived at 14 General Hospital, Wimereux 4-11-17. - Lacerated and Contused Wd. R. Breast. Local swelling. Shaken. T 98° P 76. Arrived at General Military Hospital, Edmonton 6-11-17. On admission lacerated and contused Wd. over R. Breast discharging freely. Pains in chest - Cough.		
9-11-17		Wound discharging freely. Some Fomentation. Cough troublesome. 1-12-17 Wd. healing complaining of pains in chest. Cough troublesome.		
30-1-18		Wd. healing. gauze dressing applied.		
1-4-18		Wd. healed still has cough.		



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

Station
and Date.

Write to Merchants Bank, & ask them
to get Pt. Jarch to furnish a
bond of Indemnity.



Rank *Private* Name

MC MAHON, Charles C.

Reg'l No. 53142.

Unit 18th Batt

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment London Ont: 24th Oct 1914.

Place of Birth Finch Ont:

Name and Address, Next-of-Kin James Mc Mahon, Finch Ont:

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1/5	31/5	31	1	31	31	10	310		3410			3250			3250	160	
1/6	30/6	30		30	30		3		33			3250			3250	210	
1/7	31/7	31		31	31		310		3410			3250			3250	370	
								260	260							630	br. Exchange
1/8	31/8	31	1	31	31	10	310		3410	598		3407			3407	653	
1/9	30/9	30		30	30		3		33	385		268			268	2665	
1/10	31/10	31		31	31		310		3410	449		524			524	6557	
1/11	30/11	30		30	30		3		33	505		267			267	9584	
1-12	31-12	31		31	31		310		3410	573		1136			1401	11595	
1-1-16	31-1-16	31		31	31		310		3410	692		262			786	14217	
Feb		29		29	29		290		3190	788		262			523	16884	
March		31		31	31		310		3410	851		261			523	19771	
										929							
				336					3360	2603	220	17449					17449 19771

[illegible]

MARRIED OR SINGLE *S.*
PLACE OF BIRTH *Finch Ont.*
NAME AND ADDRESS OF NEXT OF KIN *James McMahon*
Finch Ont.
RELATIONSHIP OF NEXT OF KIN *Father*
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *53142* RANK *Private* NAME *McMahon Charles L*
IF IN PERMT. CORPS WHAT UNIT *18th Bn* TRANSFERRED TO *W.O.R.O* DATE *1-1-18* AUTHORITY *B.O. 230 12-11-17*
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *21st Bn* DATE *1-2-18* AUTHORITY
PLACE OF ATTESTATION *London Ont.* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *24th Oct 1914* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2				3	4				CREDIT	DEBIT
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE												
1916 Mar. 31			336				3360					2 60	372 20													174 49	197 71								
Apr. 1-30	30	100	30		30	10	3					33	971	1014							1 62	2 61				5 23	225 48								
May 1-31	31		31		31		3 10					34 10	1057 15	1096 27.5							2 55	2 56				571	254 47								
June	30		30		30		3					33 00														287 47									
July	31		31		31		3 10					34 10		1147 5.7												795	313 92								
Aug	31		31		31		3 10					34 10	1231 2.8	1271 14.8							2 62	2 62				524	342 58								
Sept	30		30		30		3					33 00	1311 30.8								2 62					262.372 96									
Oct	31		31		31		3 10					34 10		136 18.10													784	399 22							
Nov	30		30		30		3					33		126 10.70													261								
Dec	31		31		31		3 10					34 10		110 21.9													262								
														150 4.02	131 24.2												2 62								
														158	14 11												2 62								
														170	1/12												11 34								

58142	Pl. McMahon C.C.			
OWANCE	WORKING OR			ACQUI

[illegible]

NUMBER 5314Y

RANK

Pre.

NAME

McMAHON Charles L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb.	Feb	3080		1474 16/12 1873	649				699.45	555.	
				1724 26/12 -	130						
				2535 12/1 -	377						
				3202 26/1 1156	373						
				3815 9.2.19 HLB 1538	2739						
Mar		3410		4144- 24.2.19 18Bw 22	3358						
				4750- 7.3.19 ✓ 29	368						
				5497- 19.3.19 ✓ 36	4586				715.64		
				AKW 3069. 10.3.19 - ✓ 38	4878				745.46	585	
		6490			4889						
Apr.		33		AR. 77- 5.4.19 5. Bw cl.	1	365					
	Int. on Def. Paybk 30/4/19	5125		1136 12/4 Hdding	3	9733				600	
				2972 3.5.19 ✓ End	7	973					
				- 7046 15.5.19 ✓ ✓ 3	1082	973			679.27		
		8475			12044						

108 Canada MD3-19.5.19 SL 58-18/32

715.46

33 -

5125

799.71

101.06

Br 698.65

20th of June
24-4-19



SHORT FORM.

18-10

S.A.G.



PROCEEDINGS ON DISCHARGE.

1403

(Demobilization.)

Occupational Group No. 1

1. No. 53142.

2 Rank. Private.

War Service Badge

3. Name. McMAHON Charles, Clair.

4. Unit. 18th Inf. Bn.

5 Date of Discharge

29-5-19

Place

Ottawa

6 Reason for Discharge Demobilization

7. Authority. RO 1420

8. Proposed Residence after Discharge Finch G.O.

ONT.

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.? 39

Charles McMahon

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Staw 3/1/19
RD

Signature

Lawrence H. ... Captain

for O. C. Dispersal Area Station G.

(O. C. Discharging Unit.)

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

1. Triplicate Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

Date..... 11 MAY 1919

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

M. OR S.

REGT. NO.

RANK

NAME (IN FULL)

M^cMAHON, Charles Clair
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS					ADDRESS				
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE			
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY
									IF ENTITLED TO POST DISCHARGE PAY

[illegible]

